Podcast Introduction

Because there's so many scars and because I had infections and skin had to get changed out, and I do I feel like, you know, the doll that's been rezone so many times and just I don't really look at it without clothes in clothes.

I feel very confident. I feel great, like, wow, you know, I've gotten my weight under control because I did have, you know, after the treatment, specifically the radiation, because I had radiation for a very long time and affected my thyroid, and then I lost weight and gained weight, and then I had my sugar went up and all of these things happened.

And now it's all under control. I'm at a good weight in clothes. I feel extremely confident. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is doctor talk. Real talk from real doctors on the issues that matter to you most. So good afternoon, Sarah.

Sarah's Breast Cancer Diagnosis

Great to have you on the podcast today. This podcast, as we spoke about earlier, is called Two Curious MDS, really begins with, learning. And in medicine and in healing.

As a physician, I've always felt that, understanding the person, the patient, not just the illness, but who they are and really becoming curious about what it is like for them in their condition and asking those questions that we often don't ask.

And sometimes those questions can really allow for that deep understanding of the root, sometimes of conditions, but also the effect and sometimes even, more of the, allowance of that empowerment that sometimes we as progressive physicians don't really talk about.

You know, what is it that the patient imagines in their treatment course of their condition? So thank you for being here. Again, it's in two curious hands.

We kind of have fun as well in these, in these, episodes. And so feel free to, ask me questions, too. And, this is our living room conversation. So, so I'm so glad to have you here today.

Well. Thank you. Thank you for having me. I feel honored to be on your podcast and talk about, my camp, my, journey with breast cancer. I think, unfortunately, it is something that a lot of women are facing today.

I hear more and more friends and acquaintances, that have either gone through it or being diagnosed with it. I think in, you know, our world today, we are impacted by so many chemicals and so many things outside that, are doing these things to our body.

And, you know, we don't know it. I'm, you know, to date myself, I'm a 70s and 80s kid, so I probably grew up with a lot of kind of the junk food and the things that were there that were put inside my body.

And into this journey, that I faced, I did not have the Brackett gene, so I didn't really have any family history of breast cancer. So when I was diagnosed, it was quite a shock, because I've also been relatively healthy.

I was always, on the go. I'm sure there are a lot of moms out there, that have faced the same journey. And I think as mothers, we have this strange adrenaline that we function through a lot of illnesses.

It's like, if I would get sick, I would still do all the things that need to be done. There's really not I'm going to lie down in the bed for a couple of days and kind of heal.

I think as moms, we still kind of go out and do the driving and do all these things and we just deal with the illnesses that we have. So my journey kind of started that way.

I think, well, I know, that I had the cancer for a really long time that was undiagnosed. So I actually had a clean mammogram in January of 2019. I was very diligent about getting a mammogram every year.

I skipped my 2018 mammogram because we moved to California from Arizona, so I didn't have it done in 2018 and 2019. I got my first, one here in California, and that became what they called my baseline mammogram.

But somehow the cancer was missed. Around August of 2019, I noticed a physical change on my left breast. I always describe it like it looked like when you buy chicken from a grocery store and you see the yellow fat that's under the skin on the chicken.

That's what it looked like on my breast. And to me, I thought, that doesn't quite look right, that it doesn't look like a stretch mark. Looks kind of weird.

Maybe I should get it checked, but again, we're in the mom mode. I had, you know, three kids at home. I had one kid in college, and he was just about starting medical school.

So I have four kids. I'll introduce that. I'm Sarah Ricci. I don't think I even introduced myself yet. I have four children. My oldest daughter is 28.

She's actually an ObGyn doing her, second year of residency, in Boston. I have a 21 year old daughter who is graduating from the University of California, Santa Barbara in June with a chemical engineering degree.

And then I had two late in life children. I have a son who is 12.5. He will be 13 in July. And a daughter that just turned 11 in January. So I had very young kids at the time.

And I was just really busy. It was kind of like, I'm on the back burner. And I said, I'll get this checked at some point. Luckily, my OB happened to be a personal friend.

We created a friendship through our kids at school together, and it was nagging on me that I should call and probably get it checked in. October is breast cancer Awareness month.

So by October, I thought, I really need to get this checked. And I called her and the office and they said, yeah, just come in and she'll look at it. So I went in and I had her look at it and she was I could tell by the look on her face.

Though she tried very hard not to, you know, give a tell. But she said, you know, I it could be a fibroid. It could be nothing. But let's get it checked.

And I really want you to go to this specific place and see the specific doctor. So I kind of knew that something was up, like there was going to be something there.

So my journey started in October of 2019, right before the pandemic hit. And so fast forward. Sure enough, it was breast cancer. They knew right away.

Originally they were like, oh, at stage one, you know, it's okay. You're going to be fine. It then progressed by the end of my diagnosis. It was stage three.

See, I was, just a step away from it being terminal. Which is stage four. Stage three. See? Okay. So it was stage three. See, I ended up having, progesterone, estrogen positive cancer.

It was in all four quadrants of my left breast, as well as 13 out of the 15 lymph nodes that they removed from my arm. So it was a pretty harrowing journey as we were getting there.

And I think one of the things as patients that we feel is there doesn't seem to be a lot of urgency when they diagnose you, though. They say it's a big deal.

But we I heard a lot. Well, it's not going to grow that fast, so chill out pretty much, you know, like, I think when I first got diagnosed and I, and I really didn't tell my husband right away.

I told him a little later and he was really upset. And he said, why is it taking so long for you to get a biopsy? Why? Why are they not doing it right away?

Why is this two months out for you to get a biopsy? And I said, well, they don't have they don't have room. You know, you call and you schedule and they're like, oh, we don't have an appointment available.

And he he was very upset. Like this is not something that can wait. And they kept saying it's not going to make a difference. You know one month isn't going to make a difference.

It just you feel a lot of that as you're going through it.

Treatment, Surgery, and Recovery

And I think that when I got diagnosed, you know, my initial reaction was, I just got to get through this and I can deal with the emotional part of it a lot later.

Let me let me just get through everything. Let's just get through everything. Let's just do this double mastectomy as quickly as possible. You know, they told me that I could just have one removed, and I said, no way.

I'm. I'm almost terminal for. Why would I take a chance that it's going to come back and go through another surgery? I really didn't want to. I also felt that I at the time, I wasn't quite 50, almost there.

And I said, I, I don't need him anymore. I breastfed four kids. I'm married almost 30 years. I just didn't feel that I wanted to take that chance. I just felt like they've done the job that they needed to do.

And so I made a quick choice that just do the double mastectomy. Let's just get it done. They did, you know, push ahead. And I got it done over Thanksgiving.

But I think one of the hardest things is at that time, I was in survival mode, so I didn't really think about it. I just did it. I went through six months of chemo.

I went through four months of radiation all through Covid. And I kept thinking, I've got to get through this. I got to get through this. And then I can deal with the emotional part of what happened to me, I think.

And because it's just there's so much medicine involved, there's so many doctors, there's so many appointments, there's so much stuff. It's really hard to deal with the emotional stuff.

And I didn't really deal with the emotional stuff until after the fact. And I think that's maybe something we probably need to look at in healthcare. They did assign me a counselor, which was great.

And I did see her multiple times, to help me kind of process what was happening. But I think I've always kind of had the attitude of, you know, I never really dwelled on.

Why did it happen to me? I think a lot of people are like, oh, why me? Why me? I never have thought that. And obviously because of faith as well, I, I, you know, I have a lot of faith and I do believe that whatever God gives to us is what we can handle.

And so I, I never really question that. I think recovery was really difficult because I didn't really deal with all the emotional part. You know, they don't really talk to you about.

I mean, I guess we can be frank on this podcast, right? It's, that when you lose your breasts, it's really a big deal. Like I thought, it's not going to be a big deal for me.

I really don't need them. Like how great? Like, you know, I don't I it's weird, like, I at first I was like, I don't have nipples. This is great. I can go braless.

Like, yeah, to worry about being ripped. Nobody's going to nap, right? I kind of looked at it with, like, a sense of humor. Yeah, yeah, but these, like, perky boobs again. And.

But it is a really strange feeling. It's like I have that phantom limb syndrome. You. I have no feeling there. I mean, they could be on fire, and I wouldn't know.

It's the strangest thing in the world. Like I hit things all the time. I don't even know double, right. I end up with bruises, and I'm like, how did I even.

It is a very strange feeling to not have that as a woman, especially, I think, I mean, you know, whether you breastfeed or not or, or I guess, to just not have that feeling.

It's a very strange process and I'm not sure how we ever can get past that trauma. I mean, I think a lot of humor, some of my friends that have gone through the things we joke all the time about how they're constantly cold, they're always cold, there's no nerves, there's no feeling, there's no real slow.

It's a very strange, strange phenomena. I mean, I would say the only perk out of the whole breast cancer thing for me is that I did, the deep, flat procedure, and I don't know if anybody's familiar who's listening with that, but because I had four kids and I was on the heavier side, I had an A fat in my stomach for them to remove my stomach fat and recreate my breasts instead of going through implants.

It's a really, really difficult procedure. I had a lot of infections. The recovery was intense, but I did get a tummy tuck out of it, which for my self-esteem.

I think this was a really big positive. To this day, I think that's something that I feel good about, but I'd like to kind of. There's several things you've talked about.

One is what's not asked what's not, you know, at as you kind of walked this journey and had to navigate it for yourself and recognizing the resources that you already had and relying on that, in terms of your faith in your family, even yourself, you know, the resiliency that, is needed and, but I'd like to kind of ask about those unasked questions.

Right. Which is we talk about this in integrative medicine. What is it that why are certain conditions present in some people and why in not in others?

What is it about women, in a particular kind of cohort of women who get breast cancer, for instance? Female nurses have a higher incidence of, say, having breast cancer compared to normal population.

And what is it about that type of person or character or, career or, you know, the people who give and are able to

work and multitask and manage and yet, are always receiving yet on the receiving end of giving, for instance.

But in terms of trauma, when we think about trauma as a condition that most people have had some event of trauma in their life, whether it was early childhood trauma or later on in their life, but that impact that trauma has on the body, which tends to live.

Right. What would you say about your early life or even, later on in your life? Indicators that put things to question in terms of trauma, you know, what was it like for you growing up as a child?

So, you know, I think I think when you say, I'm definitely a multitasker. So growing up, I'm a child of immigrants. You know, my parents immigrated from their home country very early on.

They got married in the, like, 1962 or something like that. And then immigrated to England. I was actually born in England, from England. They then immigrated to the United States, like 1974, 75.

So I was quite young, when we came to the US. And so my childhood was always that kind of navigating because your parents are kind of new to the place, right?

And again, like I said earlier, it was the 70s and 80s. I think we just had everything was introduced, like processed food. I think our lifestyles changed dramatically.

I didn't, you know, you know, thank God my my parents were very kind parents. I didn't have any trauma in terms of any kind of, like, physical abuse or, those kinds of things.

I think there was an intense pressure to succeed and to be successful. Because you have you are a child of immigrants. My dad is successful. He was an engineer.

But, you know, it was really a big deal to go to school and get A's, and that's kind of all they thought, right? If it was anything else they wanted to do, it was sort of like my own doing.

It wasn't really like, okay, they were, oh, why don't you try this and try this? It was sort of like, go to school, get A's, and that's what you're supposed to do.

And then you go get married and then you start your life, right. I think that the only I think the trauma that affected me personally, was kind of fitting into the society here as a child of immigrants.

When I grew up, you know, there weren't a lot of Asian immigrants, especially when we left Virginia and moved to Arizona. Virginia was probably more diverse.

And we left Virginia when I was in junior high school, and I came to Arizona and there wasn't a lot of diversity in Arizona at all. I mean, people had no idea where I was from.

If I said it, and they were like, okay, whatever. And so I kind of had this feeling of not quite belonging 100%. So I think that kind of emotional, trauma was there for me, which also made me very thick skinned and a multitasker and somebody who could probably deal with a lot of things.

And that's probably why when I got the diagnosis, like, okay, I just have to deal with this. I'm just going to have to do this. I can still manage everything, and deal with it.

It's weird because Covid was kind of a blessing in disguise, for myself and my family with this, because it forced everything to shut down. And as a result, we weren't trying to figure out how to manage getting the kids to school and to their sports.

And my daughter was sent home from med school, and she kind of helped take over the house, which was primarily what I was doing. My husband started working from home.

It just became hyper focused on I'm having this going on, and everybody's going to help now and everybody's going to take care of me. And but it was really hard to be taken care of.

I do have to tell you that that was it was really, really hard. I really didn't ask for a lot. I mean, I'll eat cereal most of the time because I couldn't eat a lot.

I was like, nah, it's okay, I'm just going to have a bowl of cereal. I just going to I just am a person that is not used to that. I'm used to the one that's always doing those things.

I think the trauma of the part about Covid that was scary was that, God forbid, if it if I got it, what would we do? Because I had no immune system at the time.

And that we were seeing all these things and it was really scary. So we were very much hunkered down. We ordered everything. We didn't really go out. I don't know if that's if that's if that's the question if that kind of was your question.

It does in, in some levels. I think the migration and this has been seen as well, you know, it, women who have breast cancer from one area of low incidence then coming into an area, another part of the world where the incidence is higher, again, the diagnosis occurs, whether that's related to the environmental change or either the socio demographic change or whether that's related to nutritional change.

Right. Or a combination of all of those things in, in, in light of, you know, that migration and the stress that, that occurs in the body, the other factors that, come up in terms of incidence, is also age of onset of, of period of menarche.

And okay, and that is effect on a young child based on a different environment, different timing, delayed onset of, you know, children having children at a later age or reduced breastfeeding.

So it's it's very interesting to hear, components of that that occurred for you and in your life. Me, you know, coming from an area where food is different, you know, and how, nutritionally depleted food is here in this, Western world.

And but still, access is still readily available. And, and that whether that's a, a systems change that the body notices right away. Very subtle in, in response to it in that way.

Trauma, Migration, and Risk Factors

There's so many things. But it's, it's, it's, there is correlations there for chronic stress. Environmental. Yeah. And that's what I was told that stress you know, was one thing that really is impactful for people with cancer.

You know, I've been told that by my oncologist over and over again. And even the therapist that I saw is you cannot have stress because it's just that's what feeds the cancer in your body once you have it.

And I did have a very stressful life. After my marriage, you know, we were traveling a lot, back and forth between where my husband is from and here. And, you know, we've we have kind of had an up and down situation as a lot of people do.

And I think that, you know, impacts it as well. I do, I do think in, in myself that because I was progesterone and estrogen positive, you know, I had my first two children early in life, my oldest, obviously early, but my last two I had after 40 and, they gave me progesterone shots when I was pregnant with them because my first two kids were premature and they wanted to make sure that I didn't have, premature birth again.

And I and I always think in my head that, you know, I did that for two years, literally, because I had my son. And then six months later, I was pregnant with my daughter.

So I had this quite a few progesterone shots, and I, you know, I don't know, I mean, years of birth control, we had a

big gap between our children. You know, there's lots of factors that I think probably contributed to this onset for me.

I do think the types of food that I eat as a child and even older, I'm somebody that loves junk food. I just grew up with it and I really like it. And it was not good, you know, and I've sort of taken a step back.

I mean, when I was pregnant, I craved cheeseburgers like crazy, you know, and I do say those things are just so, so impactful. Sugar. You know, generation X, we're like sugar Horlicks.

I, you know, I don't know. Yeah. Well, I mean, it is, you know, it's the perfect storm, right of thing. Right. And, inflammation being one of them as a set up for sometimes any kind of condition, but specifically for cancer, of course.

Right. You know, there's, a lot of discussion in the Women's Health Initiative that came out with the public. Published studies on the effect of estrogen and hormone replacement.

In that risk of great. However, there's variable schools of thought on that. And knowing that in in integrative medicine, we talk a lot more about inflammatory factors that have effect on cellular mechanisms and DNA replication and mutant mutations, and epigenetic markers that may exist, especially in different cohort that become, it become more, turned on, I guess, when they're in a different environment.

So South Asians in general, have a higher risk of diabetes, but why is that? Because, you know, we're, programed to be in a starve state. And so when you're not in a state of state, the body just doesn't know what to do with all that extra glucose and tends to right, either store it or, become more ineffective with those pathways of insulin.

And so if you look at that. And why is that? Because again, we weren't generationally trained, you know, prior to my graduate program to be in a starve state.

So, that same sort of response, turn to conditions related to inflammation tend to be more, more sensitive to different populations, again, because of their, historical genetics.

Yeah. So knowing this now and, you know, hearing this, part of why illness manifests in, in, in your body, and feeling working through that with the resiliency that you already have as an immigrant.

Where do you feel your body is now? And how do you see yourself in the body that you're in now? We spoke a little bit earlier about that. You know, seeing it, you are work through, you know, the systems of of medications and processes and doctors.

But now, as you see yourself, how do you see yourself now through this illness? You know, I definitely I definitely see myself as stronger, more resilient.

I think that, you know, I, I'm happier with my body because physically, I was able to have that change, you know, so I think that that gave me and that just has to do with women and body image, which is such a bad thing that we have.

But I definitely feel better about that. I do I don't necessarily I don't think that I can physically look at my body anymore. I think that's really hard for me.

I can't because there's so many scars and because I had infections and skin had to get changed out and I do. I feel like, you know, the doll that's been rezone so many times and just I don't really look at it without clothes in clothes.

I feel very confident. I feel great, like, wow, you know, I've gotten my weight under control because I did have, you know, after the treatment, specifically the radiation, because I had radiation for a very long time and it affected my thyroid.

And then I lost weight and gained weight, and then I had my sugar went up and all of these things happened, and

now it's all under control. I'm at a good weight.

So in clothes, I feel extremely confident. In terms of my body, I, I finally, I think in 2024, I felt back to being normal. So it took a long time. I was diagnosed, you know, had my first surgery in November of 2019, and I honestly didn't finish all my treatments until 2022.

So, you know, I had all my chemo and radiation. And then because I, I was going to have that other procedure, they had to wait for everything to heal my skin, my body from the chemo so that it took almost a year.

And walking around. I don't know if people know that when you when they give you a mastectomy and you're going to get your new breast or whatever you're going to get, they put expanders inside and they're awful.

They're just the most horrible feeling in the world. And I had to have those for over a year. So it was such a relief when that when those last so I, it took a really long time for me to kind of just feel like a normal person.

My hair grew back. It didn't grow back the same. You know, those those kinds of things make me sad, you know, that. It's not like what it used to be. It's, you know, all of these things, I do feel that it created a veil on my face that I can't describe.

But when I meet women that have had breast cancer, I can tell. I feel like I can tell looking at someone's face, it does something to us, to our faces.

You know, I don't know if it's because, you know, the after you have breast cancer, you have to be on a hormone if you're progesterone, estrogen positive.

You know, I, I know there's another type of breast cancer, and I'm drawing a blank right now for two positive. That's different. But when it's, you know, hormone positive, they put you on a hormone blocker.

So basically blocking all the estrogen out of my body, I think I have more testosterone than I have estrogen. And I do feel that that I feel like on my face I feel it myself.

I'm sure my husband feels it mood wise. Yeah. Eating it does affect you. I mean, I think I went through menopause lately fast, so it's like I didn't even get to deal with menopause like most women deal with menopause.

It was just like fast hot flashes coming. I still get them, you know? But it was like, wham, bam, you're done. And the mood swings and everything is just coming on so fast.

But it does give you a certain strength. I mean, I think, and I don't know if women feel like this. And maybe this is why women, I think journey during menopause and after menopause, I feel like we become empowered.

Yeah. Because I feel like I don't filter myself like I used to because I really, you kind of like, I really. It's okay that I feel a way. I feel I'm just going to say I don't know how to describe it, but yeah, well, you said you can see it in other women.

The veil. He described it as a veil. You. It's about what it looks like in the veil over your face or a veil. How would you describe you, like on your face?

It's like you can see the journey of the cancer in the face. Yeah, it's I don't know if it's the harshness we get or it's the trauma that we go through.

Right. That it's something you can see. And I don't know if other women see it. You know, there's, another influencer, on, like, she's a, you know, an influencer in it.

I think they're called home to edit or home edit where they do, organizing it like they organize your hall. Super famous. And and her journey was very similar to mine.

And I've always thought about God. I don't know how to contact her. I think she went through it after me, but I so wanted to just be like, I know exactly what you're going through.

Yeah, but I can see it on her like I see it and you know, and I don't know, I, I'm not sure. Well, is it the armor or the strength or the internal strength or the resiliency that.

Yeah. In the face. Right. Just like a wounded warrior, you know. Yeah. They're coming back home. It's a it's also a weird strength, you know what I mean?

Like, it's a trauma, but a strength at the same time that appears. Yeah, yeah, yeah, I'm. You know, I'm very curious about that. I'm. I am a pediatrician, so I haven't taken care of women, in that stage of their life, more.

But now, as the work that I'm doing with shamans and in with ketamine assisted therapy and, in trauma work and treatment resistant mental health conditions, there is a face of trauma, I would call it.

There is a face of depression. There is a face, a face of anxiety, you know? Yeah. And it's of course there is, because there is a cellular effect of, what depression does to the body.

You know, when, when somebody is depleted or. Yeah, the cellular changes are there. Those mechanisms are there. And of course, collectively it's seen as such, and society, you know, increased inflammatory markers, you know, unable to sleep, unable to, hyper vigilant.

So eye movements, muscle, you know, reactivity. Yeah. It's much more sense, like brain map. You know, if you look at a brain map on a patient who has anxiety, they have different waveforms and it presents in different parts of their brain because, and how does that manifest itself physically?

And mean is what you're, you may be seeing or noticing because you can see it. You've seen you you know, you've experienced it. Yeah. It can those subtleties are apparent to you.

Yeah. Here's and with that said, sometimes when we treat patients for depression who have been depressed for years, you know, their physical face changes.

Yeah.

Identity, Faith, and Resilience

You can see, the effect of what empowerment feels like, and you can see that light in the eyes, the the awake, the, the alertness, the posture, the muscles, you know, chronic depression, fatigue, you know, affects again, the right, you know, where muscles relax, intense.

And, we can see that change occurs when we treat patients with ketamine. They physically look different. And it's fascinating to witness that and see the benefit of treatment for that very reason.

Because again, that affects so many other factors in your life, such as your relationships, such as the people that you can communicate with in narrative medicine, we talk a lot about, the description of what cancer, you know, kill cancer or I've got to fight cancer or a war against, you know, a disease.

And it's often described in that way that you can go back to normal. You can go back to what you were before the cancer diagnosis, and that's that restitution narrative.

Right? I was this person, you know, I was an athlete. And then I got cancer, and then I went back to becoming an athlete. And that's that arc of going back.

Right. Then there's that chaos narrative where it doesn't make sense. And, and we witnessed this too, in, in the condition that when patients present, it's like, nothing's making sense.

I don't know why this is happening. Everything's meant everything is falling in this way. And I, I'm, you know, in the chaos of all of that and the bodies responding in that way as well in terms of chaos, disorganization, unable to focus, can't function.

And then there's the quest narrative, which is I have a condition, a chronic condition. It it is has an impact. And then evolving through that impact is something that we are not sure of until it till we get to that place in our life, in our journey, in our illness.

Right. What would you how would you describe your journey, as your own and your own story of your illness? So I think it was definitely more the okay, I need to kind of fight this.

I need to be the fighter. But then I started feeling like, you know, I did. I think I heard somebody say, or I was on a breast cancer forum, you know, they they give you all these things that you can to help you kind of get through it, talk to other patients and things like that.

And they were saying, you know, they do. They say we're warriors. And you know, you're a survivor, like, because like, I fought harder than somebody else.

So somebody else didn't survive and I did. And then I started feeling guilty, like, that's not right. I don't want to be that, because I don't think that I fought any better or different than somebody else that didn't survive.

That's just the hands that we were dealt, you know? I mean, I was so close to being terminal that it could have gone a very different way. Yeah. And I think that when you are a survivor of breast cancer, you're always thinking about when is it going to come back and where is it going to come back, and when am I going to anger be.

And that's a huge burden to carry. And I feel it often. And I think one of the things when I was going through this journey and I found out I was advanced as I was, I just remember praying to God and saying, you know what?

I literally calculated in my head that when my kids were going to, younger kids were going to go to college, or when they would have been the old enough to maybe manage the loss of their mother.

And I really just said, can you give me ten more years? Like, please just give me ten years. Like ten years was my magic number to give me ten years. And that's an I promise I'll try to be the best that I can be.

You know, we do those where you make, like, a deal and then you realize, like God is supposed to be, you know, beneficent and merciful. And I don't think he really needs a deal.

Like, you know, he's or. But we do that, right? Like I said, I'm going to like, do this. But it was give me ten years. Like, I know, I know in my heart.

I know in my heart it's going to come back like I know that that's it's going to be the thing that takes me down the road, probably because it was so advanced.

Maybe if I was stage one or stage two, I would have been no. But the fact that it was as far as it was, I, I do know that and I do think, you know, hopefully it'll be longer than ten years, you know, hopefully, it will be.

But I really prayed for that magic number and, and now I realize it's kind of, how can you say that your kids are always going to feel the loss? No matter how old they are or, you know, they're always going to have that, that loss.

But I was like, quickly calculating, maybe my oldest will be get married by then. Maybe I'll be a grandma by then. My youngest will go to college. It will be that will be okay.

You know, my husband can survive okay without me at that point. And everybody can survive. Everybody will be able to move on easier. You know what you're describing. And I'm sorry.

I think it's a, It's a it's a question I ask for myself, and I, I think about asking this, this, this question to patients as well. And it's going to sound a little morbid.

And I'm going to ask you because you're, you're, describing something that I think is very important to, to to highlight, we're all going to die. Every person in this planet is going to have their death.

Knowing that that would be great. But we don't, and knowing, you know, how we're going to die would be awesome. I wish we could read the future, but we don't know that. But.

And we often talk about, well, how do you want to live? How do you want to be? What do you want to be when you grow up? What is it that you you think about?

Is important to you? What is your purpose in your life? But I'm going to ask a question kind of differently. If you what is your journey to death look like?

How would you want your journey to death to look like? In the time that you have for however long you have? And I want you to kind of this did before answering this really this kind of meditate on that what you journey to death that you want it to look like.

You know, I that's such a hard question. You know, I, you know, when I, when I first was diagnosed, I think I did think like that and I was like, I'm going to focus on the moments that I have and make them really good.

And then I think that as we progress and maybe as we get healthier, because I feel like I'm caught up in the same right and cycle of life that I was caught up before the cancer where I'm busy and I just am like focused on everybody else and doing all those things that I don't think that I, I've lost sight of what my journey is to death, I think.

But I'm also I'm a very pragmatic person, and I think that I see my journey to death in how can I make sure everybody else's life is going to be okay?

There you go. And that's the thing I think my when you ask me that, my first thing is, okay, well, I want my kids. I want my daughter to get married. I want her to have kids. I want my second want to get married.

I want her start her journey and have children. I want my son to go to the university that he wants to go to. And, you know, do what he wants to do. And I want my youngest to she wants to be a physician like her oldest sister, and hopefully she can make that journey.

How can I empower them to have the life that they want? That would be my journey to death. But then when you look at it that way, it's not your journey, it's their journey.

And I don't know, as moms, if we lose sight of our own journey, I don't, I don't know, I don't recall the etiology that we spoke about in the beginning is like, why?

What is that person who gets this kind of condition? What are they like? They're they're always thinking about others. They're caring for others. Yeah.

That idea of self-care and that idea of is really foreign. It's something they're functional, they're pragmatic. They're. Yeah, resilient. And they work through some things they probably haven't even spoke about with many other people or maybe not, you know.

And then you talked about relapse. Yeah. You know, so imagine what you just shared about that focus on the moment that that matters. Yeah. I think, you know, one thing I, I did get out of it is that, you know, there are certain things that I have no control over and I can't fix.

Yeah. To I think I pick and choose the things that are going to stress me out. Right. There's just certain things that I

it's I'm not going to be able to change it.

There's certain, you know, maybe, relationship aspects with my husband that aren't going to change no matter what I do. And so I'm to just deal with that part of it.

And say that it is what it is, you know, and I need to get past that or whether my daughter is going to be that, you know, her Prince Charming, I, I'm not really able to control that.

Right. That's out of my control. So worrying about it is not going to make it any better. I think also, I do feel that part of my journey again, it's with other people.

It's that other people I, I'm a I'm a professor. That's my prediction. Yeah. Professor of political science. And I think that what I do, it's just part time.

It's not something that I do full time again because my kids. But, you know, I, I just, I can't focus on it full time and be able to run everything that I do.

And I, and I'm blessed to have the opportunity. I do need to say that I'm blessed that I have a husband that can provide for us, that allows me to make that choice.

Know, I, I do feel like I have this ability to influence and empower people to make an impact on the world. When I go in and I teach, that's my focus.

My focus is not to influence my students, to be a Democrat or a Republican or whatever it is to tell them that they have a an impact on our society and that they do have an obligation as a citizen of our world and our country to make changes and to contribute.

And so I do see that as something that I feel is part of my journey. And like you have a podcast, something that I would envision that I would like to do for that part of the impact, like to talk about, societal issues and, you know, political issues and issues that we face as moms.

Yeah. You know, that we that we face as, moms from other cultures. Yeah. I think we do worry about that in our society, the cultural aspects of things.

So I'm going to pause here because you mentioned a couple of good points. One is you can pick and choose now versus, I don't know, before. Right. You have to recognize that there are things that you can control and things that you can't, especially when it comes to others.

Right. And that sounds like there's a there's cohesion with that decision. Yeah. You mentioned balance that you can balance both important aspects of your role as a woman wife balance, mother balance work balance that and that.

That could be seen as a compromise. But it's really the balance that you're really right. Seeking, for yourself. And then the influence on others, having that impact.

Yeah. Yeah. I think that's, that's something that I would like to go out with people saying, I think when you are, when you're on a journey where you think that death might be coming, you do start to think about, you know, it's funny because everybody thinks, okay, what are people going to say about me? But you're going to be dead.

It doesn't matter what they say. Yeah, right. Right. So true. Right. Like, well, I'm like, what does it really matter? But no, but it does. It does matter in that I would like that people would say things, that, you know, this person did something that impacted something in my life, you know, something and made me choose a journey or think about something in a way that I didn't think about before.

I really think it's important that when people disagree, they learn how to disagree. I don't think that if we disagree

about politics or we disagree about things, that we necessarily have to hate each other about it.

And I think that's important. I try really instill respectful ness for different opinions because everybody has different things that happen to them in life which impact how you think about things.

We all have different circumstances. Like you asked about trauma in the beginning, like how that would impact you in a journey. As such. And I think that's why we all deal with things so differently depending on what factors influenced us as children.

Just like you were saying, you know, I, I, I remember hearing or watching a Ted talk about like, as you were saying, that starvation mode versus the not and where they're seeing higher obesity in women, pregnant women, who came from maybe immigrant backgrounds where they were necessarily starving, especially after World War Two, like they talked about some of the Russian women who had children because Russia went through such a bad winter with so much starvation.

You know, this is the faster coming out of me. But they feeling leather to eat that, right? Yeah. And they had these children and the children were basically nurtured and developed in a starving womb.

Death, Purpose, and Healing

And then all of a sudden you have this onset of a lot of food and you had a high obesity rate. Right? Right. Because that's not what they were formed thinking.

So, yeah, I mean, I think that all of our journeys are impacted by not just genetics, but I think environment as well. I mean, I think that's I mean, genetics is huge.

We can't fight genetics. I mean, maybe we can with AI later on, I don't know. But yeah, Regenerative Sciences is it's on its way, you know, to get a new lung, you know, regenerative li we have the technology.

Yeah. A lot of these, things that are considered, you know, cutting edge. But we do have the technology. I think the health care system itself is usually lags behind.

Yeah. It's, you know, part of that is has to do with implementation and education and training. You know, the students, candidates, training with technology.

Of course, now AI has changed a lot of that. Education. I'm sure you're seeing that to. Oh yes I do. Yeah. Asian is much more. No one has to go to the books anymore.

I have stacks of books, but I know yeah, I mean I'm an up I'm old school. I my thesis was on dos. I mean, you know neutron docs I, I, you know, you had to use books and microfiche to do my research.

I wanted to have the internet. Yeah, but everything is at the fingertips these days. And my, my last question is, if you had to really feel you, you're your joy, your love, your, sacrifice or.

And I always I say this to my patients, you know, it's not about treating the pathology in you. It's about healing your. Well, healed my well was when I say, you know, you may well like, because we we we kind of we want to get rid of things in our body.

But what is it that you can do in your life now? That would heal your well meaning? The things that are already good about you, or any cellular, whether that's, you know, your mind or your body.

Heal my. Well, like and supporting the things that, are in your life or in your body that brings to that brings one to healing, but in a very natural, healthy way of living, say, oh my gosh, that's a hard question.

Like, do you mean like, you know, exercise, diet? Do you mean spiritually or all of that? Oh, that it's healing your

mind, body, spirit. Right. Tune in with what your heart says with your mind and having that connection of the heart and mind and the spirit, when one feels at peace with what is happening in our environment.

But and I want to speaking two things that I believe helps conditions is kind of the the regulation that happens in the body is really a factor of response.

But going back to how a child is, imagine how a child grows and lives. Babies are born perfect until you know they evolve. What is it that we can do to keep that perfection as close to perfection in their life?

And that's that idea of healing. Healing the well, really enlisting and inviting what is already present. And you know, you're saying you're saying this to me and and realizing that I'm back in that rut of not having that well, I really am not.

I think I'm back on the running around and on the back burner, and everybody else is kind of first. And if I, if I could magically do something, it would create more time so that I could, could have that focus on just me.

I do think that that's really hard. I think it's hard as a woman, and it's hard as a mom to just be me. You know, I, I think alone time and I don't ever really have that.

I'm never really alone. And I think, maybe that's what a lot of women need is just to be alone sometimes where you can just focus on yourself. I think sometimes it would be great to just not do anything.

Yeah. Absolutely nothing. I mean, we I think we're so in a society where we're constantly either scrolling or whatever, but to just really sit and do nothing, how would I get back to my.

Well, yeah. Yeah. I think it would be just sitting and doing nothing. Cells. Yeah. And whether that be one minute a day or five minutes. Yeah, yeah. You know, just even that practice, just even that thought I, I think to a place of stillness.

Right, right. I think that we. Yeah. Really kind of that, you know, which goes back to those ideas of meditation and, you know, yoga and that kind of stuff, which I was never been, you know, a yoga person.

I have a daughter, loves Pilates and yoga. She's and I've never really been that. I, I'm really high strung and I it's really hard for me to just be patient.

Yeah, yeah. Well, you mentioned your spirituality in your faith and, you know, in, in medicine, we often don't talk about spirituality in faith. Like, you know, what is your spiritual practice?

What does that look like for you and what is that? So, you know, I'm, I'm a muslim. So as in, it's in our life all the time. And I think that the benefit of Islam and being a muslim is that we don't really rely on somebody else to give us a connection to God.

You know, we don't rely on going to priests for confession or those sorts of things that my my connection to God is direct. I just put a rug down and I can pray and I feel that connection.

And I like I said, that was something that was really, you know, important for me when I was diagnosed because I did just pray and I just prayed for that ten years.

And I, I did firmly believe that, look, whatever you have put in front of me is because you know that I can deal with it, whether it is my death. And and I think that's the thing I'm I am I have no fear of death.

I think some people are very fearful of dying, and I, I am not fearful of of death at all. And I'm fearful for those that I'm going to leave behind. It's not my journey for death, it's the people I'm leaving behind that I fear for.

And I think that was what I prayed. I, you know, I'm I'm okay if you think it's my time. I'm not okay for you to leave

my little kids without me. You know, I'm not okay for them.

And so I think that that, you know, was a lot for me. You know, interestingly enough, for my breast cancer, all the factors, you know, when they ask the questions, you know, do you drink, do you smoke, do you do these?

None of the things if you have to. I don't need to drink or do that. You know, I never smoke. I, I just did not do those things. Everything that would have been a risk factor for me was not there.

So, you know, it was it is a really strange thing that it was so advanced and and came and they do think that it was probably in my body for a really long, long time, years.

Just right. Never seen but I yeah, I, you know, I, I do I think that that, the faith is just really, really, really important. Yeah. That I think you speak about the faith and.

Yeah, that that is one connection. That connection. Yeah. And I think if I took more time, you know, there's not I mean, you know, Muslims come in all different shapes and sizes and colors and, you know, all of those things, and I and I, I'm definitely not I'm, you know, I'm, I'm not a person who prays five times a day or, or or those kinds of things.

And maybe if I did that more, it would give me that alone time. It would really be that kind of thing of peace. But I get caught up in the shuffle of life and, and all of that stuff, but, yeah, I think I think it does have a big impact on us as people on our, you know, our culture, our faith, to deal with the issues that we have.

Yeah, I, I don't know if I answered your question, I think. What do you think, Helio? Well, if you had to put one word on it, heal my. Well, what would that be for you?

This at this moment, still stillness, stillness and still, which is something I don't have and I probably need to do. Yeah. And sleep, I would say I think, oh gosh, we could do a whole podcast on sleep.

To be continued there, here, women that have gone through menopause, I think sleep is a big it's a big issue. I think that to nurturing your sleep. Yeah.

Yeah generously and yeah and I do I think just stillness. Stillness with myself just you know stillness is one just being one. Yeah. I'm never one. I'm, I appreciate, you know, you sharing this deeply personal conversation with the bigger audience and sharing to your journey.

It's always different and unique for each person. But there's so many common elements here that I think are important to, to share with as a patient and as a person in and, you know, who've gone through this journey, what would you say to your doctor now versus then?

When it comes time to, you know, when it came time to you're giving that diagnosis of cancer, what would you say to your doctor that you know, now, you would have liked to have had I think, you know what we're saying, kind of that stillness, that time to help process what's going on.

And I think to talk about the things that they don't talk about the I think that they try, you know, we I did hear you're going to be okay. You're going to make it through this.

You know, the chances are blah, blah, blah, all these things. But I think they also sugarcoat the difficulty of what you're going to go through because they're scared to tell you.

But I think if there was more frankness and I how bad chemo is and how bad the radiation is, and that what the recovery is going to be like and how bad the scars are going to hurt, and that you're not going to have this feeling and you're not going to have this.

And I think to to help women prepare for the bad part. I think as physicians, maybe they try to avoid the bad. And

then it's like you try really hard not to talk about the bad and only talk about all the okay or how it's going to be okay.

But I think that women need to be prepped for the bad part as well. I mean, I don't know, maybe that's not right. Maybe then you aren't going to be able to deal with it.

And you, you just kind of take it as it comes. But, you know, I, I don't know when we talk about informed consent in medicine, but it is kind of just a mechanical, informed consent, you know, do you consent to a treatment that's going to have a positive effect.

And also these are the negatives that we talk about benefit risk and effects, you know, but it's very mechanical. But what you're describing really is give me the bigger picture.

You know, don't just sugarcoat it. Let me know what my options are so I can feel. Yeah, I mean, I don't know if I would have I don't think I would have changed my mind.

I wouldn't, you know, as far as I was, I wouldn't have not gone through chemo and not gone done the radio. And, you know, it wouldn't have made me stop, but maybe it would have said maybe it would have just made me feel more like, okay, these are going to be these are going to be the things you're going to experience, like, because like for instance, an example, it's kind of like off kind of veered off topic.

But when I had my first daughter, I had her prematurely. My water broke early, just some weird reason. And they put me in the hospital and I was on bed rest.

And then it became a risk of infection if they kept me longer, like kept the water in and, you know. Right. So they had a decision to go ahead and let me go into labor.

And it was my first child. I had no idea what child labor, what what the having a child would feel like. You know, having a baby would feel like, and I have a really high tolerance for pain.

I'm a somebody that has a heart for pain and so they, you know, let me just go into labor and it's it was hurting. And I remember I, you know, told the nurse that, you know, really hurts.

And I remember her saying, oh, honey, this is just the beginning. You know, it's going to hurt really bad. You know, it's going to hurt. You need to prepare yourself.

And I said, okay, well, when can I get this epidural thing that everybody talks about, right? Like she's like, oh no, it's way too early. You can't have that yet. You know, you don't want to have that.

Yeah. It's going to hurt, honey. You're just going to have to deal with this. Okay. So I was like, okay. I'm like tired of being wimpy. Like, I got to deal with this.

Eight. Yeah. And everybody kind of laughed. And I'm sitting in this room, I wasn't even in a delivery room and it was just hurting really bad. And my sister luckily was doing research.

She was a researcher at the time doing neuroscience research, and she was working in the basement of the same hospital, and she just came up to check on me, and I was in so much pain that I was gripping the bed handles like this.

And I had IVs in my arms for, you know, because all of these things and I was gripping so hard because I was in so much pain that the blood from my arm was rushing into the IV bag up instead of, yeah, you know, yeah, I can.

And my sister's like, oh my God, like, what is going to happen? Like and it hurts really bad. Like I'm really in a lot of pain. So she calls the nurse and she's like, hey, my sister's really like not feeling good.

This isn't I don't think this is normal. And the nurse goes, oh, well, the nurse she's supposed to have is on lunch right now. So, you know, she didn't come in and check.

Advice for Doctors and Closing Reflections

And this other nurse came in and check and she looked and she's like, okay, what's going on? What are you feeling? And I said, you know, I feel like I have a big poop.

I feel like poop really bad. She's like, what? No, no no no no, don't do that. Do not do that. You know. And she looked and my daughter was crowning. Yeah. That's right. Yeah.

And I just remember them frantically yelling and taking the bed and rolling it down the hall because she's a preemie, right? And I'm like, I'm like, I just want to push this thing out of me.

I just want to get this thing out of me. Like, just get it right? Yeah, yeah. That's a, that's a, that's a that's completely what you are supposed to do at that point.

You know, just push push. And she's and the doctors like running along these like okay okay. You know what. Just go ahead. Just do what you need to. Yeah.

They're thinking I was really mad. I was like, get it to relax. And so were you. Were you more upset about the and I be I may be summarizing it for you, but being dismissed or not being told I think I think being dismissed and not being told like what this is going to feel like.

I mean, in hindsight, after I had her, it was like a super quick recovery because I had no drugs in my system. I didn't have anything. I walked out of that hospital with her, like you, great.

Because I, I mean, it was a natural. I had a natural childbirth. Not by choice. Yes. I had the same exact. I think it's already similar. Yeah, I think it is the dismissal and then not being told.

So I think maybe that treatment stuck with me. So all through chemo I was like, well, maybe it's supposed to feel like this. Maybe I'm like, I'm being to whatever I'm in, I'm okay, this is not that bad.

I can deal with it. And the funny thing is, chemo really wasn't as bad for me. It was the radiation that was really bad. Yeah, the radiation got me because the skin gets burned so bad and nobody talks about that again.

Nobody talks about that like almost fourth degree burns under your armpit and like, it really hurts and you can't bend, you know. Yeah. And I'm like those were the things that I'm like.

And somebody is really got to tell people that this happens, you know, and it's really, really crappy for a while. But you will get over it. I think that's the thing. Like you do heal.

It does get better. Yeah. This really going to suck for the time that it's there. And I'm not. I need to just hear that I'm here. That just can be really bad.

Yeah, I'm going to be okay. Yeah. Just, pass the bad. You you want to know the the roadmap, right? Yeah. I really need to know what I'm going to face.

Yeah. Really need to understand what the journey is. I go, there you go. What? That what we can learn from some of your experience and what you can learn also from how that experience can translate over into, you know, the next encounter of illness.

Yeah. I want to thank you. For really sharing this time with me and, and so many others as they listen, to this podcast. Again, this is two curious MDS.

What are asking those and ask questions really in integrative medicine and in narrative medicine and using those methodologies to really help in healing and the alchemy of what that brings to so many others in their healing journey.

So thank you. Oh gosh. Thank you so much for having me. All right. And tell me to let me finish you. Why don't you finish, Sheriff? Oh, that's okay. I want to say just thank you so much and allowing me to just kind of regurgitate everything out there. This is beautiful.

You know, I think sharing and, you know, I do, I do think it's important to, you know, if somebody faces this journey to talk to someone that's already been through it, and I do try to do that as well, because I did that myself.

I did talk to you. I had a friend who had went through a journey very similar to mine as far like the same stage and as advanced, and I couldn't have done it.

I couldn't have gone through it without her, without calling her and talking to her and and hearing that because I think different stages and different people have different, you know, it's all different.

And she was someone that was a little similar, to my journey. And she survived. And she also survived brain cancer. And it was like huge for and she's also a physician.

That was the, really was impactful on my life in that. And so I've tried to continue the things that she does. And so she talks to people. And I thought, it's great to talk to people.

So thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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