DM: Dr. Joseph Mercola

CN: Dr. Christiane Northrup

Introduction:

DM: Welcome, everyone. This is Dr. Mercola, and today we are joined by Dr. Christiane Northrup, who is a practicing physician, an ob-gyn specialist, who has dedicated a good portion of her life to helping women take control of their health. She’s also a published New York Times author, hosts a radio show, and is a prominent speaker on natural health issues, especially those related to women. So, welcome and thank you for joining us today, Dr. Northrup.

CN: Thank you.

DM: I’m wondering if you would be kind enough to share with our viewers your journey and how you keep passionate about encouraging and inspiring women to take control of their health, because I’m sure it’s an interesting story.

CN: It is, indeed. I grew up in a health-conscious family. My aunt and uncle were both medical doctors. My dad was a dentist. We would call him “holistic” now. He actually used to take yogurt to his patients who were on antibiotics. This was before [inaudible 00:55]. My mother made the yogurt, and he would carry it down the street.

I grew up in a small town south of Buffalo. I understood about probiotics. We had our orange juice spiked with vitamin C. We had cereal from Walnut Acres that was organic. My dad believed that you could tell the state of a person’s health through their smile and their mouth. As a dentist, he was into making sure that that mouth and that smile were very healthy.

On the other hand, my aunt and uncle were standard conventional docs. The beauty of that is that at Thanksgiving and Christmas, I got the chance to see the difference between my father’s philosophy and my aunt’s and uncle’s (his brother and sister).

It wasn’t until I had two siblings: one who died and the other who was signed out of the hospital against medical advice… I was about eight or nine, I think. My sister had died. My mother took a lot of antibiotics during her pregnancy for pneumonia. They probably damaged that baby.

The second time this happened, my brother, Bill, was born. He also wouldn’t eat. A nurse told my mother – and this would never happen now… She told my mother, “If I were you, I’d get him out of the hospital. The doctors don’t know what’s wrong with him.” And so, my parents signed him out of the hospital against medical advice. [They] fed him by a nasogastric tube (NG tube) every hour on the hour.
At the age of a year, he weighed 10 pounds. They finally took him to a pioneer in pediatric endoscopy at what was then Women’s Medical Center. She determined that he had an eroded esophagus from the NG tube. They took the tube out and said, “Let’s just see what happens.” He finally recovered on his own.

When I interviewed in medical school, the doctor who interviewed me in Buffalo said, “Are you related to that Northrup?” Because he thought my brother would be retarded. They told my mother he would either die or be retarded. “Are you related to them?” And I said, “He’s my brother. Of course, he’s fine and has a very high IQ, no thanks to you folks.”

So, I learned early on the limitations of modern medicine.

When I went to medical school, I had all of this family history of healthy food. My parents did yoga when I was 13. They jogged. We were into health as opposed to disease, and not trying to prolong life.

My dad died on the tennis court. He was 68. He always said to me, “Someday, a blood vessel’s going to burst in my head, and I’ll float out into the universe.” When I heard that, I was a second-year resident at Tuft’s New England Medical Center. My first thought was, “Dad, you did just what you said you were going to do.” It’s not about living forever; it’s about living well while you’re here.

When I saw what was happening in women’s health in my ob-gyn residency, I saw a couple of things. One, a woman’s body was treated as a disease waiting to happen. Pregnancy was a disease. A normal labor and birth was considered a retrospective diagnosis. Everyone was treated like a disaster waiting to happen. Breasts are treated as two pre-malignant lesions sitting on your chest. The whole discussion of women’s health is, “What can go wrong? What can go wrong? What can go wrong?”

In my medical training, it was the male body that was the standard, the gold standard. The female body was a lemon – less than. I realized that this approach was not really helping women. I had to invent a language of actual women’s health.

Because we think that women’s health is disease screening. We think that women’s health is pap smears, mammograms, or whatever you’re screening with. That’s just screening. That’s not building help. That’s not feeding cells the nutrients, the thoughts, the emotions that they need in order to continue to reproduce themselves in a healthy way.

You know I know the body replaces itself totally every seven years. It will replace itself in a healthy way, depending upon what you’re feeding it on all levels.

Women have a problem. Most of us are brought up with a myth, some kind of a myth, at least in the Judeo-Christian ethics – the myth of Eve. All the problems of humanity have been caused by the fact that someone named “Eve” ate an apple. Therefore, she caused the downfall of humanity. I believe that that stays in our selves somewhere until we wake up and say, “Wait a minute, I don’t think so.”

That’s my history. I first saw a baby born burst into tears – I was glad I was wearing a mask. I’ve never seen anything so beautiful or powerful. And that’s why I went into ob-gyn.
DM: Well, thank you for that explanation. It was really inspiring. Just a few comments on it: I found it interesting that your dad sort of had a self-fulfilling prophecy inspired at 68 while playing tennis.

CN: Yeah.

DM: That was pretty interesting. But the other thing that I found fascinating was that you mentioned that your brother’s experience would not be possible today, because you had signed out AMA (which is against medical advice). The practical reality today… Because I just personally encountered this with a friend who was in the emergency room.

CN: Yeah.

DM: If you threatened to do that, they will abolish all your insurance rights.

CN: No.

DM: Yes. That’s what they do. They say if you sign out AMA, you can do that (it’s a free country), but you will not be covered by insurance. Your option is to stay there, endure further pain, suffering and inappropriate treatment, or get a bill of 20,000 to 30,000 dollars.

CN: I can’t believe it. I can’t believe that. I used to be the queen of signing out against medical advice. The nurses would call me during my residency, “Oh, so and so is leaving against medical advice.” What I would do is run down and talk to the person. Invariably, they were not getting the information they needed. All they needed was someone to actually talk to them, listen to them, and then we could make the care what it needed to be. I find that incredibly distressing and very fascist.

DM: Yeah. Well, it’s probably motivated mostly by economic means. Because this person I was with was there for chest pains and had just received a nuclear treadmill two days prior. The chest pain was from some post-surgical thing. But because the word “chest pain” was mentioned, they wanted to put him in overnight for observation.

Maybe the threat was just, I don’t know. It was meaningless, and it could have been. But that was the threat. That’s a powerful motivation to keep people there. But I think you’re right. Most of the time, it’s related to miscommunication. And a little bit of work like [what] you’ve been doing can help smoothen the surfaces from that. But a lot of times, they’re not as enlightened as yourself. They’re entrenched in this model, which any educated consumer will know is not going to make them healthier. It’s going to make them worse.

CN: Speaking of signing out against medical advice, when I was interviewing in medical school – I was interviewing at Yale Medical School. My dad was admitted to the intensive care unit with chest pain, speaking of that. He called my mother after two days. He was in the CCU, the cardiac intensive care unit. He said, “Edna, come and get me. They don’t know what’s going on with me.” And so, she went in and got him.

The nurses were furious. He had an infiltrated IV that had caused phlebitis in his arm. She took him out of there. They wouldn’t give him a wheelchair. He left with the chest lead still hanging on to his chest.
When I got home from my med school interview, he was sitting up in a chair with fluid two-thirds of the way up in his lung fields. And he recovered on his own. They, in fact, did not have the right diagnosis. He had pericarditis; he did not have a heart attack. They were treating him improperly. And he healed on his own.

Imagine having those key experiences as a relatively young person going into medicine. You are already immunized about the limitations of the medical model. I wish for everybody listening, and I know this is, of course, your group of people. We are immunized against believing everything hook, line, and sinker. I teach people to trust their own intuition and dip into the system when they need it. It’s great with a car accident, a broken bone, or whatever. But it’s pretty awful with basic health.

DM: Yes, indeed. So, let’s get back to your specialty, which is women’s health.

CN: Yeah.

DM: You had mentioned in your introduction that the traditional view of women’s health is mostly focused on screenings.

CN: Yeah.

DM: Being a leader in women’s health, I would really appreciate your comments on that topic, specifically mammography, because it’s a very controversial issue. We’ve gotten some pretty strong positions on it. I’m wondering if you can comment on that, maybe even specifically on the new mammography – the 3D tomosynthesis mammography – which is supposed to be so much better. We would appreciate your comments on that.

CN: First of all, I think that the new tomosynthesis is definitely a better mouse trap. It’s less compression, so it’s less painful. And the number of recalls is less.

Having said that, I keep going back to the work of Gilbert Welch from Dartmouth. I believe that this paper by Gilbert Welch is the most important paper to come out about breast cancer almost in my entire career. Gil wrote a book called Should I Be Tested for Cancer? Maybe Not and Here’s Why. That was in 2004. Now he comes out with a paper that has everyone riled up. It’s called “The Effect of Three Decades of Screening Mammography on Breast Cancer” incidents.

Let me cut to the chase now. He says:

“With the assumption of a constant underlying disease burden, only eight of the 122 additional early-stage cancers diagnosed were expected to progress to advanced disease. After excluding the transient excess incidence associated with hormone-replacement therapy and adjusting for trends in the incidence of breast cancer among women younger than 40, we estimated…”

And this is the important part: “We estimated that breast cancer was overdiagnosed (i.e., tumors were detected on screening that would never have led to clinical symptoms) in 1.3 million U.S. women in the past 30 years. We estimated that in 2008, breast cancer was overdiagnosed in more than 70,000 women; this accounted for 31 percent of all breast cancers diagnosed.”
Here’s the problem. Over that time period of 30 years, he estimates that 1.3 million women were diagnosed with breast cancer (basically ductal carcinoma in situ, which they’re calling stage zero), which women would, as Gil says, die with but never die from.

He pointed to a study [from] way, way back of women who died in car accidents in their 40s. They’ve sectioned their breast tissues and found that 40 percent of them – this is normal healthy women dying in car accidents – had evidence of ductal carcinoma in situ that was never going to go anywhere. This is the big dilemma.

I want to point to another study. This was from the *Archives of Internal Medicine*, November of 2008. This study followed more than 200,000 Norwegian women between the ages of 50 and 64 over two consecutive six-year periods. Half received regular periodic breast exams or regular mammograms, while the others had no regular breast cancer screenings. The study reported that those women receiving regular screenings had 22 percent more incidence of breast cancer.

The researchers, as well as another team of doctors who did not take part in the study but who analyzed the data, concluded that the women who didn’t have regular breast cancer screenings probably had the same number of occurrences of breast cancer, but that their bodies had somehow corrected the abnormalities on their own. And of course, this makes complete sense, because our immune systems are set up to recognize and destroy cancers in the right environment.

The right environment, of course, is enough sleep, a low-glycemic diet, enough vitamin D, and also regular handling of resentments, anger, grief, and loss.

I think what I want women to know is these two breasts are not two potentially pre-malignant lesions sitting on your chest. The problem with our paradigm – whether it’s tomosynthesis or whether it’s mammograms – is that it will find things that were never going to go anywhere. And then you’re out there wearing a pink ribbon and running for the cure, thinking that you were going to die of breast cancer when you never will and never would.

I consider that a huge problem: 1.3 million women diagnosed with something that was never going to be a problem.

**DM:** Yes, indeed. What I find particularly abhorrent is the number of women who are prophylactically having their breasts removed. It’s just incomprehensible almost. Based on this fear.

The fear is valid.

**CN:** Yeah.

**DM:** I mean, it is the number one cause of cancer in women. But [inaudible 16:50] off both of your breasts isn’t necessarily the way to treat it or screen for it necessarily.

I just wanted to mention, too, that the first study cited by Gil (because many of our readers or viewers are not medically literate), it was published in the *New England Journal of Medicine*, which is considered by most physicians to be the leading most prestigious medical journal in the
world. It wasn’t a rinky-dink journal. I mean, this is coming out from about the most high-powered journal you can [find].

**CN:** Right.

**DM:** Just to reinforce the comments and what you were saying.

So, as I’ve said, it’s the number one cause of cancer in women – breast cancer – so there’s a concern there. Aside from the lifestyle changes you recommended and the emotional healthy strategies, is there an effective screening? I know you’re not a big fan of screening. But screenings like thermography, what would your position be on that?

**CN:** Yes. What I love about thermography is it is a functional test, and it can’t hurt you. I mean, we know that if you get a mammogram every year for 10 years, you’re guaranteed to have a biopsy. This is not benign. These are not benign procedures. But a thermogram is a completely benign procedure, and it simply measures heat coming from your breasts. We know that almost all cancers start with cellular inflammation. That causes heat. Just like if you pound your thumb, and it gets hot and red.

With a thermogram – and by the way, thermography is not new; it’s been out since the ‘70s. But it’s a different paradigm. It measures something that is happening: blood flow to the breasts. You can follow the patterns over time. If there’s inflammation there (it’s graded on a gradience of one to 100), you could begin to do lifestyle changes. And you will see a change in that thermogram within three to six months. To me, that’s prevention.

Now, I would not say to a woman, “Do only thermography.” There’s a place for mammography, or… And I believe, by the way, that tomosynthesis will probably replace thermography. It’s a better tool.

**DM:** Did you mean mammography or thermography?

**CN:** Mammography. If you’re going to get a mammogram, remember, it’s different. It’s the picture in time. It’s like an X-ray, whereas a thermogram is measuring the heat right at that moment. They’re two different things.

A good thermographer, if they see an abnormal pattern, they’ll always recommend a mammogram. But remember (everyone should know this): it takes a long time for one cell to divide and get to an actual invasive breast cancer. What if we could see those patterns in the breasts long before there was any cancer even on mammography, tomosynthesis, or whatever, and do the interventions necessary?

[----- 20:00 -----]

That’s what I think the future is in breast care. Because you can go in and know that things look good. Or if they don’t look good, do some things like begin to get your vitamin D up to an optimal level, or take more kelp. Breast tissue needs iodine. It actually has active importers of iodine. We actually have an epidemic of suboptimal vitamin D and suboptimal iodine in our diet. Those are just two things that a woman could do to decrease her risk down the line.
This is a real upstream modality. Thermography is an upstream modality. One of the problems with thermography is that some thermographers have been saying, “Oh, you don't need mammography.” You can use both. But in general, if it were me, when the thermogram is okay, then I would be confident that the other is not so necessary.

**DM:** Yeah. One of the other distinctions between the two diagnostic approaches is that mammography or 3D tomosynthesis is ionizing radiation. If one uses that regularly, not only over 10 years, you [not only] increase your risk of breast biopsy and going on that whole pathway, but you [also] actually increase your risk of causing cancer.

Because we know, I mean, it’s not a mystery: increased exposure to ionizing radiation, increases your cancer risks. I mean, that’s just well proven.

**CN:** Absolutely not.

**DM:** No expert’s going to dispute that.

**CN:** Absolutely not.

**DM:** And then thermography, there’s no radiation at all.

**CN:** But…

**DM:** It’s just a sensor. It’s like a thermometer. There’s no radiation, so there’s virtually no risk at all. One of the approaches that many people who utilize thermography find is that acupuncture as an adjunctive modality is also useful. I’m wondering if you can comment about the use of acupuncture, if you have any experience with it, and some of the other modalities.

**CN:** What’s interesting about acupuncture is I consider acupuncture my primary care. I see an acupuncturist on a regular basis in change of seasons. Traditional Chinese medicine is also a very upstream modality. And the language is completely different. They’ll talk about excess yang, liver fire, and all of these things. They don’t see the breasts as separate entities from the heart or the cardiovascular system. It’s a very holistic system. I completely agree with you about acupuncture.

**DM:** Thank you for that answer on acupuncture. I didn’t realize you had implemented it for patients with thermography. But maybe you can highlight some of the strategies you would recommend and encourage your patients who do come back with findings on thermography that are suggestive of a pre-malignancy.

**CN:** Yup. Okay. What anyone needs to do when they’re getting a nudge from their body’s wisdom. Let’s say that it’s a breast thing.

Let’s go back to the symbolism of the breast. They are two organs on the body that were designed... We are mammals. These are mammary glands. These are designed to nurture children and provide nurturance for us and also pleasure.

What I find with many women: you’ll find the ones that are most at risk are the ones who come in, and they don’t want to bother anyone. I’ve talked with Dixie Mills, one of my breast cancer
surgeon-friends and colleagues. She said that you can always tell the women who are at risk. They come in alone, because they don’t want to bother anyone.

The first thing you need to understand is you have to learn how to receive – how to receive rest, how to receive pleasure – and that’s going to be the primary intervention that I would do. Obviously, I would get a vitamin D level right away, and get you up to an optimal level of vitamin D. Dr. Cedric Garland has talked at length about the link between low vitamin D and breast cancer.

But the primary thing emotionally – remember: every emotion is associated with a biochemical reality in the body. So, you want to bring in the emotions of generosity, pleasure, receiving, and open-heartedness. The same things that create heart health create breast health.

Possibly, a supplement with coenzyme Q10 is important. A good antioxidant supplement, a low-glycemic diet, and [avoiding] sugar in all of its forms. Excess sugar increases insulin. Insulin and high blood sugar changes the way estrogen is metabolized.

We know that those with the highest estrogen levels have the highest risk for breast cancer. Let’s eliminate that estrogen dominance. We know that those who ovulate regularly and have enough progesterone have lower risk of breast cancer. So, we [should] do all of those things.

But primarily, you do this every morning in the shower. Here it is: you massage your breast, and you say, “Girls, you’re safe with me.” You actually start… Remember the hands come from the same segment of the embryo that creates the heart. Your hands are an extension of your heart.

We know from [inaudible 25:55] that your hands have healing abilities. Any mother knows this. I used to heal my kids’ tummy aches by just putting my hands on their [tummy] and saying, “I’m healing you.” And then you heal them. So, you bring your own hands, your own heart, to your own breast tissue. You let it know that you are going to provide nurturance and safety. And you’re going to ask others to assist you.

This is the biggest stumbling block for women: we’re so afraid of appearing selfish. Here’s what we [should] do to get the nutrients of pleasure and receiving that we all need for an optimal brain health – the beta-endorphin or the feel-good chemicals in the brain: we import it through alcohol and sugar, when we can import it directly through self-love, meditation, exercise, and good sex, which you can do with yourself.

**DM:** That’s terrific. Frequently, at least with the experts I connect with, [they] tend not to emphasize the emotional component so much. But it really is the crucial element, probably every bit as much or even more so than the physical elements you just mentioned.

**CN:** I’ve actually found that [to be true]. And same goes with birthing people. [They] tend to get stuck in labor right at the point when they most need emotional support. After all these years, I have discovered that it is this self-love thing.

Bernie Siegel, a pediatric surgeon from Yale, and I were co-presidents of the American Holistic Medical Association back in the early ‘90s. Bernie used to say, “I have come to see that the fundamental problem most patients face is the inability to love themselves.” I remember
thinking, “God, Bernie, that seems pretty simple to me.” And you know what? He’s right. The older you get, the more you realize this.

And so, spending some time loving yourself when you feel unlovable. The way you do that, by the way, is you love yourself for feeling unlovable. This is [something] I learned from Gay Hendricks. “I don’t feel lovable, so I’m going to love myself for that.” It’s a paradox.

DM: Yeah. One of the strategies that we use in our practice are the emotional psychology techniques. Our specific version is the Emotional Freedom Technique or EFT.

CN: Oh, yeah! You were tapping, right?

DM: The affirmation is just that: to love and accept yourself for no matter what.

CN: Yes.

DM: That is such a powerful healing affirmation. It has a profound influence. I’ve done work with tens of thousands of patients like yourself. But I’ve never seen anything more magical than once that’s integrated into a person’s neurology to produce the resolution of all these physical symptoms. It’s nothing short of a miracle.

CN: It is. Think about what happens when you do that. You get an increase in nitric oxide in every blood vessel in the body. And remember: a capillary is a micron away from every cell in the body. Nitric oxide is produced by the endothelial lining of every blood vessel in the body. It’s increased in all situations of health: self-love, aerobic exercise, antioxidant, vitamins, eating your vegetables.

Nitric oxide is the molecule of life force. It also balances all the neurotransmitters instantaneously – serotonin, dopamine, beta endorphin, and all those things for which one in 10 Americans is on an antidepressant.

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So, when you do this self-love thing… And this is medical. I want people to know it’s medical. It’s not some pie in the sky, touchy-feely thing. It literally is biochemical.

DM: Sure. I like one other comment, too, on the dietary recommendations, because that’s one of my passions and one of the things I focus on. I’ve learned some new information within the last year that I think may even… It’s some slight tweak and modification to what’s always been done. Because there are three categories of macronutrients: you’ve got carbs, proteins, and fats.

CN: Right.

DM: The challenge when most people go on a low-carb diet is that they tend to replace it with high-protein.

CN: Yeah.

DM: Rather than healthy fats. And that may be every bit as pernicious as the carbohydrates, because there’s this newly discovered passage that I’m sure you’re familiar with that’s called
mTOR, which is a cancer pathway. It promotes cellular proliferation and is fed by excess protein. So, you’ve got to be really careful and keep your protein levels probably about half of what most people normally eat. If you eat lots of meat, it’s not necessarily the animal protein’s issue, but it’s too much of it that can cause especially cancer issues. That’s what I’m learning.

The key is to replace those carbs with healthy fats like avocados, coconut oil, butter, and eggs. You know, not the omega-6 processed vegetable oils. Doing that can go great ways toward suppressing those cancer genes.

**CN:** I absolutely agree with that. Do you know Dr. Gundry’s work? He wrote *Dr. Gundry’s Diet Evolution.*

**DM:** I’m not familiar with him.

**CN:** [He’s] a wonderful cardiovascular surgeon from Loma Linda. And he points out that our genes just want to reproduce. The diet that we’ve created – the standard American diet – is, in fact, a success. People are reaching puberty at the age of eight, so that they can reproduce. And then that same diet will kill them off, so that they won’t be available to compete for the limited food supply, if you look at this from the longest possible trajectory.

That’s why you want to constantly be telling your genes that “There’s not quite enough. It’s not winter. You don’t need to store up fat for the winter.” Because that’s what our bodies do. We have to let them know. This one can survive; your genes can survive. You’ve got to eat to make sure that your genes want to survive and not kill you off.

**DM:** Yeah, I totally agree. Especially replicating what our ancestors did. One of those things was that we didn’t have access to food all the time. We went through regular intervals of fasting. That’s why I’ve been strongly recommending and endorsing the intermittent fasting principle. It’s something I’ve adopted for the last half year or so. It’s pretty fantastic, because it tends to upregulate your fat-burning genes.

This hunger, this desire to replace those carbs… If you have those carb-like cravings, it’s very difficult to exert enough will power. I think the average person – probably 99.9 percent of people – don’t have the will power to get over that hunger urge. The issue is to turn off the urge not with drugs or anything, but just with changing your metabolism and upregulating your fat-burning enzymes, which intermittent fasting tends to do.

**CN:** How do you do that intermittent fast? What do you do? Is it with vegetable juices? Just water? How do you do it?

**DM:** Intermittent fasting is just a process where you restrict your calories to about an eight-hour window, which just starts slowly. You tend not to eat anything before you go to sleep for three hours.

**CN:** Yup.

**DM:** You gradually extend the length of time that you start to eat your first meal to the point where you finally get it to noon, lunch time, or one o’clock. You can have the same amount of calories. It’s just compressed within an eight-hour window.
CN: You know, that’s so interesting. I’ve been doing that just automatically.

DM: Yeah.

CN: It’s just what works; it’s just what works. That’s great. I agree with you. I never would have thought that I personally would get to the point where carbs didn’t sing to me, chocolate brownies didn’t sing to me, you know, the bakeries and all that. But I have gotten to that point. I want everyone to know that that’s a possibility. There’s no less pleasure in life, because of it.

DM: Yeah.

CN: It’s not a restrictive let’s-go-to-the-convent thing. It’s that really your body loves it.

DM: Well, thank you for that powerful testimony. Because for me, that was exactly my experience. It’s really another almost magical sensation. It’s not a will power issue at all.

CN: Right.

DM: It’s just not necessary, because your body has the ability to metabolize and burn that fuel that we’re all storing as fat, which it was designed to do.

CN: That’s right. Have you had any experience with the HCG diet by any chance?

DM: I have not personally. [But] I know a number of people who have achieved some good results with it. I think it probably is effective if done properly. But it may not be necessary. But you know, a large part is your getting low protein and low carbs. It’s only 500 calories for a few weeks, I believe.

CN: Yup, that’s right.

DM: It’s a type of fasting.

CN: It’s a type of fasting. What it does is it seems to turn on that ability to fast. The first thing that happens is you realize, “Oh my,” how many times you put something in your mouth during the day. You can have a kind of a panic. “Oh, my God, I’m going to have to do this thing.” And then you get over it. So, there’s a kind of withdrawal, but that only takes a day or two. I guess I want people to know that this is easier than you think.

DM: Absolutely. Thank you for sharing that information. Since we like to focus on your specialty which is, of course, women’s health, I’m wondering if you can provide your top 10 tips for keeping women healthy. I mean, we certainly got one that’s really one of the most important ones, which we just discussed – breast health.

CN: Yup.

DM: I’m sure there are many of them.

CN: Okay. (1) Sleep, absolutely essential. Sleep is the thing that metabolizes stress hormones better than any other known entity. Many, many women are running on not even nearly enough sleep. So, let me just brag to everyone and give you permission: I sometimes sleep 12 hours. I need it, and it works for me. Great apes sleep at least 10 hours or more. Albert Einstein always
slept 10 hours a night. We live in a slick macho culture, where people brag about how little sleep they need. Get enough sleep.

(2) You need to do some kind of meditation every day and that can be for three minutes (you don’t need any more than 12 minutes), where you calm your mind.

(3) Affirmations of some kind: begin your day by pre-paving with a positive thought. For me, today it was, “The Christ-mind within me” – this works whether you’re Jewish or Muslim, because it’s an energy – “now dissolves anger, fear, and doubt. I am magnetic to my good.” That was my affirmation this morning from Florence Scovel Shinn’s book *The Game of Life and How to Play It*. You want to have some inspirational literature. It can be the Bible. It can be whatever you want, so that you begin your day in that way.

(4) You need some kind of body movement exercise. I’m thrilled by the fact that the collagen matrix of your body, the connective tissue, is a crystal. Even rubbing a tennis ball along the arch of your foot changes your whole body. So, some kind of body movement – yoga, a walk, or something where you’re moving your body.

(5) Breathing properly. When you breathe in fully through your nose and out through your nose or your mouth (but let’s try into the nose), you are activating the parasympathetic rest-and-restore nervous system, which expands the lower lobes of your lungs, and therefore engages the vagus nerves.

Let’s just all do this together. [Take a] deep breath through your nose. And out. Relax the back of your throat. So many women have thyroid problems – it’s from chronic tension here. Because you’re pretty sure your feminine voice isn’t going to be heard. It hasn’t been heard for 5,000 years. You’re not alone. But it’s being heard now.

Deep-breath through your nose, relaxing the back of your throat. It expands your rib cage and instantly brings in the parasympathetic rest-and-restore nervous system.

(6) You’re going to say in the mirror at least once a day. As you pass the mirror you look deeply into your eyes, and you say, “I love you. I really love you.” After 21 days, something will happen to you. You’ll see a part of you that looks back at you, and you begin to believe it. “I love you. I really love you.”

(7) Next one: get your vitamin D level checked. Optimal is 40 to 100 nanograms per milliliter. This is on the radar screen now of medicine more than it has been in a long, long time.

[----- 40:00 -----]

Sunlight is not the enemy. It’s lack of antioxidants in your diet that is the enemy. Natural light is a lovely source of vitamin D; you can’t overdose. But many people – to get their levels of vitamin D into optimal – are going to need 5,000 to 10,000 international units per day. So, vitamin D is important. You can get your level drawn through MyMedLab.com without a doctor’s prescription.

(8) You need social nutrients. We say, “Community equals immunity.” I say that. When we’re around other people who are like-minded, that actually provides us with a tribe. We are herd
creatures. Mammals are herd creatures. You need a group of people that you’re doing something with. That could be a ski group, a running group, or whatever. Facebook has made this easier than ever, but you need people that you are in actual physical contact with. Actual physical contact.

(9) I would say baths in Epsom salt are a great way to get magnesium into your body. We need more magnesium. Epsom salt is magnesium sulfate. I love baths. And 20 minutes, three times a week, soaking in a bath with a cup of Epsom salt is a lovely way to relax.

(10) Finally, before you go to bed at night, write down five things that you appreciate, five things you’re grateful for, or five things that brought you pleasure. This will seed your rest-and-restore sleep period with positive energy that will return to you in your dreams. You see, we went to bed at night for sleep, and then we got all the way back to what you do before you go to bed at night.

**DM:** Yes, indeed. On the sleep, I’m wondering if your familiar with some new technology that can help. Because sleep is... Other than the variable of measuring how long you’re asleep, it’s very difficult to measure the quality of the sleep. There are technologies. The most prominent one is called Zeo. I’m not sure if you’ve heard it, but it’s...

**CN:** I haven’t.

**DM:** It’s less than 100 dollars on Amazon. It’s a sensor you wear over your forehead at night. It will monitor when you fall asleep, how many times at night you wake up, how long you wake up, how long you’re sleeping, how much deep sleep you have, REM sleep, and light sleep. And then it will give you objective scores, so you can actually quantify.

I’ve been using this for two years now. It’s been an absolutely magnificent tool. Because I was one of those people who prided myself on sleeping less. I would regularly rarely sleep for over six hours.

**CN:** I can’t believe that.

**DM:** But now I sleep typically closer to seven and a half hours. And my scores are really good. They’re close to 100. I sleep better. They’ve got a pretty big database in about 90 to 95 percent of people, at least the people who are recording on Zeo, which is probably a good reflection of the population.

**CN:** I love that. I’ll check that out.

**DM:** It’s a really good tool. Because you can’t lie with the numbers, you know.

**CN:** Right.

**DM:** Yeah. It’s a pretty useful tool. So, thank you for those really useful appreciations. I like the gratitude. I do the gratitude thing. But I never thought about doing it before you go to bed to integrate that with the rest of your... It makes a lot of sense.

**CN:** Yeah. Great.
DM: I know you focus your primary strategies on women’s health, but are there any additional ones that you might recommend, considering the differences between the sexes?

CN: Absolutely. I believe that the epidemic of prostate cancer is the same for men as the breast cancer [epidemic is] with women.

Aaron Katz is head – or was head – of the Holistic Urology Center at Columbia in New York City. When I heard that there was a Holistic Urology Center, I was thrilled. And what he points out is 90 percent of prostate cancer will never leave the capsule. He has a program of active surveillance.

I would like men to not have this sword of Damocles hanging over their head called the PSA. I’m sure you’ve done shows on this – the prostate specific antigen test. I remember reading that the guy who invented it was reported saying that this was the biggest disaster in public health that was ever perpetrated on men.

It can be useful for monitoring. But I want men to realize that they’re not sitting ducks for prostate cancer. And the same things that keep women healthy with the breast keep men healthy with the prostate.

Along those lines, one of the studies that I half-jokingly suggested to Dr. Katz was that men learn Argentine tango. We have some studies actually that show that that decreases anxiety and depression. It’s a close-embrace partner dance. By the way, partner dance is the uber activity for preventing dementia better than golf and better than all those other things. So, partner-dancing.

Because in Argentine tango, you have to show up as a man. You have to lead. You’ve got to protect your partner. You have to cherish her, so that she feels loved. You have to know where her feet are. You have to negotiate around the dance floor. It’s all done with gorgeous people pressed up against you while you are cherishing them to beautiful, sensual music. I believe that this was the best thing that men could possibly do for their health.

DM: It’s a good recommendation. I’ll have to take you up on that one day.

CN: All right.

DM: Or at least apply it myself. But getting back to women’s health now, it would be sort of a tragedy having you on the interview and not having you review, or at least put in proper context, the importance of proper breast self-examination. You know, how important do you think that is, how regularly it should be done, and then maybe you can give some description or explanation on how that should be done.

CN: Well, the truth is that there was a huge study done in China that showed that teaching women – factory women – how to examine their breasts did not decrease their mortality at all. In fact, all it did was increase the number of biopsies for benign disease. So, there’s no data that breast self-exam helps with anything.

Let me do a complete one-quarter turn on this. I recommend a monthly or weekly self-love breast massage, [but] not to find something. Because here’s how breast exam is taught: make
your hands into two minesweepers, and then touch your breast to find something that may kill you. This is why women don’t do it.

But imagine, maybe with your Epsom salt bath or your self-loving shower, you rub your hands together, create a nice energy field (which we could measure with the right tool), and then you lovingly – I would start here. The tail of Spence is this part of the breast, up under the axilla, up under the armpit. This is where all the lymph nodes are. Just massage this with love. Massage this with love. You’re not looking for anything.

Let me tell you something: the average woman will find something. We know that breast self-exam, or just a woman finding something because she knows her breasts, is just as good as all of these other screening stuff for finding the fast-growing tumors. See, the problem with screening is it’s find the slow-growing ones that may regress or wouldn’t go anywhere anyway.

So, for a part of your health, you want to start a practice of bringing your breast home to your chest. I had a patient once. She said, “My breasts are being taken care of at the Lahey Clinic.” “The clinic?” I said, “My breasts are being taken care of on my chest.” So, I want you take care of your breast on your chest lovingly. Get to know them in health lovingly. Don’t use your fingertips, by the way. Use this part. Otherwise, you’re going to feel every little gland and freak out. So, [use] this part until you know what’s there normally.

And then if you do find that you have what’s called a fibrocystic disease where your breasts get tender start eating some kelp tablets, because the iodine really helps that in a huge way.

That’s how you’re going to do it. You’re just going to do [it] lovingly, getting to know your breasts. Maybe have a little sign: “Time for breast love.” You can do that once a month. With women, the best time to do it is just after your period when you have the least amount of hormonal stimulation. So, you just get to know [your breasts].

Remember that the breast, in ovulating women, follow the same pattern as your ovaries. Your ovaries follow the phases of the moon. So, you might want to get in touch with that universal energy that is influencing the flow of fluids in your body. You’re part of that bigger picture. And that’s pretty wonderful.

DM: With respect to massage, I think there are some benefits to lymphatic movement for breast self-exam.

[----- 50:00 -----]

CN: I absolutely think so, too. In fact, I think that massage – regular massage – should be part of everybody’s health practice. We didn’t include it as [part of] the top 10. But touch, we all need touch. We’re touch-starved in our culture. I mean, we touch our dog and our cat more than we touch each other, right?

That’s one of the other benefits of tango, because we’re touching, we’re embracing, and we’re therefore increasing our prolactin levels and our oxytocin levels. These are the bonding hormones that lower blood pressure and decrease your disease risk. So, massage’s absolutely a great idea. If you have a loving partner, your loving partner can do it for you. It’s a very good health practice.
But get it out of the category of a minesweeper. That’s just the wrong energy to bring to it. And by the law of attraction, the more we look for something wrong, the more we find, which is why it’s better to start looking for what’s going right.

**DM:** I guess we can learn from your dad’s example of attracting his early demise at 68 on a tennis court.

**CN:** Yes. Apparently, it’s like he, you know. He had it all set up. “My blood vessel’s going to pop in my head. I’ll float out into the universe.” There you go. But we don’t know if that was his soul’s choice or not. I’m fascinated by that.

Like with that wonderful person, Kris Carr of *Crazy, Sexy Diet.* I think about Kris and the fact that she still has a stage-4 cancer that has been in remission for 10 years because of her wonderful dietary program and advice. To me, that looks like soul work.

She gets a type of cancer that I can’t even pronounce. It’s so rare. And then she teaches the masses how to eat better. She has to do it, because she’s on a really short leash. But she’s showing the world how a very rare, strange cancer is just kept in equilibrium or in ecology with her body, because she’s loving her body and feeding it so beautifully.

**DM:** Powerful message. I like to comment also on one of your other recommendations in your top 10, which affirms or endorses the magnesium sulfate, the Epsom salt baths.

**CN:** Yeah.

**DM:** You had mentioned that it’s good for magnesium. It certainly is. It’s one of my favorite minerals. It’s so much more important than calcium.

**CN:** Yeah, absolutely. I agree. Yes.

**DM:** We need calcium typically. Actually, it’s the excess of calcium intracellularly that sort of leads to premature death. Magnesium helps get it out of the cell.

But the other, I guess, hidden ingredient is the sulfur. The sulfur is just maybe even more important than the magnesium. So, you get both. You not only get the magnesium, [but] you [also] get the sulfur.

That’s one of the reasons why people migrate or do this pilgrimage to these sulfur hot springs. It’s to get the sulfur in their systems, because so many of us are deficient in it. I mean, you mentioned iodine and vitamin D. But this sulfur, [there] is an emerging appreciation of the importance of it in our metabolic pathways.

**CN:** Nice. And you know, it’s cheap. This is cheap. You and I both want people to be able to get to stay well without spending a fortune. This is a great way to do it. I buy it in these big bags. I just keep it right by the bath tub.

**DM:** Yes, indeed. It’s inexpensive, and it’s healthy, so it’s a good thing to do.

**CN:** Right.
DM: It’s probably a good idea to fill that bath tub with some type of water that’s been filtered of chlorine, though. It’s just [inaudible 53:39]. Because it’s good to get the sulfur, but you don’t want to get the chlorine.

CN: Absolutely.

DM: As we come to a close, I’m wondering if you have any other comments that you’d like to make about any other issues or reinforce some of your previous comments.

[END]