

Episode 127 Transcript

00:00:00:00 - 00:00:08:25

Dr. Lucas Tims

We were designed to run from the Sabertooth Tiger every once in a while, but not every day. So when you talk about the root causes of cancer, stress is right there.

00:00:09:00 - 00:00:34:11

Dr. Jaclyn Smeaton

Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Dr. Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:34:14 - 00:01:00:17

Dr. Jaclyn Smeaton

The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hi and welcome to this week's episode of The DUTCH podcast. I'm really interested in this topic today, and I think that you're going to really like it too, because it touches upon a condition that has probably touched each and every one of our lives, and that's cancer.

00:01:00:19 - 00:01:25:14

Dr. Jaclyn Smeaton

Our guest today is a specialist in integrative oncology, really combines that evidence based natural approach with conventional care. And he really describes that at the end, where this is a time where we pull all the resources and you put it all on the table and everyone works together as a team. So if you are someone who works with patients with cancer or you're a patient yourself or your loved ones going through cancer, you're going to get so much out of today's episode.

00:01:25:16 - 00:01:47:12

Dr. Jaclyn Smeaton

Dr. Lucas Tims was actually a microbiology graduate from the University of Arkansas and then trained at Southwest College of Natural Medicine and then completed oncology focused residency at city of Hope. He's now a fellow of the American Board

of Naturopathic Oncology, and he's deeply committed to research, teaching, and advancing integrative cancer care through clinical innovation and patient education.

00:01:47:14 - 00:02:09:14

Dr. Jaclyn Smeaton

Now, we really wanted to focus the episode initially on prostate cancer, but what we really talked about was the role of things like hormones and inflammation and toxins and lifestyle and all the other factors that really compound to change cells from healthy cells into aberrant, potentially cancerous cells. This is a really great episode for everyone to listen to.

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Dr. Jaclyn Smeaton

Whether you want to be preventing cancer or you're helping someone through that process. So, Doctor Tams, we're really happy to have you on the podcast today. Thank you so much for joining.

00:02:19:23 - 00:02:21:03

Dr. Lucas Tims

Thanks for having me, Jaclyn.

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Dr. Jaclyn Smeaton

Now, a lot of our audience is health care practitioners, functional medicine, naturopathy. Give that a. And I always love to start with you. Just sharing a little bit about your story of how you got here. You know, obviously as an antibiotic doctor and also focusing on oncology, can you share a little bit about your background and now from a bio perspective of what's moved you to kind of be in this type of practice?

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Dr. Lucas Tims

Yeah, sure. I'd love to. My origin stories, kind of goes back to undergrad, I guess I was, you know, not really sure what I wanted to do when I was in, in college and, had some, you know, pivotal sort of, mentors and, and teachers that I met along the way that got me interested in medicine and moreso health against than medicine.

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Dr. Lucas Tims

But, that kind of got me thinking about, you know, sort of working in the healing arts

space. And at that point, I had never even, you know, really heard of naturopathy like medicine or was aware there was specific schools for that. But, you know, obviously we had the internet at that time, which was helpful. And, so was luckily, luckily able to find some of these programs, and, you know, applied and went and visited.

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Dr. Lucas Tims

And it just felt very consistent with what my philosophy and ethos was. You know, my parents were very, crunchy, I guess you could say growing up, you know, kind of macrobiotic diet type people. And so, you know, had that sort of as a foundation. And, yeah, when I discovered naturopathic medicine and the curriculum and, the focus on, you know, sort of, the body's ability to heal itself and nutrition and prevention, you know, all the, all the, principles of natural path medicine.

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Dr. Lucas Tims

And they just it was just 100% a fit for me. And so, got into that and again, sort of another version of just not knowing exactly what I wanted to do after that. But about halfway through my natural empathic training, a very pivotal sort of part of my story sort of happened, which was I was, you know, had had met a girl and, we had we had started a relationship and, you know, six months or so into that relationship, she actually was diagnosed with cancer.

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Dr. Lucas Tims

And, so, you know, went through that whole process with her and, you know, fast forward, it's a long story, but fast forward, you know, she ended up doing great. And we were able to sort of navigate both the, you know, conventional side of oncology care and start incorporating some of the naturopathy support and that sort of just lit a, you know, lit a spark for me to really want to explore that as a, as a specialty.

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Dr. Lucas Tims

And yeah, the rest of my time in school was really spent just, you know, like living in as many naturopathic oncologists office and bugging them as much as I could to try to get experience and training and ended up doing a, a residency and fellowship through City of Hope. And, yeah, the rest is history.

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Dr. Lucas Tims

I've been working with cancer patients day in and day out for the last 16 years.

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Dr. Jaclyn Smeaton

Since what a great I mean, like, sometimes it's it sends chills up my spine to think about the way people come and go in our lives. And like, sometimes you're the right person for someone at the right time or they're the right person in your life at the right time. And what a gift you must have been. That's a beautiful story.

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Dr. Jaclyn Smeaton

Thank you for saying, well.

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Dr. Lucas Tims

You know, and vice versa, right?

00:05:58:13 - 00:06:21:26

Dr. Jaclyn Smeaton

Yeah, absolutely. Well today we are going to kind of pick your brain on your expertise around cancer, specifically around prostate cancer, which we've really never talked about on the podcast. We've been live for years I don't know this is hard 200 and something of episode. But it's such a really important topic to cover because it's hormone related.

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Dr. Jaclyn Smeaton

It like ties right into all the work that we do. And it's also really common. I mean, it's one of the most common cancers.

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Dr. Lucas Tims

So yeah.

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Dr. Jaclyn Smeaton

Can you just start by maybe orienting listeners to like, who have you knew the prostate cancer? I'm thinking about people who find us, who are thinking that they've

maybe they're newly diagnosed or their parent was or, you know, because it's something that, you know, most men die with prostate cancer.

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Dr. Lucas Tims

Yes.

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Dr. Jaclyn Smeaton

Maybe not of prostate cancer, but with. So let's make that distinction. Let's just kind of dive into that from a general perspective. First.

00:06:53:20 - 00:07:18:03

Dr. Lucas Tims

Sure. Yeah. Yeah. You're right. On a lot of those, it's a, it's a growing, you know, incidence in terms of types of cancers that we're seeing. It's obviously very common in men. Only men get prostate cancer. And, well, I say that because, you know, with breast cancer, actually, men can get breast cancer, but only men can get prostate cancer.

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Dr. Jaclyn Smeaton

It's the one thing women are scared of.

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Dr. Lucas Tims

It's the one thing women are scared of. Of all the other torture stuff you guys have to go through. But, anyways, so prostate, you know, anatomically, we're talking about a very small gland that sits sort of right anterior to the rectum. And in between the, the male genitalia and the, in the lower end of the colon.

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Dr. Lucas Tims

And, you know, it's it's not a gland that gets talked about unless there's a problem with it.

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Dr. Jaclyn Smeaton

Right, right.

00:07:49:08 - 00:08:15:00

Dr. Lucas Tims

So, you know, a lot of people familiar with sort of enlarged prostate, you know, it's a very common thing that most men run into, you know, sort of as they move into their, you know, late 40s, 50s, 60s. And that's just a, you know, inflamed, swollen prostate gland that gets enlarged and can clamp down on things like the, the, you know, the ureters and, other vessels that are very tightly bunched down there.

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Dr. Lucas Tims

It's kind of like a big cul de sac at the bottom of your, of your pelvis there. And anytime you get swelling of anything there, it's going to push and press on other things and cause symptoms. So, prostate cancer is very common amongst people who have a BPH or in large, prostate. But you can see it without an enlarged prostate as well.

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Dr. Lucas Tims

And so this is where it can be a little bit more, insidious or harder to sort of, get any warning signs that you might have a problem. But, you know, this is generally a cancer that we've seen in older men. You know, I'd say it's still rare that we find prostate cancer in men under the age of 50.

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Dr. Lucas Tims

But I would say that, incidence is ticking up just like we're seeing all cancers tick up in younger and younger patients. But it typically is still, a cancer of, you know, sort of older men. And that's interesting as we talk about hormones, obviously, because what happens as we age, typically what happens with our hormones.

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Dr. Jaclyn Smeaton

They change. They decline like just awesome. They go.

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Dr. Lucas Tims

Down. Right. So the same thing with breast, you know, with with breast cancer and these hormone sensitive cancers, we tend to see the majority of these happen in or

occur in or the older we get right the younger we get. So when we talk about hormone positive or, you know, hormone driven or hormone related cancers, it's important to note that the hormones themselves are not really the problem.

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Dr. Lucas Tims

Right. And so same thing with prostate. It's not the testosterone that's you know, it's not the you have too much testosterone that's causing prostate cancer. Actually you go back about 100 years. That's what they thought. But it wasn't until they had more sophisticated ways of testing and looking at things under microscopes and, and immuno assays that they were able to separate.

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Dr. Lucas Tims

Okay. Testosterone can fuel prostate cancer, just like estrogen can fuel breast cancer. But these are not the root causes of the disease, right?

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Dr. Jaclyn Smeaton

Yeah. I'm really glad that you bring that up because I think you're right. It's a it's as science gets more refined and testing gets more refined, you realize there's more nuance to that. I mean, this is a big topic of conversation because of, menopausal hormone therapy and the relationship to breast cancer being talked about. And a lot of women were very, very afraid.

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Dr. Jaclyn Smeaton

And actually, the recommendation used to be that if you had a family history of breast cancer, you should avoid it. But now we realize that that's not the case. There's more to the story and actually can be a viable option for women with a family history of breast cancer still. So I'm really glad you brought that up. So let's talk a little bit about the hormones that do matter with prostate cancer, because there is some hormone connection as well, and that some changes and things like testosterone and DHT can influence prostate cancer for sure.

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Dr. Lucas Tims

Yeah. Testosterone. You know, hormones are you know, obviously if you've, you know, for your listeners and people that follow the podcast, I'm sure they're much

more well-educated on the the symphony of hormones that we have in our body. But no one hormone sort of exists in a vacuum, right? It's all this, you know, symphony type type effect. And what we're really talking about hormones is, is healthy hormones are the right balance of the hormones.

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Dr. Lucas Tims

Anytime you have imbalance, that's when you're going to see sort of, you know, associated diseases. But yeah, you've got different types of testosterone, you've got different types of receptors and different types of carrier molecules in the bloodstream. You know, there's they've been able to distinguish between more harmful types of testosterone and, and, you know, more beneficial, I guess you could say.

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Dr. Lucas Tims

And a lot of that has to do with just is it imbalance with with what's going on. The body or not. And what when we talk about these imbalances, it has less to do with the hormones and more to do with your diet, your lifestyle, your environment. And you know how the body is responding to all that.

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Dr. Jaclyn Smeaton

Right? Yeah. And because a lot of the changes happen with lifestyle change, you might get hormone synthesis alterations, but you also get hormone metabolism alterations, which, you know, and that might be something else. I want to talk a little bit about something, certainly something that we love to talk about because of our urine tests that we can look at metabolites, but certainly downstream metabolites of androgens are just as important as the androgens themselves.

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Dr. Jaclyn Smeaton

You look at something like DHT, which is multiples more potent than testosterone when it comes to receptor function.

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Dr. Lucas Tims

Yeah. I mean, you definitely want to, you know, if we're talking about, you know, ways to optimize hormones, you definitely want to start with a test like a DUTCH test. It's

also helpful to look at the blood test as well, the blood levels. But seeing that full metabolism, sort of, web is really helpful for the clinicians, obviously.

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Dr. Lucas Tims

But also for the patients because then it they can connect those dots, too. And so for instance, a lot of the harmful things in our environment, that may be, be mimicking or driving up the harmful, types of hormones, whether it's estrogen or testosterone, you know, these things are interfering at the metabolism level, right? And so, you know, whether it's, plastics in our clothing or, you know, we're consuming these or pesticides or, chronic infections or, side effects of other medications, stuff in our food.

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Dr. Lucas Tims

You know, these things are all sort of interfering with the, the web of metabolism that happens, which is your body's always trying to balance that, you know? And so, you know, if you look at a panel, just a straight blood panel of testosterone free testosterone, sex hormone binding globulin, you're going to get probably 50% of that picture.

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Dr. Lucas Tims

But unless you're doing a DUTCH style test, you're not going to see that full picture.

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Dr. Jaclyn Smeaton

Yeah, you're.

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Dr. Lucas Tims

Able to really, you know, see how many different ways you might be able to, help someone.

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Dr. Jaclyn Smeaton

And then, yeah, it's interesting because I think a lot of people don't when they're learning the DUTCH test, if you're a practitioner that's listening and you're starting to use a DUTCH test, there's like level one, level two and level three learnings, I would say, like when I came in to DUTCH, I was solid level one. I had a lot of the level two

concepts under wraps, and I looked at a test.

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Dr. Jaclyn Smeaton

I was picking up a lot of things like patterns that show things like inflammation. But with our team we see so many thousands of DUTCH reports. We can even tell when someone has more likely toxic exposures from the test. And it's not one marker. It's patterns that we tend to see. And we have learnings about that too. If you guys want to check out the website, you can take a look.

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Dr. Jaclyn Smeaton

But I love that you're bringing that up because you get the more broad picture that you can't get from serum alone. And we see that, you know, with pretty much every condition. That's why people like to order this, because you get a little bit of a different picture. Are there any specific markers on the DUTCH test that you particularly like to look at when it comes to male hormone balance?

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Dr. Jaclyn Smeaton

Or other, are there cancer patients as well? I mean, we're not diagnostic. Let's be clear about that. But certain things. Yeah. I mean, yeah.

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Dr. Lucas Tims

And I mean, my, you know, my point of view, you know, I'm typically seeing patients after they've already had a diagnosis. Okay. So I'm not working with I'm not doing a lot of screening.

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Dr. Jaclyn Smeaton

Right.

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Dr. Lucas Tims

I think the DUTCH DUTCH as would be an amazing tool for people who are, you know, doing more of that stuff. On the primary prevention side, once were into active disease and treatment. The DUTCH test can certainly be helpful, especially once we get sort of the disease controlled and treated. But you know, I just I more so if they

have had one done I like to just see sort of like where are the kinks like not necessarily just with testosterone, you know, for a prostate cancer patient, but, you know, estrogen plays a role with, with prostate health as well.

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Dr. Lucas Tims

And in that balance.

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Dr. Jaclyn Smeaton

Can you talk more about that?

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Dr. Lucas Tims

Well, yeah. So there's, you know, as, as testosterone usually there's a process called a aromatization. So testosterone can be aromatized to estrogen. Right. And men typically if they have enough estrogen, you're going to see levels probably in that 10 to 20 range right of estradiol that they're converting from testosterone. Right. And so that aromatization can either get upregulated or downregulated depending on what you got going on.

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Dr. Lucas Tims

Usually the less testosterone you're going to get less estrogen. Right? And so because there's just less product to convert. But also the problem you can see, which I think is more the problem with prostate cancer is you can get over aromatization. So these again we go back to environmental stuff and toxins. So like you know being obese a lot of the highly processed foods pesticides, plastics these are all things that ramp up aromatase and over convert testosterone to estrogen in men.

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Dr. Jaclyn Smeaton

Yeah.

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Dr. Lucas Tims

So oh go ahead.

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Dr. Jaclyn Smeaton

No, no I mean this is such an interesting conversation. And I think it's part of it is like, you know, that estrogen is part of the quote unquote detoxification pathway for testosterone. It's part of the elimination pathway. And so yeah, it's like when you have more stress on your system, you get more conversion. And absolutely, we see that.

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Dr. Lucas Tims

And what's interesting about some of the some of the data, again, looking more at the like root causes is low testosterone. At is actually more is actually more closely associated with early with with early disease of prostate cancer.

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Dr. Jaclyn Smeaton

Oh, is it.

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Dr. Lucas Tims

So again because again we see it mostly in 5067 year old men when their testosterone levels are going like this. Right. And subsequently their aromatase or the the estrogen levels are also going down. Right. So you've got these different like there's a bipolar effect of testosterone and they actually have treatments. You know there's actually a concept known as bipolar androgen therapy for prostate cancer.

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Dr. Lucas Tims

So early on early disease prostate cancer we see that testosterone can cause proliferation later stage disease, more disseminated prostate cancer. We see that loss of testosterone in this high levels of testosterone actually, or anti proliferative, and cause more differentiation of these cells, which is what you want to get the the stem, this out of these cells so that they're less aggressive.

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Dr. Lucas Tims

And so they've got, you know, there's research and trials going on with, with early, you know, promising results. There's still a lot of doctors that, you know, sort of like with the breast cancer and, and hormone replacement story that we've been told, they can't wrap their minds around giving an advanced stage prostate cancer patient high doses of testosterone.

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Dr. Lucas Tims

Yeah. Even though there's actually a really scientific basis for doing that.

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Dr. Jaclyn Smeaton

That's interesting. And I mean the science of it, of course, it's always evolving. And hopefully there'll be enough data to drive better decision making over time. But, you know, it's really interesting because it gets the the complexity of the hormone story in complex conditions like cancer, which, you know, I think the simple look of like when this hormones high, there's more cancer or when this hormones low, there's more cancer.

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Dr. Jaclyn Smeaton

When you layer in what drives hormone synthesis and what drives hormone detoxification. Like you've brought up toxins a couple of times. Like toxins, toxin levels influence our hormone levels. So is the hormone the driver of the cancer or is it a marker associated with some other underlying cause that's contributing to cancer? And I think this is I'd love you to talk a little bit about just generally the drivers for cancer and how you think about this as a natural ethic doctor and someone with that functional, integrative approach.

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Dr. Jaclyn Smeaton

Because we have we have I would call hormones like a lever in cancer that you like, turn it off, you turn it down. But then there's also some fundamental breaks that maybe are more like nutritional or mitochondrial that I think sometimes we overlook when we really focus just in one area. Can you talk a little bit about like what is breaking in the cell when cancer happens more in a more general?

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Dr. Lucas Tims

Yeah. So I mean, I love this topic and me too. I've I've spoke on this type of stuff a lot at conferences, and I just it's something I can really geek out on, but, you know, as far as, like, what we're actually seeing cellular Lee and the metabolism of cancer cells actually was discovered a long, long time ago.

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Dr. Lucas Tims

Otto Warburg, who was a German, biochemist back in the 30s, noticed that these cancer cells are operating with a different type of metabolism. Okay. It's it's basically fermentation, and that they've, they've converted to this sort of way of making, energy that's very different than the way healthy cells make energy through oxidative phosphorylation. What you get from that is this idea that, which, you know, he sort of was going down this pathway many, many years ago, but we sort of, you know, the general consensus went more towards cancer.

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Dr. Lucas Tims

Cancer being a genetic problem, a genetic mutation problem, which.

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Dr. Jaclyn Smeaton

There's elements of that as well, of course.

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Dr. Lucas Tims

Which there are elements of that. But here's how it all connects. The, the problem starts in the mitochondria. The mitochondria. And that's where the energy is made in the cell. But also the mitochondria is what is tasked with repairing DNA damage in the cell. Okay. So stay with me here. But I'm with you. You got environmental problems toxins, infections, inflammation, whatever else that are causing.

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Dr. Lucas Tims

These are mitochondrial disruptors okay. That is where the actual insult is happening at the mitochondrial level okay. And then you've got constantly we've got DNA mutations that are happening in the cell okay. And there's some things that directly cause DNA damage. But a lot of times it's just these, you know, senescent cells that, you know, hey, you've got some snips here, you've got this going on.

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Dr. Lucas Tims

The mitochondria is working properly and producing enough energy. It can run all the cellular tasks it needs to run and make sure that there's DNA repair going on for these mutations. Once the mitochondria gets damaged enough from these environmental

insults, it has to convert. It basically reverts back to this sort of old programming that we, you know, we had way back when you looked at, you know, single cell organisms.

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Dr. Lucas Tims

And it one of the first things it stops doing is repairing DNA damage in the nucleus.

00:24:04:07 - 00:24:27:12

DUTCH

We'll be right back. Here at Precision Analytical, we've launched the biggest update to our report since 2013, the new and enhanced DUTCH report. What's the most actionable hormone insights right on page one making it faster and easier to interpret. You'll see a reimagined summary page, upgraded visuals for estrogen and cortisol metabolism, and an all new about your results section.

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DUTCH

What we call the DUTCH does a 12 point framework that helps you understand your patient's hormones story in minutes. It's a smarter, simpler, and more insightful DUTCH experience. From now through December 19th, 2025, all registered DUTCH providers can order five DUTCH Complete or DUTCH Plus kits for 50% off. Give us a call or visit [DUTCH test.com/order](https://dutch.test.com/order) now. Must have a registered DUTCH provider is domestic and Canada up home promotion not available through distributors.

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DUTCH

Prepaid and shipped to facility only. No drop ships cannot be combined with any other offer. You can mix and match DUTCH Complete or DUTCH Plus must be purchased by December 19th, 2025. Welcome back to the DUTCH podcast.

00:25:09:08 - 00:25:27:25

Dr. Jaclyn Smeaton

I feel like longevity. Sorry to deter. I don't want to derail you, but like the whole entire field of longevity medicine and everything we're all seeing online on longevity medicine, it's this whole point. It's all connected. And this is where cancer ties into it. So if you've been like, you know, doing something while you're listening, now's the time to listen.

00:25:27:25 - 00:25:40:17

Dr. Jaclyn Smeaton

Things like, I can see where you're going, Doctor Tams. And this is like not only relative to cancer, but the importance of the mitochondria and the energy production in just really every disease condition is really paramount. Understand for health.

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Dr. Lucas Tims

100%. I mean, you could make the case that, you know, all medicine and and healing is really a mitochondrial issue. If you talk about the health of a cell, it starts and ends with what's going on in the mitochondria. Right. Because that's your that's your that's how that's how everything gets done in the cell. You know, and so if that, if that's first not working properly and it's reverted into this survival mode of just making a few ATP through fermentation just to stay alive, you start to lose the checkpoints.

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Dr. Lucas Tims

You start to lose the things that repair DNA damage. You start to lose the, signals that tell the cell to commit suicide. Okay. What is cancer? At its most basic level, it's uncontrolled cellular division. Cells are not meant to be alive longer than maybe three months at the most. And and all cells are supposed to have this sort of kill switch apoptosis.

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Dr. Lucas Tims

So there's many other ways cells can sort of like drift off into, into the. Good night, if you will. But this is supposed to always be happening. Cells get damaged to a certain point. The kill switch gets trapped, commits cell suicide in other cells, comes along, clean it up, recycle the material. These mitochondrial, dysfunctional cells, they've lost their kill switch.

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Dr. Lucas Tims

Because of the environmental insults. Again, we're talking about toxins. We're talking about infections from inflammation. So. So yeah, I mean that's basically what's going on at the cellular level. And, the way of, rehabbing mitochondria, you know, is things we can argue about. But, you know, you can do that through natural products. You can do that through removing the insults that are causing the mitochondrial damage.

00:27:39:21 - 00:27:54:07

Dr. Lucas Tims

You can do that through therapies that reprogram the apoptosis of these cells. And so that's that's kind of where a lot of my clinical day to day work is.

00:27:54:09 - 00:28:02:15

Dr. Lucas Tims

I always say that, you know, oncology like the standard oncology approach is like the opposite. Like if we're talking about football, they're on offense and I'm on defense.

00:28:02:17 - 00:28:03:21

Dr. Jaclyn Smeaton

Yeah.

00:28:03:24 - 00:28:15:00

Dr. Lucas Tims

I'm trying to do everything I can to change that cellular terrain and set up roadblocks to try to get these cells to start either behaving less aggressive or trigger them, trigger that kill switch again.

00:28:15:02 - 00:28:37:28

Dr. Jaclyn Smeaton

Yeah. I can't speak more highly of integrative oncologists. I mean, I Lee's Altshuler, it was like a big mentor of mine. And she has done and she's done a lot in this field with like starting their own camp and things like that. But I think one piece of it that really, I think makes the partnership between conventional oncology and integrative oncology so important.

00:28:38:01 - 00:29:01:02

Dr. Jaclyn Smeaton

And I'll just think that's for anyone listening that's going through cancer fighting like a naturopathic oncologist work where there's a board certification, they have to take tests, you have to have training to get that board. The Fabiano certification. Is that cancer? Well, one treatment can be so difficult to tolerate from a side effect perspective, an integrative medicine has such great solutions to help you feel better through treatment.

00:29:01:05 - 00:29:28:13

Dr. Jaclyn Smeaton

It's, you know, that's not typical that a naturopathy oncologist would recommend not

getting whatever your oncologist recommends. There's a tight partnership there, but the other piece of it is addressing the underlying environment that led to the development of cancer and then helping you thrive after you're in remission. Like there's just such a holistic approach to that. I love that you're talking about that and that you're talking about the role of defense because it's missing in so much oncology care.

00:29:28:13 - 00:29:36:21

Dr. Jaclyn Smeaton

But it's such a critical piece for, long term health and longevity for anyone going through cancer.

00:29:36:23 - 00:30:01:17

Dr. Lucas Tims

100%. I mean, we, you know, we just see patients day in and day out. And I've seen this for, you know, most of my career that, you know, they come in and they say, well, you know, my oncologist, you know, gave me whatever, a great report, and they're not sure what I'm doing, but they say keep doing it because, you know, you're doing way better than all my other patients.

00:30:01:24 - 00:30:30:01

Dr. Lucas Tims

Yeah. So, you know, whether it's quality of life or getting better outcomes on their scans or numbers, or just, you know, I think I think just the manner in which you approach things, the more things that you feel like you have control over, whether it's the defensive side, the diet, the lifestyle, the natural products, the, you know, even the mental emotional side of things, which natural oncologists tend to focus on more than conventional side.

00:30:30:03 - 00:30:35:00

Dr. Lucas Tims

You know, it all has its place. And why not stack the odds in your favor?

00:30:35:02 - 00:30:36:18

Dr. Jaclyn Smeaton

Yeah, absolutely.

00:30:36:20 - 00:31:01:05

Dr. Lucas Tims

You know, yeah, there's been tremendous breakthroughs on the, conventional side with all the offensive things that we can do to kill cancer. But you got to also create health in the body at the same time and deal with those, like you said, the root causes, of why you sort of have this fertile ground that the cancer is, is, is thriving in,

00:31:01:07 - 00:31:24:24

Dr. Jaclyn Smeaton

Another area that we talk a lot about on the podcast, of course, which is cortisol, because we test cortisol in urine and saliva. And really, when we think about stress and the impact of the HPA axis on balance of all of our systems, there's a huge impact, including our immune system, including that those kind of regulatory regulatory checkpoints that can cause overgrowth or good control.

00:31:24:29 - 00:31:39:24

Dr. Jaclyn Smeaton

Can you speak a little bit to the role that you see stress playing in your oncology patients, or as part of an etiology or part of like a treatment plan going forward? Is there a piece of that that we should really be looking at as well?

00:31:39:27 - 00:32:07:09

Dr. Lucas Tims

Yeah, I think I mean, there's so many stories you can tell about the role of, of stress hormones, cortisol being the main one in, in disease, not just cancer but all diseases. And I think, you know, we're we're like modern beings living in a very modern world that are, you know, but we're also like running on a very old school genetic code that's not very well adapted to the modern world.

00:32:07:11 - 00:32:28:13

Dr. Lucas Tims

You know, we're we we want cortisol, we want to be able to ramp cortisol up and have those stress hormones for maybe 5% of the day, but right now, it's maybe 75% of the day that people are getting too much of that stress hormone just because of, you know, the modern world and the lives that we're living.

00:32:28:13 - 00:32:45:23

Dr. Jaclyn Smeaton

And so I had to laugh at myself yesterday because I was an orang. So it like it tracks, it doesn't track cortisol, but it tracks like heart rate, body temperature, blah blah blah. And it yesterday it was like your stress is like higher than average. And it showed me

this graph that showed my physical activity and my stress levels mapped.

00:32:45:23 - 00:33:04:07

Dr. Jaclyn Smeaton

And it was like, you can see in the morning I like lifted heavy weights. My activity was super high. And then it was like flatlined through my work day with no activity. And then I like went for a walk after work. So I had activity after work and my stress level was like the inverse. It was like low during the workout and it was super high during the sedentary work day.

00:33:04:07 - 00:33:24:03

Dr. Jaclyn Smeaton

And then it was low again during my walk. It was just such a funny flip flop. But when you say we have like ancient, you know, we are built on ancient architecture, you know, that's it. It's like we're meant to just like move all the time and be at a low level of stress and yesterday's graphic, I should share it, like it, like put it in the show notes and have a laugh, everybody.

00:33:24:03 - 00:33:30:06

Dr. Jaclyn Smeaton

It was like such a show of what modern day does to our hormones. Accretion.

00:33:30:09 - 00:33:54:02

Dr. Lucas Tims

Yeah, and not just the hormones. But again, remember what we just talked about with the mitochondrial damage. Right. Is having that same effect on our mitochondria okay. Yeah. So when you talk about the root causes of cancer, stress is right there. But yeah, I mean, it's, you know, we're we were designed to run from the Sabertooth tiger every once in a while, but not every day and not for multiple hours a day.

00:33:54:02 - 00:34:21:17

Dr. Lucas Tims

And so, you know, we we talk a lot about patients and we use the data, whether you get it from a DUTCH test or any kind of hormone test, you know, we'll measure people's cortisol levels, better if you can get, you know, a big data set to look at, but even just, you know, you can tell the people, you kind of get a feel for people when they're like a little bit anxious and stressed, which a lot of people with cancer are going to be in that just.

00:34:21:19 - 00:34:22:12

Dr. Jaclyn Smeaton

Oh, yeah.

00:34:22:14 - 00:34:55:19

Dr. Lucas Tims

As a byproduct of going through the diagnosis and prognosis stuff. But but yeah, you'll see a lot of things will directly fluctuate with that with those cortisol levels, whether it's they're tumor markers or inflammation markers. We know that cortisol, prolonged cortisol, elevated cortisol, prolonged elevated cortisol in the body will lead to more inflammation, higher levels of, CRP, IGF one, fibrinogen.

00:34:55:19 - 00:35:02:02

Dr. Lucas Tims

These are things you can directly test in the blood. And you will see patterns that directly link with stress and cortisol.

00:35:02:06 - 00:35:30:19

Dr. Jaclyn Smeaton

Yeah. Yeah, I'm really glad to talk about that because I think that's another kind of element to really like is that all disease? You know, it is influenced by cortisol levels and by stress levels. And so understanding fundamentally what's happening inside someone's body and their biochemistry is really critical for cancer and every other condition. I think when we talk about the we love to talk about reproductive hormones, you know, estrogen and progesterone, testosterone.

00:35:30:24 - 00:35:47:16

Dr. Jaclyn Smeaton

But I do think that we should be talking more about cortisol in today's society. We talk a lot about it. But I think that you can't really overstate the importance of it. And hopefully we're going to see more and more literature come out around this. Although there is a lot of data already there is.

00:35:47:16 - 00:36:10:05

Dr. Lucas Tims

I would say that there's a lot of like, you know, sort of like the first steps of data and but we haven't taken it to the point where we're actually using that as like a guiding marker, you know, for a lot of these interventions. But, you know, we know that better stress management, stress lowering activities, you know, we've seen all that data, you

know.

00:36:10:05 - 00:36:23:11

Dr. Lucas Tims

And so oftentimes they don't connect that with also monitoring cortisol levels in the studies. But I mean we have to assume that it would track pretty closely. And that's what I see clinically in my practice.

00:36:25:12 - 00:36:57:27

Dr. Lucas Tims

But yeah stress is huge. And you know, there's different types of stress. Right? There's there's mental emotional stress. There's biological stressors. There's, you know, physical stressors, chemical stressors. And so, you know, every every patient's relationship with stress is going to look a little bit different. And that's sometimes some of the hardest work that we do with our patients is figuring out tools and strategies for them to address their stress.

00:36:57:27 - 00:37:12:09

Dr. Lucas Tims

Because, you know, some people, it's just their day to day life and the people they're sharing their life with and the the place they work. And it's like these aren't just always simple, okay, just get that out of your life.

00:37:12:11 - 00:37:33:23

Dr. Jaclyn Smeaton

Yeah. It's one of the hardest things as a clinician to address with patients, because of course, we realize it's such an important factor. But it's you can't just be like, well, you should probably live by yourself, you know, separate from your partner, leave your job, leave your kids, leave everything that causes the stress and just, you know, go to Miraval indefinitely or whatever, find some kind of retreat like that and just do yoga.

00:37:33:26 - 00:38:00:27

Dr. Jaclyn Smeaton

That's obviously not practical. And but our lives have changed so dramatically, and the expectation and the speed at which we're processing data and processing life, it's it's really it takes a lot of intentional strategies to try to find balance in the day to day. And we do see those changes, like you said, in those cortisol parameters. You know, we look at like the diurnal pattern which can be disrupted.

00:38:00:27 - 00:38:27:29

Dr. Jaclyn Smeaton

We also look at the total amount of cortisol you make in a day, which can be high or low. We look at how it converts to cortisone, which can also be indicative of kind of a more long term chronic. I'd be really interested to actually look at, set of patients going through cancer, because when you have prolonged inflammation or prolonged stressors on the body, we do tend to tend to see a shift, with how the body is kind of storing or using the active form of cortisol.

00:38:27:29 - 00:38:33:01

Dr. Jaclyn Smeaton

So it'd be really interesting to take a look at that in that subset of patients 100%.

00:38:33:01 - 00:38:38:21

Dr. Lucas Tims

I, you know, I have sort of, little trifecta as I like to watch in my lab.

00:38:38:23 - 00:38:41:15

Dr. Jaclyn Smeaton

Oh, tell us, the trifecta is for inflammation.

00:38:41:15 - 00:39:13:28

Dr. Lucas Tims

I like to watch, you know, high sensitivity crp, sedimentation rate, and, LDH, like an ISO enzyme. So those those are really good. Sort of, dashboard, you know, sort of triplet of labs to watch monthly. The other labs I like to watch monthly are sort of the stress labs, which I look at cortisol and cortisol, reverse T3 okay.

00:39:13:28 - 00:39:34:03

Dr. Lucas Tims

So T3 thyroid hormone, when your body is in a a state of stress, it will convert to this reverse T3 form at a much more rapid rate to sort of it's like a protective survival type reverse T3, more of a storage form. And then IGF one insulin like growth factor.

00:39:34:05 - 00:39:35:18

Dr. Jaclyn Smeaton

I thought you might say that.

00:39:35:21 - 00:39:47:03

Dr. Lucas Tims

So cortisol if you see a patient that's got elevated and cortisol elevated IGF one elevated reverse T3 ticking time bomb.

00:39:47:05 - 00:40:06:04

Dr. Jaclyn Smeaton

Yeah it's great to call out. And it certainly I mean with the cortisol is an interesting one because cortisol like in its beauty it's a great fire extinguisher. Right. That's kind of why we have it. And and it just wasn't made to be on all the time. We're basically covered in, you know, flame retardant all the time now.

00:40:06:04 - 00:40:15:01

Dr. Jaclyn Smeaton

It's like there's a there's always going, going, going, going. And it's the nuance of that system. But I love that you shared those labs. Do you ever look at ferritin for inflammation as well?

00:40:15:03 - 00:40:46:03

Dr. Lucas Tims

Yeah. I mean I look at a lot of other ones that are just sort of like the, you know, ten minutes. I watch this closely. But yeah, ferritin, fibrinogen. That Jeff levels, you know, there's lots of other cancer inflammation type markers you can watch, that that are very helpful for setting up sort of your scoreboard for each patient and figuring out, you know, okay, how do I what do I need to tweak this month or next month to, to make sure that we're steering this patient back in the right direction?

00:40:46:07 - 00:40:57:05

Dr. Jaclyn Smeaton

I love that. So you're getting that kind of regular feedback from the lab data to be able to drive that decision making. Yeah, I think it's really critically important, to be assessing that regularly. And, and,

00:40:57:08 - 00:41:17:14

Dr. Lucas Tims

And I mean, early on, for sure, once you get people sort of like in a good place, then you can start to space it out. But when we're dealing with people right away and we're really trying to shift that terrain, we watch it monthly, you know, we watch it every month and we make lots of changes. You know, some every once in a while, we kind of nail it right out of the gate as far as what they should be doing.

00:41:17:14 - 00:41:29:12

Dr. Lucas Tims

But more often than not, it takes a series of sort of you know, guess and check type things and trial and error and figuring out what works for each person because it's, you know, everyone's so different as you know.

00:41:29:14 - 00:41:53:21

Dr. Jaclyn Smeaton

Yeah. What are the things that you typically recommend, like a project on that lifestyle side? You know, and I, I'm particularly curious. I mean, I work mostly with women. I have have my whole career and and still that's what we talk about and read about for the most part. But I think especially with men, I do think that when it comes to stress management, there's probably different tools and mechanisms that support are there that men I wouldn't say that work better for men, but maybe men more resonate with.

00:41:53:21 - 00:42:13:09

Dr. Jaclyn Smeaton

And I found this with fertility. There's tons of data on like therapeutic interventions that might be stress relief or like therapy, stress relief, yoga. But what they what we find is all the data is it works for some, it doesn't work for others. And that makes sense to me because it's like you have to find what works for that individual.

00:42:13:12 - 00:42:25:14

Dr. Jaclyn Smeaton

Yeah. And in a cohort of however many hundred, you're going to get some people who don't really want to go to group therapy or don't resonate with yoga, what are the things that you're finding? Are best for men?

00:42:25:16 - 00:42:40:11

Dr. Lucas Tims

Yeah. I mean, again, you see, you know, you got to have lots of tools in your, in your, in your toolset. But you know, we first of all try to get them if they're not moving you got to get a moving. Right. So just you know, if you're if they're sedentary, if they're overweight you got to get them strength training.

00:42:40:11 - 00:43:02:01

Dr. Lucas Tims

You got to get them moving. If they're drinking alcohol you got to get them off the alcohol. And then and then really look at sort of, you know, with them like stress management in terms of a lot of these guys are just burning the candle at both ends, you know, and they're not doing a lot. Women are much better at the self-care, even though, you know, a lot of women still need help there, too.

00:43:02:01 - 00:43:31:16

Dr. Lucas Tims

But they're much better than men as a whole in like, carving out time for themselves and doing sort of more self-care. So so we try to get men, you know, thinking more about, hey, if you had 30 minutes, like where it was just you were going to do something for yourself, what would you go do? And they said, well, you know, they might say exercise or, you know, go have a nice meal somewhere or something like that, but hey, how about you go, you'll spend it, you know, 30 minutes in the woods?

00:43:31:16 - 00:43:57:17

Dr. Lucas Tims

Or how about you go sit somewhere quiet and meditate or, you know, talk with a good friend or journal? You know, they're just men are they're getting better, but we're just not creatures that gravitate towards that stuff easily, I think. And so, you know, we just try to give them suggestions and, you know, some of them are a little bit easier to stray or to sway that way than others.

00:43:57:17 - 00:44:16:24

Dr. Jaclyn Smeaton

But it's Trevor Noah who's a comedian. He had this like joke he told about, like, men need to have this group of three. And he's like, it's not just you and me sitting down having a talk the way, like, you know, I think what he meant was the way two women might, like, go to coffee. There needs to be a third thing, like, you mean fishing or like you, me and hunting.

00:44:16:24 - 00:44:50:01

Dr. Jaclyn Smeaton

Are you me and or and I actually, I thought that was really interesting because I think about the role of, like, rites of passage in most traditional cultures. For men and women, this is really relevant, but we really have lost a lot of that in society. And I think I would agree with you. I don't know that women do better self-care, but I think the connection between women, like through shared mothering or like, yeah, the care of children are meeting each other at daycare, drop off men do those things too, but I

think there's just an opportunity for connection that gets taken advantage of where I think a lot of men today, and I'm not

00:44:50:01 - 00:45:15:04

Dr. Jaclyn Smeaton

a man, so I'm not trying to like woman's blame any kind of problems. But I do think about the role of some of those activities that used to be a bigger part of life. Traditionally, men did those things like, I know my dad grew up like fishing with his friends all the time. And yeah, you know, they now maybe have golf or like, whatever it is, how can we make sure that those pieces of, like, connection, you know, human medicine and connection are there to relieve our stress?

00:45:15:04 - 00:45:23:03

Dr. Jaclyn Smeaton

I don't know that. Golf. I've seen my dad play golf. I don't think it relieves the stress. I think it causes more. But we need those kinds of things in our life.

00:45:23:05 - 00:45:31:25

Dr. Lucas Tims

Yeah, I think golf's another one of those bipolar type issues where you know it. Can you get one extreme of the next? Right. Either elation or complete depression?

00:45:31:29 - 00:45:53:07

Dr. Jaclyn Smeaton

Absolutely. But I love that you start also with you mentioned like movement and rebalancing. Metabolic health is like such an important piece for hormone balance and for cancer prevention and, you know, thriving during and after. Can you talk a little bit about that? Because that comes up a lot of like what type of nutrition I know there's some providers who recommend like a ketogenic diet for a while.

00:45:53:10 - 00:46:02:21

Dr. Jaclyn Smeaton

Others are just looking at kind of rebalancing glycemic index and kind of getting nutrients in. What are your main pillars that you think about nutritionally.

00:46:02:23 - 00:46:04:25

Dr. Lucas Tims

Specifically with prostate cancer?

00:46:04:27 - 00:46:17:10

Dr. Jaclyn Smeaton

Yeah. Well, I think there may be some that crossover into other cancers, but I with prostate cancer might be interesting. There might be some other like hormonal factors like and lignans or something that are more particularly relevant with a hormone based cancer.

00:46:17:12 - 00:47:00:11

Dr. Lucas Tims

Right, right. So there's, you know, and the diet conversation can get a little bit tricky too, because there's certain signals that we see in the data for prevention of cancer that we don't necessarily see or want to focus on. With active cancer. And so, you know, I think a, an anti-cancer diet, I think we would pretty much all agree, would be something akin to a low carb, Mediterranean style diet, you know, something that's devoid of packaged and processed foods, refined sugars, you know, eating ancestrally, I guess you could say, you know, and just eating real food and not overeating.

00:47:01:11 - 00:47:34:21

Dr. Lucas Tims

Whereas, you know, specifically with prostate cancer, there's some data that a more plant based approach that probably includes more, things like lignans or flax or, chia seeds and also soy, which is de facto estrogen. That word freaks a lot of people out, but it actually has been shown to be quite protective for hormone related cancers. So there is there are some signals in the data for a more plant based approach with prostate cancer specifically.

00:47:34:24 - 00:48:05:04

Dr. Lucas Tims

However, once you have the disease, we're really thinking about diet more as a way to put pressure on the cancer cells. Right. And so this is where a ketogenic diet would be a potential short term approach to sort of shut off fuel supplies, start starve. An active cancer cell and maybe even increase the likelihood of your conventional treatments working more effectively.

00:48:05:06 - 00:48:22:17

Dr. Jaclyn Smeaton

Does that get back to the type of like cellular respiration that's happening, like the differences that you talked about where a cancer cell that's like what you described as

fermenting is more affected by reduction in glucose compared to like a normal functioning cell. This is I don't I'm not a cancer specialist, but can you talk a little bit more about that?

00:48:22:18 - 00:48:43:21

Dr. Lucas Tims

Yeah, 100%. It all connects back to sort of some of the foundational stuff we talked about cellular early. You know, cancer cells are for the most part they can use lots of different fuels. But what they prefer, especially when they're in their growth phase, is sugar, glucose, okay. They can they like to take in. They just are hoovering in glucose.

00:48:43:24 - 00:49:05:10

Dr. Lucas Tims

And they need lots of it to make a very little amount of energy with that fermentation process. Right. Whereas the opposite happens with our healthy cells. Or healthy cells can take in a very little bit of glucose. And also they can use things like fat, ketones, fats and and proteins. And they don't need much to make a lot of energy.

00:49:05:11 - 00:49:29:09

Dr. Lucas Tims

It's very efficient. Okay. So when you starve cancer cells of that easy fuel that glucose it doesn't it doesn't make them starve completely, but it makes them work a lot harder. And it also makes them much more vulnerable to the other pressures that you're putting in the system, whether it's chemo or radiation or I.V. vitamin C or whatever.

00:49:29:14 - 00:49:53:24

Dr. Lucas Tims

All these things work, seem to work better. You get a better kill effect of cancer cells when they're in a vulnerable stress state, whether that's through fasting, ketogenic diets, hyperthermia. You want to stress those cancer cells to sort of set them up to be more vulnerable to the the killing aspect of those therapies.

00:49:53:27 - 00:50:12:03

Dr. Jaclyn Smeaton

Yeah, I love the way you describe that, because it really, I mean, I think one huge misconception is that like a natural path, like oncologists is going to tell you that you shouldn't use chemotherapy, you should use natural, you know, mistletoe or whatever instead. And I have never it's like really uncommon for that to happen. I

don't really hear about that happening.

00:50:12:06 - 00:50:39:21

Dr. Jaclyn Smeaton

I think the mind's a good one. It's the good ones. The ones that are like, really trained. Well, our, our thinking about how can we make chemotherapy more effective at a lower dose with lower side effects. So I love that you're providing that example because I think it's such a service. And there's a myth that needs to be busted around that where you are like the training is how to be a junket of care to get you well again, including all avenues available to you.

00:50:39:24 - 00:51:03:18

Dr. Lucas Tims

Yeah. I mean, I think, you know, we all kind of have our own lenses and like, all of our lives are based on our past experience up until now, in my 16 years of of working closely with cancer patients, you know, I am I've discovered that, you know, it's a all hands on deck type of situation.

00:51:03:18 - 00:51:25:29

Dr. Lucas Tims

You know, you can't afford to say, I'm just not going to do any conventional medicine or I'm not going to do any natural pelvic support, or I'm not going to do any mind body support. Like, you better be grasping at everything you can, because cancer is diabolical and it doesn't care. And, you know, we are seeing much more aggressive types of cancer now.

00:51:25:29 - 00:51:26:12

Dr. Lucas Tims

We should not.

00:51:26:12 - 00:51:27:27

Dr. Jaclyn Smeaton

Be younger people, 2 or 3.

00:51:27:27 - 00:51:32:03

Dr. Lucas Tims

Of the people. We should not be limiting our toolsets. We should be expanding them.

00:51:32:05 - 00:51:32:13

Dr. Jaclyn Smeaton
Yeah.

00:51:32:13 - 00:52:00:23

Dr. Lucas Tims

And attacking this thing from, like I said, offensive defensive special teams like we want we want a big team of people, helping with these problems. And so yeah, I mean, there's people that find cures through all different types of, of ways of healing. And I don't want to discount those experiences for people. But clinically, what I see day in and day out is the people that have the best outcomes are utilizing the best of both worlds.

00:52:00:26 - 00:52:16:03

Dr. Jaclyn Smeaton

Well, I can't think of a better way to wrap up our podcast today. So, I've really enjoyed talking with you, and thank you for helping to make the stress connection, the hormone connection, and really talking about some of those underlying factors that should be on the minds of anyone going through cancer with a loved one with cancer.

00:52:16:03 - 00:52:26:24

Dr. Jaclyn Smeaton

I've really appreciated talking with you, Doctor. Tammy. Thank you. For listeners who want to learn more about you and the work you do, what's the best way for them to reach you or to keep hearing from you?

00:52:26:26 - 00:52:53:09

Dr. Lucas Tims

Yeah. I'm, on Instagram most as far as social media goes. So at Doctor Lucas, doctor spelled out and website, WW doctor lucas.org again doctor spelled out. And then my practice is at root causes. Root causes.com. We're in San Antonio, Texas, and yeah, we have people that come from all over the country, all over the world to see us here.

00:52:53:09 - 00:52:56:18

Dr. Jaclyn Smeaton

So wonderful. Well, thanks for joining us today.

00:52:56:21 - 00:52:59:17

Dr. Lucas Tims

Thanks for having me.

00:52:59:20 - 00:53:18:20

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