Breast x-rays or mammograms, like I said, have a 95% false positive rate, meaning that, oh, I think we found something. 95 out of 100 times, it's not.

Then there's the false sense of security. The mammagram looks clear. But 40% of the time, there was something there. It just didn't catch it. Welcome to the TBD Fit Podcast on Dr.

Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the dos, dos and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to another episode of the TBD Fit podcast, the space where we dive deep into the science strategy and tactical takeaways to create optimal health and longevity.

Today, I am honored to welcome a true pioneer in integrative health, and preventative medicine, Dr. Richard Powers. He's completed his pre-medical studies at Tulane University with a physics major, then earned his doctorate of chiropractic medicine in 1980, Graduating summa cum laude in 1984 he founded the holistic healing center in Atlanta.

Two decades later he co-founded the Holistic Medical Center in Stewart, Florida and in 2020 established intelligent health quarters where he currently practices.

So for over 45 years, Dr. Powers has served as an integrated physician, researcher, author, and educator appearing on TV, radio, speaking to physicians and helping patients navigate chronic disease through science-driven natural and holistic strategies.

Most recently, he shifted his focus to developing Intelligent Health, a trustworthy online learning platform that provides evidence-based health guidance vetted supplement recommendations and safer alternatives for those wanting to protect and optimize their health.

He has authored three books over a hundred articles and is a founding member of the Zymacian Medical Advisory Board and a Scientific Advisor for Qualia Life Sciences.

Today's conversation centers on one of the most important areas of expertise, the new science of breast cancer prevention. This is information every woman needs to hear and every clinician should know, regardless of age or genetic predisposition.

So let's dive in. Dr. Powers, welcome to the show. Thank you. It's so good to be here. Appreciate the opportunity. I love opening every episode guest with defending their origin story.

So what has led you to do what you are doing today? Yeah, well, so I guess the first time I had some inkling of moving in this direction was when I was probably 10. And I noticed everyone was getting sick with colds.

I thought to myself, when i grow up, I'm going to find a cure for the common cold. Of course, that evolved over time. After so many years, it became obvious that most people are dying or debilitating and suffering from chronic diseases that the research, not my opinion, but the researchers shows is largely preventable.

I mean, even the National Institutes of Health said 80% of these cancer, heart attack, stroke, Alzheimer's, dementia, autoimmune disease, they even said, 80%, is preventible.

And then my practice, you know, it got, every decade went by, seemed to get more and more people that were sicker and sickier, which was fine. And really the last 10 years, there just seemed a lot of people, I know I just ended up on cancer because cancer is so, um, The C word, it's scary and it seems like a death sentence.

And as soon as people hear that, I mean, let's face it, heart attacks, strokes, Alzheimer's and dementia is horrible. largely for the caregiver because they know what's going on.

But cancer is such a scary thing and it's really a lot more complex. I mean, cardiovascular disease, we pretty much know the pathogenesis of how that happens.

Cancer is really complex, you know. It's our own cells that all of a sudden take on a mind of their own and start doing their own thing, which is to solely replicate and spread.

I mean, that's it. Anyway, so when I saw all the fear around that, and then I took a particular interest in breast cancer prevention and breast I mean, all cancers are horrible and terrible, but breast cancer, I'm mean we're talking about something that women associate their femininity, their identity, to different degrees of course.

And so it's not like, that means something like colon cancer. I means they're all terrible and they are all deadly potentially, But breast cancers is even more so because it is affecting again women how they show up.

I don't know, it just seems a lot more personal, obviously. So anyway, and then I, you know, first it started out with realizing and doing some research and finding out that mammography is not very effective.

And then of course, that led me into what is the best way to monitor your breast health so you can catch things early on. Then that lead to, wait a minute, it's not just about early detection.

It's about prevention. I said, okay, I'm going to take three months. pulled away from my practice, I'm going to dive into the research and I'll just collect what is the prevailing, predominant information tell us that things that people can do day in and day out to help prevent breast cancer, to significantly reduce their risk.

And anyway, that three months turned into 18 months. I just spent three month just studying mammography and looking at all the results because it was so controversial.

Oh, they say it's good. It's not good, so it took a long time to really tease that one out. But anyway, I ended up collecting all this information and I organized it into a really neat, very practical course at breast cancer prevention that any woman that has access to an internet can access simple, practical guidance right out of the research.

They can go to the bank on this and this stuff's in five or 10 years, we may learn a little more things and we could add more of things, but the foundation of breast cancer has to do with monitoring your breast health, right?

So you can catch things early on, which mammography doesn't do very well. 95 out of 100 positive mammograms when they call the woman back and they say, oh, We found something we want you to come back, and take another dozen mammagram chest, breast x-rays.

Turns out 95 out of 100 times is nothing. So anyway, you've got to monitor your breast health, do it the right way. Again, it's about finding it early on and then taking measured action too.

That's really key because they'll find something on a mammogram, they say, oh, we're not sure, let's do a biopsy. Now they're cutting into the body. There's measured, action is really important.

And then there's the prevention component, Let me break this down. I'm kind of going past your question here a little bit, but all cancer has to do with cancer cells are occurring all the time.

As you know, doc, they are cells. The DNA gets damaged. There's different double strand breaks and certain things in the body has ways of repairing these breaks, and so forth.

But when they don't, And the cell doesn't self-destruct like it's supposed to at that point, apoptosis, then it can become a cancer cell. And now it takes on a brain of its own.

It just wants to replicate, multiply very quickly, has its on physiology. Doesn't communicate with the. Body. it is a whole nother animal. The whole thing is that.

There's ways that we know to minimize the damage to the DNA and things that can do to optimize the repair processes and like all the mechanisms that have to do with how cancer cells form.

If you actually trace that all of the way back and say, okay, how does that fundamentally happen and what can we do about it? It's things are actionable.

It's our thoughts we think, it's the diet and lifestyle decisions we make day in and day out. Obviously it is the toxicity exposure and the xenoestrogens, which we can talk more about.

I gave a lecture recently and someone came up to me after and said, boy, that was good, but it was really basic. It was like, okay, cancer is not basic, but you know what, if you really track it, the solutions are basic.

And the good news is the fundamental guidelines to help prevent breast cancer, how to think, act, think what to do, exercise, diet, stress, all those pieces.

They're the same fundamental underlying factors that cause, that contribute to all forms of cancer. And there's genetic components for sure, but there are usually things you have to do to actually activate like oncogenes.

We all have proto-oncogene, so you do the wrong thing, we activate them, they turn into oncogenes. That's promoting cancer and breast cancer, right? So fundamentally.

We could prevent breast cancer if we only knew what are the things that we can do, decisions we could make that push us away from making more breast-cancer cells and push towards increasing the body's ability to identify the cancer cells, and kill them.

So I ended up on cancer and then breast cancers specifically. Uh, so I love that you adhere to the foundation because we're always looking for the next best thing.

And now is, uh, you know, there's so much information, misinformation on, unregulated, um, markets, whether that's nutraceuticals and supplements and now our modern food system, which is maybe overly regulated with herbicides, fungicide, pesticides, Uh, nothing comes without consequence.

How I like to start is probably very similar to you as my foundation five, the individual has to eat right, sleep right. Move right talk right poop right?

So that's one thing that you talked about, you know, how you think your thoughts, your relationships, Your peers, environment. Um, all these things play into this, um, whole concept of, You know nature versus nurturing what's actually driving dysfunction, but I, I liked that.

You. I believe when I heard you speak once upon a time that when you said, um, cancer or specifically today's topic, but breast cancer, happens or occurs more by choice rather than chance.

Yes. How, how interesting. And I go as far to say these days that, uh, pain is a choice. So too is getting out of pain or living healthfully or sickfully.

is a choice and we think that you know some of the healthiest are the sickest among us. We try to do everything right or so we we, think and yet we're often neglecting very very core critical components.

So maybe let's start there in terms of prevention. What obviously is when your goal was to prevent the the common cold Naively and not to say because I mean everything that you present I think is absolutely brilliant, but we have this kind of God philosophy.

It's almost very reductionist. We try to take these single molecules, extract them, and now we're treating the body as one pathway. Um, what we do with a lot of cancer genes, cancer treatments, but needless to say is, um, in terms of prevention, or that are still screening.

Yes. Where has, have we gone wrong and what is perhaps a more intelligent, given your organization approach? Perfect. Um. Well, first of all. The reason that, I mean, if you really dig into the literature and look at statistics, breast cancer is not going down, you know, autism is going up and breast cancers not down.

And that's because first of all, one, the focus is primarily on early detection, not prevention. It's like, let's find it. Let's that cancer as soon as it happens, instead of.

We know the things that trigger cancer and we know that things optimize the body's ability to kill cancer cells. So let's capitalize on that. No, the focus is strictly on early detection.

Now the concept is a good concept, at least this part of the equation, early-detection. The problem is, is that the, The way that that is done now in this world still in 2025 is primarily through breast X-rays, otherwise known as a mammogram.

So the concept is, hey, listen, when you break a bone, you take an X ray and you can see that the bone is broken. X rays are perfect for that. But when it comes to soft tissue, like a breast and breast cancer cells and clumps of those.

It just, the research shows that it just didn't turn out very well. Breast x-rays or mammograms, like I said, have a 95% false positive rate, meaning that, oh, I think we found something, 95 out of a hundred times it's not.

All right. And then there's the false sense of security. The mammagram looks clear. But 40% of the time, there was something there. It just didn't catch it.

And then early detection, okay, even if it worked and it was accurate and found these cancers early on, the problem is too, is there's not measured action.

If they find something called ductal carcinoma in situ, DCIS, it just means we found some cancer cells, they're well encapsulated, and they haven't spread to any other breast tissue, let alone nearby lymph nodes.

And we were talking stage zero. It's now even considered a stage one cancer. and half of the doctors are still, hey, let's cut this, it's radiate, lets treat this.

Meanwhile, the research shows if you leave it alone, most of time it just goes away. The body takes care of it. So the concept here is not about sticking your head in the sand.

It's taking measured action. Even if find something that looks like cancer you gotta say what degree what's the risk here what stage is it is a really a pre cancer or is this something more advanced and potentially spread and then you take action accordingly but not let's back up.

So breast X-rays, and I keep emphasizing breast x-ray instead of just saying mammograms, because mammagrams is like, oh yeah, I'm going to get a mammograph.

We're xraying your breast. And we already know that radiation is one of the things that creates those double strand breaks in DNA, which is something that is, it's a carcinogen.

It's something induces cancer cell formation. Is the amount in a breast X-ray or several breast x-rays, is that enough? Not normally, but women are going every year or two and having this done and a certain percent of the women.

Are particularly radio sensitive. So, I mean. Even if it even i mean the plus side is minimal and the downside is

significant okay not a good idea. So what is a great idea is the concept of monitoring breast health and catching some abnormalities early on.

It makes a lot of sense because the earlier you find something you know the stock early we catch something on in the degenerative process. Easier and the more predictable it is that it can be stopped and reversed and turned around the body doing that, of course, but with our guidance and assistance of what are the things that nurtured health and healing?

What are things in sabotage? So we guide people. The body can do that. But so what is the way? How can there is no one technology. Even if you hear about CT scans and PET scans, even those aren't 100% accurate, right?

So the way that cancer is diagnosed, really, biopsies are not 100 percent accurate. I really dove into prostate cancer before breast cancer, and I found these studies showing that When they puncture and they take 12 samples of prostate cells out and then look at them, 60% of the time it's accurate, 40% percent of time their assessment is incorrect.

The point is you've got to combine several ways of monitoring breast health to get a sense about what your risk is. So one is a breast self-exam. There's things that you check.

And then, and I made a brush self-exam cheat sheet, right. What are you looking for? What does it mean? what do you do if you find this? And if find something, the thing that's really the most important thing on my cheat-sheet is that nine out of 10 times it's not cancer.

So don't worry, but don' ignore it. Then you check it in a month. Something looks questionable. Okay. You follow up on it? So you have a breast selfie and you don't overdo it.

This is a once a month thing. Then you layer onto that a Breast Thermogram. So a thermo heat, thermogram is, it's a, all I do is the woman just bears her breasts in front of a camera that is detecting heat.

Because where there's cancer, there is increased blood. Cancer needs lots of nourishment. It increases vascularity. There's more blood flow, more heat.

And breast mammograms actually can pick up the worst types of breast cancer. The most aggressive forms. earlier than any other modality, so it's a beautiful thing.

But there's lot of things that increase the vascularity and heat that show up on a breast thermogram. So you can't just diagnose off of breast-thermogram, but let's say you find something on breast self-exam, you do a press thermograph, it showing a hot spot there.

It's not showing it on the other side. Now you go and get a pressed ultrasound, It also has a questionable something of winning in that area. Okay, now we got something that's worthy of looking in a little further, and we can do that with a breast MRI.

And there's even blood tests that can be done, like a gallery blood test, checking cell-free DNA from cancer cells. By the way, the breast ultrasound It has a lot to do with the practitioner that's actually doing the ultrasound.

That's why you can't just count on a breast ultrasound either. I do want to mention though that there's another type of breast sound that is so much more diagnostic.

It's called a QT. a breast ultrasound, but there's only a few sites, there are more and more sites that are popping up around the country. But anyway, you see how you combine this information?

You find something, and you don't panic. You correlate it with other information. Then you take this to a doctor like yourself and say, this is what we found.

Now you order an MRI. And then if the MRI is looking suspicious, okay, now maybe we do a biopsy. and we find out what is this. Is this just a stage zero DCIS pre-cancer type thing?

Is it more advanced? Because you have to know, because that also tells you what action do you need to take. You need to be aggressive or can you still be conservative, right?

So that whole monitoring is really, there isn't one way you combine these. You do it the right way. And then if you find something, you correlate it with an MRI and ideally do that without a contrast agent, because those affect your kidneys and brain.

But if have to one time you could. And now, you know, if it's worthy to actually puncture and go into the breast, because biopsies, even with needle biopsy, they're still, your puncturing into breast tissue.

And if there is cancer and the body has walled it off, You're blocking through that capsule, that protective capsule. So you don't want to just jump into bioptics unless you definitely have high suspicion that there's a problem there.

That's kind of how you put that together there as far as monitoring breast. When should someone start monitoring? Yeah, so let's take a sidestep on that and first answer the question.

What is your risk? Now there's online breast cancer risk calculators. There's one called the Gale model, there's the Tyler Cusick model. And I, at one point I was using these and then when I really investigated them, I found out that, you know what, they are just, it doesn't work.

They're not nuanced enough, They are not individualized enough. they ask a lot of information, but it does not take into account certain things that can really affect what their risk calculation comes out to be.

and their calculations come out be like 38.75%. Anyway, the bottom line is, those calculators, I don't think they're reliable. I think, they can give you a false sense of security or a fall sense risk.

So, what I did is I made my own way to estimate breast cancer risk, and I said, What are all the factors that the research shows that lowers your risk?

eating a clean diet, avoiding toxic exposure, exercising, socializing, contribution, getting good restorative rest, all the things that support fundamentally health and wellbeing.

And maybe you stayed away from hormone replacement therapy, you know, the synthetic progestins and unopposed estrogen, that kind of stuff. You haven't done any of that.

Maybe you avoided the birth control pill, which again, a lot of the stuff tends to push in the wrong direction. I've monitored a lot of women that came to me after they had breast cancer.

And a of them started with breast-cancer pills and unopposed and synthetic progestins and estrogen. Anyway, so you look at all those factors and you say, okay, those are the ones that say you're at low risk.

Now we look a high risk, high-risk means A, you've previously been diagnosed with a breast You have two first level relatives, mother, sister, daughter, two of them with a diagnosis of breast cancer, right?

Or the third thing that definitely puts you in high risk is you have a BRCA1 or two, breast, cancer. BR, BR is breast. CA is cancer breast-cancer one.

You have these genes. Everyone has the genes, it's a little misnomer. It's the genetic mutation that interferes with the ability of these tumor, these are tumor suppressor and DNA repair genes so these two of multiple repair gene, they're key genes that the genes program for proteins that then protect and repair and help prevent cancer cells from forming.

So if you have a genetic mutation, they don't function as well, so they do not protect the breast as they well. They do protect these cells as, well but there's other ways.

That's not the only genes that influence your body's ability to repair or protect your DNA so you don' develop breast cancer cell. But that's not mentioned.

But anyway, nonetheless, you definitely have a higher risk if those breast cancer protective proteins are not being made efficiently. Okay, so if you have one of those three things, a relative or previous diagnosis or a BRCA1 or 2 gene, if have you're high risk.

If you look like what I described initially, you eat really cleanly, really you're healthy by all, and you live healthy, unprocessed foods is minimal in your diet.

You, I mean, Really to determine this would require some kind of a assessment by a functional medicine doc like yourself. If that's kind what you looked like your low risk, that what's you like, your high risk.

And if you are neither, then I just say your average risk Now, once the woman identifies themselves as low, average, or high risk, then it goes to, okay, so at what age do you begin doing this, and how often do do it?

Well, if you're at high-risk, you start doing it at 30 or 35, all of these things. even 30 probably, but okay. You could be high risk and eating really cleanly, right?

But again, look, these tests, the breast thermogram, ultrasound, a breast self-exam, this things are harmless, measuring the sound waves and heat radiation and checking your own breast, is a harmless.

So if you started a little earlier than you need to, no problem. If you're high risk, you check in it every year. If your find something that's suspicious, your checking it once, two or three times a year, maybe recheck it in four or six months.

And if you're low risk, maybe you are starting at 45 or 50. Maybe you only check in the thermogram and the ultrasound maybe every couple of years, right?

You're doing the self-breast exam, the breast self exam. You are doing that every month. If you find something, then you jump in and you check those other two things, even if your not scheduled and due.

Otherwise you do that ever couple years. So how often you'd do it and when you start depends on your risk. And that's kind of how you assess your risk.

You can always err on the side of caution and do it a little more frequently because they're harmless. I like that you mentioned the use of synthetic, well, let's say hormones that are not native to our biology once upon a time or unopposed estrogen, even birth control, for example, the root of administration in our young adults.

I mean, it's rare that we have the full explanation how it increases the risk of blood clots, cardiovascular factors. stroke, osteoporosis, breast cancer, ovarian cancer or liver cancer.

It's unfortunate that in our modern age, even in terms of prevention, as you said, the tools that we're using are often enough doing more harm than good.

And so we see that now, but yet so many physicians continue to practice outdated medicine. And there's likely incentive behind that and the discussion today isn't to maybe go down that conversation necessarily, but ultimately it's to assess.

Okay. Where do we start? What can we do? And ultimately this is not a death sentence, right? As you said from the beginning, it there is. A lot of fear associated with this word, because in some respects it is not only becoming so ubiquitous, but ultimately very fatal.

You mentioned prostate cancer. What is it estimated that one in two men above the age of 65 with prostate? Cancer? I mean, this is. This is remarkable.

And then there's again, that's a whole nother company. It's very similar to very parallel conversation that both. hormone-sensitive tissues and in fact estrogen out of control out-of-balance in the male body, which can happen from over-aromatization of testosterone into estrogen, so people will have too much body fat.

now they're producing too much estrogen estrogen activation on the estrogen receptors on prostate is actually greater length to prostate cancer proliferation than even testosterone that's another conversation the point is that.

Very similar, a lot of fear. And again, we're not throwing anyone under the bus, right? I believe that the majority of doctors, they've been trained, They went into this for the right reasons.

They're doing the best they can. they're working off the knowledge that they'd been taught and the associations that their members of. and unfortunately, The educational system of which they arose and that is perpetuated through their conferences, which are oftentimes, you know, supported and promoted by drug companies.

But the bottom line is, is they just don't have access to the information. That we do, that we were trained in, in that, and they don't take the time.

They're so busy, they have their eight minute visits and the have to produce, their work in a hospital. I mean, I, can't, could never do what they do under that pressure and working in the hospital, how does that even work?

But anyway, you got to have all this equipment to take care of everything, but then how do you pay for it? Okay. The bottom line is, is they're doing the best they can, But they didn't know The reason there's so much fear around cancer because first of all, doctors say it's never cured.

They say at best it is in remission. Why? And that's right because they have done the treatments, chemotherapy, surgery, radiation, immunologics, biologic therapy.

All of those, they don't address the underlying causes. All they do is to help cut out some, kill the cells, and try and manipulate the physiology to minimize it.

And then when they can't detect it, they say it's a remission. Unless you're addressing the underlying causes, which is right, that's Dr. Bland, the father of functional medicine, is about finding the underlined causes and addressing them, going upstream.

Same thing with breast cancer. If what's propagated out there is a concept that Cancer kills a lot of people. And if we do this incredibly aggressive treatment, you have an increased chance of not dying from it, but at least being in remission.

The flip side of the coin is, we understand a LOT, as you saw in that presentation that I did with the docs. We underline there's like 12 fundamental mechanisms that push people in the direction of cancer, or breast cancer in this case.

And we know what are the things that induces those mechanisms or sabotages the body's ability to keep cancer cells in check. So we just, okay, so what does the research show?

How do you eat? What do take? What do you do? How do live and including how do monitor your breast health and what do if you find something in order to capitalize on the body's natural inherent ability to keep cancer cells in check and to not do things unwittingly that promote the growth and proliferation of cancer cells.

See, that's the problem. The people out there, A, they don't even know that solutions exist to help prevent it. I mean, you referred to something like this earlier.

We can't, no one can prevent anything. That's why I call it breast cancer prevention. And the subtext is how to significantly reduce your risk. And that's what it's about.

How do you significantly reduce your risk? And what if you've had breast cancer? You've gone through whatever treatment that they have and they say, okay, you're clear for now.

Yeah. One of the reasons that they only say that it's in remission is because they know they haven't really addressed the underlying cause. Another reason is they no, it tends to come back.

And one of reasons it comes back is cause the traditional treatments burn, radiate and poison, right? It doesn't affect most of time the cancer stem cells.

So if you can kill 99% of all the breast cancer cells. If you've got the seeds of breast, cancer, cells, stem cells there, those can easily proliferate and recur.

And how about this for something beautiful? The research has shown, and we're privy to, access to compounds and substances that have been shown to actually take down breast-cancer stem-cells.

Woo, how beautiful is that? In fact, since we're on the subject, there are certain compounds, like if we look at the mechanisms that induce breast cancer, There's research for each of those mechanisms, that show certain foods and natural substances and compounds that you can take that help thwart that from happening.

Right? Whether we're just talking generally like inflammation, or if we are talking about oxidative stress and direct damage to the DNA, whatever the mechanism is, it could be something that supports the body's immune system's ability to identify cancer cells and kill them.

Right? Because you could, maybe you're living a way that you are not promoting the formation of many cancer cells, but your immune system is hampered.

It's not very efficiently catching the few that are being formed. And so they're allowed to proliferate. So it's both keeping them in check by not forming a lot and keeping him in checked by optimizing the immunity.

But if you track that back, I mean, it. I'm so glad that I have this opportunity to speak with you today because There's such a gap between, and you know this, this is just as your world too, there's a such gap, between what we know helps create health, thwart breast cancer and that which everyone's walking around being told or even aware of.

I mean, Dr. Beljansky, I mean I could go on and on. There's so many, some research that was done on so may compounds. I have a chart I show my patients when they come in.

And I showed across the top all the different mechanisms by which cancer cells proliferate. And then on the side, I show all the compounds that have been shown to influence that in a positive way, to deter that pathway of cancer cell formation.

And a lot of them cover several pathways. I say my approach to help prevent breast cancer, if you're high risk, is you want to take a combination of these things that cover these pathways, So what I did is I said, okay, we got to keep this simple.

It's got be practical. So I. Okay. What are the most common triggers for breast cancer? Right? So there's things that affect inflammation, oxidative stress and damage to DNA.

There's certainly hormone balance and there's methylation pieces, right? There was about 10 or 12 different fundamental underlying pathways. And then the research showed maybe 10 products, compounds, that positively help prevent those pathways from being activated.

So I said, okay, what does the predominant research say? And let's put that in a packet. I called it breast protect. And I put the most common things in there.

For example. Nutrients like optimizing vitamin D3 and EPA DHA and folate and B12 for methylation pathways. And then there's things like di-indulylmethane, DIM, ECGC, curcumin, silmarin, alpha-lipoic acid, and things, like glucoraphanin and resveratrol.

This is right out of the literature. I mean, it is astounding the information that exists that shows the effectiveness of this. Now, everyone's very different.

Can you just take one of these compounds? No, but if you combine them and you put them together and they cover these pathways and put him in a little packet that, by the way, also helps protect you from other forms of cancer degenerative disease because it's got fundamentally things that support methylation, vitamin D, immunity, omega-3s.

You're so far ahead of the game and if you have the concept that you're using these on top of, it's slowly incrementally making some positive changes in your diet and lifestyle and how you are thinking and taking care of yourself that pushes you away from cancer.

And then you back it up with these breast protect supplements or breast-protect max, if you're high risk, you add the glucoraphanin and the resveratrol.

And even this other formula that was developed by Dr. Beljansky called Lama Bell. You add these pieces in, and you lay it on that, And you monitor your breast health in a very healthy, common sense way, only taking action according to your risk.

And that's the formula. That's how you significantly reduce your risk. there exists a component of risk reduction, right? That's what the conversation needs to echo that you can make a change.

You can take the right steps. Genetics to me play maybe five to 10% at most. I mean, it's important to understand that when most patients are coming to see us, the problem becomes is they're provided a diagnosis which they consider not only deterministic but their destiny.

That's usually when you're practicing reactionary medicine. Not to say that it's a little too late, but as you mentioned, there are very targeted nutraceuticals that make a robust change.

block of broccoli sprouts that upregulates 300 genetic factors with the up regulation of NRF2 cofactors and activators. And so there are very, very specific, and you mentioned DIM.

um egcg a lot of which can is coming from from natural nutrients like i always say is is natural medicine if if uh nature made it it's likely okay if man made stay away so it goes back to just practicing the the foundation if you're looking at um I mean, you mentioned as very tall is another one which inhibits fuel delivery of cancer.

And the problem is the cancer cells cloak them. They're able to kind of cloak the cells, cloak themselves, and then your immune system can't really identify.

For me, there's five hallmark factors of Cancer. I know you mention how earlier on, how healthy cells can become cancerous cells. There's DNA damage, which leaves the oxidative stress component, the compromised DNA repair.

Um, tumor suppressor genes are compromised. Then there's methylation issues and the proto oncogenes and then the immune system is compromised, your cytotoxic T cells and NK cells.

And then there is impaired apoptotic signaling. So your natural killer cells are. Compromised then you have low oxygen. That is the epitome of where we start to heal our patients.

When someone comes up to us, we started the foundation. What is your oxygenation? Layer one, layer two, what is your fuel delivery? How well do you deal with glucose management?

Which can be very, very easily tracked now. Then we look at the gut and the immune function and hormones, but the five hallmarks of cancer to me, it's low oxygen, thus low pH, low nutrients.

high acid, immune suppression and inflammation every single time. When you mentioned prostate cancer as an example, I saw that when you said, you know, unopposed estrogen, proliferative estrogen for OH, which is the DNA damaging upregulation or pathway of estrogen.

I see in terms of prostate, cancer, dysbiosis and estrogen issues every single time. So when you said it's very relative, what's interesting, yes, is the body doesn't make mistakes.

The problem is our epigenetic factor. I know you mentioned the nutraceuticals, which are what you put together is absolutely brilliant. What are the the real causes here of cancer, particularly breast cancer.

The chronic inflammation, the poor estrogen detoxification, insulin resistance, immune system dysregulation, Xenoestrogens. Huge. Yes, that is so, and we're testing for this now largely, so we can see the damage that's being done.

Then lymphatic stagnation, chronic emotional suppression. That's one component that I think you addressed very well. What are those, any other factors that need to be considered?

I know you mentioned the small portion of the genetic component, but the environment and then really kind of, the nutraceuticals in terms of treatment, where else are you navigating that landscape?

Yeah. Well, like you alluded to earlier about all these amazing things that are coming out and of course, The average person can't really filter and determine which is really a good idea and not.

But, you know, a peptide therapy, there's some, if you do it right and you'd do on the right foundation with the correct concept, again, dose it and do everything correctly.

Peptides are a wonderful extra thing to throw in there. Talk about pH, oxygenation. I mean, that's all regulated by your diet and exercise, right? If you exercise you're oxygenating.

I made a chart and I show it to all my patients. And I say, I showed them up at the top, it's diet, exercise sleep, toxicity and stress, the stress by the way, everyone talks stress stress cortisol.

Stress is a huge thing to me is fundamentally where it all starts. Because who doesn't have stress? Unresolved trauma, I mean, we can go on and on, right?

Whether it happened in childhood, as an adult, financial, relationship, career, health, and when that starts happening, When someone's stressed, what do they do?

Do they go out and exercise? Okay, maybe me and you do, but most people, when they're stressed they become more sedentary. They go to foods that are gonna make them feel better in the moment.

So stress and it's gonna disturb their sleep. Fundamentally, When they have unresolved trauma, they are living a lifestyle that's out of balance. When don't have the social connections that were genetically designed to have.

You look at the blue zones. What's common with people that live to be a hundred over on this planet social socialization connection community of some kind of contribution some type of spiritual connection to something bigger and greater.

And then yes no one's eating a refined diet relative processed food and they're not sitting on their couches. But if

you track back, ultimately, it's those five areas.

Are you getting deep restorative sleep? You heal, you repair, detoxify the glymphatic system and the brain. So much is happening there. Everyone thinks you're just not exercising when you sleep.

No, the body is more metabolic. They have so much happening. It's critical and crucial. You talk about glucose and metabolic flexibility and how that glucose, I mean, cancer is a high energy requirement.

Well, if you don't get good sleep, you get insulin resistant, your sugar levels rise, and now it's available for the cancer cells. So getting good asleep, exercising, high intensity, low intensity exercise, fundamental.

And it affects every one of those pathways you mentioned and everyone that I mentioned. And then, of course, diet, you're either given the body fuel and the nourishment it needs from a nutritional standpoint and or from bioflavonoid polyphenol, from these compounds that actually interact with our microbiome in a way that creates substances that help protect us from cancer.

In other words, if we just live. That was a big sentence, right? The more we live aligned with our natural design, the less breast cancer we're going to have.

The million dollar question is, what does it mean to be aligned, to live align with, our national design? And now that there's so much information available online, it used to, you didn't know unless your barber told you, your mother or your friend, maybe you read something in the library, now.

Everyone has bombarded on their phones and their tablets and they're everywhere is information. How can they possibly, and everyone's saying, this is it.

Here's testimonials. how do you know who to believe? This guy went to Harvard, so you should believe him. He didn't study anything related to what he's talking about, but so.

That's the challenge is ultimately diet, exercise, sleep, minimizing toxic exposure and managing stress. None of those things are bad. You just want to like live and eat and breathe and think in a way that is more aligned with how we were built.

And when we exceed our inherent genetic evolutionary capacity, that's when we start developing these degenerative diseases. So to answer your question, it all comes back to those five areas.

And yes, what happens when those become problematic? Yeah, we get the oxidative stress, the inflammation. We get that the dysbiosis and the SIBO and leaky gut, and then we got the food sensitivities and all.

And that's huge, right? Because all that influences the immune system, which affects inflammation that also affects the new systems. You know, We all know that when inflammation is a fundamental hallmark of cancer, why?

One of the reasons is, there's a lot of reasons, but one of reason is because when the immune system is all tied up in inflammation, then its ability to monitor and identify cancer cells, signal the natural killer cells and cytotoxic cells to kill them, it all becomes hampered and reduced, dampened.

It doesn't work as well. So fundamentally, like you said, I always focus on the top and I say there's no reason why we can't measure and see what are some of the key weaknesses in the damn here and let's focus.

And we know everything that's not good for us. Is going to affect the microbiome is going affect our gut health not just because of what we eat. But we're eating too fast.

We're too stressed. You know, we were not turning on the digestive enzymes and the hydrochloric acid. I mean, and then that sets the stage for dysbiosis and SIBO.

And now you affect the immune system, open the door to inflammation and now, you got breast cancer as a, as another potential sequela. So if we look at those intermediate.

what we, those functional medicine intermediate levels, you mentioned them. I mean, I've been talking about, uh, it's autonomic regulation, right? Now, certainly we, we can say stress, the brain, autonomically regulation.

Autonom, The autonomc nervous system has to do with turning on and off things in the body that prepares us to live in a world. So if there's a threat, It turns on the sympathetic nervous systems so we could deal with that.

Otherwise it is in rest and digest and repair mode, but that gets out of balance. There's ways of measuring that heartbeat variability and so forth. So the idea is to look through all of the information that we have learned, all the guidance that exists and tease out what is it in the research and in our clinical experience.

And we got a lot of it. I got 45 years, you got decades as well. What have we seen? We study, we learn what works, what does the research say? we use it in our clinical practice and then we look at the outcomes.

It's like, I look all my active patients right now. I've only had two women ever develop cancer. One developed breast cancer and the other one developed a lymphoma.

Halfway through her treatment, it was gone because she was taking these other things that I was telling her to take to improve the kill cancer stem cells and to help her heal and repair halfway through treatment.

They couldn't find any trace of it. The point is, is that we have to find out what really is it that. is living aligned with our natural design? What is it that really supports and creates health?

And then focus on that and take supplements that make sense. And, then if we want to layer on some treatment, hyperbaric oxygen, amazing, certainly peptide therapies, And then there's things that people can use at home, pulse electromagnetic field therapy, red light therapy and low level laser therapy.

There's so many tools that are harmless and helpful, but I always tell people the foundation is. Get, do what you can to nurture yourself, care for yourself.

Heal yourselves. You don't have to go crazy. Don't need 12 therapists and, you know, a dozen treatments every week, but put some focus on putting yourself as number one.

We're all raised that you shouldn't be selfish. It's like, I think we went too far with that. I think a lot of us are just taking care of the world and not taking of ourselves.

So put a little love back to ourselves, come back fundamentally where it all starts and ends and begins. That influences every aspect of our physiology.

It also influences our dietary choices. We steer them in the right direction, eat more whole unprocessed foods. Doesn't mean you have to go crazy, but you got to know what's whole and un-process, what ultra-process.

Eat more of that, a bit less of it. Exercise. Whatever you're doing, what's the next level up that you can add to that? Again, whatever feels right, and what seems practical.

Minimizing toxic exposure. A lot of that happens through diet, some of it's just in your household, in you kitchen, the plastic, so forth. And then, um, and then sleep, right?

How do you, how do, you support deep restorative healing sleep? It has to do with everything you do from the time you get up and light exposure. So the timing you go to bed, light, exposure, meal timing, temperature.

But if you. The information can seem overwhelming, even what I just recapped can see overwhelming. But if it's organized in a way that says, okay, here's the most important things that we know.

supports health and healing that reduces cancer and breast cancer cell formation and optimizes the body's ability to keep them in check. Okay, this is the foods that do that, these are the food that promote it.

These are things in the environment that promoted it, and these things that don't. Bioidentical hormones, helpful. Hormone replacement that's synthetic and unopposed and progesterone, not so much, right?

So you just, and you don't do everything at once. You pick some area, you start and make some baby steps. you make two changes a month. At the end of the year, You've made 24 healthy changes that pushes you away from breast cancer and all chronic degenerative diseases, as you know.

So yeah, is it helpful? Like I'm going to be giving a lecture. I don' know if you're familiar with the Annie Appleseed Breast Cancer Foundation. Um, but they have this conference every year and they had these speakers.

Anyway, I'm speaking there and my emphasis there is not so much on alternative treatment and support, But on prevention. And, you know, what I, um, when I am trying to emphasize is exactly what i'm saying here today is like, there's things that we know.

that can reduce your risk for breast cancer. You pick something, you start out slowly, You add one by one, I made a chart called a home buddy. I'm sure you have something like this or recommended something similar.

It's like people don't, if someone has a partner at home that's doing the same thing they're doing, they got a buddy at Home to support them. But a lot of people Don't.

They're one off. Your spouse isn't doing it, their family's not doing, it may even be against it. So they have a piece of paper and they just jot down what are some of the one or two or three top things that they're trying to implement that.

They haven't been doing. That's going to push them away from breast cancer right at that and every, every other form of cancer and most degenerative diseases.

It's killing nine out of 10 people. You jot two of three of those things down and everyday you check it off. If you did it At the end of a couple of weeks, you say, wow, I nailed that.

I got that, got a routine going. That's a habit now. Let me add one more thing. So you need the roadmap. You gotta know what is it that means to live aligned with your natural design.

And then you gotta have a way to implement it, that is practical. Who's not too busy? Everybody. This is a tool that helps support implementing those changes.

The supplements are really easy. I know if someone's seeing a functional medicine practitioner like yourself, you can customize and personalize. But if somebody doesn't have that testing or they want to just add something to what you're already doing, these breast protect packets and breast-protect max if you are high risk, it's a slam dunk.

Done. Take a packet once a day, maybe twice a days if it is your higher risk. We do two or three things at the end of the month, two months, six months.

And even if you don't have breast cancer, you find a little something here. It's not breast. Maybe it's fibrosophistic disease from hormone imbalance.

If you address the fundamental thing is where all these problems arise. And if they have the advantage of someone like yourself that has the ability to dig below the surface and actually tweak where some of these weaknesses lie and directly influence that through different types of gut repair processes.

or something to modulate inflammation and so forth. Now, even better, you want to throw some things on top of

that, peptides and some of these other therapies, bonus.

But the way I think of it is the intelligent health pyramid that I came up with, that made sense to me. Is fundamentally the base of the period is stress management.

It's your thoughts and your feelings. They affect all aspects of your physiology, your autonomic nervous system, and. Your decisions that you're going to make in diet and exercise and sleep.

Next up is your diet, exercise, sleep and minimizing toxic exposure. Then you supplement on top of those nice healthier ways of living and thinking. And then you can add nutritional and then botanical compounds that support that.

And, then if you want to add in therapies, peptides, red light, PEMF, you know, whatever, hyperbaric oxygen, all those pieces, there's this bonus, we can that on.

How much of that you need to do depends on how far down the degenerative ladder you've fallen, right? The farther you fallen the more help you to push yourself back up.

And the idea of my passion, I've been helping people that have fallen down to the ninth or the 10th rung. And that's a lot of hard work for people. It is very costly and it's not as predictable.

My passion the last five, 10 years of life, which is why I created this breast cancer prevention course where I put all this information together in a step-by-step palatable way is to Prevent people from falling so far.

Keep them, it's so easy to keep you up at the higher rungs, to keeping you in the area that's not so degenerative. It's easier to stay well than to get well.

it is more difficult from a motivation perspective. How many people have you said, okay, you feel no pain, no symptoms, You have no diagnoses. I want you to invest this amount of money to Keep yourself that way.

It's hard. Someone comes in and says, I'm in a lot of pain and I just got diagnosed with breast cancer. I'll do anything you tell me to do. So it's harder to prevent it because it is invisible, but it much easier to treat it after the fact.

And the bonus is, is that the things that you do to prevent breast cancer helps you prevent all cancers, Alzheimer's, dementia, heart attack, strokes, autoimmune disease, diabetes, and all those other nasty things are going on.

So anyway, so to summarize, I put together my research findings from this 18 months dive into the research and my 45 years of clinical experience. And I've put to get these formulas and I said, okay, these, what, this is what the, research says the diet, the exercise, how to do it and how, to implement it in little cheat sheets and summary guides.

It's all there. In this, course that I'd put it together, which I think you're going to be sharing a link so they could learn more about that course if they would like to.

Yeah, I know 10% will definitely discuss that here in a moment and the show notes as well. But you mentioned peptides, obviously the mainstream popularity of peptide.

What peptids have you found beneficial in terms of prevention versus in Yeah, no. So I would defer more to you. I looked at your website and I saw the depth of where you've gotten into peptides.

My experience with peptide is that done right. That they can be very powerful adjunct to everything else I'm talking about. My experience with them has been primarily like a musculoskeletal pain traumatic.

I'll give you an example. on my 88 year old mother, who all of a sudden developed, she's very obese and this is,

you know, terrible knees and no medication because she does everything else I tell her to do.

Um, and she takes all these supplements I'd tell it to take. Uh, but then she, she didn't injure, shouldn't fall. Nothing happened. She's just old and she's, you know, She was hanging in there, But she was not the healthiest specimen.

And all of a sudden her right shoulder got extremely painful to the point where she couldn't pick up her fork. You can't take up your fork, You cant brush your teeth, can brush you hair.

Can't bathe yourself, Can wipe yourself. Game is over. It was her dominant shoulder or dominant hand. She was freaking, she was like, I'm going to have to hire someone full time.

I mean, and I tried my usual things that help anti-inflammatory, you know, curcumin and Boswellia and some homeopathics and so forth. Didn't touch it.

And I said, okay, let's do this. She did the PPC 157 TB 500 and yeah, had a 12 week protocol for her and at eight weeks, She was about back to normal with that shoulder and she was already doing red light therapy, pulse electromagnetic field therapy.

All these other things. And it wasn't until we added these peptides that are, I mean, so that was very cool. Here's another example. This was a combination BPC 157 and KPV.

And so this was more of an immune-directed component. And this person had a spleen. This was a 78-year-old woman. It feels okay, but her spleen kept enlarging.

And her white blood count was tanking. And, uh, you know, that's not a good combination. You know? She went to Moffitt and the cancer centers and they checked and said there's no cancer.

But it wasn't looking good. Again, I tried a lot of the tools in my toolkit to no avail. We added that in. And she went back for ultrasound four months later and it was the first time that her spleen started shrinking back towards normal size and her white blood count was starting to ramp up.

And I know that I'm familiar with other peptides. That's the extent of my experience is really using those areas. I mean, I am very part-time in practice now.

And primarily teaching, writing courses, trying to create things like my breast cancer prevention course. Trying to put one together for process and trying make the people that haven't gotten so bad that they need a lot of these interventions.

Try to get information out there that's science-backed, research-based, understandable, aligned with their natural design, and practical. and doable in a busy world and affordable.

So that's my emphasis. I'm trying to reach those people now. And, uh, and I still see some patients, I only practice in, you know, a day and a half a week.

so I mean, how many people can I see? So, um, but really I definitely am. My passion in my life going forward is about helping people not get down to that level that, that needs a lot of care and a lots of interventions.

No, and what you're doing is nothing short of incredible. And you are making it very, very approachable and very easy to attain success. We over complicate so much, I think.

What you've done is just literally highlighting the foundation, making digestible in terms of the material, but in the terms consumption. Here's the pack, super simple, here's how we can mitigate specific risk factors.

Ultimately, that's, I say it all the time. You got to eat right, sleep right. Move right talk right poop right but yours is just like my period. And you can't overlook the foundation.

The sleep, the stress. I mean stress is really the elephant in the room. So I want to echo everything that you've shared because Um, stress unresolved, uh, which ultimately stresses ubiquitous.

The question is how well we can balance it. And I don't believe in balance, everyone priorities, but ultimately how we react to it, how will we handle it?

Right? So that itself will, will drive cancer in many examples. I mean, estrogen uncoupling, and then you have the glucuronidation, Yeah. And now BPC becomes super relevant, super fast.

So yeah, we go very deep in the peptide playground, but yes, it's very personalized. It's, very contextual too. Um, and when you were talking about nutrition as an example, cause that's the biggest question is, okay, what do I eat?

Right. Or say in terms of, of cancer, uh, there's certain things we know that fuel cancer growth, obviously most notably sugar. looking at dairy, or the overconsumption of dairy in the United States, and yet how dairy has evolved over time.

I know a Harvard study with the consumption of cow's milk with recombinant bovine growth hormone, which is developed by Monsanto, surprise surprise, related to a 700% increase in breast cancer.

Yeah, how about the China study by Colin Campbell? The largest study in history of mankind, China, they've got a lot of people over there. And when it was all said and done, now you can't really go by his conclusion because it, was like the research study.

The conclusion doesn't necessarily match the data. But when I look at what his data showed from that China study, he grouped in, and he said, you got to be vegetarian.

You know, can eat anything from an animal. but if you actually look, at the, data was the milk. Was the dairy wasn't animal protein per se. It was the milk and, and not even, I'm not talking, they don't have recombinant bovine growth hormone out there.

We're just talking about, uh, a casein molecule that's made for a thousand pound cow and that for, you know, 150, 200 pound human being. And then the immune system doesn't like it, and you can even react to one of the five whey proteins.

And there's more. Forget about lactose intolerance even. But yeah, you're right. All those pieces come into play. You talk about those functional medicines.

those pathways that we're always investigating and looking at and say, yes, the further down the degenerative pathway you've fallen, and the more you have to dive in directly there and modulate those and improve those.

But if you haven't fallen too far down, well, you just need to pay attention to where it all starts because that's what affects all of those path ways.

So if, if if your talking just from prevention and you're handling the five fundamentals that you talked about, same as me, By the way, do you know Dr.

Bob Rukowski? He is absolutely brilliant. I have him on the podcast as well. You'll have to… He's one of my guys. He was one my early mentors. And he's the one that came up with Eat Right and I heard Eat, Right, Poop Right.

Yeah, I shortened his version for sure. But it's all good. It's, it all the same thing. Fundamentally you're there. And if you stay there, and again, I'm talking about perfection.

Talking about the predominant thinking. I mean, people are going to wobble. They're going have times when they're having trouble. People are gonna die.

people gonna get sick. Hurricanes are, gonna rip your roof off. Stuff's gonna happen guaranteed. The more, the healthier you are the more that you applying things that live with our natural design.

The more resilient we'll be and the more quicker we will be able to bounce back and less damage, permanent damage it will have. Always focusing on that foundation is fundamental and then we have to dig into some of the underlying mechanisms and we can throw things in to help support that like peptides and so forth.

You can't ignore, again I've had several people say, your philosophy is too basic. Well, I'm just going by Mother Nature. So maybe Mother nature's a little too basic, but that's where I traced it all back to.

And you did too. That's, where it starts. Now, again, the further down the degenerative pathway you've fallen, more we got to dig in and support whatever therapies we add.

Usually it's more than one. Yeah, that the concept. We got make this You know, the stress piece is huge. That's why I said it's the foundation of the pyramid.

It's how do you improve resilience? How do manage it? What are things that shift your physiology so it doesn't respond the same? That that's a huge topic and there's so many tools we have at our disposal.

Just pace breathing, deep breathing shifts the autonomic balance. So, but if you fundamentally work on those pathways, And like I said, that's the start of every program.

And then you add more according to your need. That's my whole philosophy with this whole breast cancer monitoring. The higher the risk, the more you need to do.

If the monitoring shows some risk you got to, do some more tests. You drive, grab an MRI that shows a problem. Now you gotta dig in. if you do a biopsy and it only shows the stage zero or a pre-cancer, you don't have to lop off your breast.

Even if your have a BRCA1, guess what? BRC A1. This breast cancer gene or gene mutation, like I talked about earlier, it definitely increases your risk for breast cancers.

Guess what? There's a significant percentage of people that are BRCA1 that don't get breast How does that happen? It's because they have other genes and other aspects that are compensating.

Maybe they're not activating their proto-oncogenes. There are tumor suppressor genes, the other ones that activated, P53 and so forth. But if you trace it all back, It comes back to the thoughts you think and the things you do, decisions you make day in and day out.

And that's why I said, okay, the only way this is going to translate into changing people's lives and reducing their breast cancer risk. So breast, cancer becomes the 15th most common cancer in women instead of the most, aside from lung cancer from smokers is by implementing these things.

Like you said, it's got to be consumable. It's gotta be practical. So that's what I attempted to do on this course. I think it came out pretty well. Yes, we're definitely excited to highlight.

When you first presented it on it, I was super eager to get you on the show to dispel a lot of this Oh man, this I won't even say outdated philosophy in terms of prevention and treatment.

I want to definitely instill hope and I mean you're a pioneer in that regard in order to again make this very accessible and approachable and easy to prevent in some respects.

In terms of Rukowski's example, almost 10 years ago, he said, Daniel, assume that everyone is xenotoxic until proven otherwise. Looking at this last component of xenoestrogens, I presume so much of the nutraceuticals that you have integrated in here speak to alleviating that burden or helping with detoxification.

Yeah. So let me tell you specifically, I'll just refer to my chart that I made. I, made a chart in order to figure it out. And then I said, wait a minute, and I should probably share this as part of the course now.

It's like, how did I come up with this? Here it is. so if we look at, sex hormone imbalance, cause that's, we can think of Xenoestrogens. Okay. They're both affecting, hormone balance and estrogen balance, right?

They are over ramping up the estrogen side of equation. And they do it differently than the estrogen that our body makes on top of that. So if we look at what I've got in the breast protect.

the, that affects sex hormone, the sex-hormone balance component to compensate for xenoestrogen exposure, which all we could do, we can only minimize toxic exposure.

You can't avoid it. Even organic food has overspray and all, all it can do is do our best to minimize and we still got to take action to support detoxification.

So I included things that support the toxification, so in here, um, The EGCG, the DIM, methylation factors, NAC, and particularly the resveratrol, a lot of research showing the metabolism of estrogen.

We talked about the 4-hydroxyestrogen metabolism and methoxy, right? So you've got to methylate your hydroxies to methyl hydroxy. So anyway, so those are some of the things that if we look at from a Xenoestrogen standpoint, from toxic standpoint EGCG has some great influence on detoxification pathways in the liver.

In fact, everything in my formula either affects and reduces DNA damage either directly by supporting liver function or by helping to protect the DNA through either tumor suppressor genes or proper apoptotic signaling and so forth.

Anyway, if you go to, I wish I had this chart that you could flash up here. You got to take a look at this doc. If you go to, I'll email you. It's where my breast protect formula is available.

shop.intelligenthealthnow.com. And you to my Breast Protect, pull up a chart. I don't know if you could see it here. But I've got everything, you know, all the pieces.

So you got all of the different aspects of sex hormone balance, high cortisol and stress hormones, inflammation that's affecting immune balance. Gut alteration that affects dysplasis, DNA damage from toxicity and methylation and nutrient insufficiencies.

All of these things. our triggers for breast cancer. And I said, okay, what does the research show? What does what? Which does it the most? And what formula and how much do we got to put in there that's consistent with the resource?

Because this window dressing thing, you know, it kills me when people, I heard this is good for you and this has it. It's like, yeah, but it has about one tenth what you need.

Doesn't do anything. But people don't know. That's what we're here to educate. Yeah, so when we think about xenoestrogens, first of all, there's avoiding it, minimizing exposure, and then there are probably six, eight things in here that, through one mechanism of another, help with detoxification or minimizing the damage of xenaestrogen.

That's brilliant. And again, what I really want to applaud is no detail has been overlooked. Everything that you have said today just reinforces that.

You're doing things at the highest level. I almost want to say ensuring success. That's why you said, you know, historically over how many years you've practiced the outcomes, the efficacy in terms of your patient population is nothing short of remarkable.

And the message that needs to be echoed is that we can heal when we're presented with the right tools and we make the changes and uphold the environment.

But sometimes we just have to stop to think because We don't longer live in congruence with our evolutionary biology. It's like, are you telling me that our fast food convenience based lifestyle is not helping me be more performance driven yet more sick?

Right. Some of my patients who are the wealthiest among us, I mean, have had, were referred to me because they had cancer. Right? That's the problem, right?

Is we prioritize kind of everything else and we don't stop to think, okay, is this actually congruent with our evolutionary biology? And often or not, the answer is no.

And you said stress is kind the biggest problem. Look at sleep, just look at sleet debt, yeah? How we are insulin resistant in the following days where there's more glucose, there is more cancer fuel.

No surprise. They all feed forward. Yeah, you don't get a good. Okay, let's say you're stressed about something and you. Don't have the tools you, don' know, or you aren't using them.

So now you got cortisol and the whole autonomic response, sympathetics are driving. so now your brain's not really detoxing and. and you're getting a hole punctured in your intestinal lining.

It upregulates your immune system inflammation. Now you go to bed because you are stressed. You don't sleep well. Your brain is not dumping. So now you increase your risk of Alzheimer's and beta amyloid plaques through an inflammatory process.

I mean, the whole thing circles forward and then you wake up, you get tired because didn't you sleep. Well, so it's like, I'm skipping my workout today.

So now you got stress driving your physiology toward breast cancer. You didn't sleep well, it drives you toward the breast. Cancer. you don't exercise drive.

And then you go, and when you, when, you. Sleep and you're, in your insulin resistant and. The decisions you are going to make to eat is, is your fast food quick.

It's exactly ultra processed food, which. Our companies and our scientists have figured out how to flavor them. and have them look and appear to fool our senses and our physiology so that we just keep eating them.

Fructose, we don't have a mechanism that says we've had enough sugar. Fructose bypasses the mechanism, that turns that off like glucose. I mean, it goes on and on.

It's all about this biochemist would work for a company about how they made all these additives that flavor food in a way that make it addictive. The book, it's stacked against us.

What we got going for us is mother nature. There is a way to live aligned with that and to transition more and baby steps in that direction. And that's all we gotta do.

That's what we can hope for. One of the things that maybe we'll end with this is I said this once, God, 15, 20 years ago to a patient. I say, oh, I gotta write this down.

You know, those things come out. Oh, that was a good one. If you give your body more of what it wants, and less of it doesn't, you'll get more what you want, less what Last two questions.

I want to underscore the nutrition piece though. Yeah. Is there anything that people are doing wrongfully maybe that they think they're doing right? Like in terms of fueling cancer growth, any suggestions in term of fasting or any specific adherence to nutrition?

Yeah, fasting is a good one. First of all, there's time restricted feeding. So for sure, the evidence shows that if you

can go somewhere between 12 and 16 hours without eating, and ideally, you don't want to eat too close to bed because the body, it wants to focus in transition to sleep physiology and healing and repair, detoxification.

You got a full stomach. It's got to shuttle some of those resources to digest. Okay. So if you try not to eat a few hours before bed and then go 12 to 16 hours, and again, that will vary according to your metabolic type.

It depends. Like I went and did some genetic testing on me. Did you ever hear about three by four genetics? That's what we've used for several years now with our patients.

We're on the same page. I love it. It makes so much sense. Look, you could dig in and you can say, oh, your homozygous for MTHFR. You know what? I talked to Helen Messier.

And she PhD in genetics. She worked as a medical director at the Longevity Institute where they map the human genome. Okay, she knows a little bit about genetics, would you say?

She gave a lecture when it was all done, I went up there, and I said, based on what I heard you said it sounds like We can't really depend too much even on some of these.

I always thought, okay, it's heterozygous, but if you got a homozygosin for something like MTHFR, you're not going to methylate well. We got to really pay attention to these homosigous snips and we have to accommodate them.

I'm not saying we never should, but the importance of them, she looked at me and I said, so based on what you said though, there's other aspects of the genome that compensate for other weaknesses, like if you have a homozygous SNP and you're not making a methylated folate so well, that there are other aspect of a genome.

Maybe it's upregulating the choline pathway, Anyway, whatever the details might be. And I said, awesome. She goes, that's right. I say, so she spends, when she does a workup on a patient, she tells me she spent about six to eight hours to go over all the test results.

I felt better. I only go about three to four hours, six to eight. Okay, someone's worse than me. And I said, okay, so where does your genetic testing, you know, checking all your SNPs and all that stuff, where is that fall into this?

She goes, I always do genetic as a last resort. Now, that said, what three by four genetics did makes a lot of sense. They're looking at the primary things that are all pointing in the same direction that affecting a similar pathway.

And they say, these are things you probably might want to accommodate. So for one of me, I need to have higher, higher levels of vitamin D because I got a VDR receptor that's not as uh, uh as, as receptors, right?

It's, it's down regulated. So I need higher levels of item D to get the same stimulation of that receptor. There's genetic pieces that, that are helpful in that regard.

But anyway, um, the nutrition and what was the other piece? Nutrition and. No, ultimately. So I was wanting to understand. We mentioned about the fasting in terms of nutrition, anything to.

Right. And then, and that's what I learned in my three by four that it would be better if I kept it like 12 to 14 hours. I would do better. If I didn't go so long as even 16 hours, okay.

Look, I'm not going to go crazy. If I go 16 hours, am I going go, oh my God, look what I did to myself. But the point is, is the time restricted feeding makes a lot of sense.

That's got to be universal. It makes sense from an evolutionary standpoint. I mean, come on, when was food available? Were there refrigerators and 24 hours 7-elevens always?

So, and what would you want to eat in that period of time anyway that's good for you? I mean, no one's late at night going, I feel like a nice salad, right?

Okay. So time-restricted feeding. Then there's fasting. Now we all know the upside of fasting, What is activating and not activating that helps with mitochondrial biogenesis and so many good things.

The downside, right, is it tends to depend on how long you go and if it's just water that you're metabolizing some muscle tissue, get some catabolic Now it might be worth it, right?

When you look at it. I like the Prolon, I liked the, the prolon fasting, fasting mimicking diet where you're eating about six, 700 calories, but they know which ones the timing, how much and what macronutrient ratio you can eat that you don't activate the pathways that would take you out of a fasting state.

So you get the benefits of fasting but you know, metabolize muscle. And I ran that I've done it probably 14 times on me. Over several years, a couple of years.

And, and I, I would do it. While I was doing it, even though they said don't go to the gym, you know, don, do certain things. I went to a gym. How does it affect what weights I can use and how does that affect my muscle mass the week after?

And I didn't have any loss of strength. And when I did my bio and penis analysis, I didn't lose any muscle mass. So, and I saw my phase angle improve, my intracellular water improved.

I like the Pro-1, the concept. Does that mean that you can't do a two or a three day fast? You know, a lot of the benefits of fasting, some of them don't happen until five days.

four days, five days. But then at that point, you're catabolizing muscle. And then who can function and still go to work? My sister's a teacher. He stands on her feet all day.

She did the prolon while she still went to. So fasting is a good concept. It was, evolutionarily, we didn't always have food. The overnight piece makes good the time restricted feeding and then going periods of time and fasting for, I used to, when I went through school, I had dinner Tuesday and breakfast Thursday morning.

And then Thursday was usually, I got up at 5.30, did Kundalini Yoga and then went back to my buddy's apartment. We made a garlic onion. garlic, onion, ginger.

We made this. No one liked to sit next to us once we got the class, but we were awake at eight o'clock. Anyway, so the fasting piece is good. The downside is compliance.

Can you actually do it long enough? And what about the downside? So is there anything wrong with doing a 24-hour or skipping a day? I think that's a good thing.

I some of your metabolic pathways and receptors and some your thinking and your dependence on food and maybe you rest a little more, you think a bit more about what your body needs because you can't just cover it up with food.

So I like the one day fast. Prolonged fast is okay once in a while. You might lose some muscle mass, but it might be in positive column overall. But the time restricted feeding is a no-brainer.

If you do that most days of the week. Yes, a cliffhanger for our viewers who will have to stay tuned because right before this episode, I had Renee Fittanon from Prolon speaking exactly on the topic of fasting mimicking diet earlier this morning.

And it was very enlightening. I completely echo your sentiment. We share the same identical philosophy in terms of living in congruent with our evolutionary biology.

we always live through feast, famine cycles. Food was never prevalent. So we're just setting up our our homes, our modern environments for failure. Ultimately, in the day when we were we kind of feasting all the time, especially at

times late at night when the brain is very metabolically hungry and that's primary fuel sources, glucose.

And we talked about Daryl Irani reaching for that ice cream. Obviously, that to our own detriment. But this has certainly been Very enlightening. I see we're doing a lot of the same stuff too.

The 3×4, interestingly, so the Neutrogenomic test, we are doing that with almost all our patients because it allows us to plug every single hole in your biology, right?

So much like you, the BDR receptor, learning about that or MTHFR, obviously those are small components but very relevant in terms of literally how I call it is plugging any sort of holes in the biology so now you can practice Precision based care where you have now the exact blueprint for success where do you want to be mindful in terms of.

Any sort of predispositions risk factors on the now you can mitigate and so that's exactly what you're doing. in terms of the program that that you have created.

This has been an incredibly wonderful discussion today. I appreciate the clarity you bring, the science, evidence and again, how very just easily approachable it is and how mindful.

Like I said, you're really covering all the details. So I encourage everyone to check out your course, your very simple packets. Where can listeners learn more, purchase, find you, reach out?

Well, they could find the packets, the Breast Protect packets and the breast protect max at shop.intelligenthealthnow.com. And if they go there and they click on Breasts Protect, You'll see that the first thing I say is if you really want to get the maximum benefit from this, you want follow the diet and lifestyle guidance that buddies up with this.

And there's a link right to the information page to sign up for the course right there. So that's probably a way that now if someone just gets on Breast Protect or Breasts Protect Max.

They're ahead of the game. But again, you know, the more you live aligned with your natural design, The more breast cancer risk reduction you're going to have.

Um, but you, know some people, and I've had people come, they sit down and say, no, I'm not into supplements. And I say okay, uh, But I'll do the diet and lifestyle.

I do whatever you say. Right. Other people coming and saying, look, i have trouble. i don't know if I can go to bed any earlier than one in the morning.

I think I'm a night owl, and yeah, I snack, but I'll take whatever supplements you tell me. So look, you start whatever works for you, right? So if it's a dietary step, a sleep step and exercise step.

Minimizing your exposure to Xenoestrogens and all that junk in the environment, or if its just getting on breast protect or something like that, an easy packet.

Just you start somewhere, then you get some momentum and you just build on that. So yeah, shop.intelligenthealthnow.com. Then you click on my formulas and there's Breast Protect and Breasts Protect Max, which when you open that up, leads you to the course.

Yeah. And I gave you the link also, you can put in the show notes. I think you are the direct link right to course and how to sign up for that and get more information about it.

Perfect. We'll include everything. Final question. Yes. If you could have one superpower, what would it be? Well, I tell you what it would be. I know what.

It would. Be. That when I share what I. Tends to create health. that people will be mesmerized and just do it. Nike's slogan is so powerful. But again, approaching that with clarity and how concise that you have been, especially in today's episode.

So no surprise there. And again you are a wealth of knowledge. I genuinely appreciate your time today. I encourage everyone to please like, review, and subscribe.

Share this message with someone who needs to hear this. Please, with those that we love. And until next time, stay healthy, Stay wealthy, my friends. Thank you for tuning in to the TBD Fit Podcast on Dr.

Talks, where we unpack all things health and longevity. If you enjoy the show, like, review, and subscribe. This allows us to have a greater reach and help others on their health & wellness journey.