Introducing Marcelle Pick and Functional Medicine

Welcome back to the Beyond the Breast Cancer Summit. I'm your host, Dr. Jenn Simmons, and I am delighted to have our next guest with us today. I actually tried to have her for the last summit if we couldn't connect.

So I am so thrilled that she was able to come on to this summit. This is Marcelle Pick. She is an OBGYN nurse practitioner. She really was in the. One of the people there in the beginning of the functional medicine movement.

And she has just been an incredible advocate of that for her career. She co-founded the world renowned Women to Women Clinic in 1983 with the vision not only to treat illness but also to provide support for her patients in proactively making them healthier and leading them to make healthier choices and to prevent disease, which really at that time in 1983, that was groundbreaking because everyone was thinking about symptom management.

Symptom management coming up with a better drug, coming up with the new drug, coming up with a new procedure. You know, that's really what what was pushing the medical needle forward for, pardon the pun.

And instead, you were thinking about creating health and wellness from the very beginning. It's really astounding. It's really astounding. What had its bumps along the way, let me tell you, because we've ostracized so much.

When we went to ground rounds, they would make fun of us because we're in the back sitting together, the granola docs on the hill and. Yeah. Yeah, I'm I'm sure that's what you were right there.

I mean, when you were talking about functional medicine in the 1980s, they had to have thought that you were a quack. And they absolutely did. Yeah. You know, if if I'm being honest, I discovered functional medicine, not for any other reason other than I became a patient.

Right. So I get sick, I get faced with a life threatening illness. And despite the fact that I am deeply steeped in traditional medicine, I somehow knew that surgery and chemo and radiation were not for me.

And I went and listened to a talk by Mark Hyman. And this is probably in, I don't know, 2016. And he gets up on the stage and introduces himself as a functional medicine physician.

And at this part and at this point, I am a doctor for 20 years. And I say to myself, like, there is no such thing as a functional medicine physician. What is this quack talking about? Right.

And this is in 2016 when he probably already had three or four bestselling books, maybe even more, when I had no idea who he was. So I can't even imagine the adversity that you must have come up against in your career, especially talking about this stuff in the 1980s.

It was it was intense. There's no question about it. And fortunately, there were a group of us there were four of us that were in practice together. And then we had many, many other people come on board that joined us and then learned about it, and they went on their own practice.

So we had to just support each other. And we knew deep inside because we were steeped in the science only we were looking at the science that was in the labs as opposed to coming out in peer reviewed journals.

And once we started to understand that, I mean I knew about triple, you know, antibiotic intervention for Helicobacter pylori way back in the day for ulcers.

We were using probiotics in 1986. You know, a lot of the things that we were doing and we were actually we never really went and prescribed. The conventional form of hormone replacement therapy was very unusual.

We were one of the first to start using compounding pharmacies in Madison, Wisconsin. So we you know, and we just were very clear in terms of the outcomes that we saw in our patients.

And, you know, in house, we're still doing surgery. I mean, that's not you know, I wasn't but my you know, my colleagues were. So we were still in that world, but we always, always looked at the big pieces.

And as time went on, then we started looking at kind of the other modalities with, you know, still testing. I was doing that probably in 1987. Yeah, amazing.

And really amazing that at that time you were able to keep a foot in each on each side. Right? Because even, you know, it's 20, 30, 30 years later when I when I tried to do that, when I, I, I didn't feel like I could write.

Like I stepped away from surgery because I didn't feel like I could operate again. Pardon the pun, within the confines of the traditional medical system and deliver the kind of medicine that I thought I wanted to deliver.

Early Functional Medicine and Hormone Care

And let's talk about your background a little bit as we segway into what we're going to talk about today, because your your specialty is really hormones, and you do a lot of the hormone instruction for IFM, for the Institute of Functional Medicine, and you lecture on a variety of topics but weight loss, resistance, infertility, stress, illness or adrenal dysfunction.

And when we talk about, you know, people don't get breast cancer in a day, right? This is a process that has been going on for quite some time. And it is usually at the end of the road of hormonal dysfunction where, you know, maybe we see in the teens and twenties, maybe we see like PCOS or and twenties, thirties, maybe we see infertility and thirties, forties, we see menstrual irregularities.

And all the while this is compounded with stress and it's not, you know, the ovaries are not functioning on their own. This is a concern. I think actually you use that term that this is a concert.

I think I got that from you. Yeah, it's an orchestra. Absolutely. Yeah. You know what's so interesting about medicine is that we unfortunately come to a diagnosis and then of treatment not starting to understand.

Well, how did that start? What was the beginning of the beginning? The cause of the cause, which is kind of what we really talk a lot about in functional medicine.

And that's why I think it's become so important. And even when we talk about cancers and we talk about disease, there was a point in which it started many, many moons ago.

And my specialty is certainly the notion that if we don't deal with our story, our story deals with us. And what I mean by that is that we all have we all have stories that we grew up with.

We all have issues. And there was a very large study called the ACE Study that I was introduced to actually by my father in 1998. And it put everything together for me because it's something I'm always known and believed, and that is that they looked at 17,000 men and women, middle class Americans to see does stress impact health later?

And the person that did the study, Dr. Felitti from the Kaiser Permanente, said, I think it's unlikely, but sure enough, what the outcome was, it was, oh, my God.

The higher your stress as a kid, the higher the risk profile was for you, for obesity, heart disease, cancer, disability, early death, early retirement, heart disease.

It was like, wow. So we now what I was teaching for is and we didn't have data to support that. We had so much call it, peer reviewed journals that support the notion that this stress complex absolutely increases autoimmune disorders, increases immune issues, increases metastatic cancer, increases cardiovascular, you know, and also

gut microbiome issues and now we're starting to understand that endometriosis is about gut microbiome, that, you know, a lot of the gradual changes are gut microbiome.

So the microbiome of the uterus is important in here as well. So is there such a thing as a microbiome of the breast? I don't know. We don't have data to support that.

Oh, no, there is. There's it has to be connected. Yes, there is. We can change that if you think about it. I mean, anything that has contact to the outside world has a microbiome, right?

Our ears have a microbiome. Our eyes, our nose or mouth, our vagina, anus, you know, everything. And the breast is in contact with the outside world. I mean, that's where the that that's where the ducts terminate.

Right. And so I think without question, the breast has a microbiome. Wow. We can improve that microbiome, optimize that by my microbiome, make an ideal.

I think that's the question. And like everything else, I suspect it's going to come from the gut. Yeah, I can't agree with you more because. Yeah. When I have anyone that comes in to me with anything, I'm always looking at the gut first.

Yeah. And adrenals because you know, as we understand biochemistry, the adrenals, you know, we don't ever talk about them in the world of medicine. We do when people have Cushing's syndrome, too much cortisol or too little and Addison's.

But other than that, we never talk about it, which is really ridiculous because we know those biochemical changes. And, you know, the American Academy of Endocrinology came out with a statement several years ago saying there's no such thing as adrenal fatigue.

Well, the name would. Be what is that about? I don't know. The name is probably you know, it's social media that really came up with the name. The adrenals probably don't get fatigued, but in some ways they do because if you have too much cortisol for too long, the body makes cortisol from cholesterol.

And if we have too much need for that cortisol because of work stress, life stress, our story that hasn't been resolved as we get older, you know that we have Lyme, we have chronic.

You know any of those things. Yeah. Will bypass making estrogen, progesterone, testosterone and DHEA and only make cortisol. Yeah. Too much need for cortisol.

Ultimately, what goes on, what goes up must come down. So if it's too high for too long, then it starts to come down. And that's when people experience, you know, what I call unrelenting fatigue, or I call them a flatliner in my book, they just get up and go is get up and gone.

Yeah. And so the things I look at our gut and adrenals and then I might look at the other pieces, you know, including some of the thyroid pieces and all those things because they're so interconnected in regards to our overall well-being.

But unfortunately, our stress response is a huge part that we don't talk about, and in the world of medicine, we never talk about. Are you a perfectionist?

You know what happened as a kid? How much trauma did you have? Did you feel unloved? You know, do you not feel like enough in life? I mean, this goes on and on because I work with predominately women and I hear this story every single day in, well, 1760s, you know.

Yeah. And I think what going back to what you were saying before about your story is that, you know, even though that trauma happened to you 30, 40, 50 years ago, if you're still reliving it, it's still affecting you.

And that is the constant stress that's on you, which gets layered with whatever is happening today.

Stress, Trauma, and the ACE Study

Right. But if you if you are reliving that trauma over and over and over again, then it hasn't left you. And what's so interesting about what you're saying is that it's not just about reliving it.

It's not even knowing that you are. For example, let's use me as an example. My father and mother were both Holocaust survivors. They pulled their bootstraps up in lights and I don't think ever were able to get to the depths of that pain.

Not sure how you ever do that, but nonetheless, he was a man that very seldom yelled, but he was so rageful. You could kind of feel it from him. I mean, perfectionist.

I would hear people speak like he did sometimes my body reacted to that. We don't even have to know that we're in that place. But it's understanding if we take the time to kind of look back.

And so what was it like for me? How how did I respond? How was that? And that's not saying my parents were bad because they weren't. They did the best they could.

But we adapted behavior for that later in life, then becomes maladaptive. And that's the key piece to what actually can drive that fight or flight response.

And for women in menopause, you know, I say menopause is a journey of self-discovery. Who am I? What am I going to do for the second half of my life? And veiling of those things that have been stored oftentimes happens there as well.

So it's a. It's a crossroads, right? My gosh. Absolute. What an opportunity. Yes. Yeah. But so many people don't see it that way. And just going back to this concept of adrenal fatigue, you know, it's like it's like leaving something on forever.

You know, in the beginning it may be able to keep up with that, but then eventually it's just going to get overworked and not be able to put out like it could put out before.

And that's exactly what's happening, is that, you know, our bodies really weren't designed for sustained stress, right? So we either came out of the cave in the morning and encountered the saber tooth and we don't run away and escaped or we got eaten and died.

But we're never meant to run away from saber tooth tiger for 3 hours or three weeks or three months or three years. We're just not built for that. It's not who we are and what we are.

And yet we spend most of our lives in that sympathetic state running away from saber tooth tigers. Right? Our phones, the constant emails, the constant alerts, the feeling like you have to be available or you're in a bad relationship or you have a tough boss or a tough job or you're living in a tough place.

Like it's just it's never ending. And we never developed the tools to deal with it. You know, it's it's sad because it's so true. I mean, you know, one of the things many years ago, zebras don't get ulcers.

And the whole notion is, is zebras out. It gets chased by a tiger. It doesn't get killed. It comes back to the field and starts eating again. Whereas what we do is, oh, my God, I almost got hit.

By a. Tiger. I got to tell my friends. And it just goes on and on and on and on. And that's what you're describing, which is that whole notion of constant sympathetic overload.

And now we don't have that time at night. We have electricity. We stay up late at night, we stay on air computers.

We're watching what's going on in the world.

We see a bomb when it happens. Then we had COVID, then we've got our children and it's just nonstop. Yeah. And it's it's interesting if we look at some of the work from Jody Spencer and some of what was happening, I actually had a patient who had breast cancer and she had a lumpectomy because it was just DCIS and she had an abnormal mammogram that she didn't follow through with.

And fast forward a couple of years, it was metastatic to her bones. Her daughter got into a Joe dispensing treat and she had a healing of 14 people. And I was actually calling her to say because I thought she's going to be in hospice by this time.

And she goes, How are you doing? I'm like, Excuse me? And she goes, How you doing? And she went, They're either in a wheelchair or in a walk. I don't know which one.

And she walked out and she went hiking the next weekend. I followed up with her about two weeks ago. She hasn't had scans done, but she was on pain meds every 30 minutes, but she did not have the rod put into her leg and she is doing incredibly well.

She just came back from retreat center. Now, what. Happened? And you're saying that she's no longer reliant on pain medicine like her pain, right? Yeah. Yeah.

Now we don't know her scans. She's supposed to get them in the next couple of weeks. But, you know, is that kind of healing possible? What does it take?

Does it happen for everyone? Absolutely not. It does not. But there is some interesting things that are we are becoming aware of in that world, that the connection what she said to me is Marcel, it was my life, it was my stress that co-created the pieces to the puzzle and hormones and all the things that we're talking about.

So it's it's truly finding out for ourselves how do we have a life of inner peace and how do we find that balance to get into the parasympathetic, whatever that is?

That's the key piece for so many people is, number one, acknowledging that they have that place. And number two, and of course, diet and the microbiome and hormones.

And, you know. I mean, we all know we all know the right things to do, right. So we all know to stay away from processed foods. And we all know sugar is bad for us and we all know that we have to move.

And we all know that we have to prioritize, sleep and avoid toxins like we know all of that. But the thing that most people don't realize is, is that you really can't eat right and think wrong.

Right? Like, if you you can't do that, it won't work. And your your mind and your mindset have such a profound impact on your health. And, you know, I tell people in the beginning when I start to work with someone with an advanced stage breast cancer and of course, the first question that everyone wants to know is, you know, are they going to live and are they going to survive this?

And I the answer is I don't know. And truthfully, only you know, because that power is yours and you have to tap into it. And people live as long as they think they're going to live.

So, you know, we hear stories like this all the time, like, I just want to live for my daughter's wedding and they die the following week. You know, I just want to live to see my granddaughter graduate from college and they die days later.

This happens all the time. It's like we somehow can summon that that strength to survive for the thing. And then we give up afterwards. But what if we don't give up?

What if we say we're just going to live? And I think that that's a lot. What Joe Disbands is working on with people is it's like setting himself up to believe that they are in control of their destiny.

They can design their destiny, and we're not taught to believe that. I was just going to say the unfortunate part is that many people are surrounded by the opposite and give their power away to other people.

Well, how how how long do I have and date? And the reality is, none of us know. I mean, we think we know from statistics, but we don't know. And years ago, if you look at functional medicine, it was in 1985 when we started doing this, we were just consider are absolutely crazy people.

It was the fastest growing practices in Maine. We had to get more and more file folders because at the time we had paper and we couldn't we couldn't keep up with the demand.

So people at that time were searching for other answers. And, you know, the whole notion of hope, where is that in this? And understanding that there's a lot more that we know now that we never knew back then.

The gut that our thoughts predict so much for us looking at screening function, looking at, you know, heavy metals that play into this, looking at mold, how does that play into this?

All of these are pieces to the equation that we don't give any credence to. We just talk about this is the issue. I needed to do something about it. Well, it's a bigger issue than that.

As you said, it doesn't just start today. It started years ago. Yeah. And you and you started to talk about the fact that what this society generally does is give away their power.

Right. And so much of the time, we are looking to someone else to help us, to save us, to cure us, to heal us. Right. But I think that that is one of the most profound differences between the functional medicine approach and the traditional medicine approach.

Because in the traditional medicine medicine approach, the doctor or the the provider, they're the hero. Right. I'm going to give you this and you're going to get this right.

Whereas in functional medicine, we say, here's your tools, but it's up to you to use them or not, and only you can be the hero of your story. Right. And it really it empowers the individual, but it takes a certain individual who wants that empowerment.

Not everyone wants it. Absolutely. But I think also people have been so brainwashed to think that they don't know the answers. And I think for women, it's interesting because I was talking to your friend the other day, and I think that, you know, I was I was marching for the NRA and doing all kinds of things.

And I was a feminist from the time I was 15. And I'm not sure it did a disservice. I think in some way it did us a disservice because now we are mothers, we're daughters, we're friends, we're CEOs, and we still have this pull of so many of those things and we can't do it all well.

And I think that what has happened is that it's really, unfortunately for so many women, it's pulled them in too many different directions. And self care has never been great for women anyway.

And then they do even less of it because they don't have the time. And these other priorities come first. Yeah, it's the first thing that everyone abandons, right?

Totally. Totally. And you know, self-care is so important. And what I say to my patients is, look, our kids are watching what we do, not what we say. And if we're really going to impact our especially our young girls, we have to walk the talk.

And that's easier said than done because at the end requires.

Adrenal Dysfunction and Chronic Stress

Well, what do I let go? How do I how do I have that that dance and how and, you know, we have the medical you know, we don't know what's going to happen tomorrow, but we don't necessarily live by that motto.

But just starting with baby steps, looking at adrenals, for example, it's like, do I have do I have stress as a kid? And, you know, looking at a nice score, what's your ACE score and what's your resiliency score?

Because that fortunately counteracts some of the scores and then express very high. That is not an end result. That's just the beginning of oh my gosh, I never realized.

And how do I move forward in a different way? Yeah, it shows you where your work is, right? Totally. Totally. Yeah. And it's so interesting because it's absolutely territory that we don't go into whenever we go for an annual or something like that.

Then I spent a lot of time in that place with people is, you know, and how do we do we move out of that and how do we what are some of the tools, the mind and make recommendations for people because they don't have to stay in that place and they don't have to do years and years and years of therapy either.

But it is understanding that place of acknowledgment that that does our mindset plays an enormous part in our tomorrows. I love that mindset plays an enormous part in our tomorrows.

So you started to say in the beginning that in functional medicine it's about asking, well, why did that happen and why did that happen? And like backing up three steps to try to figure out how you got here, which is not a part of the traditional medical model at all.

I mean, when I was a surgeon for 20 years, what I was trained to say is breast cancer is a multifactorial disease. It's a number of things that happened to you over your life.

And, you know, just bad luck, right? I mean, that's that was the answer that I was taught to say. And I said it about a thousand times a year. So for the woman who is getting diagnosed or is living with a diagnosis or had a diagnosis and doesn't want another one, how do they go about?

Because people ask me this all the time, like, if I can't come work with you in in Pennsylvania, how do I figure out my why? So where do you tell. People to start?

So probably finding someone that's trained in functional medicine and the reason that's so important is if I do an intake with people, I'm looking at what was the mother's pregnancy like for you?

Were you breast fed? Were you a C section baby? How many food kind of problems did you have as a kid? How many can you just back up and say, why is whether or not you were breastfed important?

Why is whether or not you were born by C section important? Because people don't consider these things. So the interesting thing about a C section, baby, if you think about what happens when you go down the birth canal, you're inhaling the bacteria.

The bad news is if your mom had gut problems, you're probably going to have gut funds, too. But if you are a C-section, baby, you don't get that exposure.

So your gut microbiome was already behind the eight ball, if you will. Our gut microbiome is established by age two. So if you are a C-section, baby and you had multiple antibiotics, those are the people that oftentimes with Candida or autoimmune issues because their gut microbiome is so dysfunctional.

So when I ask you something, if a mother does have gut problems and for whatever the reason, the child still gets born by C-section, do you recommend inoculating them?

Like, is some of that microbiome. Any of. That? None. Yeah. Many of the progressive hospitals are starting to do that. Swab the inside of the baby's mouth to mouth and nose.

Absolutely. Okay. And then if you're bottle said, you know, we do the best we can in formulas to give the baby the amazing kinds of things. Back in the day, they didn't put any essential fatty acids in there, which are in breast milk.

So no matter how hard we try. This is still like not great. Oh, I know, I know, I know. But no matter how high. Fructose corn sirup I mean. I know, I know.

I know, I know. So it's no if it has to happen, then you do the best you can. It would be really helpful if you don't want to breastfeed to at least pump so that you have that ability.

And because that makes a huge difference. I mean, it's it's breast milk it's kind of jumpstart in this child's immunity and it's going to determine their path for the rest of their life, right?

Yeah. But I don't want to have people feel guilty that if they can't do it, it's just cause the where. Then you know what essential fatty acids you might need to add or, you know, using some type of probiotic because they have a massive influence.

So there's a number of things you can do, but unfortunately it does create some free problems with regards to some of those issues later in life. Yeah.

And then also it's, you know, how many times we sick as an adolescent, what was some of the life circumstances that happened then and then going all the way through and then looking at what's going on stress wise, what's going on with food, what's going on with mindset, how much exercise are you getting and then looking at the endocrine system, you know, kind of looking at the cardiovascular system, looking at the hormonal system.

It's kind of putting all of those pieces together and then making a kind of a summation. You know, I just started doing some one on one again after after I stopped for a year.

And I have, I don't know, 50 pages of questions initially that I want for my people. You know, what's your sleep like? What's your exercise regime like?

You know, what kind of history do they have? So they, you know, all these things. Then I could develop a formulation of what I need to do to test to I need to look at adrenals.

First gut was fusion where I start. Anyway, what about hormones? What about toxicity? Is that something I'm concerned about? Because more and more those all play a part in health and the adrenal and the adrenals.

If you have molting, it's very hard for those adrenals to stabilize and be kind of in a normal situation. So it's looking at all the possibilities and we're all different.

There is no such thing as one size fits all. It just isn't anything. Yeah. And putting in those pieces so that you can really figure out what created this and what do we need to do, which is possible to change these things.

Yeah. And I don't, I don't know that, that it's impossible for someone to come to this on their own, but it would take a very long time, which is why we advocate for working with a functional medicine provider just because they speed up your timeline.

Right. And getting some of the testing done, it's very difficult to do as an individual. And I I'm another I'm involved in another group talking about hormones every week with this particular group of people.

And, you know, I'm I'm floored. They're very educated at how hard it is for them to figure out that these pieces just along, they can't say with the help of someone that can navigate these pieces.

This and I, I even think like every doctor needs a doctor. Every coach needs a coach. Like, it's so hard to navigate these things on your own. I think that this whole adrenal concept and how it relates to breast cancer is pretty unclear for people.

So can you lay out a picture so that people can understand the connection and what is happening? Sure. So when we have enormous amounts of stress, and I like to say is either present day or passed because our body doesn't know the difference between present day and past, it perceives it as the same thing.

So if you were had the feeling as an adolescent or a young child that being chased by a tiger, that same feeling can be initiated very, very quickly as an adult.

What happens then is cortisol is produced and produced and produced, which actually depresses the immune system. And that constant depression, you want your immune system you to be as healthy and active as you can so that we might have a cancer cell.

And when we have that method of consequences is, oh my God, you don't belong here because the balance is there. And our physiology is the unfortunate.

Part of why high levels of cortisol suppress the immune system. Right? Because if you're running away from a tiger, you don't really need to fight off a cold.

You probably won't live for the cold. Right. Right. And that's exactly what happens is that the response in the body is it's so taken aback by having to deal with the stress so much, it's no longer able to kind of do that phagocytosis of that cancer cell.

So it's almost preoccupied with that enormity of what that stress response is doing. And there's other physiological changes that go on with regards to inflammation.

We know that people who have high cortisol levels have more inflammatory markers as well, which also then increases their their particular issue with regards to the cancers.

And what's interesting is we look at some of the studies I'm sure you've talked to about this is we can actually see people's stress levels No. 5 to 7 years before the diagnosis.

And is stress the only thing that causes is absolutely not. Of course not. But as you said, you know, early in your early on, they may have had maybe some endometriosis and they had infertility.

Then they had this and we had that. And we do know that when I mentioned before as cholesterol usually makes our sex hormones. So if we have less progesterone, we see that with endometriosis.

We also see that with short what we call luteal defects so that they're having infertility problems and there is a beginning of that hormonal cascade that goes on that's problematic for people and put together a gut microbiome that's not very happy with the endometriosis and maybe just wrong.

And therein lies this this issue that no one is addressing because looking at the possibility of there being a hormonal piece that may cause estrogen dominance, that may contribute to too much estrogen, and then then that metabolizing their estrogen properly because we don't even look at that in the conventional world.

Yeah. And that's absolutely right. We've got them on all kinds of things. Not necessarily that they're bad per saying.

Mindset, Healing, and Self-Empowerment

However, if you're not metabolizing properly, we need to kind of really balance that out properly. Yeah. And I was going to say, Oh, yeah. So and as you talk about that, you're not making your hormones because all of the cholesterol is being funneled towards making cortisol.

And cortisol is kind of a stimulatory hormone. And then you're also not making progesterone, which is our calming hormone, and now you're not sleeping.

So on top of all of this, you take you take away sleep. And sleep is where the healing happens, right? That's where all of our repair mechanisms really kick into gear.

And now you have the perfect recipe for use right? Absolutely. And we can do something about it. It's just understanding it first and not getting into this blame game.

Know, I should have how you know that none of that helps anything. It makes things worse, actually. It's really more about how do you begin some of the steps for self-care and even if it's just I am a Tony Robbins fan and there's something that he does all primary.

It's 10 minutes so it's Tony Robbins primates so you looking at the things you're grateful for, you're looking at things that kind of are working in your life and kind of giving back to those things that you're grateful for.

And then you're doing some creation of what you would, what you want and expect for your future and getting into that kind of regime. If you can't meditate, you know, some people can't because it's just too time consuming or doing some of the Joe Friends or whatever works for you.

That's a key piece. You know, some years I did ballroom dancing and. I was going to say we happened to have someone who has a very special way of compartmentalizing her stress.

And did you so obviously you can't ballroom dance when you've just escaped a car accident or, you know, some other stressful thing. So I imagined in my head that if that was your true stress reliever, would you like run through dance routines in your head when you needed to calm down like someone else would just dance?

I mean, I was in a lot I was in a lawsuit with a business partner for five years, and I just danced my little God, dance my little brain out and oh, five days a week, six days a week.

And I truly if I hadn't had that, I don't know what would happen to me because it was so stressful. And now that scenario kind of knows that. But it was was intense.

But the dancing was, you know, sometimes two or 3 hours, five times a week. That's really amazing, though. And what an incredible gift, because it checks a lot of boxes, right?

Like if it's your checking, your stress management box, it's also checking your movement box. You know, it really goes a long way. Absolutely. It's incredible how it can do that.

And there are those of us that are kind of crazy about dance in that way. And for all of us, it's the same thing. I mean, I got into it because I was getting divorced and I wanted to be touched without strings.

So I took lots and lots of lessons so that I could, you know, become better in that. Great. So I love that. Wow. So I, I took lessons and lessons so that I didn't have to.

And I guess you weren't into Tinder. It's not at this time. Yeah, you know. I'm. Joking. I don't know. But it was it was definitely something that was really helpful for me and for many of my contemporaries at Dance, too.

And what's interesting is that I competed, you know, several times and in the competitions, it's not unusual to have eight and nine year olds competing 80 years and 19 years ago.

I watch it on TV all the time with absolute amazement. I mean, it's just so beautiful. I actually that's what I gave my husband as a present for the holidays to this year as we're doing dance lessons because it is just it's such an amazing form of intimacy.

It really is. Yeah. Right. Okay. So I never like to identify a problem without offering a solution. So adrenal fatigue, we're going to call it that, even though they say it's not a thing and we know it is, this is mostly a lifestyle and mindset mediated issue, right?

Yeah. I mean, the good news is what I say to people is, look, you may not have the ability right now or the energy to deal with what caused the problem.

So let's get to feeling a little bit better. Do we need some DHEA? Do we need some, you know, cordyceps, astragalus, rhodiola, licorice root. What do we need?

We have to test it first to find out where we are. Then when you've got your energy back, you get up and go is back. Then let's look at how did we get here?

Because what I would see in my practice time and time again and that's why I wrote my book is it me or my adrenals? Is it would come back, get better, come back, get better, come back, get better.

And I needed to help them look at what's where did this stress coming from? Are you a perfectionist? Well, let's do something about that, because there's no such thing.

The good news for those of us in medicine is we usually are, but it doesn't serve us well, you know. Now it doesn't. And, you know, fortunately we do, because then we don't get sued.

But nonetheless, it's see, we're staying at night, we're taking phone calls, we're doing this, we're doing that. And it's we're actually in a mentorship together with someone who specializes in physicians, overcome their perfectionism.

Right. So it is a real thing, hands down. And so. The. Good news is you can do something about it. You don't have to be in that place of this is going to be my life for the rest of my life.

Absolutely not. It can be quite different than that. So that's really good. So you help to support people in the beginning because they need it, because it's so hard to motivate yourself, because part of our motivation is adrenal function, right?

So if your adrenals aren't functioning, it's very hard to even get motivated to help yourself heal. So you support them in the beginning. You do some touch testing, do you?

Are you using the Dutch test? Is that the one that you like? I use a company called Diagnostics. I haven't found the Dutch test that helpful for me. And I may just be old school because I started them, but I'll do the saliva protocol five tests as soon as you wake up.

An hour later, noon, mid-afternoon, and then at night. So you're doing a five point cortisol, huh? And then I'll use that information to make recommendations.

Obviously, if they have breast cancer, I'm probably not going to recommend DHEA, but this controversy around that as well. But nonetheless, I would then address what needs to be done at every point that there was an issue.

Then we start kind of unwrapping, where did this dress come from? Is there an emotive issue? It's a toxicity issue. Is it some of the stress components of what's going on in their lives?

Then we start to kind of address that. People probably are trying to understand the connection between mold stress. So can you unravel that a little bit for us for.

Any time you have any kind of mold or Lyme disease, the body's immune system's going to be on a hyper vigilant. And when that happens, the adrenals kick in.

So it can be a stress that causes that cortisol elevation, or it can be something like a chronic illness that causes

that as well. So the implications can be the same.

And oftentimes it's both. It's the stress piece because very few of us don't have it and then the components of mold. So we sometimes have to dig into is that going on?

You you oftentimes would see other health parameters that were abnormal with mold, but not always heavy lead and high levels of lead and high levels of mercury can contribute to the body feeling like it's under assault.

Yeah, I mean, that's the bottom line is that your body doesn't know what kind of war it's fighting. It just knows its fighting a war so it can either be fighting a war against an individual or a situation, or it can be fighting a war against mold or some other kind of, you know, infection.

Right. But these infections are subclinical in that. It's not like when you get a cold and you get a stuffy nose and you're sneezing and you have fever, like it's not that.

And so it often goes unnoticed and unappreciated. Right. Right. You know you don't feel right, but you don't it's not obvious enough. And that's why it's so important to listen to yourself, but also know that the stress hormone can complicate the picture in terms of what's going on.

And that's why it's helpful to have somebody really look at all the pieces together. Women, one in one in three women are sexually abused. Does that play into this in a huge way, one in five men.

So understanding the ramifications that enormity of that trauma also is a piece to this equation, too. So we all we have to be unwrapping all of that and help women.

Most of the people I see are women really uncover for themselves what's going on. Yeah. And we go back to the comment you made about DHEA. So you said if it's someone with breast cancer, you probably wouldn't consider DHEA.

So I'm going to ask you, is does that go for hormone negative women as well? And do you really avoid DHEA in women who had hormone positive tumors and might where where do you stand in terms of. Its.

Do you think estrogen causes breast cancer? Do you think that bioidentical hormones have any negative effect on women who have breast cancer? Like let's let's help women understand this a little more?

Well, you're really putting me on the spot. I'm sorry. And if you want to know how I feel about it first so as to not make you uncomfortable, I do not think that estrogen causes breast cancer.

And I think that while menopause, surgical, medical or natural, I think that, you know, that is mandatory for woman. I think that suffering is optional.

And so I do not believe in suffering. I completely agree with you. And I was going to say the same thing anyway. So in my experience over the years, I used a lot of hormone replacement therapy, bioidentical only I never prescribed or I think one case I prescribed it because she begged me and was so symptomatic and had been on it for so long.

I do use DHEA, however. I don't generally use it alone, primarily because it is a hormone and it's got an orchestra impact. We don't just if we're going to have an orchestra, we don't just tune the piano.

We have to tune all the pieces to the orchestra. And you also have to look to see what's going on with the downstream of this. Do I think that.

Hormone Testing, Estrogen Metabolism, and Breast Cancer

You want to see how people are breaking down their estrogen before you are putting another compound in them that it's going to break down to estrogen?

So maybe you could maybe you could explain to people because I don't I don't think that the hormone synthesis cascade is is well known. So maybe you could explain to people what what how how we make our hormones in our body so that they can understand why you would intervene with hormones or not.

So, you know, when we're looking at people's history, one of the things that we don't do in the conventional world or we don't test for one, but the other thing that we don't do is we don't see for that particular individual how she breaks down that estrogen.

We can see it in the stool test if we have something called an elevated beta glucan, a disease that's making me suspicious that that person, number one, has a bacterial overgrowth or multiple bacteria.

But number two, that she's not breaking down her estrogen properly. So it's going to recirculate and have her be more what we call estrogen dominant. I don't believe in that concept of estrogen dominant.

It just means that in that situation, the ratio is very fast. Yeah. And you're talking about the ratio of estrogen to progesterone? I am, yes. And if they are someone and that's me, I don't metabolize my estrogen properly.

There's three different pathways that the estrogen can go down. I call it the good, the bad and the ugly. In my book. So the me down pathways to 16 the or site two then we've got 16 which is kind of bad and then we've got the ugly pathway for you want most of your estrogen to go back down pathway two.

And the only way to know that is to have a test done. If we do a blood test, we can see two and 16 we can't sleep for. We need a urine test to look at four.

So when I'm doing hormone testing, I'm going to be looking at probably urine once a year and then blood, you know, two and 16 the other times. And then I can make a decision.

But the here's the beautiful thing is that even if it's going down the pathway in the wrong way, we can change the diet, have more fish oil, have more exercise, introduce all three carbon, all which is from the broccoli family called the Save Your Friends or Jim I three see your DNA and that helps in that that pathway breaks down and the good news to that is adding flax also makes a difference with that regard.

So we test and we find out and I just did a podcast with that piece D and she really went into the hard data on what do we know about hormone replacement therapy and breast cancer.

Let's get down and dirty about what we know. And interestingly enough, in my practice, the women that were on hormones and got breast cancer, I never saw anything but estrogen and progesterone receptor positive.

And prior to negative, I just never saw it. They didn't have metastatic cancers. They didn't have bad cancers, if you call it well. And statistically speaking, you know, the people that get breast cancer that are on hormone replacement do better.

Yeah, hands down. And that makes sense. Yeah, of course. Which is interesting. And that is a physician who's in Texas, who Dr. McWherter, who's been doing it in this way for a number of years.

He's a functionally trained doctor as well, and actually developed a protocol of a cream that he had patented put on my breast with green tea. And it so, you know, we're starting now to kind of look at it.

The problem is that the party line is they're dangerous. It's what caused the problem. So people get very nervous on the call Monday nights that I do when I explain to them sometimes they have vaginal atrophy, which means they don't have enough estrogen, the vagina.

They're like, well, I can't I can't I can't take you know, I can't take that, you know, and I'd well, you know, talk to your oncologist because you really probably can, especially estriol that does not you know, does not have a downstream effect.

But many of the party lines still say it's what caused it. It's the issue. Get it out of the body as much as they can. And the part that's so hard for me is to witness what happens when that happens because of the effects of anti anti anti estrogen.

Ooh, yeah. And they're not insignificant, you know, the things that the medical oncologist. Well first let's talk about that all is borne out of two studies which the rest of the studies all found favorably for hormone replacement in the breast cancer population.

But the two studies that did not find favorably are the women's health initiatives, of which we know that that that study was halted within two years of its inception.

And as we talked about earlier, breast cancer is happening on a very long timeline. So those women had that breast cancer before that study even started.

The other thing is. That once we got that study that's so important and that study was done on women, most of the people in the study were ten years post menopause. Yes.

The average age was 63. I think if we have a cell that has not been exposed to hormones and then you blast it with high amounts of hormones, you know, this is premarin and a progestin that is not progesterone.

Yeah. We knew from studies before that that had adverse effects. Yeah. And then we say well look what it did. Well we, we can't do that because and then they looked at the study for menopausal women and we didn't have the same outcome.

You didn't. And you know, the other thing that we don't talk about when we talk about the results of the Women's Health Initiative are that, you know, this was allegedly on healthy women, but 70% these women were overweight, 70% that that's not healthy.

And I know it's not politically correct to say, but I'm sorry, you cannot be overweight and healthy. It's just not a thing as much as we would like to like have women.

I want you to love yourself and accept yourself. But you cannot be healthy and be overweight. I'm sorry. And so, you know, these women were not healthy.

50% of them were smoking or had a history of smoking, which we know contributes to breast cancer. At least 30% were taking antihypertensive medications like these women were not healthy inarguably not healthy.

So and then the the that finding was only found with data mining like they had to really look. So we took an inappropriate population women who were ten years past menopause and they probably already had those breast cancers then gave them hormone replacement.

And you know, and then we interrupted the study before we could truly find the findings. And then they they dug for those findings. So there were so many things wrong with that study.

And yet and yet generations of physicians have mended their practice because of that. And stolen generations of women have suffered unnecessary. Well. Absolutely.

And unfortunately, now, even in men's medicine present day, it's still not recommended. If you have hot flashes, still recommended that you actually have an answer. No.

I know. I'm not. I'm not. They're saying to me, I'm not really not depressed. I just am having hot glasses. Oh, maybe I am. It's a sin. They know it's a sin.

What we've done and I and there was a retraction paper printed in 2022, I think about three people read it like me and maybe two other people. And you know, one of the things I've always said, even with the A study, one of the

things I ask the lady is why was this not on the front page of The New York Times?

If this is having such a profound impact on heart disease and recurrence of cancer, why are we not talking about this? A study and I went to a conference this afterwards and it was, you know, I had to go see use and in the audience we're talking about opioids this is years ago and you know, I raised my hand and say is anybody doing a study on people before you make a decision about opioids?

And they didn't know what it was and that was back then. I'm sure that's changed since then, but now. It's changed. That. I mean, I ran a cancer program for 15 years.

We never talked about it, ever. I didn't know about it until I became a functional medicine physician. Well, it's you know, for me, it's such a crime because that gives people the ability to say oh, not that I'm bad or wrong, but I have a place to start to learn about.

What are some of the things that I can change today? I can change my mindset today. Yes, you're going to need skills. And Annie Hopper has a program that you can go to this trauma programs now available.

So we can do these things at home on our computer. Now we look at some of these pieces. Is it helpful to have a guide? Of course. But nonetheless, you don't have to spend a fortune to do this.

And the program actually use that Annie Hopper program for my mold patients. Because, you know, when we say like when people go to a traditional doctor with the complaints of mold because they're so vague, I mean, my my when I had mold illness, I was getting shooting pains down my legs at night when I would roll over in my sleep.

And what did my doctor tell me? That I was crazy, right? Because they don't know. And so they tell you it's all in your mind. It is, right? Because it does affect our central nervous system.

That's what's happening with mold illness. One of the things that's happening with mold illness. Absolutely. And so I love that Annie Hopper program. Is also another program and it's called the Hoffman Institute.

And I learned about it. Oh, God, in 19 let's see, 1991. And she talks about the person that I kind of got connected with is infertility. And how is the relationship between our emotions and like.

How dare you. Say that, you know, arrogant as hell at the time? And then I started looking into it. And the concept of the program is how does our biography become our biology?

And that is the key piece to the pieces, to the puzzle. And it's a just a five day, six day program looking at how do you come away from this without that storage of baggage that is really not serving as well in life later on?

Yeah, another option for people also when they have programs in California, it's been around for 50 years. I mean, this is all over the world. So we have options now, which is so exciting because we can change our mindset, no question.

So how do you approach the woman who has been through breast cancer treatment and has either been put into menopause by the treatments or is just menopausal and suffering?

So how do you approach that woman? So the thing that I'll probably start with is adrenal function, because one of the things that I find for so many people that have breast cancer, they're terrified of going on hormones.

They just is just no way they've been kind of in that place. So this really looking at adrenal function is one of the things that we can do. And also changing the diet, but also the mindset, you know, the fear that comes with the diagnosis of breast cancer is enormous and helping them kind of navigate those pieces and then seeing where they are on the other side.

I oftentimes use fast attack and searing as a supplement to help with high cortisol levels at night especially so I can

get some sleep and then starting to unpack all those pieces to the equation.

I probably will know. I haven't been seeing people for a year, so I probably now will not prescribe hormones to somebody in menopause. Do and that has breast cancer.

Will I refer them out to have somebody do that? Absolutely. Absolutely. Because I see that they were a lot of times what they'll say to me is Marcel, my my sensuality song.

I don't have a sense of being kind of a sensual, sexual woman anymore. I feel dead inside and oh, my God, we don't want that to happen. And groans make a difference. Absolutely.

As to jumping on testosterone, testosterone really helps our thyroid function and helps decrease autoimmune disorders. So they're crucial hormones and we're living longer than we ever have.

And do we need to replace those hormones as we get older? I think we do. Yeah. And you just said something so interesting that testosterone helps to suppress autoimmune disorders.

And is that why we see so much more autoimmune disease in women than in men? Because men inherently have more testosterone. Or than likely.

Recovery, Sexual Health, and Next Steps

And, you know, unfortunately, testosterone is a hormone that does not get a lot of airtime. We don't prescribe testosterone gym like for women. We have lots of receptors in our body.

We don't have as many as much testosterone as men do, but we have lots of receptors in our body building muscle for sure, and helps with our get up and go.

It certainly helps with our libido. So we need tons of it. No, we don't. But we do. As we get older, if we've really had low levels, it really can make a big difference for us.

And we do know that it also helps with thyroid dysfunction as well and we know that stress can actually affect thyroid functioning and people don't ever talk about that because it increases something called reverse T3, which is the brakes on the thyroid.

Yeah. So cortisol in particular. Yeah, I was just going to so we were talking about you don't actually have an issue with someone getting prescribed hormone replacement after after treatment for breast cancer.

The piece that I say to this, however, is you got to be working with someone that supports you and really has done their research so that you feel very, very much so that your mindset is of this is going to be helpful for me and not hurtful because everywhere you read that is dangerous and it's problematic.

And it's just it is not what I saw in my practice. The people fared better where it had been on hormones, quite honestly. Yeah. And I don't. And that's and that's what the data shows.

I don't think one case of metastatic breast cancer for people that were on hormones, I mean, they were terrified. And of course at that time they stopped them because they were working them with their conventional docs.

But generally speaking, I never saw a case of metastatic breast cancer on somebody that was on hormone replacement. Yeah. And it's so sad because women really are suffering.

And I, I put a post on Instagram last week talking about the many side effects of breast cancer treatment that are not being discussed. For instance, most breast cancer treatments accelerate heart disease, which is by far and away the number one threat to a woman's lives.

So in every decade from 30 years old on, women die at least two times more often of heart disease than they do breast cancer. And by the time you're 70, it's like seven times more often.

And so if we are solving a problem breast cancer, by creating another one heart disease, we're actually making these women worse off. And I also so I talked about heart disease.

I talked about dementia because it really does increase your likelihood of getting Alzheimer's, which is a huge fear for women, because, you know, the last thing you want to do is be in that horrible locked in situation.

And so the breast cancer treatments do increase the likelihood that you will get Alzheimer's. I talked about the fact that it increases bone loss. And each year as many women die as result of a fracture as do of breast cancer.

And we are never talking about that. In fact, I didn't even know about that until I read Avram Blue Ming's book, Estrogen Matters. So, you know, these are very serious consequences of breast cancer treatment.

But the fourth thing that I mentioned was the extinguishment of your libido. And I got blasted by people saying, how could you put that in the same category?

And I responded saying, you know, there are there are people who once they lose their libido and once they lose their vaginal health. What follows? They lose their relationship, they lose their intimacy, they lose their spark for life, and they lose what feels like life to them.

So while it may seem inconsequential to you, it actually has huge repercussions. Because if you don't die of breast cancer, but you lose lose what you perceive as life.

How did you help that person? All of these pieces that are so incredibly important, especially the pieces, libido oriented, you know, we don't we don't talk about our sexuality much.

It's kind of still quiet. We're not supposed to talk about it, but it's a huge part of every single culture. And helping women feel that sensuality and that kind of connection, even just for themselves, is gigantic.

Whether they're in a relationship or not. And unfortunately, as a culture, we do not really give much voice to that because people, if they are asked about it or don't talk about it or, you know, as you get older, you don't have it any way.

Well, that's not true, you know, not at all. In the one of the second highest incidence of sexually transmitted diseases is in nursing homes. So there are lessons. I mean, this is going on, whether we like it or not.

It is. I mean, we saw it saw that in the eighties with with AIDS transmission. Right. I mean, that was that was an at risk population. Was the nursing home population.

I think that we need to do it in an honoring way. You know, if you don't want to talk about it, that's fine. But it is an inherent part about who we are as human beings.

And to not give voice to that or understanding of that doesn't make sense to me because it is what we are. And there are so many women that are quietly suffering, especially with that vaginal atrophy in which the vagina is so painful because of low estrogen that we can use creams and gels and lubricants and all that, but it doesn't do the same thing.

Yeah. We really need to unlearn this because we're hurting so many people and it's sad and you shouldn't you shouldn't survive breast cancer only to suffer right?

Like we should be able to not only help women overcome breast cancer, but we should get them in better health afterwards. And we're not in this current system in this current paradigm, we're really not.

And we're doing people a disservice. I agree. Okay. So just to summarize what we talked about today, because it was so much and so good and people are just going to hang onto every word you said.

We we first opened up by thinking about instead of just the diagnosis followed by the treatment, how did this start. Right, what was the cause of the cause?

Because it's so important and that if we don't deal with our story, our story deals with us, and not that you have to like dig up every skeleton from your from your closet, but that you do need to find some way to make peace with it so that your body can be at peace.

Right. Because if you are if you are reliving it or you are still impacted by it every single day, it's going to have a profound effect on your on your health.

And we talked about the ACE study and the importance of knowing your ACE score and then where you start with people is looking at the gut and looking at the adrenals, looking at the stress response, thinking about if you were a perfectionist or unloved as a child or had a trauma or under the impression that you were somehow not enough, all of these things continue to impact you and these things from your childhood shape, who you are today.

And so knowing your ACE score, but knowing your resiliency score and knowing that your mindset plays an enormous role in your future. And so working with a functional medicine professional can help you to uncover all of these things and really paint your picture.

But not only that, it can paint a picture of your past, but pave the road to your future. And that's what what we want for everyone is to, you know, we can't change the past, but we can positively impact the future.

But it's only by learning from our past and being informed by our past that we can do that. And that just because you had breast cancer doesn't mean that you have to suffer and that health is not only possible, it's probable if you, but you have to take a different approach.

You can't just manage the symptoms. And we talked about great people like Dr. Joe Dispenza and his program, Tony Robbins program, and and that, you know, really, at the end of the day, the power is yours.

You may need some help. You may need a trusted guide, but the power ultimately is yours. Hands down Yeah, so I know you don't work with a lot of people, but if someone does want to work with you, how do they find you?

They can go to marcellepick.com and all the information there. I am getting together a master class that will start probably May 17th, but I'm also developing a program and June three month program on hormones and I'm going to do a three month program on adrenals and three months on digestion.

So they'll be able to get some snippets of kind of the pieces to the puzzle. Wonderful that's so great and so important. I love what you do and I love talking to you and I'm sure everyone is just going to hang on every word from this talk.

It's Dr. Jenn Simmons. Bye for now.