Introduction and speaker background

Welcome back to the reverse Autoimmune Disease Summit series, everybody. I'm your host, Doctor Kiki yours. And I'm delighted to introduce you today to Danielle and Loris, who's a certified physician assistant.

She's the founder and clinician of Nav. Well, our X, and it's an integrative health practice, which of course, you know, that's what I do I love integration.

We need to pull from all areas of wisdom as we as we can. She's the originator of the breast implant health Summit from 2020, which is a global initiative for education and better health for those with breast implants.

She brings over 20 years of experience in medical research and education to her clients, and specializes in psycho neuroendocrine immunology, which if any of you watched any of my masterclasses, I started out with that term.

So this is really exciting for me to talk to another person who's into this. This is a burgeoning field that investigates the link between the nervous system, the endocrine system, and the immune system in relation to physical health.

Her practice integrates Western medicine, functional medicine, trauma response and clinical body work therapies, and she treats autoimmune issues, the chronic fatigue syndrome, implantable device related illnesses such as breast implant illness.

So I am so glad to have you on this summit, Danielle. Thank you so much. It's a pleasure to be here. And, you know, just a little digression in my healing journey, you were such a key and pivotal factor.

And even me studying, you know, psycho neuro immunology, all of that. There's so many spokes to the healing wheel that when we can bring them all together, the vitality that's had is just faster and, very powerful.

So thank you for that. And thank you for inviting me to your practice. Thank you so much for that. You know, it's it's nice to know that what you write and speak about isn't just falling on onto the ground, but it is creating a harvest that people can pick up and actually get nourished from.

So we were talking before I started the recording and I said, wait, wait, wait wait wait. We can't talk about this right now because I need the recording to be going.

Everyone needs to hear about it. So I want to really start first with where you are and what you're doing and why it matters. And then I want to go to your own personal journey before we get into this, but let's talk about what we were talking about.

Yeah. So where I am right now is in Montreal, Canada, and I'm here for the fascia symposium. They have the fascia symposium usually every three years, and this is their sixth one, but because of Covid it went to four years.

So everybody's like all of us of you know, with the new data, new research and new projects. And one of the projects that, I did not work on, but I have friends who worked on it is called the Plastic Nation Project.

Fascia symposium and body systems connection

And, this is where human specimens donate their bodies for research, education and support. And, there's a passage in here that they named Frida. Frida.

And, and it's all dissected. So you can see the, not only the skin, the fat, the fascia. We'll talk about fascism as the fascist symposium, the nerves and how everything is so intertwined and the way the plastic is formed.

Like it, unfortunately, it takes out the fluid, right? The fluid nature of the body. But you can see how it's all connected. You can see how the ligaments are not just like supporting one structure, it's multiple structures.

And so there are people here like, like Doctor Carlos Seco. I think Katerina Frida like these, these physicians study the hormones within the body and the fascia.

And there's not only just the structure like you think orthopedics. You think bone and bone. You saying chiropractor, you think you know spine. You think body work. You think just muscles.

But how? It's all interconnected. And how we're learning that when the muscles are tight or the fascia is tight, the lenses are also tight. When that gets tight, the nerves get tight and the fluidity is lost.

Right. And when the fluidity is lost, you can't drain. And if you can't drain, you can't supply. And I'm, I feel like I'm way oversimplifying it. But it's a beautiful system to see how everything works together.

Like you can't and nothing works alone. And so we were kind of talking about that. I get a little passionate about that. Well, I think it's beautiful.

And I one of the marks of genius, one of the hallmarks of genius is to be able to take very complicated subject matter and simplify it. So, you know, I think the simplification part is important.

Like, like, let's really put this into a, paradigm or some kind of model that says, what does this do for me? Like how does this apply to me? So when we're talking to people that are listening to the summit right now, how does this apply to them?

Yeah. And so what's popping in my head is it's as easy as if, if someone is constipated, right. Like if you cannot drain your intestines or have bowel movements.

Not that I thought we'd go there this fast, but like, that's nerve interaction. That's lymphatic congestion, that's detoxing. And if that can't be released your your holding fluid and your legs the interstitium right.

And then you're not able to get the, the hormones that's needed to the endocrine glands. Or maybe your proteins are so thick your lymph can't pick it up.

And like like just as simple as that is exactly what, you know, we're kind of talking about. So, so so we're talking no, this is exactly right. Right.

So we're talking about, how this also applies to breast implant related illness. So. Right. What is that how did you start getting interested in this.

Well, at 48 I had lost 40 pounds and I got breast implants just for augmentation. Right. And, within three months, I started to feel tired, fatigue, constipated, and then over time, over that next year, numbness, hair loss, the fatigue just kept worsening.

And then it's anxiety set in. And every physician I had gone to, they were like, oh, all your labs are fine. You're fine. But thanks to functional medicine, the timeline made me go, everything happened, literally after the implants for me, I had, they call it the the the gel or, like, the gummy bear form.

And, what I'm finding in clinical practice, the newer models tend to make you sick or faster, especially if you have an underlying autoimmune disease.

I had graves since, college. Really. So, and so it just exacerbated everything. And then I don't, you know, honestly, I think a friend said, hey, you might want to think about having your breast implants removed.

And again, you go through the litany of going to doctors and everyone's saying, no, I don't think it's them. And then

I just decided to remove them and they removed the capsule as well.

And I think I was about 70% better within that week. And, you know, and then the journey still continued for me, but as it does with most. But that's how I it wasn't until I explained it that I was like, oh, it was the implants causing an impact on the body.

And then and then it's like a puzzle. I kind of let that go until I started to figure it out and hopefully help other women figure it out as well. So you said, and this is a very common experience for people, is I went in and everyone said I was fine.

So let's talk about fine and let's talk about the lab values that are drawn that indicate fine and in relationship to how the person on the other side of fine is, is hearing that and saying that I don't feel fine.

So, you know, so it creates this like limbic. Yeah. Overload because it's like, well then what's wrong with me? Right. So then we go into a real fight flight freeze state.

Yeah. I mean, I just every time I talk about it, like, I just, I still get visceral. Right. So there's still some. Yeah, some healing to do. Yeah. And, you know, like body.

Our intuition lies here. We know something's up. Right?

Personal breast implant illness journey

The body is telling us through whatever language it's using. But the limitations of the Western model and what we're testing is what I'm pointing. Yeah.

You know, you know, so the just the regular CBC, metabolic panels, iron panels, thyroid panels for myself. And in Western medicine, they don't really look at your antibodies.

Right. Or if they do, TPO has become such that the claim to fame antibody for thyroid issues. That's not ever what's high on me. It's either, you know, T. G. I.

or TSA and that kind of thing. So like they they're just very narrow. I did have homocysteine and crp drawn for me. Those weren't high. As we progress, those get higher.

When I look back in hindsight, my antibodies, actually, it was a natural path through them. So my, my thyroid antibodies were high, but I was already diagnosed with graves before the breast implant, so everyone just said that was normal.

Oh, yeah. That's just you. Yeah. Yeah. And nobody nobody had tested them before because I was in the Western medicine path, so we didn't know if they were higher and they extremely high for me or, you know, benchmarking with me. No.

Yeah. And that's another conversation, right. Like, so then I, I was desperate and I went to a natural path and they did something called an organic acid test.

And that's when I could see a system type function for that urine sample. But it was so I opening like, if I'm eating all these things, why why is my energy looking like this?

Right. But Western medicine, we did all the, all the tests and they all came back normal, you know, no cancer, no, no liver dysfunction. They don't really look at, methylation.

They don't look how you processed thing. The odd thing was last year although. Yeah they'll check. Oh and that was fine. They did check B12 and forward folate was low norm and B12 was off the charts high.

But nobody knew what that meant. They just had stopped supplementing. And I was like, I'm not supplementing. Yeah. No. Like you must be supplementing.

No. Like, I know I'm not supplementing. Let's explain that before we leave. That little, you know, rock across the stream here is high B12 levels must mean that I'm, I'm eating too much food that has B12 in it or supplementing.

Right? Right. No, right. No. This is your genetic pathway. Not dealing with your B12, converting it into the energy that your cells need. So it's like, you know, I always say blood testing is like going in and opening the refrigerator door in your kitchen and saying, oh, wow, you've got all these great foods in there.

And then walking away and thinking, that's it. I've looked at the entire picture and not coming back a week later and saying, oh, you threw away half of that produce or meat because you didn't have time to eat it or cook it, and then it's rotting and you're recycling, rotting in your recycling bin, not actually in you digesting and being converted into the nutrients your cells need for their proper conduction.

Yeah. So it's it's like this very limited picture, right, of just looking in the fridge and walking away. Yeah, yeah. So I was so I was fine you know. Yeah you're fine.

And then of course same goes for electrolytes and magnesium. And what forms are you looking at. Didn't know any of that then. And at that time in my sickness I just needed to I needed someone to just help me and lead me.

And there wasn't that, you know, and, and and that the sad thing is that's autoimmunity. People whether you have breast implants or not, it's the same trajectory.

Yeah. Like, yeah, I wish, you know, in the diabetic world this is changing a little bit. And I forget when they change the, the value. From what was it, 150 and then it's like 125.

But you're not just installing one day one. See as more important than a fasting blood sugar. That was pivotal. I think that's the most important. And now we're looking at insulin, which is great too.

Right. Because your sugar might be fine. But how much insulin is it taking to keep you there? Exactly like it's it's like we need that preemption. We need these precursors. What.

And you know, it is about lifestyle. It is it about it is about that we we 2022. We have ways to look at this. Right. Yeah. Anyway, yeah. So you're not autoimmune today.

But you weren't yesterday. You're not you know, what trajectory are you on. Right. And so one of the things with breast implants is they're like, oh, breast implants are an autoimmune issue.

Well, it you begin here with the breast implants and then the, the inflammatory and the oxidative stress cascade can lead to acts. And then we can have the whole other part of the whole, emotional side of why we have breast implant trajectory as well.

So you, you put one thing on top of the other and the physical ness of just where they're placed and the stress it can put on, your, your neck muscles and then your cervical spine to cause nervous system dysregulation.

It's a perfect storm for all this to happen, but, yeah, looking at the precursors would be would be great. And soon, I think within the next 3 to 5 years, we'll actually have some, metabolite markers to say this is due to your implantable device, like your breast implants or even your hip or your knee or things like that, or your mesh.

But we're not there yet. We're just in the early stages of checking that all out. But yeah, I was fine yet I felt like I was dying on the inside. And as a medical professional, it's like, wait a minute.

All my colleagues, all my respected mentors say I'm fine, so it's got to be a mental issue. It's got to be menopause or perimenopausal. And, and that was that was devastating because if that was menopause, well, you know, I'm

50.

I'll be 56 in December. Like, in a way why lived like, oh my God. Like I can hardly get out of bed and function and there's no vitality, no anything. And then truly, once the breast implants were removed, there was a breath to have more vitality and and and then the healing began.

I'm five years out, I think this October 31st. So like I still feel like I'm always like there's always access to a deeper breath, more vitality, more fun, more joy.

Probably because I went through what I went through. Right, right. But there's an awareness. Yeah. Sorry, I, I know that was a lot upfront, but, Yeah, that's exactly what we were looking for.

Yeah. Deep in these energies. Yeah. So one of the things that we what I wanted to, bring and tie together was what does the fascia have to do with this conversation?

Okay. We'll take it linear first because we always hear about lymph, right? Yeah. Okay. And there's some schools that lymph is fashion flashes. Lymph like it's all connected.

Like if you look at the, the, the layers between the muscle, you look at the, the water droplet, the, I get I it's funny, I get emotional because it's so freaking fascinating that, like, there's fluidity there and when that dries up, like, you get stagnation, you get you don't get to oxygenate that area.

You don't get to move that area as well. Right. And so as linear as that and then that muscle sticks to the underlying muscle. You can't move the muscle.

But when you bring fluidity you can move it. So if you take just rib intercostal space rib and if that doesn't have much, moisture fluid, social intervention like, like throughout it, then you can't move the ribs, you can't move the ribs, you can't take a deep breath.

You can't take a deep breath. Right underneath each rib is a nerve, and it's the sympathetic gene that says, you can't breathe, fight like boom. You're going to hold your body in a certain way.

You're going to position your body in a certain way. So you're going to breathe as efficiently and effectively as you can for those restrictions. Right?

I'm opening up right now. I'm breathing into my neck cases. And what's interesting is your thoughts can cause those restrictions, your thought processes, your thoughts so that we're looking for that.

So, this in the, I realize we haven't defined lymph and fascia, talking around it and add it to it that I really let's let's do a foundational definition.

Okay.

Why labs can look normal despite symptoms

So for me and everyone's going to, you know, that the, the, the fascists out there will be like no, no, no, no, that's not this in the lymph people. So for me, lymph is integrated into the, the facial system.

The facial system is where you have interstitial interstitial fluid where you have space. It's like the space in between that is really not air. It's fluid, it's connectivity.

It's molecules. I wish we could play a little video because it it looks like little strings, but it's it's water. It's fluid. It's so delicate. And that's where light passes.

Electrical impulses, passes, cellular nutrients, passes information passes, you know, and, it's all interconnected.

And the lymph goes through that and it helps manage that interstitial space.

So if you have too much fluid in there, the lymph and the blood vessels can do the same thing. And whenever you have, wherever you have an artery, a vein, you'll always have a lymph and a nerve.

And around all of that is fascia, right. Like they just don't hang in space. Right. We'll call we call ligaments. Ligaments like to attach bones to muscles.

And then you have muscles and stuff. But all around that is stuff. And that stuff is fascia. Sometimes it's even considered Saran wrap around the muscle.

And fascia has different forms, from liquid like to that kind of saran wrap. Right. And it helps us right here because I want to bring this to where we're where I want to head it. It's Winnicott, who was a pediatric pediatrician a long time ago and, and did a lot of psychiatric reports, pediatric patients, talked about the holding environment as being very important for a baby to be born into.

So there's this holding environment that you can't see, okay? There's no palpation of the holding environment. And yet a child is being raised inside of the environment, needs the safe holding environment in order to develop secure attachment, to be able to have good, cognitive responses to learning memory, like for everything to function, the nervous system to become grounded and centrally located instead of always like this.

So this is this holding environment is how I look at the fascia. You know, where it's it's not something that we we go into an MRI scan and we go, oh da da da da da da da da da.

Right. The way that we'd like to think about the map, it's like this holding container for all of it. And in our Vedic medicine, there are, five different layers to us that they talk about.

10,000 years ago, they said that we're not just a physical body. We also have this energy body called your prana Maya kosha. And then you have your emotional and mental bodies.

And through the way that we're connected from emotions into the physical system is these little strings that you're talking about, right? Yes. Rotas and knots and channels that are we have at least 72,000 of them.

And so information passes back and forth like this through these processes. So all of this is, is like, you know, and then the thing I said is we everything is a microcosm of a larger macrocosm, you know, because we also have neutrinos that come from our cosmic right, from the cosmos, that are always entering us and are affecting us.

And so, you know, it's like that's the larger fascial system, right? So we have this mycelial network that goes underneath the Earth where it's all connected.

And it's also reflective of what's going on in the cosmos. We are just like these tiny little lymph nodes. It's a larger picture, right. And when you look at the pictures of real fashion, like there's a video underneath the skin, I think it's called it looks like mycelium.

Yeah. It's it's everywhere. So it's like all these fibers is Rupert Sheldrake morphogenetic field. And there's information being passed all the time. Unless it's not being passed because of some freezing.

Right, right. That happens. And so this is like it's this movement, this interchange of information, the softness, this resilience, this fluidity that you're pointing to.

I just wanted to like, make it bigger. Yeah. So that you really get this. You know, this is really, really important stuff we're talking about. We're not just talking about one little tiny part in the body.

We're talking about something that's infinite. It would be like if, like if you have a family and one of your kids are stuck, like the whole family stuck, right?

Like. And it doesn't matter if it's the pinky, the littlest, or whatever. Like, you can't move on until it's unstuck and unstuck doesn't necessarily mean it has to be fixed or perfect or, you know, like they can we can embrace and grow around and make different connections.

And but it is all about that. Right. So able to do that. Yeah. Yeah. And so breast implants being made of silicone are a great insulator. They're also mass that is put in between a muscle two muscles and you cut a muscle and you cut all the fascia.

Right. So like I'm only now coming through this like the past really three years being like, let's bring fluidity here. And, and and that's just the linear just in the structure, the scar tissue, the you know, there's just the energy that isn't there.

How do we bring fluidity back here. And sometimes for this population it's around thought and healing and grief and and all of that. And that's probably new for me like two and a half years, this embodiment of all of that, aids to our healing Aids, to the fluidity Aids to it all.

So while we were talking just linear, it really is like I was listening. There's a book called, The Invisible Rainbow. I'm forgetting the author right now, and it's about, really electricity and the different frequencies.

And that just because we can see this frequency doesn't mean the other frequencies don't exist, but light frequency, you know, infrared. And, you know, all of this stuff and how light impacts the fascial system and another like, little ditty, it's the fascia that gives us our strength, not the muscles.

Like you can put like a bowling ball or a weight on a muscle. And the muscle is just going to, you know, full, you know, fold. But it's in the contraction and stuff, which is also part of the muscle, but it's the strength of the fascia around it that when you use the whole facial system that doesn't move.

Right. So like there's so much richness in that.

Fascia, lymph, and nervous system dysregulation

And so to bring fluidity and opening to stuck places in the fascia, how I'm learning and I'm learning like there's and that's why I'm here is to, to learn more and to be able to, do help support and patience.

So what I know to do now is I, I studied the barrel technique of osteopath manipulation, and, I use my hands to help feel, listen to the tissue and just reconnect something.

Sometimes it's literally just holding, like, literally holding space. And this is the back of the head if you can't tell. And I tend to work in the abdomen, and, and and connect the two.

And that might sound a little woo. But in my world right now, it's just so factual and linear that sometimes you're just moving the scar enough. And sometimes it's not even the scar.

It's just where the restriction is. Sometimes it's anatomically over the spleen, sometimes anatomically, it's over the liver, the gallbladder, like the skull valve.

And you just help the person do what they need to do to release, like, I'm really doing nothing. I'm just the the space holder, the facilitator. And then sometimes just warmth.

The electrons of the hands, the, the safe space allows the person to relax enough where they then do the healing. And then there's a journey for that person on the table to manage and be with and process whatever does come up on the table.

Sometimes it's not anything totally big or, you know, emotional that way, but sometimes it's crying, sometimes it's laughing. And it, you know, it's a privilege to be on the other side supporting that person.

But if I had to really put words around it, it's holding space for that person to be able to bear witness to what their body is feeling. So the more in tune that person is to their body.

And sensations and to, to be able to be with them because like when I was going through mine, like I didn't, if someone said to me like, okay, is that a ten out of ten pain or a two out of ten pain?

I had no idea. So just with a lot of people with auto immune illness is a complete disassociate. Yeah. In structure from the body itself. And a lot of times that's from past trauma because the wise mind of the child knew it wasn't safe to stick around in a body that was getting hurt, abused, violated in some way.

And so I find that a lot of a lot of people that have gone to a place where there's perfection is, I need my body to be perfect. I need everything to look a certain way.

I can't, right? I can't manage unless everything's clean right now. Everything has to be in order. I can't think that's. I mean, I'm describing myself, you know, in the beginning of my journey, you know, I was like that.

I was I was that in spades, right? I also had breast implants after my fourth child, you know, I was just like, okay, this is this is what now I realize at 57, when I look back at the version of myself in her early 30s, I can have so much compassion for her and say, oh, you know, in your ten year old sexual abuse story, you made the belief system that if you can't be perfect, you're not going to survive.

And so the behavior that emerged from that trauma was to be a perfectionist and a people pleaser. And I see that as part of the autoimmune personality in a lot of people.

And so when we fold in like, here's what we need to do to get better, bringing that same energy to it, like, oh, I've got to get X planted. I have to have this exactly right. I have to do that.

You know, it's like it's really harsh all the time driving, you know, and and coming into that place where you can just love this body, you know, in all of its beingness, you know, wherever, wherever it's at.

Then that's the first step. No matter if you've got an implant in there or not, it's being able to create the space that you're talking about, the holding environment for yourself that says as as you are is perfect.

Yeah, as you are. Right. Beautifully said. For for. And I find that with Marcel and Pots as well. Yeah. So there's a calming in that that then, then the body is able to do what it knows to do.

And in my world I see that as heal. Right. And, and that like, I wish, I wish we could do a clinical study so we could prove, like, do this first and, and then maybe supplements and things like, like there's things you got to do, like, like, maybe eat, right and lifestyle changes, but the, the loving of the self, this holding, this compassion I think adds the most vitality and then eventually joy for people regardless of it's the holding container that you put the other interventions into.

Yeah. You have the lack of self-compassion and the the unsafe holding container that maybe you grew up in. Yeah, right. You I grew up in an unsafe holding container.

I was not securely attached to a parent, you know, like I get it. And so then it's always seeking some sort of attachment to something outside of yourself.

If I can just have this, I can just control this, you know, then then it will be okay. But those interventions that you're doing, if you haven't created a holding container, right, a self one that's a loving and compassionate, collaborative and curious right, then it's nothing that you do will work right.

And and what what would the world be like if we had a health care team that could also be that container, not only for themselves? Well, that's what we're offering with the some of these ties with the energy that's created between the two of us.

Like you look, this is what we have to learn, right? Yeah. And I don't eat gluten for sure. Yes, I exercise every day. I get eight hours of sleep a night.

I hydrate really well. I'm, I'm I do all of those physical things and the biggest thing I had to learn was how to create a safe fascial system energetically for my energy body.

Yeah. Because if you're like, I don't eat gluten and I don't eat dairy, and I don't drink alcohol, and I exercise every day and I write down all my symptoms and I did it.

I did it, how am I going to take a breath like this? Right? Right, and I didn't I am not getting better. I'm doing everything right. How come this isn't working?

I'm spending all this money, right? And it's like. And when you can find that space, right? It's it's the miracle space, you know? And, I wish I had the magic for everybody to find that space, but I think in that is the journey and in that is the, like for me, I call it like the surrender or the finding the grace and ease.

And when I flow with the grace and ease, oh my God. It's like, yeah, like life is so much more colorful. And things happen where you end up in Montreal at a fascist ism and you know, it it like, I wish I had known this like, right.

Well, what I do today, in a couple hours, I'm hosting a plant medicine retreat. Right. Working with different kinds of plant medicines actually helps that left brain.

That is the one that's going to relax for a little while. Get in contact with the heart. Right. Really drop in. That's huge. Because for some of us, with whatever upbringing we had, like we I didn't have access to that until I went on the same, you know, medicine spiritual journey.

And it's not for everybody. But man, if the calling is for you, then, it's it's an amazing it's an amazing. I didn't know I had another side of this brain I really didn't like.

It wasn't accessible. And now it is. And it's good. Yeah. That right side just I mean, I guess after elementary school, it's no longer celebrated. You know, your imagination, the world of color, coloring outside the lines, being one with the tree, you know, really understanding that awareness.

You know, I love all of these scientific studies that are being done that are looking for consciousness in the brain. And they're coming up short, like where is it?

It's not here. You know, there's nowhere that you can measure it inside the body. Well, that's because it's not there right. And that you mentioned color.

And I wonder like, like if there's anyone watching this that is like, what? What do you mean, color like or or joy or excitement or joy is a hard one.

Like it was a hard. It was elusive for me. But like, even just this conversation, like it's it's it's tasty, it's vital. It's like like there if people are hearing this and they're like, oh, what do they have?

Right. Consider an inner journey and and find a partner, a practitioner, a healer, a shaman or someone that you can just rest.

Trauma, self-compassion, and healing environment

You can just sit in the space and just rest with them and and you'll the the fascia will come alive. It's it's exactly right. The facets of them responds. Right.

And that's what we're up to here. Yeah. So let's go in the next couple minutes that we have left and, let's come back to linearity and help people that are listening and saying, well, I have breast implants.

How do I know if they're causing me trouble? And what do I do next? Yeah. So when I have a client that comes to see me and they have breast implants and they're not sure, I take a history and I ask them how how old are the breast implants?

Because they're not lifetime devices. So if they're older than seven years old, per FDA, per manufacturer, it's time to think about replacing them between 7 and 10 years.

Right. So there's that just strictly linear. If this is your second 22 years old. Yeah, that's a whole other conversation. I'll show you some of the the what they really look like the shell and the degradation.

Right. Yeah. And how many sets have you have sailing. Sailing. 22 years old. I'm. I defy every little statistic around this kind of, Which is great. Yeah.

And there are the in the, the older the implants are, their shells are made different. And so the integrity is different. And in a saline implant there's probably like 1/100 of the amount of silicone.

As a silicone gel filled implant. Right. But the shell still the shell. Yeah. And, and then the thing, the critters that can grow around a saline implant is different than a silicone one.

But how many times have you had them changed out? Is this your second set or your third set? Are you having symptoms? Are you not having symptoms? So those all, have a different trajectory for me.

But if you need an objective report, there's something called silicone induced granuloma within the breast implant capsule. Doctor Eduardo Fleury out of Sao Paulo, Brazil.

He's a radiologist, PhD, un college radiologist. Has, found a way just to take a breast implant and or a breast MRI to look at breast implant integrity.

And if he sees CIG back, then, you know, you have an inflammatory cascade within the breast implant capsule. And if you are having symptoms, then, you know.

This is, inflammation. This is stress on the body. If this comes out, I have better chance at health. Right. If you don't have symptoms and you have this, it's a sign for me to say, let's start considering and saving for that plant.

Take that out in the capsule, and then let's talk about informed consent. Whether you get another set of implants or whatever, whatever your empowered choices after that.

Right. So I'm using sickbay in my practice to help with an objective finding. Other than that, it's really a diagnosis, a diagnosis of exclusion. And it doesn't signify that this is the cause of BII and your symptoms.

But we know as practitioners that we want to decrease the inflammation so you can have more fluidity, so you can have more responsiveness and decrease the oxidative stress.

So when you have this sign on MRI, we know that that's what I consider a low hanging fruit. So, I have escaped all of that. I did have one. And I've saved up ready, you know, but I, I ultimately made the decision because I am symptom free.

I don't have autoimmune versus a long time ago. And my MRI shows up just fine. Like, okay, I'm not going to go in there and have an elective surgery if it's not needed and I will never have them replaced.

And so, you know, I'm, I'm kind of waiting for okay guys, let me know. But I have a practice that is what we described earlier where I just absolutely love on them and send them like yeah, you know and not not have anxiety around it.

So and there are many people who are fine or and, or fine with where they're at. So that and that's not this kind of

conversation. Right. So I wanted to put that out there because for me, yeah I mean and these are like implants are a big piece of this.

And so it needs to be considered very carefully. And so what I wanted to give them the pathway through. Yeah. Not everybody should be operating on you either.

So let's talk about who should be doing and cap you know the X plan. And yeah so there are there's a there's a there's a website I think it's called breast implant illness.com that has a list of ex plant surgeons that, they've, at least inquired about and have vetted.

So you want to go to someone who's experienced, and if you're having symptoms, you you want until proven otherwise, you want to take the whole capsule out.

Yeah. And, FDA letter just came out yesterday, not on the eighth, showing, that implants smooth texture and, saline and silicone can cause another kind of cancer called squamous cell carcinoma of the implant capsule.

Right. So that's why I, take the capsule out and then take the question out.

How to evaluate implants and next steps

Right. And then you don't have to worry, but go to an experienced ex planter. Yes. Because while everyone can probably do it, you want to be able to trust your provider to do such a thing.

And this is important because the question of insurance comes up all the time. Yeah. That's why you've heard both of us say, save up, you know, because you don't want just anyone doing it.

And right now, I mean, this is horrendous. This is horrendous. The fact that insurance oftentimes will not pay for an explanation, but I just want to set up that like what what what is that battle look like for people?

You know, we're we're pushing for something called an ICD ten code. So then insurance will at least be tracking it and then eventually pick it up. Yeah.

If you are, if your insurance covers an MRI and you have a rupture, most insurances will cover your X plant. What's intriguing is they have things now where, the plastic surgeon and the manufacturer will be like, oh, we'll do a change out and it will cost you less than doing an X plant and not putting an implant back in.

But, if you have capsular contracture like because for or and rupture then sometimes insurance will cover it. It depends on your insurance. Right. And, and unfortunately that's just where we're at with that.

If you're, if you just had your implants in a year ago and it was an elective procedure, if you are a reconstructive or cancer patient, you're usually covered, which is which is that you can have a penile and device implanted or planted and insurance will pay for that.

But when it comes to breasts, you know, we had to fight for the right to get them for reconstructive surgery. And now the fight is to be able to get them out if they're causing trouble.

So yeah. And women are. So there are some women who choose to go flat then they don't want and they're waking up with expanders. And because you're not you're not in your right mind right now that it, it and that's like, wow.

Like there's a whole women conversation we could have around how, where, treated or I should say, not treated. And the trajectories we go on. Right. And, clear consent is so important.

Yeah, yeah, yeah. So experienced surgeon. If you do do, MRI before that may be helpful for insurance companies. Call the insurance carriers. It's, you know, 20,000 a year now are expanding.

So more and more, I think it can be covered. Find a surgeon who will go to bat for you with the insurance company. And, and that sometimes helps as well, especially now that the FDA recognizes that breast implants can cause systemic illness.

Breast implants can cause cancer. And it you know, the argument with the insurance company is like, okay, I can go through the next five, ten, 20 years with these implants, and, and you're going to cover all my medical insurance bills or we can deal with this now.

And what does this look like? They're not logical that way that I know, I know, I was trying I was trying I don't want to set anyone up for. I know, but, because that doesn't happen.

Yeah, that it's a 1 in 1,000,000 for that. Yeah, yeah, yeah. All right. Well, is there something we have not covered that you feel like where is missing from this conversation that you want to make sure we get?

Well, in October, the 20th to the 23rd, if people want more information, whether you're a person with breast implants or a practitioner, there's the breast Implant Health Summit that people can dive deeper.

And we have probably over, 30, physicians speaking. And it's a little bit it's more of a simple museum type of conference where, if you register for the conference, you get to watch the, the, the summit for four months after because there's just so much information and it will be specifically on breast implants.

So that I think as a, as a tool that might be beneficial for folks. Beautiful. Thank you so much. Thank you for all the work you do in the world for this.

And I you all right, everybody. Until next time, be well.