Introduction and Dr. Bob's Background

Welcome back. It's Dr. Jenn. I am so delighted to have one, a man who is one of my heroes and a true inspiration. And this is Dr. Bob Rakowski. He has been practicing functional medicine for three decades, and he inspired me in the very beginning of my career.

And there's truly no no one that I've met that sees the world in the way that he sees it. And it is impossible to be a bear in a bad mood when you're in his presence.

He has a perspective on life that is so beautiful. And he truly like represents and radiates sunshine. I am so delighted to have him here. He has is responsible for teaching thousands of seminars to medical practitioners around the world talking about his method and he really aims his practice at helping patients to get fast results and restore them to health and avoid costly mistakes and it is an absolute joy and honor to have you here today.

And I know that what you have to offer the breast cancer population is so invaluable. And so I've really been looking forward to this talk. So thanks so much for being here.

Well, me too. And what a beautiful, wonderful, amazing and hard to even accept introduction, but I'll humbly thank you for that and try to live up to that for your wonderful listeners.

So I actually am one of those 10,000 practitioners who you have taught, and I listen to you probably in the very beginning of my functional medicine journey.

And you were talking about the fact that you, you work with everyone. You started off working with like, these elite athletes. And you realize that it was the same thing that you were doing for these elite athletes that could then be translated into helping people who were really suffering get to a place where they were healthy.

That was a real interesting journey. And on the medical literature caught up about 20 years later. But I did start working with elite athletes and very, very fortunate to work with world champions within my first decade and literally every major professional sport.

But they also had family members that they were sending in and I would do similar protocols and amazingly we got results. Then fast forward, there was an article that was published in the medical literature entitled The Application of Sports Medicine in Critical Care Medicine.

And they came to realize that the same things, the same processes that tune up the elite can help those that are fighting for their lives. Yeah. So people often don't make that connection.

And the reason that they don't make that connection is because our conventional medical system is quite preoccupied with disease and they think that disease needs something special and specific to that disease.

And really where you're coming from is that this is all about driving health and. Certainly it's a different perspective. You know, I always like to teach about the continuum. On one end.

You've got people that are approaching death and on the other end you've got people that are trying to be their absolute best in life, realizing that natural medicine, functional medicine, good nutrition, good lifestyle is critical for every part of the spectrum.

But if someone's sliding and they need a really strong intervention, well, that's certainly where medicine has its power and its greatest success. But we see so many people that are just edging into that area where they have a defined disease and, you know, they think that medicine should take over.

And we want to encourage them, use it prudently, but always take charge of your health and move in a better, more positive direction with better choices.

Yeah. So how did you get into this in the first place? Because this is really out of the box thinking. Well, it's a long story, but let's let's try to be simple and succinct.

You know, I nearly died from an adversary action of medication. And it was my own fault. I got hurt when I was playing football in college the first time I was studying to be an electrical engineer, which by the way, I did complete that degree, but I got hurt.

From Elite Athletes to Functional Medicine

And, you know, I went to the medical doctor. He gave me muscle relaxers, painkillers. I went out on a date, had one drink, and fell asleep behind the wheel of my car, 55 miles an hour.

Now, very fortunately, my date grabbed me, grabbed the wheel. I shook around and pulled over to the side of the road. And she said, What happened? I said, I think I passed out.

She said, Well, I'm driving home. And I said, Good idea. And I got home and I picked up that bottle of pills in my bed. It said, Don't mix with alcohol, don't operate heavy machinery may cause drowsiness.

Well, you know, I realized that almost killed me. So I literally flushed it down the toilet, went to the gym and started trying to rehab myself and the gym owner said, my gosh, you know, you look like you've been hit by a train.

And I said, Yeah, that's about how I feel. He said, Well, you need a good chiropractor. Well, they're certainly good chiropractors and not good chiropractors.

I was blessed to have been referred to a great one that was also a functional medicine specialist. He worked with the Wisconsin Olympic speedskating team Dr. Mike Wickers, and he was a great human.

In fact, I say he's a better human than he was a doctor. And that's a very high compliment because he was elite, you know, and he helped me to understand that our philosophy is very simply the power that made the body can heal the body.

And if you give it what it needs most, things are recoverable. It's so interesting. Can you talk about what makes a great one, like what makes a great chiropractor?

Because I feel like there's still some judgment there and people don't realize what chiropractic training involves and then how different their mindset is from like a typical medical doctor.

Well, by the way, I think the difference would be heart and mind, because by the time you finish the education and pass the boards, you've got the skills to at least be a technician.

As one of my mentors said, you know, there are technicians and there are doctors. And if someone just comes in and does the same thing on everybody every time, because it's expedient.

And by the way, some people are going to get better. That's fine. But what if someone actually takes the time, make a connection with that patient, understand where they're coming from, where they want to go to, and ultimately help them find out.

Here's how you created this challenge for yourself, and here's how you can make better choices in the future. So ultimately, I'm going to say a not so good chiropractor is someone that thinks he's taking over the patient care, whereas the really good one will empower the patient to make better choices and essentially rarely need to see him again or her.

And so what kinds of things are they specifically like when you're when you're working with someone with a breast cancer diagnosis? What kinds of things are you looking for?

Like, where is the interference and how how are you helping to guide them towards recovering their health? Well, in fact, I just had a breast cancer new brand new breast cancer patient this morning.

And by the way, she was a patient over 20 years ago. And she had recalled that I was helping a lot of people do better choices in their cancer battles.

And I always tell people, you know, if especially if you're dealing with a very challenging health circumstance, everything matters and every good choice matters.

So I talk about the magnificent Seven. You've got to eat right, drink, right. Think right, move right. Sleep right, poop right. Talk right every single day.

And then we literally go through and take an inventory. How are you doing? Are you eating organic? Are you getting a good macronutrient balance? Are you getting your fruits and vegetables?

Because, you know, one of my favorite quotes from literature goes back to 1994. It's this At every step along the road to malignancy, plant nutrients tend to reduce the likelihood of transmission to the next phase.

So they've got to make that right step when it comes to drink right. We don't want any liquid calories. We want good, pure, clean water. Or as you and I know, there are functional beverages, coffee can be a functional beverage, especially when infused with wonderful herbs like Reishi, also known as Ganoderma lucidum Think right.

That's going to be how are they managing their stress and what type of positive outlook do they have for their future? And that might be one of the most critical steps for them.

MOVE Right. You know, we're going to take an exercise inventory. Not too much. Not too little. Just right. Just like the Goldilocks rule, sleep. Right.

That's absolutely critical. You know, there is a book called Peak by Anders Erickson, and he studied the best of the best in every field and the best of the best will sleep 8.6 hours a night.

And I'll tell you what, if you're fighting for your life, you don't want to skip on that at all. Sleep is a powerful anti-inflammatory. Good for detoxification when it comes to poop, right?

You'd be surprised how many people don't. And don't even know how. And you know, I chuckle because I gave a lecture at NASA, which is only a mile from my office, and there was a group of rocket scientists.

And one of them literally asked me, how do you poop? Right. You know, and I mean all we want to be funny on occasion. I said, Well, you don't want a demonstration, do you?

You know, literally a rocket scientist didn't know. You know, and then talk, right? Well, that's going to be not just a conversation you have yourself and those around you, but every cell is potentially in communication with every other cell at all times.

And I let them know that this is generally accepted. Be the first step in cancer progression. The cells lose their communication with themselves and with their neighbors.

Yeah. So I want to break some of those things down because they are super important. So without giving us a demonstration to us about what it means to poop, right?

The Magnificent Seven for Health

Because we all have had patients who we ask them if they use the bathroom regularly, if they poop regularly, and they say, absolutely, I go once a week.

Regularly, right. I cringe. I cringe at that. Yeah. So why is that a problem? Well, you know, so we start talking about the digestive process, which, you know, I'm an to take a step back.

Pavlov proved that it actually starts in the brain. If you get yourself in a calm state, you're going to start priming the digestive process. Then we have to chew, you know, and it's accepted at least 20 times a mouthful.

And if you actually had your patients look at that, oh my gosh, there's very few of us that do that ever, let alone consistently. Then as we swallow it, it gets to the stomach.

And certainly that's where the process is going to start. But anywhere from 18 to 22 hours from the time you swallow that to the time it comes out the back end.

So the upper part of the digestive process, we're going to break down into things that the body can absorb simple amino acids, simple sugars, simple fatty acids.

But by the time it gets to the colon now, we're only going to absorb water. And if you're still sitting with things in the colon for too long now, you start absorbing these toxins.

And, you know, I listen to a podcast, which I'm frequently doing, and there was a very brilliant question that was asked, and that is, why is it there?

It's so rare to see cancer of the small intestine, but so common in the colon, you know, in the person that was being interviewed was a gastroenterologist.

And he kind of chuckled. He says, well, one place you got the kitchen, the other place you got the sewer. Where do you think problems are going to start?

And so if you're leaving your sewer stagnating for an extended period of time, you're going to pay a price. Yeah. Yeah, absolutely. And we obviously, we see it in colon cancer and that that is the most obvious organ.

But we also see it in breast cancer. And there's a huge tie between constipation and a lot of chronic diseases like Parkinson's aids. But because that is where we rid ourselves of our estrogen, that's been that's been broken down and detoxified and become water soluble.

But if you don't get rid of it, it comes right back in. And so and so lots of people run into a breast cancer problem from this mechanism. Sure. And even even if they have good, good movement, if they have dysbiosis, you know, so, you know, depends on how technical we want to get in this conversation.

Our number has at least 11 different enzymes that start the process of detoxifying estrogen. Some of them are very healthy. That's cytochrome p450 one, a two that creates that two opening position which can create a two hydroxy or two myth.

Oxy estrogen should be cleared in healthy way, but there's also four hydroxy six hydroxy. Those are called the mutagenic estrogens and might of genic estrogens.

But once that binding site has opened, it's minimized or neutralized with glucagon like acid sulfate or methyl. And if you have the wrong species of bugs in your gut, you can actually de conjugate the estrogen or basically free it up to be recirculated actively in the system in a worse form than it actually came in.

And that can be a real problem. Yeah, those so those estrogen, those estrogens when they're de conjugated actually directly damage DNA and this is this is how this cycle of cancer actually starts.

And so what do you like? How do you get someone who's not online? Online? How do you get them to get their gut back online again? Well, now, knowledge.

Is a huge issue, right? Yeah. We've got a bigger question in just pooping than pooping right there. And I tell people that we can solve most gut problems with five questions.

Number one, what are you eating? Right. And we want to eat real food and clean food. Not too much. Not too often. Every color, every day in a way that honors your physiology or genetics and your body goals, mostly plants.

That was a long answer. What are you eating next? How is your digestion? You know? And that's going to start with the brain and then in the mouth and then hydrochloric acid, you know, and you and I both know that there's so many people that have hydrochloric acid challenges, and even if they're good with hydrochloric acid, then we need the liver, we need the gallbladder, we need the pancreas to be working.

Right. And even the enzymes that the small intestine. So how's your digestion next? What kind of bugs live in your gut? Next, you have a leaky gut. And finally, how often do you poop?

And that should be every day at least, and preferably two or three times a day. And so we take that inventory. We're going to clean up the diet. Oftentimes, we're going to use supplemental digestive support, which, by the way, may get them to take a few deep breaths, making sure that they chew it 20 times.

Then when they swallow, you know, do we want to prime the gut with something simple like acid, say, or apple cider vinegar, or do we need hydrochloric acid?

And when people have chronic digestive challenges, I'm a big fan with supplementing, with pro proteases, like Pace's amylase. Those are going to digest protein, fat and carbohydrate.

Our pancreas makes that. But plant based enzymes work over a broader range of patch, and that tends to be my first go to if they have a leaky gut, well then we seal and heal that vitamin D is critical.

Staying away from gluten can be critical for a period of time. The amino acid glutamine can be very, very helpful for that. Colostrum can be help with helpful with that ratio also known as scan it earlier can be helpful with that.

What kind of bugs live in your gut? You know, across the board I'm consistently recommending probiotics, you know, and over the last decade, I've gone to a more of a spore based probiotic because it seems to make better, lasting change in the gut.

And then finally, that question, how often do you poop? And for most people, we have to significantly increase the frequency of that. But on occasion, you know, I had a patient that was 20 years post ovarian cancer and she was still having diarrhea ten times a day.

And fascinatingly enough, a good micro organism called Saccharomyces Berardi literally resolved that in three weeks for her now. Yeah. And it's it's great for the immune system, too.

So I want to back up and talk about acid because I think it's a really important conversation. We normally make less acid as we age. So so you can like not do anything wrong necessarily and still be in a low acid state.

However, there is a huge position induced low acid state because we have we have created this whole acid phobia, right? We we told everyone the acid is bad, acid is the devil, acid causes acid reflux.

And so all for the purposes of selling proton pump inhibitors and I'm sure you've seen in your practice like ICI and mine, you know, those drugs were put on the market for the intention of use in ulcers, bleeding or perforated over the course of two weeks, four weeks max.

And people are on these drugs for years. So can you talk a little bit about what happens when you're on acid

blockers for years and how that predisposes you to cancer?

Sure. And I want to go back a step even even before that, because first and foremost, when our stomach makes acid, our stomach is designed to handle it.

It's amazing. It's got this wonderful mucus barrier. And I tell people, if I took a drop of acid and I put it on your kitchen table, it would burn a hole through it.

Why doesn't you do it with your gut? Well, your gut is actually made for that. The esophagus is not. So there's a very strong muscle, or at least it should be strong.

It's called the lower esophageal sphincter, and it should keep acid in the stomach rather than coming up. And interestingly enough, we go back to 1969.

The journal Gut actually realized that acid will cause the lower esophageal sphincter to contract tightly. The Journal Surgery 1989. It took 20 years after that to find out if you add acid to the gut, you actually prevent acid reflux.

So the inverse of that is you have low acid. You're more likely to get acid reflux. Now we're actually creating acid reflux. When we're giving people acid blockers, we are.

And so, like you said, two weeks, four weeks, tops. Those were the clinical trials the last I checked, which is, you know, not to recent but recent up within a few years ago, the average acid blocker patient is taking it for 20 years or more.

But I want to take a step back because hydrochloric acid is so strong, it has a pitch of 0.8. And I'm a numbers nerd, so I like to share that the patch of our blood is 7.35.

Body fluids are ultimately going to be derived from blood and what we put into the body. And so to get down to 0.8, that's a logarithmic scale. 7.35 to 6.35 is a factor of ten 5.35 a factor of 104.35.

1,003.35 10,002.35 100,001.35 a million 0.83 million times as concentrated that level of hydrochloric acid. So Dr.

Gut Health, Constipation, and Estrogen Detox

Jeff Bland, you know, the father of functional medicine, said decades ago it takes about 600% more energy in the body to make hydrochloric acid than any other chemical.

So as our energy becomes less efficient, that is likely the very first chemical that will drop. So when we start dropping our hydrochloric acid, we're not going to be as efficient with extracting our nutrients.

Acid can also kill microorganisms. Understand that 80% of our immune systems clustered around the gut and for good reason. If you're going to get a bug in your system, it's not likely to enter somewhere through your skin.

You know, it's either going to be respiratory passage or more likely the gut. You swallow that that hydrochloric acid can kill a bunch of other weird bugs like H.

Pylori that seem to thrive in that environment. But that's a different conversation altogether. But well, actually H pylori disrupts the the parietal cells, so it prevents them from making acid.

So no better statement there. You're right. Yeah. And so, by the way, they actually call that a routine colonizer. And it's estimated about half the world has that.

So it doesn't have to cause an ulcer like it can. And in so many people. But once you don't have that acid, now the protein digestion is going to be suboptimal, then the probability of putrefaction further in the intestines and creating more toxic byproducts, which again can be absorbed, especially if you're not having ideal bowel function.

And then if the parietal cells are down, you're not going to get as much B12 absorption as we want. B12 is critical for a process called methylation, and it's estimated we do a billion times a second.

That's how we mask DNA and repair DNA. So so many important things start there. So much so that Hippocrates 2000 years ago was only partially wrong, he said.

All disease starts in the gut, but modern research actually shows it might be as much as 90%. So we want to make sure that gut is working and certainly that our food choices are good and our elimination as well.

Yeah, so for people who are on acid blockade, how do you how do you help them to transition off? Because as as you have been saying, this is very important to normal physiology.

It's very important to normal gut function. And the amount of inflammation that we subject ourselves to if we don't have normal acid levels is tremendous.

And we know that inflammation is the root of disease. Yeah. And by the way, that chronic disease market, which is now over $30 trillion a year in every case, all those chronic issues, we can show that it's a chronic, unresolved, inflammatory process that's going on there.

So when people are taking these acid blockers, they have a very hard time getting off them. So it's a slow process. It's a winning process. We want them to gradually reduce their dose and we also want to prime their digestive process.

You know, maybe we use something like apple cider vinegar, maybe we use some level of bitter herbs. Sometimes we use different things that are going to help the gut mucus synthesis.

And that could be herbs like marshmallow root and aloe vera can be really quite helpful. And some of the bitter herbs are really good at stimulating the parietal cells, but it's a slow process with diligence and we let people know if you been taking acid blockers, you know, for longer than a few months, which is most people, it's going to take a bit of time to wean off of it.

But patience and diligence. Yeah, but it's important to do because and even if you haven't been on an acid blocker, if you don't have normal gut function, I find that that's a really important place to start and to make sure that you do have adequate acid because it's so important, so vital to your to your gut function.

Another thing, another one of those pillars that you talked about was sleep. And this is something that I mean, I think that between sleep and anxiety, those are the two biggest reasons people get prescriptions in the United States.

And so can you talk a little bit about what's happening when we're sleeping, why you think we have a sleep epidemic and how to kind of recapture that for people?

So, you know, we're learning more and more and more about sleep and certainly it's life critical functions and a term I heard, you know, just a few months ago on a podcast, they now call it mental floss.

So you know, your brain has this lymphatic nervous system and cleansing system and it goes through a very significant detoxification process and ultimately your immune system, your stress hormones.

One of the things that I said in layman's terms years ago, if you're not running on rest and recovery, you're running on stress hormones. Stress hormones are catabolic, they're immunosuppressive.

And certainly that's a horrible step in the direction towards cancer. So you look at why do we have this sleep challenge so much of it, I think, is are artificial environments.

You know, we look at blue lights, we look at screens, and we know that those will directly inhibit melatonin. Now,

interestingly enough, while we're on this, melatonin is now getting a lot of press is a very powerful anti-cancer nutrient.

The gut makes 400 times the melatonin is the pineal gland, but the melatonin in our brain is going to be released with light, dark cycles. And when people are exposing themselves to blue light near bedtime, their body will not shut down.

It will not relax, it will not resolve. So I'm a big fan of electronics. Sunset no electronics at all for at least an hour before bed. If you can get full spectrum lighting within the home, that's going to be a better deal.

Certainly no screens. And then we can supplement with melatonin, thickening, things that are calming. Passionflower Valerian Certain forms of magnesium can be wonderful to calm the central nervous system and then a very strict routine.

You know, a lot of a lot of new parents are going to find out that their babies do really well with a routine. And I like to tell people we're just tall babies.

You know, we also do really well with a good routine. Yeah. There's lots of times when we need to take some lessons from the little ones, right? Because they don't have the distractions that we have and they know to sleep.

Right. They they're much more driven than we are in that regard. So you talked a little bit about melatonin. Can you can you just go into that because there is a lot of talk around melatonin and its role in cancer or cancer recovery.

And we find that a lot of people who are being diagnosed with cancer and certainly with metastatic disease, they they have a relative melatonin deficiency.

Yeah, they do. And so, you know, there's an article entitled The Hallmarks of Cancer. And you look at that, all of those ten hallmarks are positively modulated.

Now, sometimes you want to stimulate them, sometimes you want to inhibit them by melatonin. The gut makes 400 times the melatonin. There's actually no known toxicity to it.

Where I really started on my melatonin journey, which has been a few decades now, and I'm a big melatonin fan, but I was at a major functional medicine conference and a world renowned endocrinologist was on stage, and she said, You know, we found something very interesting.

We found that the adrenal glands actually have melatonin receptors. You know, we're going to look into that. Well, what they found out is the way that our brain drives stress on our body is something called adrenal cortical trough.

And hormone. And that'll stimulate the adrenal glands to create cortisol and even acute stress hormones, epinephrine, norepinephrine. When we give melatonin, it can bind to that adrenal cortex and prevent the brain from driving stress on the body.

So, you know, over the last 15 years, I've taught what I call my stress reset. I, I recommend melatonin 1 to 2 milligrams every waking hour, thickening 100 to 200 milligrams every waking hour.

That's, by the way, a natural GABA facilitator and amino acid and green tea, which by itself has anti-cancer benefits. Again, no known toxicity to any of those.

And then also Rashi spores. And it took them till 2022 to realize that that actually decreases the amount of circulating stress hormones in circulation, cortisol.

Acid Blockers, Digestion, and Sleep

And then it's going to be alkalis and anti-inflammatory and anti-infective and it's good for parietal cells and can

eradicate H pylori and even has direct actions against breast and inflammatory breast cancer.

So how how long do you do that protocol for that? You said melatonin 1 to 2 milligrams every waking hour. Yep. L-Theanine. Yep. L-Theanine 100 to 200 milligrams every waking hour.

And then 200 to 500 milligrams of the spore form is what I prefer best. That's the most potent A ratio. But even, you know, Gandhi term elusive of the flowering body can work as well.

And you know, when someone comes in and I'm going to look at different things between a stress survey and biomarkers and cortisol and DHEA and insulin and inflammatory markers, but typically at least seven days.

But I have gone as long as 21 days with a, you know, post-traumatic brain injury where the individual had a don't even call it a miraculous recovery. So when I say things like that to people, they think, I can't take melatonin every hour.

I'm going to be, you know, be dead on my feet. I'll be sound asleep. So can you explain to them what is happening there? And by the way, I have a way of explaining this that sticks, you know, so we go back 35 years ago when I was in school, they described the blood brain barrier as something that prevented toxins from getting in our brain.

And that's not much true at all because most environmental toxins are fat soluble. They cross that blood brain barrier. But what I believe it's there to do is keep what's in our brain, in our brain and what's in our body. In our body.

So keep in mind that 400 x two melatonin, if that crossed the blood brain barrier, we'd be asleep all day long. Or my funny way of explaining that the most excitatory neurotransmitter in the brain is glutamate in the body that happens to be a neurotransmitter pain.

I tell people, if we didn't have the blood brain barrier, we wake up in the middle of the night, go to the restroom, stub our toe, we probably have a seizure.

So we nail the blood brain barriers there for good reason. So if people do get tired on melatonin, there's one or two things. So either have a leaky brain, which, by the way, a lot of people do, and this would be a step towards solving it or they're running so hard on stress hormones that now you've pulled the plug on on their resource.

And you know what? I see plenty of people that are absolutely exhausted. The first couple of days. And I tell them, look, if your work requires that you are alert, if you're a police officer, if you're a pilot, if you're a surgeon, you know, don't do it when you're working, but do it Friday afternoon all the way through the weekend, and eventually you'll be able to take it every waking hour.

But when people get past that exhausted level on melatonin, it's usually a significant breakthrough for them. They realize, okay, wait a minute, I was really stressed.

That's how my life was being fueled. And now that I don't have it, first time in a long time, I feel peaceful. Yeah. So I actually haven't spoken to you about this before, so I'm curious as to what you think, but I don't recommend routine screening with mammograms or actually any ionizing radiation studies.

So I don't have my patients get a follow up CAT scans or PET scans or anything like that. But there are some times when diagnostic studies are needed and necessary.

And in those times, I actually have people taking 100 milligrams of melatonin an hour before any radiation exposure to bind up the free radicals. So I'm curious as to what you think of that protocol.

If you have a similar protocol? Well, one, I think you're brilliant and you are definitely out for the best interests of your patients. So congratulations.

And we need you to lead the way for so many to understand that, you know, Archives of Internal Medicine publish that women that have the most consistent mammograms over the course of a decade have 22% increased risk of invasive breast cancer.

You know, on one of my functional medicine mentors years ago said, you know, we will continue to radiate the breast until we detect the cancer that we caused, really not caused, but contributed to.

So melatonin is awesome for that, by the way, so is iodine. And so, you know, I had a yesterday a seven year old autistic patient that had blood in his urine, a male.

And I thought that's very unusual. And so, you know, we only think kidney stones. And I said, well, did they do a CT scan? And they said, no. And I said, Well, that's actually good.

I'm glad because we don't want to radiate that young body that early. And by the way, there's an herb called gravel route that I've used now for three decades, and I can't think of a single patient.

And there's been many where we didn't dissolve their kidney stone with routine dosing. So that's something that people can kind of look at because people are concerned about oxalate, as was this family.

You know, they had them gluten free, dairy free eating, a lot of things that had oxalate good diet, but maybe not for his unique chemistry. Yeah. And truthfully, the people that run into problems with oxalate stones are because they, they have a genetic predisposition to it because it's very hard to get oxalate stones just from eating a plant based diet if you're if you're properly hydrated and it's very difficult and very uncommon unless you have the genetic makeup for that.

So I love to hear that that you like my melatonin idea. And let's go back to the statistic that you quoted that the women that have the most consistent mammograms have the highest chance of breast cancer.

But it's breast cancer, but invasive breast cancer. Invasive breast cancer. And so if I if I counted, I don't even think I could, but it's a very high percentage of my patients that come in and say, I don't know what happened.

I get my mammogram every year and that's what happened. Right. But why do we have this misconception that not only that we don't even think of it at we almost think of mammogram as preventative.

And and we we have completely convinced people that they are irresponsible if they don't get a mammogram, that it's dangerous and I have been called dangerous by my colleagues because I speak out against screening mammogram.

The literature is certainly on your you know and Bruce Ames, geneticist out of Berkeley at one time he was one of the top 20 science cited scientists of all time.

He said if someone is exposed to ionizing radiation while they have vitamin and or mineral deficiency, the radiation will damage the DNA to a significantly higher extent.

So you look at our malnourished, you know, very, very stressed population and we're creating a challenge there. You know, the literature is on your side now.

I'm absolutely in favor of consistent screening in a way that doesn't harm the body. And I tell people what are the absolute best lectures I went to was, you know, maybe 25 years ago and it was an ob gyn male.

And he says, Ladies, you know what? You deserve some time to yourself. He says, Here's what I recommend every week get a quiet, nice bath, good music, maybe a book.

And while you're washing, reach under that armpit, go feel the tail of the breast, work your way all the way through and very, very simply spend a minute on each side.

That's all it takes, a minute each side each week. And then, you know, fully realizing at different points of the hormonal cycle, the breast is going to feel different.

But if you ever feel anything unusual, that's the time to get it checked out right then and there. And you know what? I think if people would do that consistently, I would bet we would catch so many more things in the early phase where it's easier to handle.

Yeah, but I think that that is the mammography argument too is that we're catching everything in an early phase and what that doesn't take into account is that breast cancers by and large are not predictable in their growth and they're not predictable in their biology.

And so the scenario that you're describing, that is something that has become clinically relevant and that's a totally different story than these screening lesions that are not palpable, that are not clinically relevant, that now we are taking these people, we are biopsy them, we are giving them a diagnosis of invasive cancer, and we're treating them for invasive cancer for something that may have never reached the threshold that you're just that you're talking about.

Well, and, you know, there's a masters of public health medical doctor. His name is Gilbert Welch. And he wrote a really wrote a really powerful book years ago.

It was called Should I Be Tested for Cancer? Maybe not. Here's why. And he went through the stats of absolutely everything. And he said in terms of the medical screening, he didn't see where any of the things that they were recommending should be a first option.

And even talked about colonoscopy says, look, not look for occult blood in stool first that costs a dollar. It's noninvasive. If that's positive, find out if you have a hemorrhoid.

Take a little natural protocol. If it persists, then consider a colonoscopy. And we could say the same thing with mammogram.

Melatonin, Radiation, and Mammography

You know, people are very aware of their breasts and they should be and paying attention to it at least once a week. And then if you find something unusual, well, then go to someone like yourself, get it checked out and take the next most reasonable step.

Now, how do you feel about Thermo Graham? Because I have plenty of patients that understand ionizing radiation is bad. So they say, what about Thermo Graham?

That's not a bad starting point. You know, you knowing your own body first Thermo Graham not a bad second choice. Yeah, I agree. And Sandra Graham is going to show heat differentiation from the rest of the tissue.

And so it can be an indicator that something is starting there. I don't know that you necessarily have to chase it because often times what you when you see something on thermography, you're not going to find something corresponding on a mammogram.

So I use thermography more as an indication of do I need to up my gain? Do I need to be paying more attention? Do I need to like take stock, figure it, figure out like, am I in balance?

Am I doing the things that I need to do to drive health? And maybe that's the time to run down your list that you told us about. Right? Because I think many that much of the time we can use these indicators as opportunities.

Well, and really, that's the purpose of the test, isn't it? You know, if we can motivate a patient towards better choices, you know, in a way that doesn't alarm them, you know, I think that one of the worst things that can happen is someone becomes very frightened.

Then they start making choices that maybe they wouldn't if they could step back and take a more rational view. So, Thermo Graham, if they do that consistently, find something up their game, get a screening, a hang up, it's better.

Awesome. If not, let's look a little deeper. And by the way, it shouldn't take much time to make change. You know, I often tell people, Mona, my catchphrases is bodies respond to frequency, duration, intensity, quality and timing of stimuli.

Why don't we put you on a really rock solid ten day anti-inflammatory, de-stress, detox, run it again and see, and we'll find that the vast majority of the time we can make significant improvements.

Yeah, yeah, absolutely. So just getting back to the sleep thing because I want to make sure that we give people really actionable steps. So you talked a lot about blue light exposure and screens and having full spectrum lighting in your in your home.

Are there any other things that you think about when you're advising people about a sleep routine consistency? You know, that's going to be it all the time.

And then there's things like a quiet, cool, dark room with blackout shades and I'm I actually am kind of amazed at how cool a lot of people like to sleep.

You know, they say, listen, 67 degrees for me. I don't know why, but that's too cool for me. I'm good at 71. But find out your temperature, find out your wind down routine and you know, things like alcohol.

People think about that, well, if you drink it, you'll fall asleep faster, but you're going to disrupt your second sleep cycle of sleep. So that's a little bit disruptive.

And then things like caffeine, you know, it has half life of 5 hours. So listen, you might want to cut your coffee a bit earlier, tea or whatever caffeinated beverage you have.

So ultimately, we want to take a really good inventory, look at all the factors that might be disrupting sleep and chisel away not one or two or three, but all of them.

Yeah. And then establish that good routine. Yeah. And those numbers you quoted as far as alcohol and caffeine might be true for men, but I don't think women do that as well and as efficiently.

So I understood those numbers to be higher. And so I think women have to be even more careful about avoiding alcohol. We know that women don't tolerate alcohol as well as men do.

And the American Cancer Society, which doesn't always get things right, but they they got it right here in that there really is no safe amount of alcohol for women.

And men can tolerate it cause they have a little bit better of liver function and men can tolerate a little more alcohol than women and caffeine. It takes most women 8 hours to metabolize that cup of coffee.

But there is something you speak about all the time that I would be completely remiss if we didn't get into it. But something like race she mushroom can up that caffeine metabolism and can do a lot of other things.

So can you talk to us a little bit? Medicinal mushrooms and reishi in particular, and why you like it so much and think it's so important? Well, one of my favorite topics for sure, but back to this scorpion cancer risk for just a moment.

So there was a study years ago where they found that women that had the bracket gene, BRCA1 or BRCA2, oddly enough, had six cups of coffee or more a day.

There was 69% less onset of cancer. So caffeine is tri metals zam thing and caffeine is detoxify down the pathway

cytochrome p450 8182 which creates two hydroxylase investors and that's the healthy estrogen.

And I suggest maybe there's some Apple group present in the caffeine that can help to clear it. So I thought that was fascinating. By the way, with men, the stat was similar, 57% less onset of lethal prostate cancer.

Now, they didn't see any prostate cancer, but lethal, you know, the Gleason grade eight or above that can become metastatic a little more easily. But when we start looking at medicinal mushrooms, these things are beyond fascinating.

You know, right now. It's I think it's a $34 billion a year market. So it's absolutely massive. Globally, the world's foremost authority is a guy named Paul Stamets.

And, you know, it was nearly a decade ago he had a TED Talk entitled Six Ways that Mushrooms Will Will Save the World. And within that talk at the end, he introduced his 84 year old mother, who had a very aggressive breast cancer, who resolved it with, you know, some conventional medicine, nothing too aggressive, and then medicinal mushrooms, but we start looking at our our favorite, which would be reishi She also known as Ganoderma It's proven with direct and indirect action of over 15 different types of cancer, including breast cancer, inflammatory breast cancer, prostate cancer, then the real hard ones like pancreatic cancer, lung cancer, even glioblastoma, it's effective against.

So it's definitely anti-aging antioxidant. It's what's known as a universal immune modulator, meaning if you have allergy, it can calm it down. If you have autoimmunity, it can calm it down.

If you've had an infection, it can ramp up to kill it. Or if you have cancer, it can wrap up to kill it.

Medicinal Mushrooms and Reishi Coffee

Anti-inflammatory by over a dozen proven mechanisms, considered by many to be the most alkaline food on the planet. And we just go on and on and we realize that when we put it in coffee, we make coffee, a functional beverage.

And I was shocked. There's thousands of studies on coffee as a functional beverage. We go back a thousand years when people first started putting healthy things in copy so it can be something nutritious for us.

Of course, we only have good, clean coffee, no herbicides, insecticides it's fungicides, mycotoxins, etc.. Yeah. Yeah, that that is the key. And I know that you are a Reishi coffee consumer.

I am a Reishi coffee consumer. It's like the best part of my day. And I actually didn't know that study about BRCA1, wine and BRCA2 carrier. So I'm thrilled to hear that and know that.

So this has been an awesome conversation. I just want to go through your Magnificent Seven because it's so important for people to remember these, incorporate these, and these are things that people can take home with them.

Because as we started to talk about your diagnosis or any red flag that comes up, you can either see that as a punishment or you can see that as an opportunity.

And it's the people that see that as an opportunity. Then adopt your Magnificent Seven that actually become those people that you have created Elite Health for.

And that elite health is is applicable to the athlete and to all of their family members and all of the people that you have helped along the way. So we're talking about eating right, drinking right, thinking right.

Moving right, sleeping right, pooping right. And talking right. Now that you've got all seven. Absolutely. Yes. Anything else you'd like to add? Well, you know, one such an honor to be sharing with you and your tribe.

You know, I love the background. RealHealthMD You are that so Oh, my gosh. I hope you start a trend that takes over all of health care because really looking at what's going on out there, people have lost touch with the fact that really we have what we need to live a beautiful, healthy, amazing life.

And if we take responsibility, we can create a better world for ourself and everybody in it. Yeah, absolutely.

Closing Thoughts and Where to Find Dr. Bob

And it is just that attitude that made me like so drawn to you as as I know all people are. And you do radiate positivity, positivity and hope, and you embody the spirit of health.

And I just I love the time with you. And I'm so grateful for you coming on today and for doing all the work that you do, because it's truly a blessing.

Well, Dr. Jenn, you're such a wonder for pioneer and such a spokesperson and a much needed voice. And I'm going to do all that I can to help get your message out there.

So thank you very much, Dr. Bob Where can people find you now? Website Easy thedrbob.com, T H E D R B O B.com Great. It's Dr. Jenn, bye for now. Bye for now.