# Breast Implant Illness Explained: Why Your Body May Reject Implants with Dr. Robert Whitfield Transcript

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## Introduction to ancestral beauty and breast implant illness

Let me ask you something. Have you ever made a choice in one season of life that just doesn't align with who you are now, whether it's a tattoo, a diet or a cosmetic enhancement?

Sometimes the very things we once believed would improve us end up pulling us further from our health. Welcome back to Everyday Ancestral, the podcast where ancient wisdom meets modern living.

Today's guest is Dr. Robert Whitfield, A board certified plastic surgeon who's leading a much needed conversation around breast implant illness, body autonomy, and the healing power of subtraction.

This episode is about listening to your body, even when the outside world says you're fine. It's about rewriting the modern beauty narrative and choosing ancestral alignment over artificial enhancement.

Because sometimes healing isn't about doing more, it's abut undoing what no longer belongs. You're a friend, but I've never actually gotten to interview you, so this is a real treat.

Thanks for having me on, James. Appreciate it. Yeah. Well, this is actually a surprisingly huge topic lately. Would you agree that it seems almost out of the woodworks, everyone is like, get these out me when we're discussing breast implants.

Well, I feel, you know, a lot of people are making a lotta changes, right? This has been coming about, and there's a gotta momentum now to be healthy.

And there is a emphasis on doing that in a more natural or… holistic way, however you feel about that. And like you said in the introduction, many people make decisions early in life that don't now align with them later in their life.

Many people are trying to set, you know, strong examples for their family. Any of the families have, as I do, a daughter, and they're trying be the, obviously the best role models they can.

I often get asked, If my daughter wanted implants, what would I do about that? Or how would approach that. And so for everybody listening is I don't ever ask a patient to explain.

That's not something that I. I simply explain the findings of what we know and how I can help. Because once somebody has made a decision to have an augmentation, it's very hard to undo that thought process.

They've went through a lot to figure that out. And equally, when they're thinking about undoing that, that's not my job. My job is not to undue that. That's a big decision to come sit in front of me in Austin, Texas and have that conversation or to have it virtually with me.

So I just try to give everybody space, be very respectful and help them make the best informed decision possible. And I think when you go back in time, a lot of people like we talked about previously, before we got on was like a fat transfer, which is an autologous, your own tissue to use as a reconstructive tool or an augmentation tool.

And we did that through cancer reconstruction for many decades of my career. And, we do it more and more now to undo some of these augmentations. We perform more of a holistic balmy makeover.

So, I take out old implants and I do a lift or add fat or both along with some body contouring and skin tightening. I'm always in the business, James, of solving problems.

How are they presented? Well, let me just then go right into this question around breast implants. Is there any healthy breast implant? Is any type of healthy breasts implant.

So your body's going to react to the device no matter what. So they keep trying to improve. I think the designs, there's a newer implant out by a company called Motiva.

## Why patients are removing implants

And I recently removed a set of those because the patient no longer felt in alignment with those. They hadn't had them very long, but they won them out.

And so when I took them out and took out the scar tissue as well and sent it off to have it reviewed, you know, there's inflammation. The body creates inflammation around a device.

Now, some of the things and if it's okay, I'll go and dive a little deep to explain like what we know now is very different than what We used to know.

So When we put our own tissue in another place in our body and give it an opportunity to heal like fat, it can because it's genetically identical. That should make sense.

And for a long period of time, when I did breast cancer reconstruction, I would take the tissue from the lower abdomen. But I would leave it connected to the blood vessels that run in the six pack muscle, rectus abdominis.

And then I will hook those up to blood vessel underneath the sternum that the cardiac surgeon uses to revascularize your heart, the internal mammary artery.

So if that was done properly, it would heal. The blood flow would be reestablished. It would work, James, because that's your own tissue. Okay, so that's genetically identical tissue.

It has its own same immune system complement based on your genetics. The first kidney transplant ever performed was by Dr. Murray, who's a plastic surgeon in the 60s, and he did it between genetically-identical twins for that reason.

Now, you don't need any immunosuppression, means you do not need a medication to block the immune response if, in fact, it's genetically identical. So he did that kidney survived without any medication.

The patient passed away later, not from the kidney transplant. Now, Every step you take away from genetically identical twin, so non-identical twin needs something to block that immune system response to that organ, if that makes sense.

And then we move into what we all know kind of now about organ transplantation where they take an organ from somebody else who's passed away. and they can transplant it into another and give them medication and that will survive.

There's a whole process of course of blood type matching and something called cross matching. What they're finding, James, is very fascinating. A paper was published out of Denmark this summer, and it showed that at the scar tissue level, the people who have firm or maybe harder scarring around the implant are showing an organ rejection response.

So they're building up a T cell response, a B cell, response and something called a plasma cell. Response, which makes antibodies. The point being is it's a more elaborate response.

That's affecting you from an immune system stamp. So it all makes sense though. If I said, if I take your own genetically identical tissue and put it somewhere, say appear and reconstruct the breast, or I put fat up here and it heals, it makes it fuller.

And that's fine. It's your. Genetics. Everything away from that needs some medication to help block that response. And if we don't, we get kind of like that organ rejection picture.

And that's what they're finding with these in certain, in, certain situations, which I think is fascinating Jay's because with the advent of all these molecular techniques, I, we now are kind of getting to you.

We hear root cause understandings and things like that, but these are the real reasons why things happen. So, you know, II still have this bit of nerd in me about genetics where I it's just.

where everything, where rubber meets the road, right? You can only detox so well and you meet people who get sick a lot. Maybe they don't methylate well, but in these folks where you're seeing more of this organ rejection picture, it's probably a combination of factors.

They probably just don' obviously detox very well. And then over time, their body is working hard and rejecting this as well so it creates this further, if you will, burden on their immune system.

But even the fact that you are aware and or thinking about how someone eliminates their elimination pathways, that's not common for surgeons and plastic surgeons to be thinking or even have in their orbit, right?

I mean, my understanding is that they don't necessarily look at things holistically the way you. That's unique to how you're looking at this. Yeah, I've remained very curious and I like listening to patients to hear how they respond to an illness or an infection because that gives you clues about how the detox and like I said, genetics have been like something I was fascinated by in college and has remained that way.

So we have genetics as part of our, you know, workup. We look at personal genetics that, uh, with an emphasis on detox pathways, we look a gut health and food sensitivities.

And we looked at something that's, I think, becoming more and more apparent, obviously with where we are, um, in terms of, our understanding of health of wellness is a total toxicity burden test, which is a urine test.

We use one from vibrant wellness and it looks at things like mold toxins. It looks that heavy metals, it looked at environmental toxins, and I'm sure you've discussed things, like herbicides and pesticides on the show before things.

Like glyphosate, the folks who grew up around agricultural areas are definitely going to be exposed to higher levels of glycosate. I mean, that would make sense.

And we see this all the time through their tests. So I, you know, we're, going to be a compilation of experiences, James, like where did we grow up? What food did, what air did breathe?

what fluid did drink? And that's going give you this picture. And then your genetics allow you to detox all those things till you can't. And then you may not feel well.

You may present with all these weird symptoms people don't understand. And you might have, as we know, and James said, I've talked about before, a parasitic problem or Lyme disease or mold or, or something else, viral problem.

Who knows? You probably heard, you know having kids, of course, that a lot of kids these days, there's cutting. That's very popular. There's higher rates of suicide.

## Foreign bodies, inflammation, and immune response

things that seem to be coming with current modern society. And I know they existed previously, but they seem enhanced. They seem like they're more prevalent.

I, and obviously I don't know if that's because we're talking about it more or because they literally are more. Um, I struggle with understanding why anyone would want to do something physical to their body, like cut themselves or hurt themselves.

Mostly just because I see things, I really do see like life is so short and I'm just so grateful for even the next day's breath kind of thing, right? But to me, the opposite of that is someone that wants to enhance their bodies.

I understand the socialization of it, but I struggle with that Idea that you're putting a foreign object. You're consciously putting for an object in your body And this obvious is not just reserved to breast implants because you are now hearing people wanting to do this with cybergenics, right?

I mean, it's it to me. This is a growing societal thing. It's not While we are on this, it seems like we're on a bench right now where people are being more aware of natural remedies or wanting to remove things that are synthetic from their body.

We're still walking that line of like how how cyber, I don't even know what to say, but like how kind of robotic or cyber do we enhance our bodies versus how ancestral do keep them?

I find myself going back the other direction. So I haven't placed devices for I think around a little over five years now. I do worry about that. Now I approach that a bit differently because I did cancer reconstruction for the majority of my career, like you know, And, um, for someone to be able to walk or chew, or, uh, in the instance of breast reconstruction, have a reconstruction.

Those are, you know, from oncology perspectives and reconstructive perspectives, very specific. You know, discussions that you have to have. And, you know I used to make a jaw bone out of someone's lower leg bone, the fibula, so they could eat again or have a job again.

Or, recreate a tongue. There's a lot of things that are done from an oncologic standpoint that implants of different varieties. Some are prosthetic implants, some are cadaver implants.

There's all sorts of things. And it's a gray area. The reasons are not black or white. That is a grey area of what matters to someone. Obviously if you're having kidney replacement, it matters.

But I guess that's ultimately kind of my question is, is there a line, like is it always a greyer or is their clear like, you know what, let's not go down this path.

because we are diverging too far from our humanity when we do. That's what we talked about in the beginning, right? So, and the number one thing that I get in terms of feedback from patients is I wasn't explained this, whatever this is, like, I didn't know these were not meant to be lifetime devices.

I did know this would need more surgery. Lack of explanation. And that I've always found, James, that's frustrating to me. I used to have to spend a lot of time, like we were just kind of talking around discussing options with patients who were undergoing cancer reconstruction.

These things would take, you know, sometimes hours and multiple appointments to just go through like, what can we actually do here? And how do we need to do it?

What are the steps? So, It may be more of the answer is how do you explain it properly so that each person can make their own individualized decision because that's their freedom of choice is to make that decision.

And I would, from my perspective, try to help providers, whether they're like me or others providing services similar. really have a very specific and careful discussion and listen to the patient so that they can make a really to the best of their ability and form decision, because you don't want a young person, especially like this, I find this to be very frustrating.

And I, James, never spoke to a lot of young people because in cancer situations, you're really not dealing with super young patients. Sure. So as it relates to breast reconstruction, the youngest person ever took care of was 24. I remember vividly to this day, And they did not have an implant based reconstruction.

They actually didn't, they had such a aggressive form of cancer. Then have anything they just went and had surgery and a treatment. And then, uh, actually later on I did the reconstruction with their own tissue.

That being said, like that's a very different discussion to have, right? The gravity of that discussion is a life or death discussion. So the thing with a device is it, it's not, um, in that same, you know, fame, but you have to have that.

Very detailed, very thoughtful type, well thought out discussion with the patients so they can better make decision. It's. Meant to be a transactional decision that that's the kind of maybe more of the core problem.

Like you need to make sure you're explaining this because Hip, knee, breast, dental implants, cardiac implants neurologic implants. They all carry risk.

Every single one of them does. they can all get infected. That can, all need to be taken out. If you name a surgical, you know, discipline, I've helped that surgeon take care of their infected device.

But they've called me at one time or another in their career, neurosurgeons, orthopedic surgeons, OBGYNs, uh, Cardiac people, whoever you named, it doesn't matter.

Cause in the end game, they'll call us as plastic surgeons and say, Hey, you know, we took care of James. James now has an infected, um, prosthetic somewhere, wherever it is.

can you help us because it's really important for James to be able, you know, we did this to preserve his leg, right? Will it flow your leg or something?

Can you us, Dr. Woodfield? And so, yeah, I'd be like, Yeah, want to help James. I don't know who the hell James is, but I'm going to go help, save his legs.

And that's what we used to do. We cowboy up and go do that. That's why we do it. Knowing that all those things, if they're infected, it is very hard for you as the patient to take care of them.

I knew that I couldn't resolve all of that, but I would do my best to always help in those situations. Because everything that's prosthetic, like Jane just saying, outside of your own tissue, it has this risk.

Everything has these risks. And because they're foreign bodies, they can get bacterial contamination or they get frankly infected and need to be removed.

Well, what was the catalyst for your change? Cause you said that you've gone the opposite direction, but clearly you, when you went down this path of becoming a surgeon and specifically a plastic surgeon, it's like, you must have held different beliefs than what you hold now, correct?

So yeah, plastics was always about solving problems and oncology problems pose the biggest problems to be solved. And I always solve that with reconstructive surgery, specifically different types of designing tissue flap surgeries and doing micro surgery connecting blood vessels and It was always just fascinating to me to do that and be able to be faced with that problem and go in and solve it in the operating room for the patient.

That gave me the most juice and being involved with those teams that took care of those patients gave you the satisfaction of helping our patients. Those were always the best times to But that was always done particularly with in those settings, the patient's own tissue predominantly.

I was not the, uh, putting in a prosthetic, um, because of my experience and expertise in microsurgery, I called upon to do these bigger, longer cases.

So just think of it like a, a case that may be started by a group or groups of surgeons at one period of time in the morning, would come in and finish in afternoon or the evening.

So just by virtue of what I did, I never was somebody who could do a high volume of placement of like a breast implant, not as a cosmetic or breast reconstruction technique, just because of my other, you know, day job, if you will.

I was getting asked to do all these other things to help out in these I just was always very aware of any device I gave a high degree of respect to. And if somebody called me and said, Hey, my patient James, he fell and his, his total knee reconstruction got exposed.

That's an emergency. Then no matter what day of the week it is, don't matter. Doesn't it matter? What time it. If, if James Barry's. knee reconstruction is now exposed that I was part of taking care of.

Now it's my problem to take care. It's like getting the 911 call at the police or the fire and you got to go respond and get it taken care because the more you delay, the problems can happen with knee reconstructions, so to speak.

## Holistic workup and toxicity testing

So you're not necessarily experiencing any conflict when you were dealing with like removals of breast implants because you didn't actually spend a lot of time implanting.

When you talk about, I'm now kind of looking at things differently. You're really talking about like maybe the holistic perspective of the body. Like you are not just looking it from the surgical standpoint.

Your looking from like a holistic health perspective. Yeah, I do. I feel like it's still, you know, the problem's different. But I'm not solving a cancer problem anymore because that's a different time in my career.

Now I've solved a problem of like, okay, we have this device, and we feel it affected the body this way. And so how can we get the back in alignment? You know one, only one facet is removal of the scar tissue in the device.

That's just one component of this. There's many, many people, as you know, James, experienced a lot of problems with health and wellness issues who have obviously no devices.

They have a lotta chronic inflammation. And like we mentioned, it may be from where they grew up. Maybe they have bad organophosphate exposure level, life estate level.

Or maybe they've grown up in a place that flooded a little bit in the Midwest, like where I used to live, and they got exposed to black mold. or maybe they traveled and went off property south of the border and got a parasitic problem.

Travelers' diarrhea is still a major problem around the world. It's not like we shouldn't just ignore that when we would go somewhere and get sick. I think all these things, when I listen to them, I'm like, man, they just tell you what's wrong all the time if you just listen everybody.

And none of it is necessarily that complex. I think we have wonderful ways to look at it now versus in my allopathic training, like looking at genetics.

It's awesome that we can just do a saliva test and get within a very short period of time, everything kicked back. The genome project has happened after I finished medical school.

When I was in medical school, the world's literature still had to be served up on what you people don't even probably think of anymore, which was a disc.

It wasn't on the internet. So I used to go to a library and still read books and look at card catalogs and load up

something that was called a CD-ROM into a computer to look the literature.

I mean, that's not that long ago. Yeah. There's a lot of advancement. But speaking about the medical playbook in a sense, if you could rewrite it on beauty and body autonomy, what would you want the next generation of women to know?

Wow. Yeah. I feel like the strongest thing you can do is give folks more information about how their body works, how they genetically cope with, you know, whether it's detox or certain issues like, and we'll use, for example, the GLP ones, which, now have changed So much and and offer a whole new set of challenges for me because people take them indiscriminately they get them off the internet they can abuse them basically and burn their fat When people think that's great James it's not a great thing because if you burn up your facial fat, what do you think happens?

You age prematurely Facially, so you're asking me about basically underlying body image issues that makes those worse So if you have somebody with a propensity of body dysmorphic disorder and or disordered eating or whatever the issues are, and many of those are linked to certain genetic single nucleotide polymorfisms, but you're just making something worse by giving somebody something that they don't then or you are not controlling carefully enough.

Like you can go online right now. order semi glue tie compounded still by one of those I'm not going to say whom so I don't get you or I sued on the show and get it sent to you and you can dose it yourself that is absolutely batshit crazy to give somebody a syringe, to load up a drug that tells their brain they don't need to eat.

Isn't that sound problematic? The biggest problem of it is it's no different than what you identified earlier, which is people are getting these things done to their body and they didn't have a 360 perspective of outcome.

They didn't actually get as informed about the procedure or about device the way that they should. And I think the same thing is happening with the GLP-1s.

It's like no one's thinking about, well, how does it know which fat to focus on? It doesn't. It doesn't, right? And no one's talking about what happens if you abuse it.

What if if get too much, what happened to your stomach muscles? What happens to these things? Like what happen to someone who always feels nauseous because they, and their brain is saying not to eat.

You know, happens your energy levels, to you passions, your creativity. There's so many things that are not explored. And it's, it' a purely transactional thing.

Yeah. I think that's a really interesting way and an accurate way to talk, to discuss it. It's transact. No, no, I have people all the time talking about they just ordered stuff and got it and I was like, well, who spoke to you?

Oh, you know, the person I'm like. What did they tell you. and they can't, you know, recount the conversation, of course. And I'm like, and so you're self-administering this drug, right?

And they're like yeah. I like oh, how much do you take? So this happened to me last week. And they showed me how much they're supposed to take and then the patient disclosed and she said, sometimes I take more.

Oh yeah. And I'm like, really? And. I just, I, said well, if this was a heart medication, would you just take More of it? and of course the answer is no.

But because this is something that's supposed the, you know, quote unquote. Target fat. In its show. Okay. It's, it's okay to do more And then the patient said the other thing out loud, which is there is no third party testing of those compounded drugs.

So you don't know the actual strength of these drugs, right? So, you can get a drug that's weaker or worse. You

can a get drug stronger. Which happens all the time on the streets, with drugs?

Exactly. That's where you get overdoses. And so when people say, oh, I just took this, so it couldn't have been from this. I burned all my facial fat.

You know what I say. Like I said, you have no idea what you took. You took a compounded drug. So to connect to the theme of this podcast, I want to explore recognizing that we're just two individuals, just philosophizing here.

There's no way for us to encapsulate why or what everyone is thinking about these things. what do you think has happened? Like why have we gotten so far away from that kind of innate ancestral perspective of like trusting your body, loving yourself as you were created?

## GLP-1 drugs, body image, and guardrails

And obviously we're not talking, I'm not taking about the situations we spoke about earlier where you had cancer or you re-construct. I am just talking about those people that choose to go down a path that removes them from their ancestral or birthright, you know, their birth state.

I've thought about this and, I had it, had to explain to me a certain way. And maybe this will resonate. You and I are both, we have families and we're raising kids.

And conceptually, I think it comes from raising them to know that they're enough. And if that concept sticks with them and they understand that and really what it means is they are enough, think there'll be a lot less of what we're discussing.

But with the amount of pressure that everybody is put on through their devices and Just in general, you know, I feel like that's a big component of it.

Just feeling like they're enough, or feeling you're like enough. Then you will be in touch with your ancestral self to your point. Most people don't feel that way.

They have a tough time. You're making me curious about, You have the person who got the breast implants. So they clearly had whatever perspective they had of why they needed to do that.

Now you're seeing them where they're like, hey, I'm listening to my body. This doesn't feel right anymore. I want to remove it. Are you finding in your kind of support of them after they've been removed, that there is a gap between, are they now that they're removed?

Are they like completely like grounded and like, you know, confident and loving of their body? Or is there a, is like the persona that originally needed or wanted the change, does that person come back and do they end up then needing more therapy around it?

Yeah, I always feel and that's a great point. We have a whole series of stories on our YouTube channel. That's just about our patients and their their stories and it's Fascinating to listen to all the reasons and the most grounded folks are basically what what James is describing the people have worked on their own self like they've done the work.

And they're at peace with everything. The folks that have it or need more is what James described, and there's a gap, right? They don't feel comfortable with themselves.

Well, because they masked it, they mask that feeling originally, but now that they are removing the mask, those feelings still got to be there, Sure. So there's a lot of things though.

Um, there are a host of that have been exposed through interviews on our show and, and some of them have to do with, you know, bullying as a young person, societal norms, media, um, pressure from, uh, work to look a certain way, like all these things that are just, to your point, like, I think it goes back to that concept, you're enough.

Yeah. Because it's real, the pressures are real. I'm not trying to say that's not, that the person needs to get over it. Oh, they're crazy, crazy real!

They're very real those pressures. And I guess the question I have is, well, how do we support then our society, those people that don't feel like they are enough?

For example, Let's talk for a moment to the person who does have breast implants and who isn't feeling just yet that they feel off. Or they do feel of, but everyone around them is telling them that their fine.

It's the same concept where either you're not in your body or you are in you body but everybody around you is tell you to not listen to your own instincts.

I feel like that is, you know, the harder, not person to reach, because they understand that there is potentially a problem, but like you're pointing out, they don't want to, can't get to that point where they want address it.

And how do you get that to point? And I would tell you James, like there's a lot of traffic in between those two points. So people have their, their families and their work.

And then they have what is the larger elephant in the room is these images and, um, whether it's a belief system they, have about their appearance or whatever it is, that's really, really holding them back.

It's tough, tough problem. The patients who have done the best, kind of getting to that point of fully embracing and understanding that have done a lot of inner work, self-work, whatever we'll want to say about that.

And then the other part that people have that do really well is a very supportive group around them, whether it's friends or family or spouses. If you don't have that sport and you're just isolated, it's much more complicated in terms of maybe not the quote unquote recovery from surgery, but the recovery form everything else.

Like just dealing and coping with all the other things is we're gonna need a certain level of emotional support that's probably not gonna come from within because they just can't muster that.

They need that support from you or, um, you know, we have a great team of folks who we've taken care of and continue to support each other. Um, in a, a virtual way and in my office, I have it's on a patient's, uh, former patients who've had the surgery themselves, so they can help support too in way I can't.

But that's. That's a huge deal. It's support. Yeah. Yeah, and I like, I liked how you're mentioning, like being aware of like who, who's your community?

Who are you surrounded by? And I even think about how are they reflecting you back? Like, are are, they are reflecting your back as a less than like you are not enough, or are the reflecting back is you, you need to be and more.

And maybe that is the question we all should be asking ourselves is like is this person that's in my life? Are they toxic or they like building me? Right.

Cause we have folks who are very, very worried about that decision. They may have arrived at it, but then the sports system, particularly a spouse is not aligned or, um, and I've had, you know, people have, uh, You know.

Relationship failures because of that. And then I try to support them in the best way we know how and say, well, that to James's point sounds like it wasn't the right.

If that person is not supportive of you without a device, is that really the right person? Doesn't sound like it is. Yeah, yeah, absolutely. What do you think, from your experience, and I'm just curious, if you don't have an answer, it's all good, I just, because you're on a very specific side of the, like, you are in the operating room.

You are seeing people at their worst, in many ways, at they're best, right? You're seeing the things that most people don' see, the dirty laundry, If you will.

their bodies literally on the inside, right?

## Questions to ask before cosmetic procedures

So have you learned or are there any kind of like top three things that you think someone should ask themselves before they go down this path, if they are thinking of augmenting their body in any way and it's not caused from an illness or a disease or something, but where it self-induced, self inflicted, Are there three questions that they should ask themselves prior to going down that path that might help them be in touch with their bodies and their essence?

Yeah, maybe along the lines of what we're discussing, are they enough? It's one thing to be fit, be physically fit. Like, okay, fine. Uh, when we were younger, we're probably a little bit more interested in our appearance, uh, than we should be.

Right. That's probably. A little out of balance with reality. Sometimes maybe we, um, are trying to fit a certain thing we've developed over time and our psyche, like an appearance.

I think that's. Probably certainly something that we see a lot in are younger. You know, people like just trying to fit in, like how, how do I fit it?

And I would always caution folks like that along the lines of what James and I were discussing when somebody has a relationship failure because of this, that really wasn't and isn't necessarily going to help you, right?

That's not going help. You fit into, um, what you're looking for, like what are you looking? What are trying to get by doing that? Like is maybe the one first question like, who is this for?

And if it's for someone other than yourself, is that a red flag? Correct. Yeah. So those things like, you know, I've heard this over and over again, and you it's a very personal, obviously, decision.

I always try to approach it the same way. Like I have to give people all the information, right, to the best of my ability. If someone came to me and said, hey, want a breast augmentation, first four of us, we don't do that anymore.

But if somebody just wants to come and get my advice about what I know I explain it. you know, I published a big paper last year, 29% of these things can get bacterial contamination over the course of the time you have them.

You know that's a real number. you can't like make that up. All right. We all know they can be infected. That's the problem. If you're going to need more surgery, that is a given.

Like you just need to know those things. Yeah. And if you don't know You're not getting all the information in the way you should to make the decision.

Now, if you get all that information and you're like, okay, fine, I still wanna do that. I feel like that aligns with me personally right now. So Jay's point is like you shouldn't be doing that for someone else.

That's a decision for that person Once they have all the information. That's kind of how I think about it. And I don't know that I have a You know, there's other, other things that James isn't mentioned.

If you have somebody who clearly has body image issues, you know I'm very fine with telling people and always have, uh, in my career with cosmetic things saying no.

What do you mean? Can you explain that? Yeah. So someone, 10, 15 years ago came in and said, I want an augmentation. And they were, we'll say five feet, a hundred pounds and one to be a triple D.

I would have told them no, Cause that doesn't fit your frame, right? So you have to have some basic, uh, you know, guard rails put up for people because people might see something and they, they don't quite understand like what that will have in terms of ramifications on their long-term, Uh, You know say chest wall, if someone is too big, it's going to eventually go out, out out.

Because of the pressure of that advice and so that there's something James that you know. They don't sound right right you put a huge implant on a tiny frame and that the implant comes around the corner before the person does that's not really.

Is that really okay? I mean, it never was in my head. So I had a certain set of like guardrails that I just wouldn't go against. You know, It is interesting though, because in many ways that GLP-1 discussion, in a sense, almost sounds like that's your barometer of if you don't see guardrails, if the practitioner does not seem to be exhibiting guard rails, If the place that you're trying to purchase something from does seem not to have guard rail, particularly when that thing you are trying purchase is something that's going inside your body, then maybe that is a red flag.

I mean from markets that allow any product to sold to obviously like these GLP ones or anything similar to that, that's just coming from some black market or some market that has this is invisible that you could just buy and it does, and no one's asking you any of these questions.

Anything that modifies behavior should have a great deal of scrutiny because in the history of taking care of patients, my argument was, that won't work because you can't modify the behavior.

Well, that argument's gone now. You can go to your GP and he can tell you about diet and exercise, but now he has a tool and has tool that works because it modifies your behavior, James.

Unlike anything in the history of medicine, you have a shot that will modify your behavior. That is the most powerful tool ever brought to medicine. Powerful and like you said earlier, can be scary because if it's unregulated, if its not a monitor, there's no guardrails.

Should you be able to go online and order that tool to be administered by yourself? The most powerful tool ever created in medicine seems a bit odd. If you can share with your knowledge of, of you know, just holistic health and, and what you're trying to support people seeing like you, you really taking a very kind of a specific niche surgery, but you are trying expand and say, no, we have to still look at the body as a whole and how it's going to respond to this.

Always, yeah, always. So are there things that you would recommend that people think about before they go down that surgical tunnel? So meaning like, should they actually be thinking about, hey, how do I detoxify?

And is there a test that they should be potentially taking? Should they be looking at what they're eating? What would be like three things you think that have nothing to do with surgery that someone should Prior to even going down the path of any type of surgery.

Yeah, we reverse engineer that and wrote a book about the sharp method, which is how we work patients up. So allopathically, I was taught to do like blood work and chest x-ray and EKG to make sure that someone like James could have surgery and it'd be safe.

And now, I'm more concerned not about those specifics because they should have all those and those should be fine to begin with as a baseline. What we're more, you know, concerned with now is how does James detoxify genetically?

And, what are his toxicity levels? What is this gut doing? How are his sensitivities to maybe environmental toxins or foods affecting him and try to get those alignment before you ever do anything else.

So a lot of people around the world run my program now remotely. Basically to lower inflammation because that's basically what we're talking about if you think of why people you know suffer and develop disease states their

information of organs right you information your brain or liver or your got your heart.

That will get you.

## Detox, inflammation, and ancestral health practices

So if we work diligently, like, you know, James discusses in terms of thinking more ancestrally and be more in tune with that eating properly, being careful with what you put in your body and on your is a big difference maker.

So we focus on that a lot. Air quality fluid quality and we talk about food and then the things that you know people apply their skin want to make sure those products are not going to have dangerous chemicals in them and.

When you do that, you'll be taking a lot of steps to lower inflammation. And I feel that's more important. You don't need to go have surgery to do. That's just a way of not just like surviving, but we hope that you will thrive in that situation and do better and better from a health perspective.

Yeah, that's great. I really appreciate this conversation because I do think it's important that, particularly in this podcast, we can sit and talk about the best parts of our past, the ancestral pieces that we want to bring forward, but we still have to look at how are we moving forward?

What are these things that were doing, and the procedures we're supporting? And we almost have, in a sense, be present with the current procedures and habits to understand how far back we should go to pull from ancestral practices in terms of what we need currently.

So I guess all I'm saying is that I think we an accurate perspective of our present to really identify what need from the past. that they really do go hand in hand.

So I appreciate this conversation about something that is a very modern phenomena, right? It, which is any surgery that where you're putting something in the body, whether it's doesn't matter why, just putting foreign in a body that has a modern process.

Right? I mean, what, like 80 years old? How many years are we talking since the first breast implants were placed in Okay. Yeah. Wow. Um, I asked this question, everyone, as we close, and, uh, love to hear your answer.

If you could wave a magic wand and bring back an ancestral practice, what would it be? Oh my gosh. An ancestral. Ah. I always feel like something that has to do with like mountain or Klingon air.

So before there were cars or before, there was pollution, the air was so much better. And that would be what I would bring back the best quality air Robert, how can people who just have questions who don't live in the state, who might not even utilize you as a surgeon, can they reach out to you and still use you a consultant?

Are there resources that they can get from you? Yeah, everybody can visit drrobertwoodfield.com and we have a series of podcasts or YouTube Just videos about everything we've been discussing.

And then if someone wants to work with our group or me as a consultant, we have a discovery call that's complimentary and my team will help sort out the best way for you to do that.

We take care of people all over the world, certainly all Over North America and the United States. So we look forward to helping however we can. Yeah, that's great.

And I, I know so many people within the last five years that are getting their breast implants removed.

## Closing thoughts and how to connect with Dr. Whitfield

Of course, our talk has encompassed a lot more than just the breast and plants, but I The few that I've talked to

that have, they just are so happy, are happy.

And so I'm grateful to this modern medicine that it allows people to have this journey of, okay, this is what I want, but now this the new thing that want.

To allow them to, have the dignity of their decision However, someone else may judge it doesn't matter, but just the dignity of their journey with that process and for that journey to culminate with them feeling better in their body.

To me, that's really powerful. Thank you though, Robert. Thanks for joining me. It's great to have a little bit of time with you. I don't see you enough and I wish you well.

And thank you all for. Joining us today on Everyday Ancestral. Let's remember sometimes things are gray. It's not black and white. And I appreciate this discussion.

Recognizing this is not an easy path for anyone, but I hope that the theme of today's discussion in terms of like, you have worth, you are worth something.

I think that what Robert highlighted around that, that just maintaining your agency and just knowing that you're enough resonates with everyone. So thank you for joining us.

Stay curious, my friends, and please leave a comment if you enjoyed this episode. Thank you so much. Thank you so much for joining me on Everyday Ancestral.

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