Introduction and mutual praise

Well, doctor Jen Simmons, it's always such a pleasure to chat with you and the wisdom and the knowledge that you bring. And we, you know, you're literally helping, you know, one woman at a time, you know, bringing them to understanding what's going on in their life.

So thank you so much. Well, you're so welcome and right back at you because the work that you do, while I find it exhausting, is absolutely amazing and tireless and you are changing the world so well, thank you.

Thank you so much for inviting me to be here and for being a part of your dream and your vision. Thank you so much. Yeah, we all need to kind of lock arms now when it when we're dealing with this, this issue that is becoming more and more prominent and we're finding medically that the solutions are being offered are, are not as good as we would like them to be.

So then we need to understand a little bit deeper. And one of the one of the cancers that obviously is such a big deal, is breast cancer. You know, tell tell them a little bit what is breast cancer?

I mean, how why is that happening? Yeah. So, you know, the amazing thing is that it is one of the most common cancers worldwide, certainly in the United States.

What breast cancer is and why it develops

And we think we know what it is, but no one really knows what it is. Right? It's it. We talk about it so often that we forget what is it. Right. That's such an important thing.

So I want people to understand that cancer is a normal response to an abnormal environment. So what's happening on the cellular level is that the breast cells are going into survival mode, because the environment that they're living in has shifted from the environment of joy, the chemistry of joy, which is like this beautiful homeostasis where everything is as it should be.

And we shift to the chemistry of stress because of our environment, because of our lifestyle. And that chemistry of stress actually has a chemical shift that is recognized by the breast cells.

And they are threatened in this environment. So think about what any living being does when it's threatened. What is a bee do stings you. What does an animal do when it's backed up into a corner?

I always talk about I have a 5 pound poodle, Teddy, who may make a cameo because he's he's sitting on here on the chair with me. He, you know, in plain sight, a 5 pound poodle.

You don't worry much about him, but if you back him up into a corner, he turns into 5 pounds, takes. Right? So anything that's threatened is going to go into that kind of basic aggressive survival mode.

And that's what's happening with cancer. Now. Cancer is a two part process. You have that environmental shift. And there are a number of things that cause that environmental shift.

And we're going to touch on all of them. But that alone won't do it because we make these reproductive errors all the time. When we reproduce ourselves, we make mistakes all the time.

No one's perfect, right? So every one of every age makes these cancer cells from the very young to the very old and everyone in between. But an intact immune system recognizes those cells and destroys them.

But what kind of environment are we living in now? We are living in an environment that suppresses our immune function. So our immune system is so distracted by fake food, by fake news, by all of these overstimulating inputs, too much food, too much information, too much noise, too little sleep, all of it.

Right? And so our immune system is so distracted trying to figure out what all of these unnatural inputs are, that it doesn't have time to go figure out what happened over here.

So it's not serving the body like it should. It's not doing its job in immune surveillance, and it's not picking up these little cancers in their infancy when they're just a couple of cells.

And so they grow and they still don't get detected. And so they grow and they still don't get detected. And before you know it, you have a tumor. Right.

And so a one centimeter tumor, which is not a big tumor is a billion cells. Right. Cat's out of the barn, horse out of the barn, cows out of the barn.

Someone's out of the barn. And so the thing is, what we never talk about in our conventional medical world is how to get back there and figure out what went wrong so that this doesn't happen again.

Right. And we can do so many things when we back up two, three, 4 or 5 steps and fix that, because that when we do that, we can change the trajectory of the rest of someone's life.

So when I meet someone with a breast cancer diagnosis, I want to figure out what happened because I want the rest of their life to be the best of their life.

And we can do that. But we can't do that if all we focus on is the tumor. So I understand that people get a breast cancer diagnosis and they're focused on the word and they're focused on the tumor.

But, that's the wrong place to focus. And it's when we stop thinking about the tumor as the problem and start thinking about the tumor as the symptom of the problem, that's where we can really capture things and change.

Now, I think we need to talk about what kinds of things are the problem. Right. What's causing that cancer to happen? What's causing that that replication error to happen?

What's causing the cellular damage. The DNA damage. Because that's where we get into why is it so common and why do we see it everywhere, and why do we see in it younger and younger ages?

And that goes back to the environment. And we are not living on our grandmother's earth. We're not even living on our mother's earth. And the number of chemicals that we are coming into contact with all day, every day is exponentially more than our mothers and our grandmothers were exposed to.

And so this whole concept of estrogen dominance, when you think about estrogen as a stimulatory hormone, yes, it is, but it's also very protective in many of the tissues of the body.

And we don't have breast cancer because we have more estrogen inside of us that is being produced by our ovaries. That is not the problem. That is not what's going on.

But there are so many chemicals in our environment that are mimicking estrogen. They're called xeno estrogens. And when they come in, they come in as plastics, they come in as fragments, they come in as antibiotics, or they come in as wolves in sheep's clothing, because there are so many things that are seemingly healthy and good.

I mean, I, I think back to the whole beginning, middle and even maybe the end of Covid where people were obsessed with hand sanitizers.

Environmental toxins, xenoestrogens, and stress

And all I'm seeing is, oh my God, all they're doing is putting more antibiotics into their system, more antibiotics, xeno estrogen. It's going to have lots and lots of negative impact, which we're seeing.

Right. So our our increase in cancer rate is because our environment is increasingly more toxic. And those you know, estrogens do not act like our inherent estrogen.

They they have the stimulatory effect. And we're seeing that all over the place. But they don't have the protective effect and they don't know where to start, when to stop.

They're like the guy at the party that had too much to drink. It's fun. At first, but doesn't know when to stop. Yeah, we've had plenty of those. So just to kind of recap a little bit.

So we're talking about survival mechanism. So obviously breast is a very kind of sensitive nurturing. Or again, you know, a lot of emotions connected to it.

You also have the, the emotional kind of survival aspect, but then you're talking about environment as well. So you have the the general kind of health of the cells and that tissue.

And we know that there's a lot of lymph nodes. It's a lot it's kind of fatty tissue. We know that, you know, toxins tend to accumulate and fatty tissue, you know, so if you are in a toxic environment that that would be an area that it would accumulate.

And then we also talked about the you know, our natural hormones, you know, which we produce our cells. And then you have the chemicals very exposed to the zona hormones.

And, and if we we can kind of kind of measure the difference between how much hormones we produce versus the amount of xeno hormones or xeno estrogens that we're exposed to.

I mean, the, the the amount I would assume is is quite different and quite high. So the try to just work on suppressing your own hormones without addressing the kilo grams of.

Yeah, right. You know, estrogen is out there. It doesn't make any sense to me. No, of course not. Of course not. But, you know, to the pharmaceutical companies, they can they can really kind of it's a it's a very simple explanation.

Right. It doesn't mean it's true, but it's a very simple explanation. So they can get people to buy that very simple explanation and, buy into that mechanism and adopt it.

Right. So if estrogen causes breast cancer then we can give you an anti estrogen drug so as to prevent breast cancer. And no one's really looking at the numbers.

And no one is realizing that even even if you do look at the data, most people who go on these hormone blocking drugs go off of them because they're miserable.

So they're looking at data where they have no idea the compliance is terrible. So it doesn't mean anything. It doesn't mean anything. I want to back up because we talked about the emotional connection.

We talked about the health of breast cells and how that to sensitive tissue. When you look at the tissues of the breast there's four tissues that make up the breast.

So there's the glandular tissue that produces the milk. There are fat cells. There's connective tissue that kind of holds it all together and it's all inside of a skin envelope.

So really what's making up the bulk of the of the breast tissue is the glandular tissue and the fat cells. Now most toxins not all, but the vast majority of toxins are what we call lipophilic.

Right. They love fat. And so where that fat is, where they're stored and since we have a lot of fat in the breast, that is a place where toxins are readily and naturally stored.

So if you are a breast cell and your neighbor is a toxic dump, which is what is happening in the breast for a couple of reasons, which we're going to talk about, that is that threatening environment that I'm talking about because, you know, when you're living next door to a neighbor who is awful and a hoarder, right?

It starts to spill over onto your lawn. This is the problem. Like most breast cells, their neighbor is a hoarder. The the reason that toxins happen to accumulate in the breast more than anything else.

And we're seeing it more now than ever, is because, you know, we're living in a time where so much of us, we were only designed to be in sympathetic drive that fight or flight mode.

We were only meant to be there about 5% of the time and 95% of the time. From a genetic standpoint, we are meant to be in that rest, digest, repair state.

It's just our genetic makeup. It's how it's it's how we were meant to be. And even though we are modern beings, we are living on a very old gene code.

Our gene code has not evolved to modern times. So here we are, spending way more time in sympathetic mode than we're supposed to. And sympathetic mode.

The dominant hormone is cortisol. And the purpose of cortisol is to release blood sugar into the system so that it can fuel, you know, release glucose into the circulation so that it can fuel the muscles.

Because we only understand the very basic threats we don't under our body does not understand the difference between getting an email every five minutes and having a saber tooth tiger on your tail every five minutes.

It only understands danger and safety. So if your danger signal is going off all the time and you are in a cortisol dominant state, that cortisol is telling your blood to shunt you to essential organs only, and you know all evidence to the contrary where you would ask most men, the breast is not an essential organ in terms of survival, right.

And so the breast most of the time is getting very little in the way of circulation. Well, the only way that we clear toxins is by circulation. So if we're shunting away from the breast, then those toxins are accumulating and not being cleared out.

And then you throw on things like obesity that you see in this country, and then we're even more toxic. And we're not clearing the toxins and sedentary lifestyle.

And now we're even more toxic and not clearing the toxins. And we can go on and on and on about why we have these issues. But you know, it comes down to this.

Our lifestyle and our environment are supporting the development of toxicity in the breast and breast cancer. And the tighter the bras and the more, support you have, the less circulation you're going to have.

And it's just kind of everything that we're doing is in support of keeping those cups, of shunting the toxins to the brass and keeping the toxins in the breast.

Talk to me a little bit more about the bras, because I think that, you know, women don't recognize that as much as they need to. Yeah. Because here, like, you know, like you're mentioning circulation is key.

You have so many lymph nodes, you have got lymph nodes underneath your armpits. And not only not only lymph nodes, but the lymphatic vessels that lead to them.

Right. So think what do you do when you cut yourself? Yeah. I mean, you you try to put a compress to stop the

bleeding, right? You you apply pressure. Right.

And what is the pressure? Do it stops the bleeding. It stops the movement of blood. So this same exact thing is happening when you apply pressure around your chest all day, every day.

Right.

Breast tissue, circulation, bras, and breathing

And so these tight fitted bras with the tight bands around the, the bottom of the, of the breast and the upper abdomen and the compression circumferential around the chest.

So we're decreasing the circulation and we're in this constant fight or flight mode. So we're, we're even shunting away more. And we are we are causing a stagnant toxic condition in the breast.

So you know, I'm not a bra burner. I don't I don't even know if I would consider myself a feminist like I, I believe in equal opportunity for everyone, but I, I'm not out there like whatever I it's not a political thing for me.

It's a health thing for me. No one needs to be wearing a bra. 24 seven the people that tell me that they sleep in their bras like, oh my God, we, we, we need to allow for circulation so you can wear a bra, but it doesn't have to be suffocating, you know?

And and you should take it off when you're, when you, when you're not using it, when you're not needing it right. And and at the same time, like, exercise is so important.

Massage is so important. Massage will make a huge difference. It will open up the circulation like the same massage that you do for the rest of your body.

You should absolutely be doing every day for breast. I was on I was talking to, Trina Felber today, and, she's talking about bringing back one of her, she's Primal Life Organics, and she's talking about bringing back her, massage oil for the breast.

And we need to make this, like, culturally appropriate. We need to talk about doing this because we need to increase that circulation so that we can clear those toxins and create a safe and healthy environment in the breast.

And you talked a little bit about survival and being in that, you know, saber tooth tiger that that we're, you know, running away from that we're mostly in that sympathetic mode.

And one of the things that, you know, a lot of us do is that we are not breathing now. So you have then the diaphragm right underneath. You know, I'm talking about circulation.

Yeah. The importance of that breathing to support the circulation, moving of oxygen, moving up. I mean that it's like a pump, you know, that you're using when you're breathing with the diaphragm instead of breathing up here, which most of us do when we're in that fight or flight mode.

That's exactly right. And and not even in just the fight and flight mode. So, so many people have gotten accustomed to that short. Because when we breathe just from the chest, we only have a limited amount of expansion.

And the real expansion we have is when we belly breathe and pull down on that diaphragm to expand in the vertical direction, and not only in the horizontal direction, but most people don't know how to breathe, even even to the extent of we've seen so many facial structure changes and poor dentition because people are mouth breathing and they're not nose breathing and they're not deep breathing, and it's actually changing our anatomy.

I mean, it's fascinating stuff. I don't know if you read Breath by James Nester, but in in my opinion, that is required

reading for every human. Like everyone needs to learn how to breathe properly and understand the why.

And he wrote a brilliant book that was that, you know, you really felt like you went through that personal experience with him. And, I even, you know, mouth tape now at night to ensure that I'm nasal breathing.

And I have my, my whole family doing it. I mean, of course they think I'm certifiable, but that's okay. And and you know what? People don't realize also, when you're mouth breathing, you're not that swallowing reflex that you have while you're have your mouth closed, and it's really supports the, the lymphatic system in the brain to, to drain, you know, when you're having that swallowing reflex, you know, with, with your mouth closed.

So, Yeah, it's it's fascinating. Yeah. Well, so, you know, so we talked about survival and the importance of that. And then we, we discussed all the chemicals and things that we were exposed to.

How how does a person what how do you guide them through this process? I mean, you have a patient coming to you to deal with breast cancer. And, you know, we we can focus just on the lump because the lump is there for a reason.

It came about due to something. Yeah. So how do you guide an individual through that process of, you know, getting out of that sympathetic mode to, you know, deal with the chemicals to get out of the survival state, you know, both emotionally and physically.

Yeah. So this is exactly why I wrote my book, The Smart Woman's Guide to Breast Cancer, because I wanted people to have something in their hands that they could go to that would guide them every step along the way.

So the first thing that I tell everyone is to take a breath, just take a breath, take a pause, because panicking is not going to help. And for most people, this has been there for years.

There is no rush. You do not have to make a decision right now. And if people are pressuring you to make a decision right now, that is exactly the person that you should get out of the process right now.

There are a couple of emergencies, but they're few and far between. And I've been at this a long time, and I've seen I can count on one hand the number of emergencies, the number of people who need to make a decision right now.

So I want to talk about what those emergencies are, because I think it's important for people to know. So if you have inflammatory breast cancer, if you have a breast cancer and over top your skin is red, it's swollen.

This seem to come out of nowhere where you had a normal breast last month, and now you have a rock hard breast full of tumor. That's your skin's bright red.

That is a systemic condition. And that is something that needs immediate attention only because it grows rapidly. It spreads rapidly. And this is something that you're going to need help quickly.

So that is someone that needs to make a decision fast about what they're going to do. The other person that may needs to make a quick decision is someone with rain metastasis.

Because our school is a fixed space and we can and there's swelling associated with brain metastasis. And eventually if the swelling gets so bad, it will cut off the blood supply to the brain, which is not compatible with life.

So those people need fairly rapid interventions in order to get that disease to regress. And the last person is the person with a pathologic fracture in that they have cancer in the bone that is caused a fracture.

And the reason that this is an emergency has nothing to do with it being life threatening unless you know, the the the fracture is his life threatening.

But for most people, the fracture isn't life threatening. But the pain is so bad that it's nearly impossible to heal when you're in a tremendous amount of pain.

So those people need rapid treatment, usually radiation, in order to, you know, they need repair of whatever the bone is, but they need they need that cancer treated there, and they need it treated quickly so that they can get out of pain and get on with healing.

Everyone else has time and space to do their investigation, to build their team, to make a plan. And it's important that we talk about what that plan is, because no matter who you are, no matter where you are, you're going to get a treatment plan, right?

The surgeons going to say this, and the medical oncologist is going to say this, the radiation doctor is going to say this. You know, maybe you're going to talk to a reconstructive surgeon.

How to respond after a diagnosis

And in my book, I list the questions that you need to ask all of those people so that you can go in armed with questions and get the information that you need out of those visits.

But what everyone with breast cancer needs is a health plan, and that's the most important thing. Health does not happen in a doctor's office, in a hospital, in a surgery unit, in a in a chemotherapy unit, in a radiation suite, health happens at home.

And the only person that can make you healthy is you. Your illness is your message. Your body is trying to tell you something. Is it trying to tell you that you have an unresolved trauma?

I don't know, is it trying to tell you that you're in a relationship that is not sustainable? Maybe. Is it trying to tell you that this toxic situation that you're in at work is not right?

I don't know, are you living in a house that has mold and you need to move? Maybe. Do you have a history of dental work? And you you have issues in your mouth that are, causing an issue in your breast?

Maybe, but there's a message there. There's something there. Something's out of balance. Something's not working. You know, maybe you're an over exerciser.

I see marathon runners every week. Every week I have someone come to me and say, I don't understand how I got breast cancer. I'm so healthy. I run ten miles every week.

I'm like, yeah, that's not healthy. You are running away from, say, book Two Tigers all the time. We can't run away from Sabertooth Tigers all the time.

We were meant to run away from a saber tooth tiger four seconds 30s. But we were not meant to run away from tigers for three hours or three days or three weeks or three months or three years.

And yet we are filling our lives with the saber toothed tigers. And we're not built for this. We're not built for this. So for the people that are going through their diagnosis, and I know how hard it is, I have my own story.

I'm not here by accident. I know how hard it is. I know the guilt. I know the fear. And, you know, when I got sick, I had two young children. I know how hard this is, but.

If you can see it as an opportunity instead of a punishment, then you have the opportunity to make something really great. And for me, you know, it was, you know, I left surgery.

I left surgery for me, it was my opportunity to see the potential of being a healer in a completely different way. And I hear people saying this all the time.

I'm grateful. Am I glad that I got sick? No, of course not. But I'm so grateful to God for the opportunity to do this. I'm so grateful to God for the opportunity to be something so much more important and impact change and impart change.

And we know that when we help these women through their diagnosis, when we help them to see the real drivers of health, not only do they get healthier, but their spouses get healthier, their children get healthier, their sisters get healthier, their family gets healthier, their friends get healthier.

There, community gets healthier. And that really makes a difference. So it's not a blessing. I understand that cancer is not a blessing, but it is an opportunity.

And for many people, it's an opportunity to make the rest of your life the best of your life. Yeah, the cancer is truly a way for the body to communicate that.

It's time to reassess and see, you know, and look deeper, you know, because that, like like I say, it's not there just because. And it's not something there to punish you.

It is the body's way of communicating that, you know, we we need to kind of look a little deeper and see what's going on. And then all those different factors that you mentioned, I mean, those those are are such powerful drivers.

And, and we don't recognize how, you know, a, an emotional trauma or a belief system or that you're not loving yourself or that you're in a relationship that is not fulfilling, how that then interferes with the function of the a tissue where you hold that emotion or that belief system and how that interferes with, the transport of nutrients and oxygen and circulation to that area.

We talked about circulation or how we were then holding toxic matter into that area because it is, it resonates with that toxic relationship or that toxic belief system.

And how when we are then shifting that how that will then shift the environment where those, you know, physical toxins are being held. Absolutely, absolutely.

And you know, sometimes it can be I mean listen cancer is no one's fault. Right. And it's not about blame or shame, but it's also not an accident. It's not random and it's not something that just happens.

And when we think about what happens in the body as we encounter these different things, like a divorce or a death, or the pressures of caring for a sick child or a sick parent, and these have translational effects on our body, and they and, you know, even joyous things can be terribly stressful.

Pregnancies, marriages, planning a wedding like these things can be tremendously successful. They're also wonderful and joyous. If you are at your capacity when you encounter these events, right?

Like if you were building up to that and you're toxic load was here and those events pushed you over the edge. This is what's happening to so many people.

And it it happens in an unsuspecting way. And we're not connecting it because we're we're disconnected people. We're disconnected from our health. And that's the way the system is designed.

It's very much designed for us to be disconnected from our health. And so that's what's happening and that's why so people are so surprised by this diagnosis and surprised by it by what's happening.

Because we're so disconnected from our health. So, you know, we have we have systemic changes that so need to be made. And in the meantime, people like us need to be really loud voices and shout from the rooftop like, you can do it.

You can do it here. I want to give you the tools to do it because you can reclaim your health. Health can happen at any age and at any stage. And I'm sure, like me, you've had the privilege.

You get the privilege of seeing miracles every single day. Only we know that they're not that miraculous. When these people are doing the work, you know they are dealing with the trauma and they are being open and communicative and ending these relationships that aren't serving them, and they're remediating their mold and and cleaning up their mouths and prioritizing sleep and getting proper movement and, you know, eating in a way that nourishes them.

And health is an active process, and it's not a destination.

Root causes, lifestyle, and healing at home

It's a journey. And, you know, listen, are there days where I wish that I could eat ice cream and birthday cake? Of course. But I also know that I walk the line and then I don't have that luxury.

And I want to be healthy and I want to see my my children, the rest of my children get married. I want to love on my grandchildren for as long as I can.

And, you know, that's what's important to me. And so I walk the line and it's pretty good. You know, I, I think so many of us don't really know what it feels like to be healthy until we have until we lose our health, get sick and then discover it afterwards.

Like, I didn't know that you didn't have to hurt every day. Right. Like I was told, oh, you're getting older. It's normal for your joints to hurt every day.

I thought that was normal. I thought it was normal to not be able to close my fingers in the morning because my hands were so swollen. Oh. That's normal. That just happens.

Right? So we normalize all of these things and we say, oh, you're getting older. Oh, it's normal to gain weight. Oh, you know, we normalize all these things and it's just not true.

No, no. And kind of going back to what you talked about earlier, you know, when we get tumor focused, you know, so, you know, obviously surgery and things that all of these things has a place.

But if we just remove the lump and we don't listen to the message of why the lump is there, then it's just like somebody that's not being heard. You know, either that system just kind of shuts down or they have to scream louder.

And that's framing screaming louder. We know what that looks like in regards to cancer. Yeah. So so yes you know we as you're then addressing maybe kind of the symptom of it.

You know you have to look at the what's under the hood. You know why is the car not functioning the way that it should. Why is you know, why are the tires squealing.

What why why is why is that happening? So it's so, so important and and and and a big trend that's taking place right now that I'm seeing is that we're seeing younger and younger people, you know, getting these type of, of diseases, I mean, like breast cancer.

Yeah. It should be when you are much older. But we're seeing younger and younger females. Why do you feel that is that, is that due to the environmental factors.

Is that what do you feel like 100%? I mean, when we look, we we know that newborns are born with over 270 chemicals in their cord blood. We are starting off life behind and the eight ball.

And it just gets worse from there. You know we we're we're have very very early introduction of formula. We have very very early introduction of processed food.

And so we're starting off our kids behind the ball. And then at every stage along the way they're getting introduced to more and more toxins. And so it it ends up that, you know, if it would have taken in in my generation, if it would have taken to 50, 60, 70 to build up that amount of toxin, that's going to create that DNA damage in the breast cell.

Well, now we're seeing, you know, we have exponentially more chemicals. And so we're seeing it in 20 and 30 and 40 year olds at rates way higher than we did before.

And this is just going to continue for as long as we see the issue as the tumor. Because all of the treatments that just are aimed at the tumor don't do anything to change the trajectory of disease, like you said.

So there's nothing to stop that cancer from coming back, either in the breast or, you know, locally or in the rest of the body as a metastatic issue. But beyond that, that that nitrous that's causing the cancer in the first place, whatever that is for you.

If it's chronic infection, if it's metals, if it's trauma, if it's stress, if it's, dental issues, like whatever, whatever that issue is for you. And usually there's more than one unless you deal with that issue, whatever is causing the inflammation in your body, the most likely scenario is that you're going to have another manifestation of that inflammation.

And when we look at the population of women, they get breast cancer. As it turns out, most of them don't die of breast cancer. Most women who get breast cancer die of heart disease.

And that's twofold. First. The input unless you deal with the inflammation, the natural progression is to develop heart disease. Right. So that that's one reason.

But the second reason is that nearly all of our treatments for breast cancer cause heart disease. And women who are treated for breast cancer are 2 to 3 times more likely to die of heart disease than women who aren't.

These are staggering statistics, and we have to think about them, especially in the disease population, because we are taking a group of women teaches is ductal carcinoma in situ or noninvasive breast cancer?

I only want to call it breast cancer. Let's call it noninvasive disease, right. Because these women do not have breast cancer. So we're taking these women with noninvasive disease with a condition that never would have threatened their life.

No one dies of DCIs, and we're giving them heart disease. Now, in what universe does this make sense, other than a system that's driven by illness and reimbursed by illness?

Right. So we're taking women. We are shortening their lives. We are drastically changing the quality of their lives because you talk to any woman on an aromatase inhibitor and she'll tell you all about it.

She'll tell you all about her aching joints, her miserable mood. She can't sleep. Her hair is falling out. She has that. She has urinary incontinence.

She has no libido. She has painful sex. It is miserable. Miserable. So, you know, what are we doing? What are we doing? We are not. We are not creating health.

We're not giving these women a better life. They're there's no survival advantage. So what are we doing? In fact, there's a survival disadvantage. So we need to start asking the hard questions.

And I know this is really unpopular in the conventional medical world, but the truth is that we're not doing the right thing by most people who get a breast cancer diagnosis.

And we're definitely not doing the right thing in all of the people. They get a disguise diagnosis. Yeah.

Treatment limits, recurrence, and closing thoughts

And and it is always fascinating when you hear a patient's conversation with their oncologist when they give statistics at the say, well, you know, if you get on this aromatase inhibitor then your your chance of getting breast cancer.

Again, a reoccurring breast cancer. And they, you know, give them a maybe 10% less or something like that. But well it's never part of the conversation is exactly what you're saying.

The, the the increased risk in heart disease, the increased risk in other types of illnesses, the increased risk in developing other types of cancer. You know, those those things are never part of that conversation.

They're not. So, yeah. And the conversation is always about relative risk and not absolute. Because when we talk about absolute numbers, they're very small.

And all the side effects for that absolute number is not worth it. And then the numbers that are discussed are most often five year numbers. So, a five year survival is a ridiculous amount of time.

You're going to talk to a 30 year old about a five year survival. I mean, it's ridiculous. It's ridiculous. So we have to have a better way. Now, that said, I'm not throwing the baby out with the bathwater, and there are people with aggressive disease that need help and they need it fast.

And these ways, I mean, I you know, I can argue that fasting is a very fast way to disease reversal. And I think the work that Thomas Siegfried is doing is absolutely brilliant.

And his metabolic approach to cancer, so, you know, I think that there are a lot of things that rival it, but it's not nearly as convenient as as going and getting the treatments.

So, you know, I don't want to say that there's no place for the treatments, but I think it's far more limited than that than how they're currently being used.

And we are hurting a lot of people. If someone a lot of pharmaceuticals doing that for sure are hurting a lot of people. Yeah, yeah I can. And along with that, you know, the side effects are things that can then be treated by other pharmaceuticals, you know, for your bones, for your mood, for, you know, sexual dysfunction, for, you know, so you're you're adding value, you know, of, of pharmaceutical value on that patient.

So yeah. And you know, we know that there are so many people out there doing low dose chemotherapy and insulin gated chemotherapy, and it's working and people have far less side effect.

And yet it's not being mainstreamed. And people are being treated on these protocols and everyone gets 12 cycles. Well, why is everyone getting 12 cycles?

If you had a complete response after two, you know, like I have so many patients that are saying to me, you know, I, I can't have a tumor anymore. And then we do an ultrasound and there's no tumor left.

And I've had two cycles and I said, okay, you're done. And the medical oncologist like, freaks out. But why? Why are we doing this? It just doesn't make any sense.

We we are not talking about individual patient care. And yet no two people are the same. Everyone is bio individual, and we need to treat people like the individuals that they are and give them the benefits of the treatment for them.

For them. But it's not convenient in population and it doesn't it doesn't utilize the system like the system wants to be

utilized. Yeah. And you have the I mean, we know chemo does not impact the cancer stem cells.

So now we have and we the chemo and there's no evidence of disease you know. And yet they want to do more cycles. And those more cycles kind of just shut down the immune system more impact the bone marrow more and and increase resistance.

Yeah. Exactly. Exactly. Yeah. Doesn't make any sense. Well, Doctor Simmons, always such a pleasure. I you're you're such a warrior to bring this, this powerful, important message out and to the world.

So thank you so much for for again chatting with me and discussing this. Thank you for having me. It's always a pleasure.