

# “Cancer is a metabolic imbalance and the only way to avoid recurrence is to change the diet and lifestyle factors that allowed it to develop in the first place”



*Dawn Waldron*  
POWER THROUGH BREAST CANCER

**NAME:** Dawn Waldron

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**QUALIFICATIONS:** BANT-registered nutritional therapist and nutrigenetic counsellor, with a postgraduate certificate in Personalised Nutrition from CNEML; I am a 2017 graduate of AFMCP and a qualified life coach. 21-year survivor of Grade 3, Stage 3, receptor negative breast cancer.

**TRAINING:** I have trained at the Institute for Optimum Nutrition, International Coach Academy, Institute for Functional Medicine and the Centre for Nutrition and Lifestyle Management. Regular CPD and a drive to increase my knowledge of CAM approaches for breast cancer means I am always busy learning.

## **How long did it take for you to qualify?**

I graduated with distinction from ION in 2004 after a three-year course, and then joined the education team. They say the best way to learn is to teach, so I worked for ION for five years as a tutor and lecturer, revising the Clinical Analysis module. After that I spent a couple of years honing my coaching skills before deciding to upgrade my knowledge again in 2016/17 with AFMCP (Applying Functional Medicine in Clinical Practice) and some postgraduate study. Since then I've taken time to focus full-time on clinic, as so many people need help in my chosen field. Twenty-one years of breast cancer survival gives me a another “qualification” that makes a huge difference to the way I work.

## **Where do you practise?**

I work from home in my dedicated consulting room overlooking my garden.

## **What's your main therapy/modality and why?**

I'm a functional medicine-based practitioner using nutritional therapy and life coaching to support diet and lifestyle change for breast cancer patients. Cancer is a metabolic imbalance and the only way to restore a healthy cellular environment and avoid longer-term recurrence is to change the diet and lifestyle factors that allowed it to develop in the first place.

## **Why did you decide to become a practitioner?**

After a diagnosis of breast cancer in 1997, at the age of 33, there was no one to guide me

to think about what I could do to help myself to get better. I was so grateful for the medical care I received, but somehow I “knew” that it wasn't enough to keep me well. My career before that was in high-pressure management consultancy, and I had been neglecting myself and feeling unwell for a long time. So I started to investigate a wide range of complementary medicine approaches and experienced a profound shift in physical and mental health after changing my diet. From then on, I was hooked! I went back to college in 2000 and spent three years studying to become a Nutritional Therapist.

## **How long have you been in practice?**

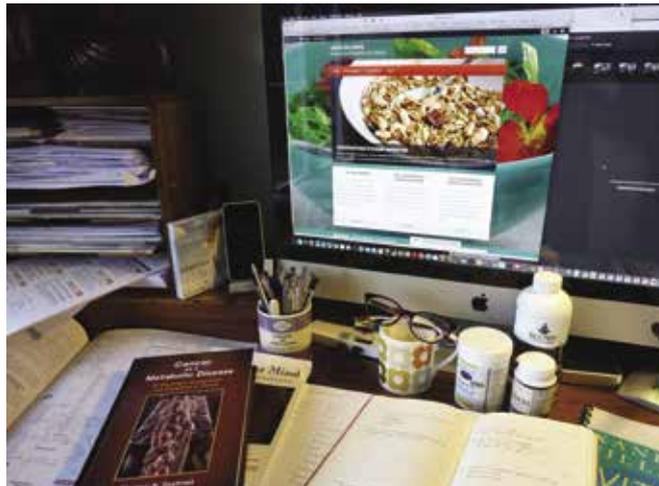
I started practicing under licence in August 2003, so that makes it 15 years!

→ **Who or what has been the main influence/inspiration on your practice?**

My clients have been a constant source of inspiration and motivation as we work together to unravel complex health histories and to look for clues in one of the least understood aspects of healthcare. Each time a new client comes to see me, a whole new adventure opens up.

**What conditions or types of client do you see most of?**

These days I work exclusively with breast cancer clients. I have found that focusing all my clinic and research time in one area has allowed me to create a deep knowledge base. Of course, I still use a systems-led approach, so I still draw on all of my training, but I strongly believe that cancer patients need specialist help



because it is such a complex condition.

**What do you find the easiest to work with? And why?**

To be honest, there's nothing easy about working with breast cancer – it's a demanding choice.

It's really tough to have a life-threatening disease when the medical view is that it's random, and your doctor tells you there's nothing you can do. I love helping clients to understand more about why they might have got cancer, because it reassures

them that they have a little bit of control over keeping it away in future. Nutrigenetic testing is very helpful here, because so many of the well-researched SNPs link to clearly identified breast cancer mechanisms.

**What is your favourite type of client?**

I get a great sense of fulfilment from helping young women who have been diagnosed with breast cancer because they still have so much life in front of them – and I know how that feels.

**What is the most challenging type of symptoms/illness/problem that you get presented with?**

Obviously, it's daunting to work with clients with Stage IV disease, as this is still considered "incurable", and there is a good chance that

## Case history

# Stage IV oestrogen receptor positive breast cancer

This was a referral from a private GP: a 52-year-old woman with Stage IV oestrogen receptor positive breast cancer who needed to lose some weight. She was receiving treatment at The Royal Marsden.

I'm always delighted to get referrals like these. The strategy for successful weight loss is closely aligned to the diet and lifestyle changes that can help breast cancer, so it's a win-win for the client. Stage IV clients are normally receiving treatment which means that many supplements are off-limits, so it's a chance to show what can be done with a well-designed diet and a few lifestyle changes.

### Initial assessment

Following surgery, radiotherapy and chemotherapy after her initial diagnosis, the client's disease had progressed while on Tamoxifen, and recent scans had shown metastatic disease in liver and lungs. So she was on a new, experimental regime of Ibrance, a cyclic-dependent kinase inhibitor, and Letrozole, a

non-steroidal aromatase inhibitor. She had been taking medication for hypertension and raised cholesterol for some years.

The client had clear signs of digestive insufficiency, dysbiosis and inflammation, as well as raised fasting plasma glucose and liver enzymes, fatty liver, haemorrhoids and gallstones, so there was plenty of scope to improve her health. She was highly-motivated, energetic and sociable, with an impressive career history, but experienced difficulty with sleep and anxiety. Eating in restaurants and enjoying a glass or three of wine were important pleasures, and she didn't want her nutrition plan to get in the way of enjoying life.

An existing Strategene report showed homozygous COMT x2, PEMT, and MTRR with an unfavourable haplotype on the MTHFR SNPs, indicating problems with methylation and hormone metabolism. This together with her liver symptoms and blood results prompted me to order a Lifecode Gx Detoxification profile

which revealed homozygous MAOA – "the warrior gene" – plus further problems with oestrogen metabolism on the hydroxylation, methylation, sulphoconjugation, glucuronidation and glutathione pathways. No wonder Tamoxifen wasn't up to the job! Antiporter activity (aka Phase 111 detox involving transport of substances out of cells) was also compromised, making it important to reduce overall environmental exposure. Thankfully, the SNPs for alcohol detoxification were all favourable.

### Intervention

There was a clear justification for trying a ketogenic diet, but not because of the popular view that it starves cancer – we still don't know enough to make that claim, and we do know that some tumours can use a range of fuels, including ketones. However, encouraging healthy cells to use ketones for fuel tends to lead to rapid weight loss while conserving muscle mass, and is a good strategy for improving insulin sensitivity. The ketogenic

diet is also linked to a reversal of fatty liver disease, reduced oxidative stress and inflammation. Sometimes called the "starvation-mimicking diet", the ketosis it provokes may promote cell death through autophagy.

To achieve ketosis we cut out sugars, starches and grains, and limited fruit intake to one portion a day. To support other nutritional aims, we cut out seed oils, and raised dietary sources of magnesium, zinc, selenium and iodine, B3, folate and B12, natural aromatase inhibitors, essential fats and pre- and probiotic foods.

We spent some time discussing how to follow the diet when eating in restaurants and negotiated a reduction in alcohol. A simple supplement plan included probiotics and *Saccharomyces boulardii*, fish oil, kelp and n-acetyl-cysteine. The client was already using a vitamin D spray. Lifestyle changes included advice around eating and bowel elimination habits, environmental toxins, sleep improvements and

I may not be able to improve the long-term outcome. But the latest research on integrated oncology, combining metabolic approaches with conventional treatment, is extremely hopeful. There is a lot of anecdotal data to show that it's possible to reverse Stage IV disease; sites like [radicalremission.com](http://radicalremission.com) provide great inspiration. If it was your life on the line, wouldn't you want to consider every single possibility?

### What one thing is absolutely essential to you in your practice?

I think the fact that I'm also a breast cancer survivor is the thing that helps me work well with my clients and acts as a huge source of inspiration and hope. I don't think I'd work in this field if I hadn't experienced what it was like.



stress management. We agreed a minimum 13-hour overnight fast, which has been shown to improve breast cancer survival.

### Fibre in, probiotics out

While it's perfectly possible to eat a wide variety of fibre-rich vegetables on a ketogenic diet, the change in fibre sources can cause temporary digestive problems. With existing liver and gallbladder issues, I felt it was important to support the gut health and elimination throughout the change with an emphasis on flax seeds and probiotics. Unfortunately, one of the side-effects of Ibrance is to deplete white blood cells so, rather frustratingly, The Royal Marsden proscribed the use of probiotics partway through the programme because they are live bacteria and pose a risk of infection.

The plan included permission to completely break all the rules for one meal a week, as I felt this would aid compliance.

### Surprised and delighted

We worked together for six months, and during that time the

client's BMI reduced from 28 to 23, fasting plasma glucose went from a high of 8.0 to norm of 5.4. Liver enzymes and bilirubin quickly moved to within normal range for the first time ever, while bloating, indigestion and haemorrhoids disappeared.

Regular scans and blood tests showed the liver and lung metastases were smaller and less active, and tumour markers dropped from 253 at their peak to 61. This latter effect may be attributable to the impact of the Ibrance/Letrozole, but bloods showed that we significantly improved the "tumour microenvironment", which may have allowed the drugs to work better. Certainly the client's oncologist and GP were surprised and delighted with the results. The client maintained normal energy levels throughout the programme, slept better than she had done historically, and managed to maintain her regular exercise routine of walking and tennis.

### How did they feel about it?

The client was very excited about the progress she was making,

and this boosted her confidence and optimism. Compliance was an issue, especially around alcohol. I feel this is completely understandable: she was trying to juggle short term "making the most of it" drivers with longer-term health and survival goals. This is a common dilemma for Stage IV cancer patients, and one that I feel we, as nutritional therapists, need to handle with care.

### Progress/future

The client has been told that, at some point, the Ibrance will stop working. Obviously, we hope that they will then be able to offer her something else, but in the meantime we are making a plan for when the treatment stops that will include a comprehensive supplement plan designed to support immune function and tackle other cancer pathways. We have discussed the pros and cons of repurposed or "off-label" drugs and the potential for prolonged fasting to make a difference. All of this is parked for the time being while the current therapy continues. At the last blood test tumour markers were slightly

raised again, so we are on watch and wait.

### A boost in confidence

This case boosted my confidence in helping clients during treatment with Stage IV disease, which is obviously a delicate area. I am learning to work within the constraints of a conventional treatment programme with a very limited toolkit and still feel I can make a significant difference. I need to be comfortable supporting quality of life as well as aiming for increased survival times.

As the evidence for fasting builds I am increasingly interested in how this might potentiate treatment outcomes. With compromised SNPs on all of the oestrogen detoxification pathways it's a shame this client wasn't on Letrozole from the start, it might have made a difference to the long-term outcome, but of course we can never know for sure.

• Resources and references  
Stratgene is the genetic reporting software developed by Dr Ben Lynch, ND: <http://go.stratgene.org/genetic-analysis>.  
Lifecode Gx Detoxification profile: [www.lifecodegx.com/products/detoxification](http://www.lifecodegx.com/products/detoxification).  
References online at [www.ihcan-mag.com/references](http://www.ihcan-mag.com/references).



→ **Do you enhance your business with any projects outside of your clinic?**

When I have time, I love to write. I publish a health and recipe blog at [www.dawnwaldron.com](http://www.dawnwaldron.com) and I was the first UK practitioner to write a book on the ketogenic diet. It's called *The Dissident Diet* and it was an Amazon bestseller in 2014! In the past I have run workshops for cancer patients and I have plans to do more of these in future.



**Which CAM book has helped or inspired you most, so far in your career?**

There have been so many. My bookshelves are groaning, and I've recycled dozens over the years. I have to mention the first one: *The Optimum Nutrition Bible*, by Patrick Holford. It's the book that started the journey. More recently, though, I was galvanised in 2012 by Dr Thomas Seyfried's textbook on *Cancer as a Metabolic Disease*, and I love Dr Nasha Winters' book, *The Metabolic Approach to Cancer*. The book I'm recommending to clients with advanced cancer at the moment is Jane McLelland's *How to Starve Cancer*, which outlines an off-label drugs approach that combines ideally with a nutritional therapy strategy.

**Why do you do what you do?**

Working with women with breast cancer provides me with a level of

fulfilment that I sought for many years: I simply can't imagine doing anything else. I would have given anything to have someone like me around on the day that I was diagnosed.

**If money, time and effort were no object, what one thing would you change about your practice or integrative medicine in general?**

I would like to see a registered nutritional therapist in every oncology department in the world.

**What piece of advice would you give to newly-qualified practitioners who are just setting up a business?**

Find a niche: find an area of healthcare that you love, and dive in as deep as you can. I think the future for complementary therapies is going to be challenging, and the more



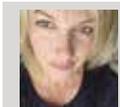
specialist your knowledge the more valuable you will be.

**What is the biggest challenge you face as a practitioner?**

The overwhelming amount of information, evidence and training opportunities. I hate the idea that I might have missed something that could help a client get better. It makes me a bit manic sometimes!

**What would you like to see covered in *IHCAN* magazine that we're not getting to?**

I think we skirt around the subject of cancer because of the anachronistic 1939 Cancer Act, and I look forward to a day when we can openly discuss complementary approaches without fear of prosecution. IHCAN



**We know our practitioners are quietly getting on with changing people's lives, every day – and we want to celebrate and share the inspiration. In Practice is coordinated by regular contributor Rebecca Smith, who runs a successful practice of her own, established 20 years ago. Contact her direct to be part of the feature: [rebecca@newportcomplementaryhealthclinic.co.uk](mailto:rebecca@newportcomplementaryhealthclinic.co.uk), and follow her on Twitter: @NCHHealthClinic.**