Arm Yourself Against Breast Cancer Transcript

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Introduction to Breast Cancer Concerns

Hello everyone welcome back, we're speaking to a dear old friend, Dr. Jenn Simmons who for a couple of years now I've been getting emails from her about breast cancer, and I've been reading them thinking, wow, this person really knows what she's doing, you know, because it's so much more than just, hey, you have family history and let's just wait and see what happens.

And it's such a scary problem if you're a woman because you hear. But it's one of the biggest things that women are worried of looking out for because it is a big problem.

So, first of all, thank you for joining us. Thank you for having me. It's a pleasure. I truly like, you know what I when I read what you write and you had a summit last year that I listen to about breast cancer, and there's so much more to know and so much more to say than what's going on there.

First of all, numbers are going crazy. They're just so it's so much more prevalent. So what's happening there? Why is it more so? The numbers are going crazy. So it's twofold.

So the first part of it is that we are coming off of three years of significant immune challenge. Right? So the world went crazy and everyone's immune system took a hit.

Whether it took a hit because you were vaccinated, whether it took a hit because the stress of that time was unimaginable, whether it took a hit because you were either running yourself rampant or worried about where your next, you know, chapter of your life was going to go.

That was an extremely stressful time that taxes our immune system. So our immune system is one of the things that keeps cancer in check. Yeah, we all make cancer cells, so let's just get it out there.

We all make cancer cells from the time that we're born to the time that we die, we are making cancer cells because it's just a result of reproductive error.

Right? So you're not going to do everything perfectly all the time. You're going to make mistakes. We all make them. But an intact immune system will recognize those cancer cells in their infancy and destroy them.

But when your immune system is distracted, when your immune system is overworked, overtaxed, it's not going to be able to recognize those cells in their infancy.

And if they're allowed to proliferate, they can become clinically relevant. They can become a cancer. They don't all and they don't have to, but they can become a cancer.

So that's one of the reasons why we're seeing an increased prevalence, because our immune system is just being overtaxed. Now, the second thing that we're seeing, and this is probably the more important thing, is that there are so many environmental estrogens.

So I want to get something clear from the start. Estrogen does not cause breast cancer. God did not create us with a hormone that causes cancer. That is not what's happening, however.

Yes, exactly. However, some people do have problems breaking down those hormones. They have problems in their detoxification process.

Why Breast Cancer Rates Are Rising

And part of the hormone breakdown system does create intermediaries that are toxic and that can contribute to a breast cancer diagnosis. But what is dwarfing that, what is eclipsing that are the environmental estrogens.

We call them Xenoestrogens. So these Xenoestrogens, which are essentially ubiquitous, they are everywhere. And you have to be super conscious about decreasing your exposure to them.

So what's happening is if you look at the estrogen molecule, when it goes and sits on the receptor, a normal estrogen molecule will sit on that receptor, do what it is supposed to do, dissociate, be broken down by your body.

And so that whole system is like a normal estrogen stimulatory system. It's doing what it's supposed to do. And estrogen is stimulatory. It is a pro growth hormone, for sure.

But we need that growth. Right. And there's a reason why we have estrogen receptors everywhere in our body, literally everywhere, which is why when women go through menopause, they get all of these complaints that are diffuse.

It's not just about a loss of a period. They have problems sleeping, they have anxiety. They have bone pain, joint pain, they have advanced cardiovascular disease.

They start to have bone loss. That's because estrogen receptors are everywhere, right? So these Xenoestrogens that are in our eco system and we're talking about things like fragrance and plastics and antibiotics and things that are put in our toothpaste and our products that we're using on us.

I think antibacterial things that are used to clean your home and your clothes and all of these things and these volatile organic compounds, they all look like estrogen, though.

Not exactly. So if estrogen looks like this, they look a little like this, right? So they go and they sit in that estrogen receptor because they're close enough, but then they're locked in and they continue to stimulate the cell.

And so these cells are getting overstimulated. Well, what happens when you get overstimulated? You're going to make a mistake. So it's the combination of overstimulation from all of these estrogens and a taxed immune system, and suddenly you have a recipe for cancer.

So that's really what we're looking at right now. It's the combination of that environmental effect. And to some extent it is our genetic it is our genetic code because we will all have a different tolerance for the amount of toxin that we can clear.

Yeah. So the threat is the same. It's how long can you fight it for? How long can you find it for? And you know, where is your immunity know because we eat it and the intact immune system negates all of this.

Yeah, but we have such an immune challenge right now. Yeah. In a lot of people, most people I would say don't think of cancer in the immunity bucket. They think of with some separate siloed immune system triggers cold and flu season.

That's what people that you know very simplistic view of what this thing actually does versus it does everything like it's constantly fighting everything.

You cannot be healthy without an intact immune system. If we, you know, a lot of functional medicine practitioners when they're focusing on immune health, focus on the gut because that's where your immune system is. Exactly.

Is there a direct correlation there? Like when you're working with patients, are you healing their guts to prevent or heal? So that is the very first thing that I'm doing with everyone.

Well, the very first thing that we're looking at is their gut health, and that's because 70% of our immune system is housed in our gut. It sits one cell layer beneath the lining of our gut.

So we are through what we eat and what we drink. We are in constant contact with our immune system because it's that microbiome that's housed in our immune system and our microbiome is completely dependent on what we eat and what we drink.

And so when you're nourishing that microbiome and that's a healthy microbiome, it's sending health signals right to your immune system. But if you are not nourishing yourself properly and you don't have a healthy microbiome that is going to translate into an immune system that is challenged and weak. Hmm.

That's incredible, because how often do you actually hear, oh, cancer, let's focus on your gut. It's never that. It's more like let's look at your breakup.

Gene. Right. Right. So the problem in with the traditional mindset in terms of cancer is that all the focus is on the tumor. Yeah, what we need to realize is that the tumor is not the problem.

The tumor is the symptom of the problem. So when you focus on the symptom, all you do is suppress that symptom, right? You cut out the tumor, you give people chemotherapy, you you take away you give the hormone suppressive therapy, you do radiation.

All of these things are focused on the tumor, but you're never changing. Why people got the cancer in the first place. You're not you're not affecting their trajectory.

So most women who get breast cancer don't die of breast cancer. Most women who get breast cancer die of cardiovascular disease. And it's because it's the same underlying inflammation that contributes to both.

So unless you kind of back up and negate the reason why people got breast cancer in the first place, unless you help them to decrease whatever that inflammatory driver is or eliminate that inflammatory driver, they're just going to go on to manifest the next thing.

So all you're doing is delaying the manifestation of the next thing. For some people, it is a breast cancer recurrence, but most people that's not the case.

Most people just go on to develop cardiovascular disease. You know, there was an article just in line with what you're saying now. CNN, it was a couple of weeks ago, by the time people see this will be a few months.

It's said that there's an elevated improvement in cancer levels, meaning that there's less cancer now in women because they started recommending cutting out your fallopian tubes to prevent ovarian cancer based on a bracket gene diagnosis.

Right. And it's exactly. And I mean, what you're saying is that this belief that somehow this fallopian tube causes the cancer, right. Where maybe that's where it starts.

And then and maybe you get in your ovaries because you've already cut your breasts off because of the breakages. So what do you have to say about break in this phenomenon?

That's like the big sort of that's the big thing that people start their prevention journey on. Right? So unfortunately, so with people with a bracket gene and we should probably define that so that people know what, what those genes do.

So those genes are actually anti-cancer genes, right? Those genes are protected. So people who are born with a BRAC, a mutation or a change in that gene, they're usually born with one gene that works and one gene that doesn't.

And then throughout the course of their life, they use they lose the function of that second gene. And now they are very vulnerable to developing cancers, mostly endothelial cancers like breast, like prostate for men, like ovarian.

And so these people are at increased risk because their anti-cancer system isn't what it's supposed to be. Right? So what do we do with these people?

Gut Health, Immunity, and the Problem with Tumor-Focused Care

We don't give them advice on lifestyle modifications. We don't give them advice on anti-inflammatory living. We tell them to remove their breasts. And because you can't remove every single breast cell, they still have like a 5%, 10% chance of developing a breast cancer over their lifetime.

So cutting off your breast does not take you to zero. And then we tell them to remove their ovaries and fallopian tubes because of the process of ovulating every month.

Those cells, those ovarian cells, some of them become a part of the fallopian tubes. So we're telling people to remove them, to try to remove any ovarian cells that we can.

But those people still get ovarian cancer, too, because we never really help them to to do the things that are truly preventative. So you can you can't ever take away people's risk, but you can make fundamental changes that change their risk profile significantly by helping them to manage their environment, optimize their ability to detoxify, decrease their toxic burden, and help them to promote their health and live the healthiest life that they can.

And I think that we're missing a huge opportunity to teach people to be healthy. And instead we're just saying live your life the way you're going to live your life.

Roll your dice, wait and see and we'll just cut off your organs. Right. Now. And and these people really suffer. They really suffer. And they actually believe that's the only option.

The cancer is in eight and they actually believe that breast cancer is breast cancer. Like it's not cancer that happened you know, manifest in my breast that it's local to that and if I don't have breast, I can't get cancer. Right.

This is this is part and parcel to the problem is that we think about breast cancer like, oh, I have a bad breast, right? You don't have a bad breast.

Breast cancer is a normal response to an abnormal environment. And it's about thinking about what is changing that environment, what is influencing that environment that makes the breast cells somehow feel unsafe because all that's happening is they're going into survival mode.

They've lost their ability to stop their growth because they're just worried that they're going to go away. And so it's about resetting that environment so that those breast cells can then feel safe again and they don't have to be in survival mode.

And that is something that we do have control over, but it's not coming with a surgical knife and it's not coming with chemotherapy and it's not coming with hormone blockade.

It's coming with managing your environment. And this is what you have the control to do. And here's what's really funny, supportive of everything you're saying that seems unit article.

I was looking at it online and headline like I told you it said, you know, cancer is coming down because of interventions like cutting fallopian tubes out.

When you're reading these online articles, they usually then suggest you another article to read that similar to what you're reading, right, and giving your topic of choice so that suggested article of the bottom was cancer rates are skyrocketing and we're going to explain why.

So in the same article that's telling you that cancer rates are going down. So, yes, there is. And the skyrocketing had to do with lifestyle and chemicals.

So when you look at isolated and that's a challenge with call it published medical data that usually bucketed with blinders on, looking at something in a silo. Right.

And it's not looking at the holistic like broad view, like the way you're describing. And so you don't get the full answer. You only get the breast cancer or the ovarian cancer.

And when you it when your thesis on step one is we're only investigating the breast, then how are you ever going to get past that in biology? You're not going to understand what the body's actually doing.

You're not. That's exactly right. We are one system. We are one system. And so you can't you can't have a healthy breast and an unhealthy body like it just doesn't work that way.

Yeah. And what we have to remember, and this is not about blame or shame, but breast cancer doesn't happen in a healthy body. Healthy bodies don't get sick.

Now, I'm not saying that you're not going to get a cold or you're not going to get the virus that's going around because it's not whether or not you get sick, it's how you recover.

But in general, cancer is a metabolic disease and it is towards the end of an inflammation spectrum, right? So you're not inflamed for a month and you develop breast cancer like this is something that is years in the making and it's not happening in a balanced body.

Cancer is a reflection of it imbalance, and you can either choose to embrace that concept and say, Hey, I want to be healthy, so I want to figure out what's happening and why does my body not feel safe and how can I put myself back into balance?

Or you can fight that and say like, there's nothing wrong with me. I'm doing everything right. This is just something that happened. And that is what the medical the traditional medical approach has been.

You know, they they tell people that there's nothing that you can do, that it's not preventable, and that the only options are to use these traditional treatments.

And, you know, all the all the diet and lifestyle thing is just nonsense. And we're really not doing we're not doing people a service. In fact, we're doing them a huge disservice and we're taking away their power.

And the truth is that there's no doctor that can be the hero of the breast cancer story. The only hero of a breast cancer story is the patient. Yeah. A doctor can be a guide, but they cannot be the hero of that story.

And until we really change that paradigm, we're not going to make very much progress. Yeah, that's so true. You know, the the quarterback, you are your own quarterback because it's not the doctor visits.

It's everything in between. Yeah. Health happens at home. Yeah right. It doesn't happen in the doctor's office or a chemotherapy suite or a hospital. Health happens at home.

So yeah. So for the I mean, everything we've been talking about up until now is like prevention and root cause. There's some people listening that maybe are dealing with cancer.

And I read some of your articles. You obviously you're looking at the full spectrum. People are in different phases of this journey. Absolutely. There's people that are in treatment, that are on chemo.

And you have amazing advice for these people, even things like the chemo diet and what do you do to mitigate the things or now you're in that acute response, okay, you probably have to complete it.

So what do you say for those people? What do they need to look out for? Yeah. So people who make a decision to get chemotherapy and I, I don't tell people what to do, right?

So if chemotherapy resonates with you and you feel like it will help you, that is what you should do. And I often in my practice I'll run an or CC and I will see what chemotherapeutic agents people are sensitive to and help to guide them.

But let's assume, for argument's sake, that it's your feeling that chemotherapy is going to be helpful for you and you've already started, or you're thinking of starting.

There are things that you can do lifestyle things specifically diet that can materially change both. Your response to chemotherapy and your and the side effect profile of chemotherapy for you.

Because the truth is that the hardest part of chemotherapy for people are the effect on their normal cells. Yeah. Right. The side effects for a lot of people are unbearable and they are long lasting.

Right? They don't stop when chemo ends. People suffer for a very long time afterwards. So if you can mitigate those side effects, wouldn't that be wonderful?

Well, the work of Valter Longo at USC out of the coming out of his his data is reproducible.

BRCA, Prevention, and the Limits of Surgery

And what he does is he has he tailored his fasting mimicking diet. So it is a way of kind of mimicking a water fast, but still allowing people to eat because a lot of people find water fasts quite difficult.

So you can mimic a water fast by eating a combination of foods. It's mostly fats, but a little bit of carbohydrate and protein and you eat under a caloric threshold and your body feels like it's it's on a water fast.

And so what happens is that we are allowing the body to go into a state called autophagy, where our cells are really at rest and they're in a repair state where they're looking and seeing what is damaged, what is not damaged.

Can we repair this? Can we not repair it? And do we need to get rid of this cell? So it's it's an opportunity to have the cells go into this kind of quiescent repair phase.

But cancer cells can't cancer cells are always on they don't have an off switch. That's that's part and parcel to being a cancer cell. Right. And so what's happening is these cancer cells get quite vulnerable. So if you put people on a fasting mimicking diet for two days before chemotherapy, these vulnerable cancer cells then take up the chemotherapeutic agent and they have a very, very significant and heightened response.

And the normal cells are quiescent. Why it because they they're not in a steady state, they're not active. And so they're not taking up this chemotherapy.

So you take someone that has all kinds of side effects from chemotherapy and you basically get rid of them. So I'm going to share a story of a woman who I treated this year.

And she is 39. She's a nurse. She has a stage three breast cancer. So a pretty advanced stage breast cancer. She had to doses of chemotherapy before we started to work together.

She was having all kinds of side effects horrible nausea, reflux, dizziness. But the worst part was she was having so much neuropathy, tingling, numbness and tingling in her hands and her feet really intolerable, like couldn't even walk.

So before the third dose of chemotherapy, I asked her to do the fasting mimicking diet, and she would typically spend, she told me, two days in bed afterwards because she was so dizzy.

Her third dose, she fasted for two days before and the day of chemotherapy, and I just have them do the fasting mimicking diet. So they're eating what they're eating a little bit and during chemotherapy they're sipping on green

tea with ginger and lemon.

She not only did she not get the neuropathy, but then property that she had backed off, she had energy, she had no side effects from that third dose of chemotherapy at all.

And she went on to finish her course of chemotherapy. And now has no neuropathy at all. It's completely reversed. Having done the fasting mimicking diet through treatment, it makes a huge difference.

And she had no tumor response from the first and second treatments. And the tumor has subsequently shrunk each and every time since then. So it changed her tumor from being unresponsive.

She had a horrible side effect profile to having energy, being able to sleep, not having pain, and her tumor was responding. So I understand that that's anecdotal, but this is consistent with what Valter Longo is seeing in his studies.

And I have story after story after story like this. So while minor anecdotal certainly there is a clear pattern of people being able to tolerate chemotherapy in a totally different way.

And the other thing, even the negative studies, because I did a complete study of all the fasting mimicking diet, even the negative studies, these people usually we have to give high dose steroids like dexamethasone along with chemotherapy so that people tolerate it and that raises blood sugar, which raises insulin, which raises insulin like growth factor, which is actually like a turn on for growth promoter.

So we're giving people chemotherapy and steroids. So we're basically like putting fuel on people's fire. So when you do the fasting mimicking diet because you don't have the side effects of chemotherapy, you no longer need the dexamethasone.

Yeah, this is a huge this makes a huge difference for people. This is the difference between responding and not responding because you're not taking the growth factor along with it and neutropenia.

So a decrease in white blood cells is a huge problem during chemotherapy and people were able to use the fasting mimicking diet, not get the neutropenia because their cells were quiet, their normal cells were protected and not any growth factors.

These are major, major breakthroughs, all from just eating in a different way around chemotherapy. I mean, this is mind blowing. In one way. It's powerful and it's like.

And it's. Part of adding a growth factor. And when you're trying to fight something that is growing, you know. Right. And believe that as we go, I mean, you remind me, I knew this information, but it wasn't thinking of it.

It's just so absurd. And so do you get like, how do you actually deal with an oncologist who, you know, you're coming in with for support? And we know what that's like.

There's a there's a protocol in place. And like here I'm doing what I'm doing and some other doctors talking about eating fat and sipping on tea. But, you know, just focus. Now, like.

What is this stuff? And but that is the solution. How do you deal with that when it comes to like partnering with other clinicians? Yeah, so it's not easy.

First of all, most of the medical oncologist do not want to talk about it because they don't want to be involved in such trivial nonsense. Right. Like to them, like, okay, eat, you know, eat whatever you want.

Don't take any supplements because it might interfere with my chemotherapy and, you know, they don't want to hear about the nonsense. I like the ones that say can't hurt, may be able to help.

Do whatever you want to do. You know. The ones that say what you eat doesn't matter are a little harder to deal with because they're so far from understanding the big picture.

Right. And there are still so many medical oncologist out there that say things like, don't lose weight, do whatever you have to do to not lose weight.

And they're saying this to overweight people. Right, because the truth is that like 80% of cancer as well as as a society. Right. Only only 12% of us are metabolically healthy.

You're right. These are scary statistics. Right? So 84% of people are metabolically unhealthy. What do you think the percentage of cancer patients are that are metabolically unhealthy?

It's like near 100%, right? Yeah. And most of our cancers are obesity driven cancers, right? Breast cancer, prostate cancer, uterine cancer, ovarian cancer, colon cancer.

These are these are obesity driven malignancies. So to tell this person that is in this deranged metabolic state, to not lose weight is like the worst thing that you can say to them.

Now, I know where it comes from, right? It comes from associating Xia, which is like a very advanced stage of cancer, where the tumor is just so metabolically active that people are losing weight no matter what's happening, they're in a wasting state.

So I know that's where they're thinking comes from.

Supporting Patients During Chemotherapy

But you know, the woman who's five, three and £190 and you tell her not to lose weight during chemotherapy so she doesn't and she eats the ice cream and pizza that they tell her to eat and she gains £20 or £30 during chemotherapy.

Because of that, she's worse off afterwards than she was before. And she took in all that toxicity. So we didn't help that person at all. And the truth is, the very best thing that you can do for yourself when you're on a cancer journey is get to your ideal weight.

And the way that we do that is through what we put in our mouth exercise is wonderful and I believe in exercise. It has so many benefits. It is the very best thing that you can do for mental health.

It far, far outweighs any antidepressant there is. It's great for weight maintenance, but you're not going to lose weight because you're exercising. You're going to lose weight because of what you're consciously putting in your mouth, how you're doing it, and when you're doing it right, eating in a peaceful manner when you are in a position to receive nutrition.

Right. So eating on the go is terrible for you. Terrible. So you're eating in a way that you're able to receive that nutrition. You're eating the right kinds of foods and you have a fasting practice.

Because every time we eat, because 70% of our immune system is housed in our gut, every time we eat, it's an immune challenge. Every single time we eat.

So if we want a healthy immune system, we need to give our immune system a break. And that's what fasting is. So the fasting mimicking diet during chemo, but even when you're not getting treatment, you have to have some fasting has to give your system a break.

You have to allow it to repair the body knows what to do. We just have to give it the space and time to do it. So what are the few foods that fuel cancer cells?

I know I keep hearing that refined sugar is like. Right, but they are cancer cells. Exactly. So most most cancers. Not all, but most cancers. Certainly the ones that are tied to obesity and metabolic disease, they are reliant on sugar.

So the more sugar in your diet, the more insulin in your diet. I mean, the more insulin in your body, the more insulin like growth factor you make that is a growth hormone for cancer.

So we want a low glycemic diet. So the way that we get a low glycemic diet is, first of all, eliminating processed foods goes a long way towards metabolic health for so many reasons, but not the least of which if you eliminate processed foods from your diet, you know what else?

You're eliminating a significant chemical burden. Right? Because almost all of those foods first of all, they're GMO, they're genetically modified. And so they're already not recognized as food by your system.

So immune challenge. But pesticides, herbicides, fungicides, all glyphosate, like all of the things that are used to grow and produce those processed foods are really contributing to our overall chemical burden.

And this is a huge problem. Right? Cancer is your is your body being in excess of the amount of chemical burden that you can handle? Right. You've exceeded your toxic load.

And that's when cancer is happening. So when you remove processed foods, you get rid of a significant amount of chemical burden. And then, you know, we want to eat foods that nourish.

So we want to talk about eating whole food plant based so that you are really getting the things that nourish you because that's where all the phytochemicals, that's where all the nutrients are coming from.

They're coming from these non-starchy, very colorful vegetables. And so that should make up the vast majority of your diet. And then, you know, we can have a philosophical debate about where your protein comes from.

I think it's very easy to meet your protein needs on a on a plant based diet. But for the people that absolutely like, can't do that, I just say be really, really mindful of the source.

You do not want any factory farmed meats. You do not want any farm raised fish or shellfish like those things are very pro-inflammatory and you don't want them in your system in the time where your system really needs to clean up.

You know, it makes a lot of sense. And then when it comes to the hormone disruptors, you know, that's Virginia you're talking about earlier, you've mentioned some of them now that are typical that people may know, is there a resource somewhere where people can go to learn about things that maybe they wouldn't guess on day one, like somewhere?

Yeah. So first of all, I think everyone should get to know the Environmental Working Group EWG. Norberg gives has all kinds of guides to how to clean your house body products, that kind of thing.

I have a course called My Answer to Breast Cancer, which really helps everyone lay out every single thing that they need to create that optimum environment and drive their health.

And I have plenty of resource guides there. The best thing that you can do really is to pare down your routine, because if if there is a bunch of chemicals on what you're using to clean your house, using to clean your skin, using to clean your hair, putting on your body.

And we should be looking at food labels like I tell people to drink plant based milks, but I don't mean the ones that are filled with sugar and gums and all of those things.

So, you know, I happen to make my own nut. Nope. But if you're not going to make your own nut milk, the Elmhurst brand is just the nut and water and salt.

Right? So if you're going to purchase things, be conscious, read the labels, make sure you know what you're getting. And like, I clean my house with seeds, which is an essential oil land and water and vinegar and lemon juice like there are.

There are ways you don't have to kill everything. We have a mutual friend called Sachin Patel, and I will never forget that. He said, like people think of things being clean, like they associate that with the smell of bleach.

The bleach is the smell of death. Like that's that is not what you want. That horrible smell as you're breathing it in, that's killing your cells, too.

So be mindful about what you want to do and we need to stop sterilizing our environment. But the only way that our immune system is going to grow and be strong is if we work it right.

So stop with the hand sanitizer and sterilizing everything. Like the kids that grow up on farms are so much healthier than the kids that grow up in this city with this sterilization because they're exposed to these germs and their immune systems learn.

You learn how to deal with that. So we're in I mean, I'm in Toronto and Health Canada just put out a study saying that the use of hand sanitizer during COVID, the excessive use is leading to a spike in cancer rates.

And I'm surprised that they're willing to admit that. But meanwhile, you can go into a hospital or airport being sprayed mandatorily, right? Oh, yeah.

So just everybody be cognizant of what that stuff actually does to you. Yeah. Yeah. So there are going to be times when you can control it and times when you can't.

So, you know, I just kind of accept that, you know, all the silliness and you walk into the and they make you put on a mask and wash your hands and whatever.

And I get it. They, they have a different kind of environment, but I'm not doing that in my house, not doing that at my friends houses. I'm not doing that when I'm walking to the supermarket like, it's okay, it's okay.

Diet, Metabolism, and Environmental Toxins

And we need to stop over sterilizing our environment. Not for nothing, but those. Those antibacterials in themselves are toxic estrogens, right? They're zino estrogens and they harm us.

This is not this is not a zero sum game. This is harmful. And we have to remember that like we're just not doing ourselves any favors by over sterilizing.

We need to get strong. You know, for sure. You know, it's like you want to be able to lift something while you're going to go to the gym. You're not going to sit on a couch and wonder why your muscles are all you know.

All right. So another so I've heard a bunch of lectures and even just comments here and there about cancer being rooted in stored emotion and trauma, pain.

How much do you understand about that and what the how do we understand if that's the route? Yeah. So let's let's talk about what the studies show. So the studies show that people who are diagnosed with an early breast cancer, so a stage one, stage two breast cancer, 30% of them will have trauma in their background when we look at the people who are diagnosed with late stage breast cancer.

So stage three, stage four breast cancers, 80% of them will have trauma in their background. So what's happening here? This trauma is immunosuppressive.

It is seen as a chronic stressor. Right. We're not letting go of it. It is always with us. And as a chronic stressor, it is

depressing our immune system.

So it's throwing off that balance. Right. So you meet your toxic burden. You're making these these cancer cells and an immune system that's been worked and worked and worked and overworked can no longer keep those cancer cells in check.

And that's what's happening. So, you know, I don't think that everyone has to go into therapy, but I do think we need to ask ourselves, what are we holding on to and how is that serving us?

And in the case of trauma, forgiveness isn't absolving someone of blame. That is not what forgiveness is. Forgiveness is releasing yourself from that situation.

You don't to carry it. You don't have to carry that weight. You don't have to carry that burden. You can give that burden away and that's what forgiveness is and that's what's so important.

And if you can find that forgiveness in yourself, great. And if you can't find that forgiveness in yourself, that's the time to go and seek attention, seek the help of someone, a trained trauma therapist that can help you to work that.

The other thing that I'll mention here that I hope it's okay for me to mention here is that there's brilliant work being done with psilocybin. And so the trials at Hopkins with psilocybin, with people in end stage cancer, stage four cancer, the trials were actually with stage four breast cancers.

And these people just having had one dose of psilocybin, one guided journey where they took somewhere between a three to a six gram dose of psilocybin, which would mean somewhere between like a 4 to 8 hour journey.

And this is a guided journey. So you're with a licensed therapist who is taking you through this experience and happening is you're giving that traumatic event a different meaning, a different outcome, a different conclusion, so that you can release yourself from it.

And what psilocybin is doing is it's actually allowing for a new injection, a rewiring of that circuitry, so that your perception of that event is different.

And in those people who changed nothing else but have this journey, they live longer and happier. And what a blessing. What a blessing to take someone who has stage four cancer changed nothing else.

Have them go on this journey and live longer and happier afterwards. So imagine the power of this in someone who makes lifestyle changes. Yeah. So then.

So the thing that so keep trauma, environmental factors so you know, like hormones, food, all this stuff, your body is fighting it for years and years and years, if not decades, and then flipping the opposite switch of trying psilocybin and unlocking that trauma.

If you're seeing that these people are living longer, that means that the healer, the thing that took you ten years to develop, can be healed and call it a session.

That's exactly right. So that's how resilient the body actually is that this trauma from 25 years ago, that's still baggage for that you fought for so long that finally led to immunosuppressant suppression that led to cancer.

The fix, if you deal with the root cause, it's surprisingly fast based on what you're seeing. It's amazing to see standing. Yeah, it's incredible. And it's just it's testament to how resilient we truly are.

But we need to tap into that resilience. And it's not happening by having surgery or getting chemotherapy or having a hormone suppression it's tapped into by us doing these things that promote our health.

And what's so wonderful about that is we have the power. We have the power to control what and how we eat. We

have the power to fast. We have the power to move.

We have the power to think in a positive way. We have the power to be grateful for what we have. We have the power to forgive. We have the power to prioritize sleep.

And we have the power to live in a meaningful, connected, purpose, driven way. And this is in all of us. We just have to tap into it. So when you're working with somebody the beginning, the end, they came to you, right?

Are you also bringing in the acute chemo and radiation or you're saying, I don't need any of that stuff? I have my way of doing things. Everyone is completely different.

Okay. So I liken chemotherapy and radiation to the need to mop up the floor when you're sick is overflowing. So if someone is at the stage where their tumor burden is such that they need some immediate relief.

Right. Like their sink is overflowing and their floor is flooded. We're going to mop up the floor using chemo and radiation. But the far more important thing is to find out why is your sink overflowing, right?

Like what is suppressing your immunity? Is it trauma or do you have mold illness? Have you been exposed to heavy metals? Are you in a toxic relationship are you do you have chronic viral illness?

Like these are all things that we're looking into to figure out what is driving disease, what is causing your imbalance, what is not allowing your function to be optimal.

And it is a holistic approach because it's never going to be the same for everyone. And so we're looking at each person individually and helping them to figure out what is causing their imbalance, what is driving, whatever inflammation that's happening with them.

And we're helping them to restore their health, put them back on the path towards health, achieve balance. Yeah. And I think in general, anyone dealing with an inflammatory like chronic disease needs to hear this kind of answer to know that they're actually getting the solution.

If the answer is you have this, which means we prescribe this, then, you know, you now go into a statistical bucket that hopefully the 40% chance is going to work because we don't really know why it is or what it is or just we're going to keep checking boxes until something works, right?

Something connects us like three. But, you know, the other side of it is that those silos that you're talking about, like you have X, we're giving you Y. So.

You know, there are so many people that are being treated for breast cancer that probably don't need treatment at all. So our screening programs detect these cancers that may never have been clinically relevant.

And so we're kind of forced once we discover them, to treat people for breast cancer. And breast cancer treatment is very standardized, even so much as you know, we're treating people with DCIS, ductal carcinoma in situ.

This is this is not cancer, right?

Trauma, Psilocybin, and Emotional Healing

Ductal carcinoma in situ. These are cellular changes, certainly. But they have no ability to metastasize. They have no ability to threaten your life. And yet we're treating these people with mastectomy or we're treating them with lumpectomy and radiation, or we're giving them anti hormonal treatment and we are fundamentally affecting their quality of life.

I mean, you can imagine these women that lose their breasts over fear that they're going to someday develop breast cancer. But the vast majority of these, it would never have happened.

So now they're they're going through the rest of their life without breasts. This is terrible. It's mutilating and it affects them on so many levels. And then the ones that opt for breast conserving surgery like that breast is never the same again.

They are never the same again because they're filled with fear that they had breast cancer and that it could come back and threaten their life, and that that's really not a fair thing to do to them because it's simply not true.

And we are affecting their quality of life significantly, either by removing their breast or by treating them with our breast cancer treatments. That radiation and anti hormonal treatments.

These are not benign treatments. This is not nothing. They get breast fibrosis, they get a weakening of their bone. So, you know, people from taking a deep breath can get a rib fracture afterwards.

I mean, that's like unimaginable. Yeah. And all of the anti hormonal treatments significantly increase cardiovascular disease. So they accelerate cardiovascular disease, they accelerate dementia, Alzheimer's, they're they're they accelerate depression, they accelerate bone loss.

And these are real things. These are very real things that have very significant impact on health going forward. I mean, you know, the number one killer of women by far in a way is cardiovascular disease.

It dwarfs it dwarfs breast cancer. And yet we're taking a problem for someone and our solution to this problem is making their significant threat to life worse.

Yeah. We're not telling people favors by that. You make me think of something, which is and you said this earlier cancers and sort of the bracket gene we're talking about endothelium, risk right get and so that inner lining of the blood vessel and so the thing that comes to mind if I think from like a just pure logical flow is supporting endothelial health with like nitric oxide and supplements.

Are is that cancer prevention? Yeah. So I mean, it certainly is in that we have a healthy endothelium that that goes a long way towards health. So supplements like nitric oxide and and we know that as we age our endogenous nitric oxide levels continue to decrease like we make less of it as we get older.

So supplementing with that will actually help to maintain that, that youthful function of the vessels of the lining. So it can be it can certainly be protective of.

Yeah for sure. So that I wanted to make sure that everyone understands how they can work with you because we talked of, as you know, there's a functional medicine practitioners, cancer practitioners, an oncologist all the time.

There's not a lot of people that not only think like you but can actually support, you know, and have done it with thousands of people. So know what works and what doesn't work.

Yeah, well, you mentioned your course now website or. Yeah, it is. So my website is realhealthmd Right. Right. And, and there you can find information about my answer to breast cancer, which is for anyone at any point along their breast cancer journey to help inform them to living an anti-inflammatory life.

Because that's really what we want for people, because that's where the control is. So we can control the amount of inflammation that we have in our body and we can we can change the trajectory of anything.

Yeah. So my answer to breast cancer and then we have a graduate program for people who have been through my course and in that we're doing all the functional testing together so that we can really know about how our bodies functioning and optimize that function.

And then if you want to work with me individually, there's an application on my website to apply to work with me. So realhealthmd is really the best way to get in touch with me.

But you can follow me on Instagram and Facebook. I'm always putting content out. It's Dr. Jenn Simmons and my Jen has two N's. And sign up for our email.

Newsletters are really informative. I'm so glad I'm glad you enjoy them. And I'm going to end this by asking you a dumb question out of my own curiosity.

A one on one question. Okay, I have what I consider to be pecs, not breasts. So I don't do breast exams, but just for the the true layman who hasn't even thought about this, what is the what does a lump even feel like?

Like when you're doing your exam, is it like the part? Nodule is a soft thing that moves like what is it? I actually just put a video on how they do a breast examination on my Instagram page.

So for anyone who is looking for how to do a breast examination, it's there for you. Just find it on my Instagram page. But what you're looking at so the thing about breast examination is knowing what your normal feels like, right?

And when you know what your normal feels like, you will be able to notice something's different. So for most people, so what I tell people is when you're examining your breasts, you're using your fingertips and you're using them flat and you're going radially around from outside to in, and just running your hand over the tissue.

So when you arrive at something, it's going to feel like a bump in the road. You're going to feel a textural difference or you'll feel a little lump and then you can kind of use your fingers to isolate it and things like that.

Some people equate it to like a rock and oatmeal. Some people just have a textural change where like this part feels firm and if you have that, that is something that should be investigated with imaging.

Breast Exams, Warning Signs, and Resources

But if you just have lumpy breasts and they feel the same lumpiness every month and you should only be checking once a month, you should not be checking in excess of that.

So pre-menopausal women should be checking one week after their period. Postmenopausal women and men just feel it on the first right. Because men do get breast cancer, right?

So the numbers are around like one in a thousand breast cancers in men. And I think that's pretty true because I've treated five men over my career and I've treated about 5000 people for breast cancer.

So I think that number is pretty true. And my my practice is probably pretty reflective because I only saw breast cancer. I only saw people with breast cancer.

So I think it's a pretty accurate reflection because. You know, the breast obviously, compared to this lump you're looking for, it's large. So I figured, why are you always able to feel them sort of on the outside and then not develop more inwardly or you or is that where you get the stiffness?

And so they do they do develop inwardly. There are some times when the skin is involved. And so and it's important to look at your breasts every month as well.

So with your arms down by your side, with your arms up over your head, looking for dimpling or redness or changes in the appearance of the breast. But but, you know, we do develop other things in the breast that are not breast cancer.

So some people get benign masses called fiber adenomas. Some people get breast cysts. Now know that if you are getting these benign things, it does indicate that maybe there is some work to do in terms of how you are detoxifying your estrogens.

You know, it can be an indication that you do have an increased toxic burden. And so it's a great opportunity to kind of take the bull by the horns and real in your health at that time.

But but if you find something that that feels different, that feels abnormal, that's an opportunity to have imaging and get it looked at. And then know that no matter what, no matter where you are, it's not over.

It's whole takeover. And in my experience, these things can be reversed, health can be restored, but health is not something that happens. Right? This is an active process.

It's something that you have to pursue. Mm. Thank you so much. I mean, this is and the the sort of silver lining to all this is that everything we heard today was we now know why it happens, you know, so if you can target the why, it doesn't need to happen, right?

The breast exam is like just plan B, let's stick to planning and prevent in the first place. Absolutely. Absolutely. And I think as a society, we really need to be talking about these preventative measures because we really do.

We can control our health and oftentimes it takes and as a threat to life for us to really pay attention to our health. You know, usually we need a trigger, but know that you don't have to wait for a trigger.

You can design your destiny now. You're amazing. Thank you so much. Dr. Simmons is awesome. Everybody go to the website, check it out and learn the courses also.

Thank you. This was incredible. My pleasure. So great to be with you, Kashif. You too.