Introduction and guest background

Hello and welcome back. I'm your host, Dr. Jenn Simmons, and I am delighted to introduce our next guest. This is Dr. Sharon. Stills, she is a naturopathic medical doctor who has helped perimenopausal and menopausal women to pause and evaluate life so that they can live their second act of their stories stronger, healthier and sexier while aging backwards.

I love that approach. It is so vibrant and it is so fitting for a woman with the bright red lipstick who kind of exemplifies this kind of vibrance and if you are dealing with that population that is perimenopausal and menopausal, then you are also dealing with the breast cancer population.

So I am delighted to have you here to share your story, to share your experiences, to share your brilliance and wisdom with our audience who really needs to hear from you.

So, Dr. Stills, welcome. Thank you. It is a total pleasure to be here. I'm so happy to have you. And I want to jump right in. And I want to start with you telling us about your unique approach to the breast cancer patient, because I know that you're seeing them, especially because you're focused on this population.

Terrain-based breast cancer approach

So I would love to hear about how you how you serve that population and what you do differently. Sure. Yeah. It's interesting. As you were reading my bio, I was thinking I have been working with women dealing with breast cancer diagnoses, even men.

Not as often, obviously, but way before I really focused on menopause. And the two really do go hand in hand because we know that the diagnosis explode after women go through menopause and they're losing their hormones.

And it's really the opposite, as so many things are in medicine. And what we're told by society of what causes illness and what is really causing it. Yeah, because what you're referring to there is, you know, we talk about estrogen causing breast cancer and yet breast cancer is seen when estrogen is depleted.

Exactly. It's I always say it's the same thing for men, too, when we talk about prostate cancer and we're told that testosterone causes prostate cancer, we're told that estrogen causes breast cancer.

And it's actually the opposite. It's when it declines. Otherwise, we would see a ton of teenage boys and teenage girls going through puberty and having these diagnoses.

And that's not what we see. And so it really so I have a lot of unique approaches just from over the years of where and how I've studied and what I've seen in clinical practice going on over 21 years now, it's down to the years.

The other day I was like, Oh my goodness. Yeah. Yeah. It's always scary when you do that. It's safer when you just plow ahead. The. And so that is one of the things that I uniquely do is work with women prescribing bioidentical hormones when they either are told they're at higher risk or if they have active diagnoses.

And of course, afterwards and I think afterwards is such an important point because I think a lot of times if we're dealing with a serious illness like cancer and then we beat it, then sometimes we take this attitude, especially in the mainstream, that we'll just watch you every year and do some tests.

But to me, that's when it really begins the work really begins because we have to really make sure that we don't invite cancer back in. And so it's a very terrain based approach because cancer grows where cancer is invited.

And if we are balancing our terrain, if our hormone are balanced, if our emotions are balanced, if our lymphatic system is flowing, if our scars are cleared, if our nervous system is regulated and we can dove deeper into anything you would like.

But if we're looking at all these things, then cancer is like and it's not really this hotel is not really that comfy. I think I'm going to check out and go somewhere else.

And so I really look at the whole person. I was taught years ago when I first started studying over in Switzerland that breast cancer is never an emergency and that when we get this diagnosis, of course, it's scary.

And of course our emotions go high. And sometimes when our emotions go high, our logic can go low. We just want to, you know, and it's scary. I have actually gone with numerous patients over the years to their oncology appointment and even knowing what I know and knowing my experience and knowing how many women I've helped do this diagnosis, I sometimes go, Oh my God.

Like maybe, you know, they really scare you. And often they don't have such great data. Often it's like, oh, 2% better chance of living, you know, just doesn't make sense for what you're going to be exchanging for toxicity and stuff.

And so it's really important that we just kind of take a breath and think about like how we want to approach this as a as a woman dealing with this and who we want to be on our health care team.

Oral health, scars, and biological dentistry

And don't you ever wonder what those numbers would look like if they made the changes even the basic changes that we talk about, you know, eating a nourishing diet, fasting, having healthy ways to deal with stress rather than alcohol and pot and things like that, and prioritizing sleep, making sure that you're getting movement, maintaining your muscle mass, connecting, taking the trash out.

Right, getting rid of those environmental toxins that you can. So easily say no to in your activities of daily living. Don't you wonder what their numbers would look like?

Oh yeah. It's why you know, I'm. I'm I'm in the trenches. I'm a clinician. I'm very clinician and patient driven and patient outcome and what I see and so I can appreciate a study, but absolutely, I always say that like so they did this study but they never took into account like all of those things.

And so many more things that you just mentioned. And it's like, so how does this even equate to some lives taken? Just like always speak in my head, like a poker game.

Like I'll take your 2%. I'm going to call. No, it's like. We know that we can do so much better than that without hurting people. Without hurting. People.

Exactly. Exactly. Yeah, it really is true. So. So what is in your terrain based approach? What what how are you changing people's terrain or their environment?

What are your considerations? So there. Are. A lot of them. Some of the first things I do is I just want to clear the field and clear the nervous system.

So I do a lot of neural therapy, which is a technique from Germany, which is injections into scars or into specific ganglia that may be blocked to open up flow, to open up connection and communication between the cellular receptor sites and the nervous system and the polarization of cell membranes.

And so we have, you know, so I'll look at a woman and inject all her scars. And a lot of times we we carry trauma in those scars, whether it be physical trauma or emotional trauma.

And we can have a scar or that on our abdomen. So a big one is if you've had a C-section and you know, that goes across the whole abdomen. And so it's affecting the stomach meridian, it's affecting the spleen meridian.

And so it's really important just to open up and clear that. The other thing that I look at right away is the mouth and the dentistry. And so I spent a lot of time I went to naturopathic medical school here in the States, in Arizona.

But I was very fortunate while I was a med student, I got involved with European biological medicine and started studying over in Switzerland and Germany, and I just returned from Germany a week ago.

So I'm constantly learning and growing and collaborating with physicians and clinics over there because when it comes to chronic illness such as cancer, they are, in my opinion, eons ahead of us in what they're doing and how they're treating.

And so I think it's become more common knowledge here in the alternative medicine field in the States, finally, which I'm really happy about, about the importance of the mouth.

But that's something that I just had drilled into me. So and so when a patient comes to see me, I'm like, the first thing I want to know is about your mouth.

I want to know, do you have mercury amalgams? Do you have root canals? Are there different metals? Do you have a galvanic current going on? Do you have periodontal disease?

Do you have cavitation, which is infections in the jawbone? And these things need to be seen on specific testing. So we used to do panoramic X-rays, which gave us part of the story, but they weren't 3D.

And so we missed a lot of cavitation. And so now finding a dentist, a biological dentist, we'll do a CT cone beam skin scan for you is really important to pick up those cavitation and what I can say is it's like anything you can I often use chiropractic as an example.

You can go to a chiropractor and have a life changing orgasmic experience. You know, your spine gets aligned and you're you're thrilled and it feels like you've been turned on and the energy is flowing.

Or you go to a chiropractor who maybe isn't that good and you don't have that experience. And so that is definitely the case with biological dentists.

There are a lot of people out there who are saying they're biological dentists and, you know, good for them and wanting to do better. But the training is lacking.

And so I have had numerous patients who they'll go get the cone beam scan and their biological dentist or holistic dentist will look at it and say it's fine.

And then I send it over to some of my dentists that I work with, whether it be in the States or over to Switzerland or over to Portugal and then find out know there are cavitation and they were missed.

So I think one of the take home messages here is to always have hope and to not take no for an answer. And if you know, that was me and I, you know, I don't have a cancer diagnosis, but I had been told I didn't have cavitation and I knew just intuitively I knew I'm like, I have to have cavitation because of the experience I had when my wisdom teeth were taken out when I was a teenager and I left to go on tour with the Grateful Dead and didn't really take care of myself.

And for you. Did. I'm not surprised by that. And so I just got that in. I just got a cone and yes, I have cavitation and now I'm making arrangements to have the surgery.

And so it's just really important because this is so I look at focal infections and so scars. Well, so can you can you first make the connection? Because I think people really struggle with, well, I have breast cancer.

What does that have to do with what's happening in my mouth? So your mouth is you know, and it was funny for me, too, because when I first learned about this connection, I was like, Oh yeah, that makes so much sense.

And I never thought about it. I thought the mouth was just to go to the dentist and get cleanings. That's exactly right. And that's how most people think of it.

And so you make the connection so that people understand. So your mouth is that there's a few ways it's connected. First, there is a acupuncture meridian connected to every tooth.

And so the tooth that is correlated with the breast is if you count from their front tooth and you go back five teeth, that upper molar is connected to the stomach meridian and the stomach meridian runs through the thyroid and runs through the breast.

So it makes it the breast tooth. It's also why I see a lot of thyroid issues when there is a breast cancer diagnosis because this meridian is running through all of these areas.

And so we have seen back in Switzerland, they took 100 patients who were dealing with breast cancer and 97 of them, I believe it was, had a root canal on that tooth and had to have the root canal pulled.

And so we see it. I see it. And when I run thermography scans and I'll talk about that in a minute, but we see this connection between the tooth and a root canal, because a root canal is keeping a dead body piece in your body.

It's like if you had a, you know, if your gallbladder was necrosis, you wouldn't, you know, they take it out. We don't keep dead things in the body and teeth are organs.

We often don't think of them, but their organs, they have lymphatic supply and blood supply. And so if the tooth is dead and we save the tooth, we end up creating a low grade infection.

And so this low grade infection is another way it affects a cancer diagnosis because now your immune system is being diverted from going after cancer cells and going after vet viruses and bacteria and fungi and so forth.

And it's having to deal with this low grade infection that you're walking around with. And in in the long term, it's exac, it's exhausting your immune system.

And that's typically what happens is that people walk around with these low grade infections and it's also mostly asymptomatic. Yeah, that's where that's where people really struggle with the connection because they don't perceive a problem.

Right? Because if you had a tooth that was hurting and you got a root canal, the pain went away. And so when I look at the body from a terrain based, I'm looking at what are blockages, what are focal infections, and the majority of them lay in the mouth.

And so we have to get the mouth cleaned up so we can clean the body up. I have kicked numerous patients out of my office over the years who said I can't afford to go to the dentist, it's you or the dentist.

And I'm like, Buy, go to the dentist, get that taken care of in the. Clip. Over in Switzerland that I work with the dentist, I was just at one of the clinics last week and the dentist, the whole second floor, it's like five floors, the second floor and the third floor is just all the dentistry.

It's interwoven that you see the dentist before you see the doctor, you get your mouth. It's much easier for us as physicians. Yeah, it's not someone get better if the mouth has been taken care of.

So we have metals that are causing heavy metal blockages, we have low grade infections, we have meridian implications, we have bacterial imbalances. So there's a lot going on here.

It's blocking our lymphoid attacks and a breast cancer diagnoses. There is a huge component to that of lymphatic congestion and we have to pay attention to the lymphatic system.

And if our tonsils are blocked, we're not draining from the brain. And so we have to we have to wrap that into what we're thinking about. It's not just in mainstream medicine.

It's go after the tumor and kill it. And in terrain based medicine, it's look at what allowed the tumor to grow in the first place. And so that's why if you just get a mastectomy, but you haven't paid attention to your terrain and there's still an opportunity, the tumor, to grow in your chest wall or to grow somewhere else because you haven't taken care of the foundation.

And so the teeth are they're just super, super important. And it's not just I mean, it's for any cancer, but it's really for any kind of chronic illness, whether it be autoimmune disease.

So it's something that just always has to be addressed. And you know, it no fun going to the dentist like I understand and having surgeries or whatever or paying tons of money.

And one of the things that makes me the saddest, the other thing is also implants.

CRT thermography and lymphatic assessment

Implants have always been done as titanium, and titanium is just as even more toxic than mercury. And so it's heartbreaking to me when someone comes in and they're like, oh, I just got all my implants done and they're titanium and I just spend tens of thousands of dollars.

And I'm like, You know what? Now we have to, like, talk about replacing your mouth properly with the most biocompatible components so that it's not creating immune reactions from, like you said, an already depleted immune system because it's been going after all these low grade chronic infections.

Yeah. So so you you did say in the beginning that sometimes the right person is difficult to find, is there are a reliable resource for people to find these biologic dentists who are more than just hanging a shingle but actually have the training and the knowledge base that that people need.

So I can I give names. Yeah. These sure can beat. So Doctor Jerry Curatola in New York City, Dr. Linda Golden on Long Island. Dr. John, I always say his last name wrong.

OGs Berger in Colorado. Those are my three. Dr. Nunnally in Austin. Those are the first three of the ones that I personally work with. And then Doctor that Wolski over in Switzerland and is amazing.

So those are just a handful. There is the I a OMT which is an organization. Most dentists there at least know how to do safe mercury removal, but they don't always all really understand how to look at cavitation and things of that nature and to understand pull root canal the way I was trained.

And I know there's, you know, there's always like 10 million different different opinions way I was trained from the hardcore Germans and Swiss docs was, you know, no root canal is ever healthy you pull all the root canals.

And I know there are some holistic dentists who say, you know, they can treat your root canal and save the tooth and do it holistically. And I definitely don't agree with that, especially in a in a situation as cancer, you've got to get them handled.

And I because I do tomography scans and I'm scanning the teeth, I see it all the time. It's always that breast tooth, it's like crazy. And it goes for, you know, lung cancer.

I see the lung tooth has an issue or it's not just the breast, it's just that's very common thing I see in my clinics. So do you universally recommend that someone with a breast cancer diagnosis go see a biologic dentist, have a CT

beam scan.

A cone beam scan. Yes, yes, yes, yes, yes. Yeah. It's it's a must. Because if we're going to do all the treatments I'm doing and we're going to be doing ozone or balancing the microbiome or doing hormone therapy, you know, all these things that I do and train based therapies and X, but we haven't gotten to like the root of the block.

We're never going to get to where we need to be because we have this major issue going on in the mouth. And so that's why the scars need to be cleared.

This the system, the organism needs to be opened up in the teeth is is huge big. At least 70 or 80% of the blockages that are going on. And so it's just to me, it's the first thing that has to happen.

We can be doing little things along the way, but if there's an issue there that has to be addressed. And so I'm a real stickler on that because I want my patients to get better and I want them to, you know, have the right treatments.

Yeah, I couldn't agree more. While we're talking about that, can you tell us about CRT and and what their that role is in their treatment of a breast cancer patient?

Yes, a CRT is computerized regulation thermography. It's a technology from Germany. And maybe you're familiar with some of your film where you go and you have a picture taken.

But CRT is quite different because we're actually taking temperature readings with a handheld one that's taking the readings over 130 points over the body.

And it's a very holistic way of looking at breast health. So we're doing all the teeth, we're doing the sinuses, we're doing the major organs in the abdomen.

We're doing the lymphatic system. It's one of the only ways to diagnose, like a diagnostic for the lymphatic system. And so it's why I got so obsessed with the lymphatic system, because I started doing CRT is also 21 years ago.

So something I started doing initially in my practice because they were doing it overseas and I started seeing everyone had lymphatic issues and I was like, Wow, there's no blood test, there's no urine tests, there's no real tests to check the lymph.

But here was a way to check it in actual time. So the CRT is measuring your nervous system, it's measuring your regulation. So it's not just looking at pathology or anatomy.

It's an actual, in the moment, dynamic look and evaluation of how your nervous system responds and what the capacity of it is of your organism and of your organs.

And so for breast screening, it looks at the lymphatic system. It looks at your teeth, it looks at your liver, it looks at your ovaries. We have all these from gazillion filmographies that have been run.

They have been able to put together algorithms and see what is happening in breast cancer when it's developing or when it's present. And so we see it.

We see that the stomach is very cold. It doesn't regulate. We see that the tooth is blocked. We see that the immune system is not regulating. We see that the lymphatic system is blocked.

We see that the opposite ovary is having problems regulating. We see that the sternum is blocked. And so there's this picture we see that can tell us there is there's trouble brewing and know this is, again, like us talking about the teeth being this huge problem.

What I notice is that the lymphatic system is always this huge problem in there. And so I do a lot of work with my patients to clear the lymphatic system.

And so I, you know, I'm not a fan of mammography. I so, you know, I'm 55. I'll just tell you what I do. I've never had a mammography, you know, and everything has its limitations, right?

So I can see our team missed things. Yeah. You know, can mammography missed things? Yeah. You know. Well, mammography Mrs. Clinton. Can it over and it.

And it overdiagnosis and quite frankly it causes more cancers than it saves. So I mean, we should have abandoned the mammographic screening program years and years and years ago.

And we've been so brainwashed by industry into thinking that mammograms save lives, that women are actually afraid to get a mammogram and they're afraid not to get a mammogram.

And I get countless messages every single day, what should I do? What should I do? How can I not have a mammogram? How can I say no? And I'm like, It's easy.

Just say no. It doesn't. It's not saving anyone's life. And the statistic that they quote with a 20% reduction in death do for for having screened with mammogram is an absolutely manipulated false statistic that has it just simply does not save lives.

And it's the reason why countries in Europe and around the world have completely abandoned the program because it doesn't save anyone's lives. And I know it makes doctors feel better to write a mammogram slip because they feel like, well, at least I'm doing something, but why would you at least want to do something that's harmful, right?

Like if at least you're doing something, tell people to examine their own breasts.

Mammography concerns and mercury detox

And get an ultrasound. Yeah, like if you feel like you at least have to do something, do something that's not going to harm people. But this society has been so brainwashed by that.

So brainwashed. And I you know, I have like doctors that troll me and say that I'm dangerous and I'm going to kill people because I tell people not to have mammograms.

And it's like they they they are going to go down with this ship. Right. They are doubling down on mammograms. It's crazy. And and so, you know, I look for someone in your area who does CRT.

It's a really valuable tool to have for screening, for post screening, for looking, because it's holistically looking at a lot of the issues in your train that feed into helping a tumor thrive and grow.

So it's been a big part of what I do. And again, you know, looking at what your lymphatic system is doing. So the only two ways I have found to really evaluate your lymphatic system is through CRT and also through curling photography, which is something else that I brought over from Germany.

And when you look in the curling and you can also see that there's lymphatic congestion, you can also do bio resonance testing to see if there's a lymphatic issue.

But there's no like I'll I'm going to send you to, you know, I can send you to Quest to look at how your thyroid looks, but there's no lymphatic and so the lymphatic system, there's a cardiologist, there's a pulmonologist, you know, but there's no lymph colleges.

If the lymphatic system has really been abandoned. Yeah. And then like. System that's important and it's such an important. Thing. No one wants it. Like a.

Complex issue. So that's of CRT. And I would imagine that CRT because you're talking about thermography, I

would imagine that the thyroid has a large influence on what's happening there.

And we began to talk a little bit about the coincidence of thyroid disease and breast cancer, but I don't think it's a coincidence at all. And we know that breast cancer is far more common in women that have hypothyroidism.

And that's because as far as the thyroid is are master metabolic regulate or as we become less metabolically healthy and less metabolically sound, this is where that shift happens, that that environmental chemical shift happens.

That actually houses breast cancer that is inviting to breast cancer. Exactly. And a lot of autoimmune thyroid issues are driven by mercury toxicity. And then we go back again, you know, you're like, why didn't you become a dentist? You talk about the mouse a lot. But then we we talk, we go back to amalgam fillings and that's just this chronic source of toxicity.

And one thing I'd just like to remind everyone, because this is something I see in practice a lot that you know, if you have gone and gotten your amalgams removed and please only get them removed by someone who's trained, do not let your caring, nice family dentist remove them because you'll get more exposure.

It'll do more harm than good. They have to be removed properly. It's really important or don't remove them, but that after you have them removed, something I see is no one ever.

Then like they remove them and then they're just like, okay, we removed your amalgams, but no one ever goes back in and does chelation and provoke challenges to see what's left in your body and help to escort that out.

And so it's great to turn the faucet off, but we have to remember that faucet was dripping for five, ten, 15, 20, 30, 40 years. So there is a body buildup.

And so we do have to go in and detox that out almost always after we have the amalgams removed. And I just see that's a step that's commonly forgotten about.

Yeah. The other thing is that when your nice family neighborhood dentist tells you all, you only have one little amalgam that's been in there for 40 years and it couldn't possibly be driving elevated mercury levels.

You have to know that that's simply not true and that the longer that amalgam is in there, the more it's off gassing. Yeah, I mean, they, you know, what do they say, the amount of amalgam so was dropped in a lake, you know, they'd close it down but it's okay to put it in your mouth.

Your mouth, right. And cause, you know, when you're getting them replaced, make sure that you're getting them replaced with composites that are BPA free.

That's really important as well, because a lot of the earlier composites did have BPA. So you don't want to replace one toxin with. So true. Okay.

Mistletoe, hyperthermia, and immune support

So let's switch gears a little bit and let's talk about some of the out of the box treatments. So you started to mention ozone, mistletoe, how immunotherapy talk to us and mistletoe, of course, being a form of immunotherapy.

Talk to us about these treatments, what they're doing and how they benefit someone. Yeah. And there's you know, there's so many treatments and I don't treat anyone entirely the same.

Everyone gets different treatments according to what they're immune testing shows and what they need. But some of the big ones that I've just seen over the years across the board that really make a difference or if your budget is really of concern because obviously doing these things without insurance coverage can become costly.

But I always say mistletoe is like such a big bang for the buck and it's something that, you know. So mistletoe grows. We have it out here in the desert and grows in trees.

It's like a parasite, just like a tumor is. And so there's a thing known as the doctrine of signatures with herbal treatments and remedies where the the herb the plant resembles what it's treating.

And so, like, if you think about ginkgo is used a lot for brain health and it looks like a brain. And so mistletoe, it looks like a parasite, just like a tumor is.

And so it helps, you know, it can be used no matter what you decide to do, whether you're looking for a compliment, Uri, integrative care and you're doing some traditional treatments of chemo and radiation and you know that that's I leave that to I help a patient decide.

But ultimately it's their decision. In my experience, my patients who have gone totally naturally are a lot easier to treat and get good, long lasting results with.

That's just my personal experience and preference, but I respect everyone's decision of how they want to work on treating their diagnosis. And at the end of the day, you have to lie your head down on the pillow and feel good about what you're doing.

But so mistletoe is one of those things that can be used, complementary or on its own. And so it's helping to modulate your immune system. It's helping to stimulate your system.

So you're injecting it subcutaneously into your abdomen and you're actually looking for a response. And there are different kinds of mistletoe. And Molly is a common one used with breast cancer.

But it's not the only one that, again, I'm looking at it from a constitutional perspective. And is someone dry or thin or over? You know, there's lots of things that go into it, but it's it's commonly commonly used in Europe.

It's, you know, it's just what they do over there. And so I love just bringing awareness to it. Some doctors, we can use it, Ivy, if we want to get more of a reaction.

But the it come mistletoe comes from Anthroposophy medicine, which is based on Rudolf Steiner's work and from his teachings you just injected into the abdomen.

You do it three times a week. You're waiting to get a reaction, which might be a fever, might be redness at the site. And that kind of lets you know where your dosing is.

And then you're monitoring and you're looking for feedback from your body. And so that's a really important piece. There are things that I like to send over to Europe for because they're they're not legal here in the States.

Those would be hyperthermia. So so before you get into that, what do you think of directly injecting the mistletoe into the breast for someone who has breast cancer?

Yeah. You know, as long as you're with a doctor who knows what they're doing, but yeah, you can totally do direct injections. That's definitely. Do you think that that is more advantageous or do you think it's it's stimulation of the immune system in general and it doesn't necessarily matter where the entry point is?

Yeah, to me it's really an overall stimulation. So it might be something we're doing in combination, but it's really to train your system to turn back on your immune system.

The problem is our immune systems are shut down and we we've done that to ourselves because we are the society of let's not get a fever, let's not be sick, let's not have diarrhea, let's not throw up.

Let's you know, let's not excess. And so if you look at it from a Homa toxicology perspective, which is based on

HANS recordings work in Germany also you know there's a there's a progression to developing a tumor cancer to the end there's six stages and the first stage is excretion.

It's fever and sweating and puking and pooping. And we don't do that. We don't let our children do that. Right? Where? Oh, my God. I do. Yeah. So, you know, if anything, if you walk away with nothing from this talk, like walk away with a new perspective on letting your body have a fever, it's actually good to get a fever.

And we should. It's your body protecting itself, that's all. Yeah, that's our. That's our response. It's. That's our immune response. And when we and when we tell our immune system know by doing things like taking Tylenol or Advil or whatever it is, we're we're basically training our immune system to no longer respond.

And then it sets us up. Can't. It's can't. And then it sets us up. And then we're we wonder why we're growing a cancer. And so it's so hyperthermia fever treatments are really important and colleagues toxins is another fever therapy that they do over in Switzerland that I'm trying to figure out how I can legally do here in the States.

But that that's something, you know, it always breaks my heart that some of these things that that really work and are important and all we're doing is saying we're raising the body temperature here and over in Switzerland, they're doing extreme hypothermia where they're taking the body up to 42.5.

And it's been shown in the literature that and that's so. It is that and that what is that? And it's like 108, 108.5 if. We don't think of that as compatible with life.

Right. But it it it is a way to kill tumor cells. And so a lot of people do hypothermia, too, like, say, 104 degrees. And that's good. But all that what that is doing, the mechanism of action for that is stimulating the immune system, which is an important one, to get these cells back and track.

Then as we go up in fever, there's actually a point where I believe it's about 105 or 106 or maybe 126127, where then we actually suppress the immune system.

But once we push through that to this extremely high level, then the heat is actually going after and killing tumor cells. And so, of course, this is not something you're going to do at home, but, you know, these are options available to you overseas that are not being presented here in the States because we have the FDA and the FDA, you know, wants to push mammography and doesn't like to push things.

And for those uncomfortable with any kind of natural therapy. Right. Like you can't trademark a heat. No, you can. And so, you know that they feel uncomfortable with all of that because it's not it's not an income source for them.

Yeah. And it's a shame because in the end people suffer. But there are although you can't do it to that extent, that is one of the reasons why sauna is beneficial.

Right? Yeah. I mean, sauna is, you know, it's not going to give you that kind of response. But it I love infrared sauna. I recommend them to all my patients.

They're a great way to get those fat soluble toxins out. They're great. You know, one of the things I write on my prescription pad, because I don't use it for drugs yet, you know, is you got to sweat daily, right?

You've got to get your sweat on. And that goes back to the breasts and the limbs. And we got to move the girls, you know, we got to we got to excrete, we got to sweat.

We've got to get the underwire out. We've got to get the bad antipersonnel out. We got to let things move and we got to let things flow. It's really, really important.

So it's just a whole gym. Is the underwire because it blocks flow. Yeah. I mean it it's definitely blocking the lymph it's blocking congestion, you know, it's creating congestion and maybe, I don't know if it's creating some kind of EMF issue, you know, as well.

And of course, please don't carry yourself. I've had patients come in and they're like, I'm like carry. Their cell phone and they're like. Yeah, let me.

And I'm like, no.

Emotional terrain and nervous system regulation

So you know how. Good my mother in law, God rest her soul, used to do that. Yeah. So not what killed her, but. That's a whole nother piece of just the invisible toxins, the electromagnetic frequencies that are affecting us, that are coming at us.

And so we have to have a good relationship with, you know, we're not going to totally ditch our cell phone like, you know, I'm right there with you. I need my cell phone.

I run my life on it. But we have to have good relationship. We have to keep it off our body. We have to talk on speaker. We have to talk on a landline whenever we can.

There's two things. Boundaries. Boundaries, boundaries, boundaries. I love it, you know, and of course, of course, you know, the emotions. I mean, I wouldn't be know to me, I have to always bring the emotions and especially when we have something like a breast cancer diagnoses going on.

To me, the part of the terrain is your nervous system is looking at regulation of your nervous system, of your stress, of your trauma, of your trans generation, no impact on what you're experiencing.

And we have to look at the the emotions and our breasts are our femininity. They are self-care. They are nurturing that how we feed our offspring if we've had children.

And so there's a lot wrapped in our our breasts have become so sexualized they have to do with I see a lot. I can't even count how many times a woman gets divorced and then she's in my office six months later with a breast cancer diagnosed.

Now there's a lot energetically wrapped up. Sometimes if you were born and you had this, nothing you do about this, but like if you were born to a father who wanted a son and he got you and you're a girl, there's trauma and energetics in there that can manifest as breast cancer.

There's issues with bosses and brothers and fathers and colleagues and children. So there's a lot of emotionally that goes on the self nurturing piece.

And, you know, we women are famous for not taking care of ourselves, for putting everyone outside, everyone else's mask on and forgetting about our own and going down the airplane.

And so we have to be looking that I always there's always this point with a patient who comes to me and says, You know what, Dr. Stills? I am so grateful for this gift of cancer because it really taught me X or really helped my re repair my relationship or it's really brought me home to myself.

And so there's always it sounds weird, but there's always this gift if we will slow down and pause and and pay attention and look into it. And so to me, the the emotional piece, the mind body piece, it can't be, you know.

Yes, it's very important to have your hormones balanced. And like I said in the beginning, there are actually estrogens like estriol and the metabolite tumor, tumor, foxy estradiol that I actually use to treat active breast cancer.

And of course the FDA has made it really hard to get to move foxy estradiol, you know, so we have to be creative, but these things are actually useful.

Testosterone, progesterone, DHEA, oxytocin and thyroid. Balancing your adrenals, balancing your blood sugar,

your cortisol, your insulin. These things play a crucial role.

But we have to remember, we are we are the mind and, the body. And so we can't just go after I'm going to have the perfect hormonal balance and I'm going to eat all the all the organic broccoli and I'm going to take the melatonin and and the vitamin D and the mushrooms and the and, you know, we have to and then on the flip side, we can't just because I've seen patients like this, too, who just want to into the emotional stuff, but they still want to eat McDonald's.

And so it's really a journey of merging the two and finding balance for your body and your mind. Yeah, yeah. But to just stress the point that you can't supplement or eat your way out of a bad relationship, a dangerous relationship.

You know, I have a patient actually right now who I I told her that your recurrence is because you're in that marriage and that you've been walking around for years knowing you needed a divorce.

Here's your permission. Yeah, right. And. And we have to give ourselves permission to. To take care of ourselves and give ourselves what we need. And for some people, it's really obvious.

And for other people it's not. But that if you receive a diagnosis, this is your body telling you that you're out of alignment and. Committed to that.

And that this is your opportunity, your opportunity to get back into alignment. So I just want to review for everyone all the stuff that we talked about today is because it was all awesome how. You.

Use a terrain based approach to cancer so that you create an environment where cancer isn't invited. I mean, I just love that so much that, you know, make sure that you create the guest list that you want right.

Exactly. And we talked about already, yeah. We talked about computerized regulation, thermography and its roles in measuring your nervous system regulation and how important that is in the scheme of things, because it's how we're responding to our environment that allows us to know if we're doing the things that are right for us, because if your environment is right for you, then you'll respond in a positive way, right?

And we talked about the importance of oral health, knowing what's in your mouth and if there are things in your mouth that don't belong there, then you need to get that taken care of.

And that needs to be your first priority because you can this is another way you can't diet your way out of it. You can't supplement your way out of it and you can't.

There is no path to healing while you are continue continuously suffering in that way and it is directly connected to the breast through the meridians.

And so and it's not just the breast health. That role will suffer if you have these issues going on in your mouth. They lead to a variety of chronic disease.

We talked about the value of mistletoe and in reigniting your immune system because we need to have our immune system come back on board if our body is going to be healthy.

We talked a little bit about how hyper hypothermia. We didn't get to talk about low dose naltrexone. So we'll have to come back and revisit it for that.

But there are many ways of reigniting your immune system and that and that is a necessary thing to happen. And finally, the emotional component and having nervous system regulation, dealing with having healthy ways to deal with stress, acknowledging the trauma, the transgenerational effect that's happening, and realizing that our breast cancer is so deeply tied to our femininity and that we have to acknowledge and respect all of that as we go through the process.

Dr. Stills This was amazing. Thank you to do this again soon. Yes, we can talk all day, right? All day. So until next time, it's Dr. Jenn.