All About Breast Implant Illness: A Must-Watch For Implant Bearers Transcript

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Introduction to Breast Implant Illness

Hello. Welcome back to Mastering the Menopause Transition 2.0 Summit. I'm still your host Dr. Sharon Stills. And you know, I'm always excited for every interview I do, and I'm equally excited for this one even more so than usual, because I think this is a really important topic.

We're going to be talking about breast implants, and I know that's probably applicable to a lot of you who are watching. I know in my clinic and my practice over two decades, I see a lot of women who have had breast implants put in and so we just want to really set the record straight.

I think it's it's a topic that doesn't get enough airtime. And so I wanted to get give it air time so that you can walk away from this conversation and be properly educated and just know what the right steps are going to be for you.

And so when I had to decide who to have this conversation with, I was like, I who I want to have it with. I want to have it with Sarah Phillipe. That's me, right?

Because she this is her jam. She's an RN and she's a functional nutritional practitioner and she focuses on breast implant illness. And this is a big thing.

And for some of you, this might be like the light goes off. For some of you that have been suffering and struggling, this may be why. And so I'm really happy to have her here so that we can really set the record straight.

I want this to like you will understand it after this talk and you will know what you need to do. So thank you, Sarah, for for coming and sharing with the summit audience.

Of course. It's my pleasure. Thanks for having me. You're so welcome. So that is a real specific niche working with breast implant illness. So of course, I'm I'm curious like do you have a story like how did how did you get into that niche?

Because it's not one that you see so many people having. Yeah, yeah. It really it it is because I went through it myself, you know, this really became my pain to purpose.

Sarah's Personal Health Journey

And you know, when I was a nurse, I ended up diving into, you know, more of the functional side of things and realized that, you know, there are lots of women struggling with this, not just me.

And it kind of became my pain to purpose, you know, because I have been in the trenches of breast implant illness and a lot of the other things that come along with it.

And so I really understand it. I get it. I understand what women are going through and I know how to help them. Right? So that's kind of what got me into this.

And, you know, my own story of sharing a little bit about that with you all, I kind of take it back to childhood a bit. I'll say, you know, the reason I got breast implants in the first place, I think that's really important because so many people struggle with body image and self-worth.

And it was kind of thrust upon me at a very young age that breasts really mattered. And I someone really important in my life told me, just kind of teasing, but maybe a little bit of seriousness in there somewhere.

Said, You're going to be four foot 11 just like me, but don't worry because you'll have the Johnson boobs. And so it

was that point I was probably ten, ten years old.

It was that point. I just, you know, a whole new world opened up to me and I started to kind of make meaning out of what it means to be a woman and fast forward in time, I didn't get the Johnson boobs and I saw my mom, who was also small chested, like me growing up, being teased by her family.

And, you know, she let it kind of brush off her shoulder and didn't think anything about it. But, you know, I didn't want that to be me. I wanted to be.

And then Johnson Boob Club. And, you know, I had always struggled with that, you know, all the way through my adult life. I struggled with my chest size, my breast size.

And I got really into bodybuilding. That became a really significant focus. And, you know, I decided at that time, you know, looking at all these beautiful, really fit women on stage with large breasts, that that's what I needed to complete my look, so to speak, because really, what mattered to me the most at that point was how I looked.

And I really didn't know who I was at that time outside of my parents. And so I had breast implants placed and it was probably within about six months I started experiencing symptoms, symptoms Hashimoto's types of symptoms of fatigue, hair loss, weight gain, difficulty keeping weight off, let's see here, irritability, kind of some period problems, things like that.

And we ended up going to the doctor never found any answers, kind of got the cold shoulder about all the symptoms I was dealing with. Like it was no big deal.

Maybe it was all psychosomatic and things really progressed from there. You know, first word, I ended up going through just layers and layers of new symptoms developing as time went on food intolerances, gas bloating, bowel movement issues were kind of alternated between lifestyle and constipation, cystic acne, anxiety, feeling like I was always having heart palpitations.

Even when I wasn't doing anything, my heart would suddenly just boom, boom, boom, boom, boom, boom, boom. Out of nowhere. And it was terrifying. I had insomnia.

I could not keep my body temperature up. I would sleep with a hot pack. And at night I had racing thoughts. I was mentally aware of every single breath I took from the moment I woke up to the moment I went to bed, which is very unusual.

Lots of hormonal imbalances, you name it. I had it and it was maddening trying to figure out, well, try living in my body was maddening because everything around me was too stimulating.

Light, sound, chemical smells, it all irritated my nervous system so much. And I just wanted to go hide under a rock. And so that's and eventually, you know, what led me to this work and just discovering all the different things I was dealing with along the way and eventually deciding to have the breast implants removed.

But when I was going through it, there were really no there is nobody talking about it. How did you figure out that it was your implant? Well, you know, you.

Kind of go through the stepwise process of elimination, right. Okay. Is it is it Lyme? Is it mold? Is it, you know, parasites, fungal overgrowth, SIBO, all of the things and yet.

Chuck, Chuck, Chuck. I had all of that, right? So I really focused on those things rather than focusing on removing the source of inflammation. And I even asked the different practitioners that I worked with along the way.

Do you think it could be my breast implants? And everyone said, No, I don't think it's your implants. I think if you addressed these things, you'll you'll be better.

And so I held on to that hope, even though I had this nagging intuition in the back of my mind that the implants where the cause. Mm hmm. I was just. I was just being interviewed for someone's YouTube channel, and she said, what's, like, the best in, you know, words of advice and that was what I said, like, trust your intuition. Yes.

You're just you're just confirming that. But for those listening, trust your intuition, you live in your body. Don't let someone tell you you're crazy or that like trust your intuition, trust your gut.

It will it will not lead you astray. So. So I have already like 17 questions from your story. And how long ago was that that you had them removed? Is that a long time ago or.

Yeah, I had them removed in 2017. Okay. And yeah. I mean, you look I mean you. So what was that like when you removed them? Did everything subside or did you still have to go and do some cleanup afterwards?

Was that typically luck? You know, my picture was a little different because I had worked on my health for years. Leading up to that point. It was six years between the time where I had them placed and I got them out.

And it was about a year and a half in. I started wondering if it was my breast implants, but I just couldn't trust that intuition and just take that leap of faith and make that choice to excellent.

Symptoms and Diagnostic Challenges

So, you know, I had done lots of digging, lots of research, learning, you know, addressing all these different, you know, what I considered root causes and working with various practitioners for who had different expertize that I was looking for.

And I did get better. I would say I got about 50% better. Mm hmm. However, the straw that broke the camel's back for me was struggling with fertility and trying for years to get pregnant and not being able to conceive and just being on my knees more often than not, you know, just looking for the answer.

And intuitively, I knew it. I knew I needed to have the implants out. And that's what it came down to, is just feeling like, you know, if these implants are affecting my health in this significant of a way, if I were to get pregnant and something were to go wrong, you know, I was contributing to health challenges for my, you know, unborn child or breastfeeding and that contributing to health challenges for my child.

How would I feel about that, knowing that I had this gut instinct about it? And so you know, that was that was the the reason I ended up getting them removed and didn't solve all the problems I had developed.

Stage four endometriosis and I knew that before I had them removed, I had seen an expert and Demetrius, doctor and surgeon and I decided that before I go through a laparoscopy, I'm going to have my implants removed, you know, take the fire away, put out the fire, and then go and have the surgery.

And so I did I had that surgery afterward, had all that enemy dresses removed. And it was very invasive. I was on the table for 8 hours for that particular surgery, and he said it was one of the worst cases he had ever seen.

And he was really shocked. I wasn't in even more pain than I was already in. And we know that's an ultrasound dominant condition. Right. So the breast implants probably fueled that fire.

And really whether it was already kind of low grade present in my body already, I don't know because I never had symptoms before. But even if it was already present, it really rubbed off.

Excuse me. It really rubbed things up for me. And I agree with what you said. It's you know, to me, it's like breast implants, a root canal or mercury fillings or focal infection.

These are huge fires that need to be removed and might not take care of everything. But I'm going to take care of a bulk of things. So so a lot of the women listening were the mastering the menopause transition.

So we're probably in our forties or fifties or sixties beyond. So you were very fortunate that you you had them placed, the symptoms started. You were six years, I'm sure was a long time to be suffering.

But in the big scheme of things I know I see patients in perimenopause, in menopause who've had implants in for ten years, 15 years, 20 years. And and so I guess let's just start with first for someone who's listening.

You already listed a bunch of symptoms, but how are there other symptoms or how can someone listening who has implants and maybe has been told they're fine, they're not ruptured?

How do they know? Or do you think like I have a pretty staunch view about root canals. I don't think I was trained in Germany. Root canal feel in the mouth.

So how do you feel about breast implants? Is it the same way? I love to hear you speak to that. Yeah. You know, I know a lot of people who have breast implants.

I have friends who have breast implants. I have, you know, fellow functional practitioners who have breast implants. And it doesn't seem to be bothering everybody.

But for me, in my mind, it's a ticking time bomb, right? It's like not if it's a problem, but when. And I think that's the case with most things. You can say that with mild exposure.

You can say that with cavitation. You can say that, you know, for amalgam fillings in the mouth, things like that, it's just a time bomb waiting to go off.

And so I don't look at breast implants as something that really aligns with a healthy lifestyle. They're for an object because a lot of problems in the body.

And, you know, you may be able to manage that for a period of time, given the world that we live in and all of the different things we are exposed to in our country.

At some point that bucket is going to overflow. That stress bucket. Right. And so all of the different symptoms, there is a list of probably 50 potential symptoms for a breast implant illness.

And now that's not to say that all of these symptoms are only specific to breast implant illness. Right. They can cross a lot of different lines for different stressors, different diagnoses.

But I'll give you an example of a handful of them. So I would say I had most of these, but I've got a list in front of me to share. So things like chronic fatigue, anxiety, panic attacks, depression, suicidal thoughts, heart palpitations, hair loss, insomnia, irritability, inability to cope with stress, chemical sensitivity, sensitivity to light and sound, chest tightness, difficulty taking a deep breath.

PMS irregular periods, heavy bleeding lows. Sex drive hormone imbalances acne hair loss dirty say. Hair loss exercise intolerance. Cognitive dysfunction brain fog difficulty learning new things forgetfulness.

Poor word recall numbness and tingling in the extremities, dizziness upon standing, shortness of breath, static shocks, excessive thirst, frequent urination, cold hands and feet, dry skin edema, blurry vision tremors, migraines, headaches, muscle twitches, joint pain, muscle pain, you name it.

It's like a whole long list of of symptoms. I probably should have asked you what is in a sense, I start a list so that a lot of and obviously yes you could have those symptoms and never have had breast implants and you could have implants and have those symptoms.

And it may be, you know, a contributing factor, but I do agree that it is a foreign object. So a couple of questions. First, is there any for people listening who like testing?

Is there any testing that they can ask their doctors to do for them to kind of rule in or rule out how how much it's contributing? That's tricky because there really isn't a great test out there.

I mean, you can look at all kinds of different functional medicine types of testing, right? You can look at inflammatory markers. You can look at what's going on in the gut.

You can look at the immune system. You know, are we dealing with pathogens that we can't get under control with how we normally would handle things like that in in a functional health space or with that kind of approach?

And, you know, for me, it came down to, you know, I've done all these things and I'm still not where I want to be. So what else is going on here that I'm missing?

And that's kind of how I look at it. And I always tell my clients to write their story. Write me your story, start in utero or at pre-conception all the way through.

Now tell me all the things, all the stressors you've encountered, whether they be physical, chemical, structural, mental, emotional at all matters. Right.

And so we can kind of see a timeline of events. We can tie symptoms to you know, when those symptoms started and kind of get a picture of what might have been triggers.

But it really doesn't matter in my mind what came first, the breast implants or a chronic illness, it all it's all a part of the picture. Right. And so it's never just one thing.

And when we're trying to heal the body, we have to remove all hidden stressors in order for the body to get back into balance. We can't just focus on one thing and get tunnel vision on that one thing.

So that's that tends to be how I approach that. And and it's really easy to see how, how somebody got here if they just write out their story, you know, tell us, tell us that story.

Yeah. Yeah. And so for testing outside of that, you know, something that could be helpful may not always be helpful, but it's possible would be a breast MRI and you can do that in possibly I don't know for sure because I can't speak for him.

But there is a doctor in Spain, I believe.

Why Breast Implants Can Be Toxic

I can't remember exactly where he's from. Doctor Eduardo. Eduardo Fleury. He has created a specific type of basically settings for an MRI to look for a granular coma around the breast implant.

So it's a diet he would be diagnosing basically based on the findings of that MRI. So that's his way of diagnosing technically breast implant illness.

Now, we don't have a diagnosis for it, really. There's no ICD ten code for breast implant illness, right? This is this is just objective data. And he is looking for a silicone granuloma and people who have silicone granulomas that are observable on MRI that is very, very connected with the symptoms of breast implant illness.

And so he calls it segue back, which is silicone induced granuloma are the breast implant of the breast implant capsule. So that's one way. Are there any antibodies or anything that you can run for silicone?

Does that exist? Not that I'm aware of there. I can't speak to this particular test yet, but there may be a test that a colleague and I. Well, it's really her.

She's going to tell me about it soon. I have discovered that might be able to tell us about silicone in the body. Mm.

Meaning like silicone toxicity. How is the immune system responding to it. Things like that.

But I don't have enough information to share about it at this time. But just know that, you know, that information may be coming soon. Interesting. Yeah, because I'm always searching like can I do antibodies? Can I do that?

And so it is a diagnosis of exclusion and that that pisses me off that there's no ICD ten code for it yet. There's an ICD ten code for menopause when menopause is not a disease but a normal transitional process.

So it just shows how this is so undressed mated. So why are they so toxic and also speak to well, I didn't get the silicone ones. I got the saline ones.

So I'm okay if you can bust that myth and you know, why aren't what aren't what's in them that they're so toxic. Yeah yeah. So silicone breast implants contain 39 known toxins.

So not just the silicone, but the silicone is the most pervasive of all of the ingredients in the implants. Right. So mostly silicone silicone itself is a neurotoxin and an endocrine disrupting chemical silicone breaks down.

And there's a lot of different monomers and polymers of silicone within the implants. And when it enters our body, we don't know what happens. Right. Does our bodies start degrading that?

Does our body start metabolizing those those molecules of silicone and then does if it's breaking it down, is it breaking it down into D, four D, five disks?

These are all different monomers of silicone and some of them are incredibly toxic. Right. You have you have more volatile compounds and then you have more like actual physical compounds, right?

So there is a number of reasons why those are really, really toxic. And it's not just breast implants. I mean, silicone has replaced plastic essentially.

Right. So it's very pervasive in our environment. We're biological doing this and it is a persistent organic pollutant that is very difficult to get rid of.

We don't even know if we can get it out right. So that's still being researched and we don't have evidence of that yet. So the best thing, the best that we know is that, you know, bodywork and heat and sweating, like just get that lymph moving.

You know. So because we don't really know if it's coming out or not, we know sometimes we see it coming out of different body orifices. You know, it makes its way somehow, but it can really get stuck.

It's very gummy and sticky, right? That's the whole cohesiveness of it. So while it may be different from the Dow Corning implants that were liquid, it doesn't stay put right.

It doesn't stay put in that cohesive of gel. It migrates. So other toxins that are in breast implants are cyclohexane. Let's see here, ethyl acetate, ethylene oxide, epoxy hardened or epoxy resin, formaldehyde, heavy metals like aluminum, platinum and tan and mercury lacquer thinner lead based solder, metal cleaning acid three methyl ethyl ketone phenol printing ink spinel polyvinyl chloride silica silica, of course silicone sodium fluoride stearic acid titanium.

Sorry, talcum powder toluene, zinc oxide xylene. So a lot of these are neurotoxins and carcinogens. Mm. Right. And so it's this chemical toxic soup that we're being exposed to.

And the problem with this is that it's not, none of this is inert. Some of this we don't know, you know, what it does, what they do to the body and studies have shown that silicone implants do bleed at body temperature.

So we call that gel bleed. And it's never really been studied long term inside a human body. You know, we can put

it on a shelf and say, no, it doesn't bleed.

It's been ten years. It's been there. It looks the same. But when you heat it up, it's like heating up plastic. You, you we do so much to avoid plastic these days, right?

We don't heat our food in plastic in a microwave. We don't drink out of, you know, plastic bottles at home sitting in the heat all day. We look for BPA free plastics, but here we are heating up silicone down in our bodies and it's just bleeding and migrating.

And it's just there's so much dense lymphatic tissue in the breast area. And the lymph is the highway, right? The lymph is what moves all the trash, all the trash and all the nutrients.

So I know. That when you go to get an implant, they don't read through that very scary list. You just read. Oh no. Oh no they don't. That it. And the saline ones.

If you could just speak to that have the same line. Yeah. You know, just as bad. Yeah. The Salian implants have their own problems and it's a couple of different things.

So even though they're sailing, they do have a silicone shell. So just because you had sailing implants doesn't mean that you're you know, out of the woods with a with a silicone exposure, you're still getting that exposure.

And then they also have a valve that's used to fill the implant with sailing. So they're placed empty. And then they go in and they fill it up with saline to the desired size.

What can happen is that valve is supposed to be one way. It's supposed to only be going one direction to allow them to fill that implant. It can either be defective upon implantation that sometimes happens or it can become damaged over time through just normal user wear or a car accident or an injury or fall or something like that.

And then once that valve is defective, now you have fluid that can go in and out. And if you have fluid that can go in and out, other things can go in and out microorganisms more as an example.

Safe Explant Surgery and Surgeon Selection

And so there are some cases now this isn't really common, but it has happened where someone will have their implants removed and they're completely black on the inside.

And that's mold. Mold is growing like it's a petri dish inside. And just imagine, it's like it's like living in a house. And that's not only, however, you can't just move out, you know, like you can move out of your house, but this is in your body 24, seven day in and day out.

You know, it's with you when you go to work. It's with you when you're on errands. It's not like you're only there part of the time and only having this exposure part of the time.

24 seven. Such a good point. We talk about mold, exposure and we forget about if you have an implant that is could be a huge source of it living right there within you. So it's not to, you know, if you're sitting there like, oh my God, like knowledge is power and I know this, you might have to go take a deep breath, because if you've never heard of this before, it can be like, you know, it can knock you to your knees.

And yeah, but it's really important information and something that could be at the top of a preventative list. It's like how I work with patients. If someone has, as we're talking about teeth issues or implants or heavy metal load or scars or so forth.

Like if we want to clear the field so healing can occur, these things need to be addressed. So let's talk about if someone is like, all right, well, now I just learned about this, so I want to go on a journey and figure out how to get them removed.

Could you speak about this surgery and like what they should know to have the proper surgery to make sure they're planted properly? Because I know it breaks my heart when someone goes to and I do a lot of work with teeth and it breaks my heart when someone is well-meaning and they hear me talk on the podcast and they go off, but they forgot to listen to the whole thing.

I said, and they have something done improperly. And so I'm gonna remove your breast implants, which, like, we support you on that. What they need to know so they do it properly.

So I would say there are lots of Facebook groups for this topic. Many, many, many. And I think those can be some I mean, I don't always say this about Facebook groups, but that can be one of the most helpful places to start to gather some information.

Women who've gone before you and already been there, you know, they're on the other side. They have a lot of wisdom to impart. Right. So that can be helpful.

I caution people, though, because you spend too much time in a Facebook group. It tends to be a lot of, you know, victim mentality. Right. And that's not helpful.

So just guard that, guard yourself from that, protect yourself from that, because we want to be we don't want to be victims. We want to be victors. Right.

And I think that's really important to pay attention to. And so as far as proper procedure, it's important to make sure you're seeing an expert in an excellent procedure, people who believe in breast implant illness.

Right. Someone who understands it and believes what you're saying is true, believes that you're struggling with your health because at least partly because of having breast implants, there are many surgeons out there, especially surgeons who still place them, who will not acknowledge that, who do not believe in it.

And so if someone doesn't believe that it's a problem, how can you trust that they're going to do the best job for you? Right. And do everything possible to make sure you have the best outcome.

And so what you want is you want to make sure that the surgeon is performing an on block x excellent procedure wherever possible. So it's not always possible, but if it is, that's what you want, that's ideal.

And what that means is they're removing the implants with the capsule, the scar tissue around it intact without cutting that scar tissue open. And the reason that's important is because if you have a rupture and you don't always know from imaging imaging, if there's a rupture, there can be false positives and false negatives.

If there's a rupture, you risk that scar tissue is cut open, you risk all of that silicone or ceiling and mold. Right. Just spilling out into the chest cavity and traveling through the lymph and making its way throughout the whole body that I would consider to be a disaster.

HER Right. That is that is just I mean, I can't even imagine. So you want to protect the rest of your body from all of that. And then if unblock isn't possible, you know, they do the best they can that they need to make sure all the capsule is removed because the capsule, if it remains and you know, there are people I have talked with and worked with who have had to go back for a second surgery with a different surgeon because they thought their capsules were removed.

They were told they're capsules removed and they were not. And they may even have two, three, four capsules from prior surgeries, right, where they're having their implant swapped out.

So all of the capsule material needs to be removed because it's if it's left behind, there's still antigen material in that capsule right there, still possibly infectious material, different microorganisms, biofilm, toxic compounds that have made their way into the matrix of that capsule.

And that continues to stimulate the immune system, continues to contribute to the toxic load, and people don't get better. So that's really important, making sure all of that capsule comes out.

And the reason this is another reason why the surgeon should really be well versed in this particular procedure and have a lot of experience. Because if your implants are under the muscle, likely they've adhered to the rib cage and there is some scraping involved, getting them off.

And most surgeons are not comfortable doing that because there is risk of puncturing the lungs and creating a pneumothorax. Right. So that's a whole nother situation they want to avoid.

So someone who's very skilled, very confident, very comfortable doing the surgery is really important. Is there a list anywhere of skilled search ins that the listeners can go look at?

There is. There's a really great website. It's actually not mine. I tend to focus more on getting people ready for surgery and then post excellent healing.

But there is a great website for all of the other things you want to know. It's called breastimplantillness.com and there is a list of surgeons that are recommended by country and state.

And then there also, you know, information is also there about those surgeons. How much they charge, whether they do unblock, whether they, you know, take pictures of the implants in the capsules when they removed.

I think that's important because you want proof, right? Don't trust anyone for their word. Don't take anyone from their word. When it comes to. This price. It's too important.

You need proof. Do you know? Do they send what might be infectious material to pathology for testing that can be very enlightening as well. Do they do put drains in afterwards?

Do they test for BIA-ALCL which is a cancer of the immune system connected to breast implants? Do they tests aromas and, you know, capsules and different things like that?

Do they give you your implants back afterwards, which you want, just in case you were to ever want to do further testing later, or if you were involved in a lawsuit like you want to have that those are yours, you paid for them, so you should be getting them back.

Mm. Interesting. Good, good advice. So we're winding down, but I do just want to touch upon you talked about you do a lot of work post ex planned so you could just speak to that a little that it's not just you, it's what's the journey after.

This is a journey this is realizing it to have the surgery, getting prepped for surgery and then what's the journey post surgery? Yeah, it absolutely is a journey.

And I will say I want to leave your, you know, audience watching this with hope, because oftentimes you'll see people speaking about this online, talking about their own story.

And it's a very miraculous kind of experience of, you know, I had my implants out here. I was before. This is what I was with. This is what I looked like.

And here I am the next day and I'm all better and I look fabulous. Right. And that is just not the case for everyone. And of course, I don't speak to that. I'm a little biased.

I not speak to all the women who are all better. Right? I tend to see the ones who aren't better, and that's because they need help and that doesn't mean that you can't get there.

Recovery, Healing, and Next Steps

Right? It's about I dunno if it's looking at that story. First of all, that whole entire picture, the big picture of what else is going on, it's almost never just one thing.

So just because you've had your implants out and you don't feel better if that happens to be the case, just know you absolutely can heal. It's just a matter of discovering what else is a part of your picture, addressing those hidden stressors or root causes, working with some kind of practitioner who funny who operates from more of a functional, holistic kind of perspective can can approach it from a whole person perspective and not leave any stone unturned. Right.

And I think that's really important. And so, you know, after explaining all the things we kind of lightly touched on or what we look for, right? So we look for habitations, we look for amalgams, we look for mold, we look for, you know, what other like emotional traumas might there be that might be blocking someone's ability to make progress and heal because it all matters and it all starts to add up and we want to start identifying those things and start working on them.

And when we remove enough of the stress from the body, the body's intelligent, it wants to get back to balance. That is what it's striving for. And, you know, just removing enough of that and coating the body back up to healing, it's absolutely possible.

And there's lots of stories of women who maybe didn't have that miraculous healing experience post X plant, who have gotten there and have gotten their lives back doing the work right.

We have to take radical personal responsibility for our health, not blaming else, not blaming the FDA, not blaming our doctors for not giving us all the information, radical or personal responsibility.

And that means you're able and willing to take the necessary actionable steps in order to get your health back. Hmm. Yes, yes, yes. And I we're we're out of time, but I just want to also just say, because I think we could have had a whole interview on what you spoke to in the beginning about the was it the Johnson boobs?

Yes. And the emotions and why you put them in and what your breasts mean to you and what does it mean when you plant and now you're much more flat chested?

And I think that's you know, so we're not we didn't give a lot of focus to that. But I just want to leave you all with this. We're not ignoring that. And that's a journey meeting as well.

And to learn to love and appreciate yourself. And it might mean going back and doing some inner child in her teenage or abusive relationships, whatever it is, whether it's from your parents or the boys at school or, you know, that made you feel that you needed to have your boobs be bigger to begin with.

And why that is and maybe it's you know, I work with a lot of oncology patients, people who are dealing with cancer diagnosis. And a lot of times they they put in implants after having a mastectomy.

And it's an intense conversation about now, that's not a good option either. And we're trying to clear the field and not another cancer and not create exactly. Dysfunction.

And so this is I think you did a beautiful job in the time that we had. And really, I think we had some just like I told you, you were going to leave this conversation, kind of having an acknowledgment and knowing.

And I think we really did a good job with that. And so if this is you and you're sitting there and this is a journey that you're like, I need to explore, I don't want you to think this was it.

This is like we opened the door for you. And so where can people learn more about you and the work you do. Yeah, they can. My website reversingbreastimplantillness.com is a good start starting place.

I also my YouTube channel which is it's it's my in my name actually not reversing breast implant almost but Sarah

Phillipe you can find me on there. There are several stories that I've shared on there of different women who've gone through all of this.

And I think it's really helpful to watch and hear stories because you can start to see yourself in that, start to connect some dots. Yeah. And it goes with, you know, I say menopause with my parentheses around the pause and it's really this time in our lives as women to pause and really think about our lives where we need to grow and acknowledging the work we've done, where we're headed, and, you know, what do our breasts mean to us and what does getting healthy and what are we going to choose is looking a certain way more important than walking around with a toxic load in your chest.

And these are not easy questions necessarily to answer, because a lot of us could have very intense stories around, yeah, breasts and looks and so you know, check out Sarah's work talk to a therapist, find a good doctor, find a team.

This is this is a journey. This is not a one and done kind of thing. So I just want to be clear with that. But it is a a very, very important you know, I personally curate what we're going to talk about and each summit and I wanted to make sure that this was included because a lot of you are probably sitting there and do have and and did need to hear this information.

So thank you so much for coming and sharing it and changing lives and opening doors and so that's you check out Sarah and, you know, go have a cup of tea and just exhale and kind of, you know, it's going to be okay.

Yeah. Surround yourself with a team that can support you. You don't have to go it alone. So absolutely drink that tea, do some yoga, meditate and start to work on a plan for yourself.

And be sure to join us for our next interview and thanks for being here and thanks for, you know, caring about your health. Sometimes healing and sometimes they're fun conversations and sometimes they're a little more intense.

And so, yeah, I always acknowledge your willingness to be here and be taking your time to be learning about what you can do to improve your health. That means a lot.

Yeah absolutely. Till next time All right, bye.