Breast Implant Illness: Biofilm, Toxins, And Chronic Inflammation Transcript

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Podcast intro and episode setup

Breast implant illness is another chronic inflammatory process of which, in this case, a breast implant is playing a role. It's not the only thing playing role, so that's why I don't ever tell people that explant loan is going to solve any problems.

because we're a collection of experiences over time and exposures and limitations and detoxification and how we live and all the things we do, right? So, I mean, it would be simplistic to just say, if we just do this surgery, everybody's gonna be fine.

If it was that easy, and I wish it wasn't easy. It hasn't worked out. Hi, and welcome to the Lime Bites podcast, where we shine a light on the misunderstood science of Lyme and other vector borne diseases, as well as the truths that many still miss.

I'm Dr. Mariah Hinchy, naturopathic physician and fellow of the Medical Academy of Pediatric Special Needs. I specialize in treating chronic Lyme disease, as well as other complex inflammatory conditions.

In this podcast, we break down what's working and what is not. We share the facts that most people miss, challenge outdated thinking, and give both patients and practitioners the tools to heal smarter.

So let's get into it and change the way we heal Lyma. Hi and welcome to another episode. I'm your host, Dr. Maria Hinchey, and today we're going to be talking about rest implant illness.

So in complex chronic illness, particularly Lyme disease, mold illness and other infection driven conditions, Patients often remain stuck in cycles of inflammation despite targeted therapies.

One commonly overlooked driver is the presence of implanted foreign materials, which can perpetuate immune activation, biofilm formation, and toxic burden.

Dr. Robert Whitfield is a board certified plastic surgeon and founder of the SHARP Method, a biologic recovery system integrating surgery, genomics, detoxification, mitochondrial optimization, and regenerative medicine.

He is nationally recognized for his work in breast implant illness and has published the largest series of PCR-tested explant capsules, demonstrating bacterial contamination in nearly 29% of cases.

How breast implants may drive chronic inflammation

With thousands of explants surgeries performed, he is also a pioneer in combining explan surgery with fat transfer to restore natural form without synthetic materials.

Dr. Rob, thank you so much for joining us. Thanks for having me on, I appreciate it. I feel like the Lyme, the Parasite, The Mold, EBV reactivation, all the things end up troubling my patients quite a bit.

So what do you think are the biggest ways that breast implants can contribute to the overall chronic illness picture with systemic inflammation? I think if we just generalize that any device causes inflammation, that's not native to your body.

So our body from the T cell response is always going to recognize what's foreign or what not self. And so I used to do breast reconstruction and before I knew anything about There really wasn't breast implant illness probably in 1996 or to the early 2000s in that kind of nomenclature or terminology.

I always thought that obviously any hip, knee, breast, dental, cardiac, neurologic, whatever device that somebody had to put in to help a patient with that wasn t their own tissue could get infected.

We all knew that. And then there were studies done on particular blood vessel grafts. So things that would replace a blood vessels. They were tubular graft.

and they would become infected. It was very hard to determine what was causing the infection and the concept of biofilm was talked about a lot. And it actually took a study where they vibrated the vascular graft and that was able to release the bacteria off the surface of the graft so that they could figure out that it was something like staph epidermidis, which is a common bacteria associated with biofilm.

Original bio film was like plaque on your teeth. Knowing that, I was taking care of patients with breast cancer reconstructions with implants that had been referred to me because they were having problems with firmness, hardness, which is a capture-contracture.

And one patient in particular, she came to be, it would have been like 2006, and she had redness of her chest intermittently and had pain and some tightness and sometimes difficulty catching her breath.

And she said, you know, is there anything, available now that you can do for me? And back then I was one of the early people providing. what's called DIP free flap reconstruction in the country.

I had trained from 96 to 02 and 02 to 04. And I was now in practice after my microsurgery fellowship in 04 or 05. and I really wanted to do this type of surgery.

So I traveled to Europe and Asia because we weren't necessarily doing a lot of it in United States at that time. And I really pushed and pushed, pushed to start doing that surgery.

And it's basically a technique where you preserve the muscles and the nerves and just take the associated blood vessel with the skin and fat of the lower abdomen that's discarded in the tummy tuck to make a breast rig instruction.

You hook up the blood vessels underneath the sternum like you would use in heart surgery, so I did this for this patient and this redness, this tightness.

All that stuff went away because the tight-ness and the limitation on breathing is more a restriction of the expansion of ribs and weight of device is something that once you remove it is like doing a breast reduction.

So there's multiple things happening, right? You're removing restriction and expansion from taking the scar tissue away. So the chest can expand better.

Then you're taking weight off the chests. Imagine having two Coke cans tied around your neck on a string. Three NR-30CCs is a can of Coke. So put one on each side and tied it around a strain and that's kind of having a set of average size implants.

Now for reconstructive patients, because they've had mastectomies, those implants are always bigger. Normally. If you do all those things and then you replace it with, think of your own tissue.

It's healthy, it's hooked up, and has a blood supply. That's the best of all, right? So now all the foreign materials gone, all those scar tissues gone.

You can breathe easier. The weight is different because your own tissue is not as dense or heavy as saline or silicone, Right? so that's a better natural form of reconstruction.

Plus it's always going to be smaller, not bigger. It can't be the same size. I did that without knowing what I was doing essentially was removing this generator of inflammation.

Now, some people don't deal with that. as well as others, right? So there's genetic differences and detox capability and pathways. And then there is overall toxicity burden that we acquire through life.

In these patients, they were getting more and more treatments. So some of those treatments were platinum-based treatments, some those would be other chemotherapeutic agents and then get potentially radiation.

There's a lot of things that are getting thrown at those patients in addition to where they grew up, where You know, the food they ate, air they breathe, fluids they put into their bodies, things they'd put on their skin.

So all those things matter and all of those affect how that person would, you know cope day to day. Obviously when I removed all that material and just did their reconstruction with their own tissue, that would solve this problem.

So when I have patients come in and they have chronic inflammatory symptoms, I tell them all the same thing. Breast implant illness is another chronic, inflammatory process of which, in this case, a breast implant is playing a role.

It's not the only thing playing role, so that's why I don't ever tell people that explant loan is going to solve any problems.

Biofilm, capsule removal, and explant surgery

because we're a collection of experiences over time and exposures and limitations and detoxification and how we live and all the things we do, right? So, I mean, it would be simplistic to just say, if we just do this surgery, everybody's going to be fine.

If it was that easy, and I wish it wasn't easy. It hasn't worked out like that. So there's typically some other type of infection that is underlying and causing more maybe immune dysregulation.

And that's why a particular person would be reacting to the implant versus somebody else. Are you ready to revolutionize your approach to diagnosing and healing complex chronic inflammatory illnesses in both adults and children?

The Lime Bites Symposium is your gateway to cutting-edge education, groundbreaking research, and innovative therapeutic solutions. Join us at LIME BITES SYMPOSIUM.

at the Fort Lauderdale Marriott Pompano Beach Resort and Spa. Lion Bites is the premier functional medicine conference on complex, chronic, infection-driven inflammatory illnesses.

This year's meeting is jam-packed with leading industry experts discussing lung COVID, mycotoxin illness, PANS Pandas, as well as Lyme and other vector-borne diseases.

This conference will arm you with the knowledge, clinical pearls, and practical solutions that you can implement immediately into your practice Monday morning that will literally change your patient's lives and get them on their path to true healing.

So join us at Pompano Beach or virtually from anywhere. Register now at limebites.com. That's L-Y-M-E-B- Y-T- E-S dot com. So we showed that in 694 consecutive ex-plant specimen samples tested with PCR analysis that 29% have bacterial contamination.

What type of bacteria? Staph epidermidis and QD bacterium acnes. Okay. And have you ever looked to see or do you know if your patients also have like some sort of chronic infection?

You know, like Lyme or another vector-borne disease or chronic Epstein-Barr or even like interactions with the spike protein from COVID? So the way we look at it right now is with my program, we looked at their genetics and

we do do a total toxicity burden test with Vibrant.

And we did a gut test. We look at food sensitivities and we look hormones and then basic blood labs. I haven't because it's from a scope standpoint, you know, when people are coming to me, they've already typically either been through the gauntlet or know they have Lyme or, or no something about a chronic disease process.

Those folks are being taken care of differently. Do not get down with the workup for Lyne. Um, I do have something that is a little bit. frustrating for me, which is parasites.

I feel like when I interview someone about Lyme, I can get some pretty straight answers most of the time. When I talk to somebody about parasites, don't feel I get any straight answer because I don' know that anybody has any.

So I rely on history. And so I just was seeing a patient before I hopped on this and she's nine months post-explant, still has gut trouble, acne, doesn't fell well.

Um, that's code four, I have a parasite. And so I just asked her travel history and I say, you know, have you guys been down to Mexico recently? I'm like, yeah, we go all the time.

I was like well, okay. So that the problem, right? Their microbiome is different and can tolerate that. Ours is not, and we cannot. Right? So you can't have Entomoeba histolytica and you cant have hers, which is gosh, fragilis diametis fragillis or something.

I mean, it has to be taken care of, and I don't know. It's not like I can't do it, because obviously I understand, you know, basic things, traveler's diarrhea, entomoeba histolytica, but my use of some of these other antiparasitics is pretty limited in my practice, right?

It is not really something that I've traditionally taken of. I do handle a bunch of upfront antifungal therapy now with intracondazole and cholestyramine.

because I do a lot of simultaneous explants and fat transfers to help patients. And I want a patient who's got a pretty high mycotoxin level to have little to no myotoxins if I can get them in a better position for that.

Then the number of patients who lived around agriculture, grew up around a golf course, were exposed to organophosphates is very high. So I'm constantly dealing with that now.

That's a big problem. But how do you determine if it is actually the implant versus one of these other, you know, whether it's a toxicant, an infection, how you do determine what is the issue?

What are red flags that our listeners should be looking out for? I don't try to determine that. Oh, okay. So your feeling is if they're there and you have a complex chronic illness, they are a piece of the puzzle, then they should come out.

Well, pretty much the patients have self-selected, Dr. Hanchy. So if you've shown up to Austin, Texas to have an ex-plant surgery, you have already determined that that's your course.

I don't ever tell anybody to ex plant. That's not my role. My role is to simply provide the educational information so you can make the best informed decision.

That's a big decision for a woman to make, and I'm not making that for you. Absolutely. So let me rephrase my question. For someone listening who has complex chronic illness, they've looked at all of the other things.

They've look at Lyme, vector-borne disease, mold, toxins, etc. they have addressed it, maybe well, not so well. But they're still suffering and they still have implants.

Are there certain red flags that should suggest to someone, hey, maybe it's my implant that are the driving cause

here? Well, none of the biomarkers outside of research biomARKers are commercially available to tell you if it is biofilm.

There's something called oxylipentinhome that in the research environment has been tested and shown to be elevated in breast implant illness patients, but you can't commercially test for it.

The thing that tells me, honestly, whether or not someone who's going to They're suffering, right? So you got somebody who's really got a lot of symptoms.

They've tried all the things and they finally like give us a call. And usually either virtually or in person, I can get them to give me enough information.

So they'll say, you know, feel bad all of the time. Like my muscles hurt, my joints hurt. It's hard to walk sometimes. Start to get out of bed, all these things.

Now in that select group of patients, many of them have had a trial of steroids. So if they've had a trial of steroid, I'll say, hey, did any of these symptoms get better?

And invariably, they all will say yes. So going back to what I said earlier about removing a implant-based reconstruction and doing a natural or autologous reconstruction.

That would be like doing an organ transplant between genetically identical twins. You don't need drugs. because they have the exact same immune system.

Everything else after that needs a drug. So a non-identical twin would need some form of immunosuppression. And then if I were to give you a kidney or you were giving me a kidneys as a transplant to save our lives, I would need drugs or you would needs drugs.

Those would be steroids and some other immunosuppressants, cyclosporine, azathioprine, whatever that may be. Now, the first kidney transplant was done between genetically identical twins because that's the case.

It's just a technical exercise to establish blood flow and hook up the ureter to drain the kidney into the bladder.

Testing, toxins, and implant-related heavy metals

Similarly, papers out of Denmark last year showed that at the tissue level, people who have capsular contractures or thickening or firmness of the scarring are having more of a organ rejection picture, so they're having increased T cell response, which is the natural thing that we see normally, but they are also having an increased B cell, plasma cell and macrophage response at the tissue level.

And they measure it with RNA. So that means the proteins are being produced that they can measure from those cell types. That's very different. It's the first time that's ever been reported in the history of the world.

But it makes perfect sense, right? I said that if you replace the implant-based reconstruction with tissue that's your own, that should end it. That should stop the signaling.

So this is why I advocate for capsulectomy. It's why it makes sense to me. Because if you leave capsules in that's got bacterial contamination, that a signaler.

If you leaves capsule in, it's gotten debris from the device. That's a signaller. if You have a firmness thickness and you have this up regulation of cell types at the tissue level and You leave the capsule in.

You still have the signal. So that's why when you hear people say that like they either have ex-plant regrets or that they still have some symptoms after ex plant, you should ask them, did they have a complete capsulctomy?

And if anybody listening asks the question of like, why do I advocate for that? Like one, just go back to what I said, all cancer patients I would treat the same way.

A complete Capsulectomy, because you have to send that off to make sure they don't have recurrent cancer. You have to check everything and make sure it's not infected when you take it out.

Those are just basic fundamental principles. So I do the same thing for the cosmetic patients because I already showed that and I have the largest series in the world that 29% have bacterial contamination on PC or testing.

And I think the problem would be easily solved if everybody who had this showed up to the emergency room or their doctor's office with a red swollen breast.

Everybody'd figure it. But because it's not, it in the prodromal phase, for everybody listening, that's the phase before you get the red swollen breast.

It's just, on a slow burn. And so for our listeners that maybe don't know all of the terminology, when we're talking about the capsule, we are not talking the implant.

We are talking of capsule that the body forms around the implants. That's the collagen sac your body makes, so it's scar. And the misperception is that scar is impervious.

It blocks everything. That is not true. Think of it like a screen door, which allows signaling between the breast tissue and anything inside, including the bacteria on the surface of the implant and the plant itself.

Okay. So any debris that comes off of that, your T cell receptors would look at as foreign. Any bacterial biofilm, you body would see that as for foreign and that can oxidize the oleic acid, the fatty acid in the breasts and lead to the production of oxylipentenone.

Okay. So the difference is most standard explant surgeries are just taking out the implant itself. They're not addressing the capsule and this is what is different about what you're doing.

And you are not only removing the capsules but you doing that fat transfer, which is actually now introducing healthy, normally functioning tissue back into that area to basically turn off the immune response in that are where the capsule was.

Am I following you correctly? I know that there are plastic surgeons around the country who are saying that you are advocating not to remove the scar tissue castle because they think it's dangerous.

It's not necessary. And logically, those things are just flawed, right? So taking out scar tissues is not quote unquote dangerous, you're not going to injure anybody.

Saying it is important is being familiar with the literature or understanding the basic immunology I just described. I was going to say how the body works.

I always tell patients the same things. If someone says they're not comfortable as a surgeon doing something, then you should just leave. That's fine.

Just say you're comfortable. Fear monger the patient. Don't scare the patients. It's not hard to do. Just because you can't, don't want to, or don' feel comfortable.

Don't say somebody can have something done just because, you don"t want do it or you know how to do or, and you feel uncomfortable. That's not fair. Like, I don "t do noses anymore.

So what? Right. Doesn't mean someone doesn't wants their nose done or need to have it done. Yeah. If you call my office and ask for your nose to be done, they'd tell you he doesn" t do them anymore?

Right. So tell us what's different about your SHARP method. How does it support patients before and after their surgery? I think fundamentally in 30 years of taking care of patients, The more you can do upfront to take care of the patient and get them in the right situation, the better the outcomes are.

So I don't like reacting to problems. I would prefer my old age to really just have them organized and start crossing them off the list. It's been a lot of time with genetics and have a really good understanding of a genetic archetype of patient that has the most symptoms.

And I have some basic assumptions, like you have a poor vitamin D pathway, BDR, GPX, or just genes. You have poor methylation pathway. Everybody's heard about MTHFR, although I had a patient recently tell me they didn't know what that was.

It's hard to believe. The gluteuronidation pathway is one that I find pretty fascinating because that one handles a lot of burden, I think, from a liver standpoint, and it's probably been underappreciated.

And then the final one is the SOD2 pathway or the antioxidant pathway that handles our oxidative stress burden. So our cells work really hard, build up a lot of free radicals, then it has to be detoxified.

Think of it like you're working out hard and you get really, really sore. Your body's got to recover. Those are fundamentally flawed in my patients. Plus many of them have really poor estrogen metabolism, high levels of estrogen.

So if you have all five of those going on, you are going to be the most likely to have this problem developed. But honestly, if he just took the implants out of the equation, that would really be a pretty good combination problems to give just any chronic illness picture.

So what is your method? I mean, obviously you're prepping them before and what are you doing? The toxicity burden, like most of the patients will have toxins like mycotoxins or organophosphates or heavy metals or something.

Now, I don't try to solve heavy metal burden upfront because I do not know what, if any, is coming from the implant. I try to get a mycotoxin burden diminished.

So we have an antifungal protocol for that. And I recommend they do hyperbaric before that as well, before they get here. We look at a gut test to see who, if we can, has a parasite or another O growth to try and help them.

Try to get their diet organized with a sensitivity test so we can not put them on an elimination diet, which seems very crude, but actually just have them eat according to what currently makes the most sense for them and then check their hormones.

I have a lot of people with testosterone suppression. And we try to help them with some basic guidelines before that. So that's the prep. It can take two weeks, six months, depending on what their logistics are to get here.

And then through those protocols and preparations, they show up the day before we see everybody go through everything. Then I have a ERAS protocol the night before, which is.

a couple of medications to diminish nerve pain, nausea, inflammation. And then the next day, our anesthesia providers do ultrasound guided nerve blocks with local anesthetics to provide anesthesia before they ever get back to the operating room.

Then we provide more when we do it. You mentioned doing simultaneous fat transfer, which I feel should be the way forward for this in the country and around the world.

SHARP method prep and surgical approach

Although I don't want to write another book, I think that's going to have to get written at some point. If you take fat from other places after preparation of the patient properly and looking at their DEXA scan, knowing their BMI, counseling them on diet, sleep, nutrition, all the things, you set them up to have a less, I would say, emotional or psychological change from the appearance.

Because everybody's worried about the parents. That's why you got them typically. Obviously we know that we're trying to do our best all the time, but usually the toughest cases are the low BMI patients.

So low body fat patient, big implant. Never a good combo. So I always tried to help wherever I can to prepare them, get them ready. And if I could do a simultaneous, I feel like that at least gives them the best kind of one time, uh, treat anything after that.

If they want more volume, certainly if they have enough fat over time they can do another fat transfer because that's natural and you can add to it. If someone had skin that needed to be revised over time, most of those things are just done under local in the office.

So it's not the easiest group of things to get done for patients, but still find it very challenging. I try to help this group patients. It hasn't gotten the attention it deserves and certainly has gotten me a lot of grief for providing attention for it.

I'm sure it has anything controversial, anything that isn't relying on drugs and things like that tend to get scrutinized these days. Well, oddly enough, the two major implant companies are owned by pharma companies, just so you're super clear.

Doesn't surprise me at all. I want to talk about what factors determine whether someone would have a successful explant surgery versus those who continue to struggle.

But before you answer that question, are there actual like toxins that are being leached out of these actual implants that our contributing to the overall toxic burden with a patient?

Are you suffering from Lyme disease or another complex chronic illness and aren't sure who to trust when it comes to herbal supplements? Hi, I'm Dr. Mariah Hinchey, founder of LyMe Core Botanicals.

As a naturopathic physician specializing in complex, chronic, infection-driven illnesses like LyME disease, i needed herbal medicine I could truly trust.

That's why I formulated LyMe Core botanicles. where our herbal tinctures are handcrafted in small batches right here in Connecticut. We use the whole herb, never isolates, to preserve the full spectrum of medicinal compounds.

Every single step from sourcing to extraction is done with precision to ensure maximum purity, potency, and consistency. These are the same herbal formulas I used to heal myself and have used for years to help my patients and family members heal too.

And now I'm making them available to practitioners and patients everywhere. Lymecore Botanicals, herbal medicine you can trust from a doctor who lives this work.

Learn more at LymencoreBotanicles.com Yeah. I mean, I got in a lot of trouble for this on a show I did with a patient of mine, Lauren Bostic. So Lauren Boston is my patient and she had a very aggressive sauna regimen.

She had to dry sauna that got to over 200 degrees Fahrenheit. And she would do that for 60 to 90 minutes at a time. And so she would come to me and say, Hey, I think I was just melting my implants.

I felt terrible after those sessions. And on our podcast, we said, yeah, you're probably just melt in your implants, but that got me accused of an ethics violation.

And so the proper scientific terminology is leaching. So think of a plastic water bottle. You overheat the water, bottle the phthalates come out of the plastic, which is a platicizer that make it firm.

Gets in the, water you drink the. Water disrupts your endocrine system. In this setting, you're getting overheated. The shell components, the heavy metals, tin, cadmium, platinum, aluminum, all the things come.

Out into your system, And then you, your body tries to deal with them, right? Your liver's trying to handle them. You're trying excrete them in your urine.

So without any provocative challenge, I think we did her toxicity tests and she had the most heavy metals of any human I've ever taken. Wow. I never would have imagined that there's heavy metals.

And I mean, maybe I'm, you know, I've never really looked into the topic and I know this might sound very naive, but like I'd never ever would've imagined there are heavy metal in breast implant material.

Yeah, tin in particular is a bad actor for your brain. So if you get high levels of tin, then you can have a lot of neurology. Yeah. Well, like an aluminum being like, an adjuvant, right?

That stimulates the immune system and whatnot. Like, I guess just hearing that and understanding that connection to me explains a lot. Yeah, so I mean, and the shit's under trouble for that, which is nice.

I means, but people stop sauna. And then now, you know, when we want to rise out of people, just say some of that. Usually gets a few comments. But nonetheless, I would have been able to answer the question had I never said that on her show, because more and more people just kept doing it and coming in.

But because of that show and her influence, a bunch of people, just stopped in their tracks and that was probably better for them. So I think as a public service announcement, if you feel bad after sauna and you have breast implants, then just don't sauna.

Just be mindful of, that as potential thing that's happening. And if you want some guidance, you know, I can't operate on everybody around the country and around world.

So we have a program that's ran to help patients with implants better understand it. We have testing that can be looked at. I mean, most of these things are not that cryptic.

It's just like trying to answer the question, but you have to ask the questions. Like, is this really a problem if I sauna? And people ask me all the time, like, can I son or not son?

I'm like what do you feel bad after you sauna. And they're like, no, I feel great. Then that's fine. Didn't you just do your thing? Listen to your body.

Yeah. If you feel like trash, that is not good. You should look into that. That's not the goal, right? That is called a Herzenheimer reaction. She was basically giving herself a herzenhammer reaction every time she went in the sauna because she exceeded her level of detox capability and she would just not feel well.

I don't think it's that complex. Right. that. It sounds logical if you just think about it. Right. So for our listeners that have Lyme, mold illness or another complex chronic condition, does this change your approach or do you do anything differently knowing that those infections are there?

Do you want someone to have, as best to their ability, have shrunk those infections, got the immune systems as much back into normal functioning as possible before you do the surgery?

Or is it like no part of the healing journey is getting this piece, you know, the explant piece and calming that down is super important. So it's something that you would actually maybe do in the beginning.

Like how do you approach that? Yeah, I've had it done. I think most successfully, my patients who've gotten their Lyme treated and if you can control it, control that.

Yeah. And then if we've identified a mycotoxin burden, then I feel really strongly that has to be treated upfront with, um, how we discussed an anti-fungal binder, a medical grade binder.

And then I will tell you, and to me, it makes a big difference. The patients I've taken care of personally is hyperbaric up front. Then certainly when I do a fat transfer, I encourage everybody to do hyperbolic for at least a month after.

Recovery, gut issues, and patient outcomes

I have it in my office. I've hyperbaric chamber, a human regenerator, Flo Presso from New Zealand, and we do that with Nano V and then we have a big red light.

So like you're going to get everything at our place, but once you go home, just because of the sheer size of this country, it's very challenging to to everything.

And if you are in a small area, of course it can be harder. But many of the wellness places now are getting like a, at least a horizontal 1.4 atmosphere chamber.

So you can do it. I have a vertical one because I do chest surgery and breast surgery, and I don't want anybody pushing and getting in and out in a way that could disrupt something we took care of.

But I think all those things are important. You know, I want people to be as you know, healthy and feeling as good as possible before end because I am not Harry Potter.

I'm not going to magically make anybody better with surgery. i'm going cause the biggest cortisol burst you've ever had in your life. Right. So on that note, what kind of outcomes do you see in patients after explant surgery and after they've gone through your method?

Yeah, I think the most complex thing is the gut. If you eliminate the got I feel like were high, high high in the he's in nineties of solving problems, but these gut problems and in particular, these parasite problems.

They just linger and they're not easy to take care of. And they make patients really unwell for long periods of time. I just saw this patient is nine months out.

Everything we did from a breast perspective is fine, but still has acne, still is dealing with constipation, has energy level issues, intermittent problems with irritation of the urinary tract.

Like these all to me are rooted in the fact that she's got an untreated parasitic problem and we're going to, you know, Be more aggressive with that. A lot of people want to just, uh, use homeopathy and we, we support that and try to do that with everybody, but this is like persistent and you know, you are how hard it is on a gut test to show a person.

So if you have one, which we have won for this person, now we're going to treat it and see if we can just. Help them start to feel better. I just ask the same questions all the time to everybody.

Like post-op, you know, at a month and three months, I'm like, are you feeling better? Yeah. Overwhelmingly it's yes. With the exception of these gut issues that linger.

And if you ask all of my practitioners that work for me, because we have three full-time detox practitioners, they're all going to say the gut is the hardest thing to solve.

Yeah, So it's not like, did I get the chest or breast part solved or did, I, you know, get fat in the right spots and all the things that, that's, not the thing that causes the problems long term.

It's always gut things. It's very hard to heal or to take any therapy or do anything if your gut is not functioning properly. And even with everything that I do to help people heal from Lyme and other complex chronic illness, it's all in the gut.

You can't detox if you're gut isn't functioning. We do a lot of very similar tests and treatment modalities. And we should always qualify this. I don't do more surgery on people with gut trouble.

In fact, I pause, a delay. If you have a bad tox profile, invariably that's leading to liver and gut dysfunction. So you're going to get delayed on what you can do.

Anyway, i'll have those patients ask for more elaborate procedures, but I won't. I'll just say, hey, we can do this ex-plant for you or ex plant lift, pretty much very similar recoveries.

And then all that hard work with the gut and the liver and everything has to be done. It may take six months, it may a year. I don't know. Everybody's very different.

And depending on what they got into in their life, I mean, it's going to take a while to unwrap. So what would you say to patients that suspect their implants are making them sick, but they're dismissed when they bring it up to their physicians?

What sort of resources do you have that could help them or what Would you to them? Yeah, I feel like, you know, we've, You used to be able to type in breast implants and I would be the top of the feed for YouTube.

And then I was taken off last summer because they changed their health policy. They stripped my US licensed doctor YouTube badge. And then they took me out of feed.

So I think I used to get on some videos, 6 million views, but now I don't get any basically. But you can go to drrobertwitfield.com, which is my main website.

And I Think we put together the best set of resources for women looking for answers about. breast implant illness as a general condition, how to diagnose, how to treat, How to recover, knowing that this is not some easy diagnosis, right?

I don't sit in an interview and try to diagnosis anybody. I try listen to like historically, what did you get into? Where'd you travel? What are you experiencing?

what have you done that helps? where are in the moment? And then, of course, we have resources for the worst possible things, which are breast implant-associated cancers.

I've given testimony to the FDA hearings about breast-implant illness and breast and plant- associated cancers, that's on there. We have a private community now, so if people just want to ask me questions, I can join it for free and they can ask their questions.

Nobody's going to censor them and nobody's gonna censure me and the community. Can you share what that community is and how patients can find it or people can't find?

Yeah, when you go to the website, drrobertwoodfield.com, it's called join the circle drrobcircle. com. And so, yeah, we created that just people could ask questions and not be worried about, you know, like people don't like me on Facebook or Google.

I don' care. It's fine. So do you have like a monthly event or a quarterly event where people can come on and do live Q and A's or how does your circle work?

Yeah. So currently we go live Tuesdays and Thursdays at 7 PM central and Wednesdays, at 2 PM. Great. So if you're listening and you have questions about breast implant illness, you can come on to Dr.

Rob Circle three different times a week and get your questions answered and see if this might be contributing to your complex chronic illness. Yeah. You can always go and check out any of the videos.

I think the most important thing, Dr. Henche, is patient stories. We have a bunch of patient's stories up that you can listen to them. The patients, basically, they're the reason why we do what we obviously, but their explanations of what they experienced are the important things.

Resources, community, and sleep for healing

Everybody's going to be very different. And I always get asked, have I ever heard of this symptom or that symptom? And the short answer is no, but you know, given enough time, I probably will have.

And when I say that, probably for the most things you can say over this several thousand cases I've done, they really answer the questions and tell you the story.

Like I will get everybody prepared and do the surgery properly and help them recover. I have a great team. None of us can do anything without our teams.

Mine is exceptional in Austin, Texas. And I have patients who have had the surgery on our team. So you're not just talking to people who work for us. They've had this surgery and done the program.

so they're fully invested in helping everybody get from this point to heal. That's great. Is there anything else that you'd like to share with our listeners that it's important that I may have missed asking you?

No, but I will say that people ask me what they can do now. So the things you can start doing now are very, very simple and fundamental is work on your sleep.

The thing I prioritize over everything else is sleep, you only recover when you sleep so I'm very much an advocate for sleep and women are under diagnosed with sleep apnea.

So if you ever wake up gasping or you wakeup super tired or have brain fog and all this stuff, it would be worthwhile. And I use a company called ResMed.

I don't get any money from them, but you can order their test online and get it sent to you and gets tested because women have this higher incidence of Alzheimer's.

The reason I bring it up is I've done surgery for almost 30 years now and fat transfer is really since 2004. Now, I know how to move fat from one area of the body to the next and do all the things.

What I can't do is take you home, make you eat right, makes you sleep right and take care of yourself. If you don't sleep enough, quality depth, and have enough oxygen, your brain can only last four minutes without oxygen.

That means when you're asleep, if you have sleep apnea, every single resource in your body is going to be sacrificed for your brains. Every area, I mean.

So if I put fat in a new position and it's got to heal, or I operate on you in any position it has to heel, your healing is going to be significantly delayed by one, not enough rest or not the oxygen during that period of rest.

Not enough nutrition. So not an enough protein. 100 to 150 grams of protein a day is kind of normal for us in the perioperative period. And then healthy fats, of course, not drinking too much fluid before you go to bed, and then getting off your screens and all the nonsense before we go.

So you only recover when you're asleep. That's the take home. You can start doing actionable things right now. investigate the products and the things you put on your skin and make sure the quality of the thing you've put in your body, the fluid, food, and air are highest you can make.

100%. And this is what I tell my patients all the time as well. So, thank you for being with us. Absolutely. Thanks for having me on. Wonderful. Oh, you have a podcast aswell, correct?

Yeah, we just called it the Dr. Robert Whitfield show now. Okay. So you're on all of the major podcasting platforms, so they also can find you there. Wonderful.

Yeah. Well, thank you so much for joining us. Absolutely. And to all of our listeners at home, thank you for joining us for another episode. We'll see you next time.