Is Hashimoto's The First Stop To Breast Cancer? Transcript

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Introduction and Guest Background

Welcome back to the reverse Autoimmune Disease Summit series. Everyone. We're at version 5.0 healing the energy body. So we've come a long way in this series.

And I'm really delighted to bring to you a friend and colleague, Doctor Jen Simmons, who is one of the leaders in breast surgery and cancer care in Philadelphia for 17 years.

She's passionate about the idea of pursuing help rather than treating illness, and she's immersed herself in the study of functional medicine and aims to provide a roadmap to those who want to know real health.

Welcome to the series, Doctor Simmons. Thank you. I'm so happy to be here. So you will often say that autoimmunity, and especially Hashimoto's, is a stop along the way to breast cancer.

Can you talk a little bit about that? I sure can. So, there have been several studies looking at the link between them. And, when you compare, especially Hashimoto's, but, all autoimmune thyroiditis, when you look at that population and you compare that to the general population that does not have autoimmune thyroid disease, the incidence of breast cancer in that group is at least doubled.

And in some studies it's even more than that. So there is undeniably a link between autoimmune thyroid disease and the development of breast cancer.

Hashimoto's, Autoimmunity, and Breast Cancer Risk

And I suspect that the, the reason is on a multitude of levels, but not the least of which is that from an enzymatic standpoint, our bodies were meant to function optimally at a certain temperature.

So it's not the exact same for everyone, but somewhere around that 98.6 range is where our enzyme is or able to function the best. And that means that our immune systems are also able to function optimally at that temperature.

People with hypothyroidism across the board have temperature dysregulation, and their bodies live at a lower temperature and at that temperature, our metabolic function is not nearly as efficient.

So those people have higher blood sugars, which we know are associated with the development of breast cancer. They have higher circulating insulin levels, which we know are associated with the development of breast cancer.

Their enzymes do not break down as well. And cancer cells secrete, a capsule around them that requires our enzymes in order to break them down. So for that reason it is has a higher association with breast cancer.

And so our traditional medical system has not asked the why. And so they, they, they learn about the thyroid dysfunction. Although there are many people who do not know that they have thyroid dysfunction until they get a diagnosis of breast cancer.

Their doctors don't even check for autoimmune markers when they know like. But I heard me bonkers. You don't. You don't. And and many of them, even the traditional endocrinologist, they're not.

They're not ordering the spectrum of labs. They're not just students age. They're just doing it to age. Yeah, and it's not well outside of the range. They're given synthetic hormone.

They're given synthroid, and then they're not really followed to be you thyroid. Their temperatures are not being followed and they're not asking where the thyroid dysfunction is coming from.

So unless you get to the root cause, unless you discover where the thyroid dysfunction is coming from, you're not removing that Unitas. You're not removing the stimulus.

You're not changing why the dysfunction is there in the first place. And so it just follows that the next dysfunction develops. Know. So it cannot be a 75% risk for another autoimmune disease.

It can be cancer. Yeah that's exactly right. That's exactly right. And they go hand in hand with one another until you stop the cycle and determine where is the imbalance coming from.

The where do you dig to find out where the imbalance is coming from? Yeah. So I know that we've discussed this before. Like I come by this knowledge very personally as you come by your knowledge very personally.

So I was probably 15 or so years into my surgical career when I was diagnosed with graves disease, and I went from being a super high functioning surgeon and, ran the cancer program for my hospital wife, mother, friend, philanthropist, athlete.

Like I went from super high functioning with, you know, 18 balls in the air to dropping them all. And I couldn't walk across a room without becoming winded.

So in, in a, in a day, in an instant, my health got taken away from me. And it was only then that I learned about functional medicine. I mean, that's how I came to it.

And so I went on a journey to heal myself. And in that journey discovered functional medicine. But really, you know, my my delving into functional medicine was to heal myself.

It was to figure out how I could get better and I could become, healthy again because I didn't.

Personal Healing Journey and Functional Medicine

Something inherently said to me that even though these treatments were used universally, surgery, radiation, chemotherapy, and in in terms of graves disease, I somehow knew they weren't for me.

And it was in pursuing my own health that I discovered the bio individuality of all health. Right. So what led to my disease is not what led to someone else's disease or or another person's disease.

And so it's really about approaching that person individually every time. Now, we know that there are certain things that are universal triggers for people, right.

So like prolonged chronic stress isn't good for anyone. So we know that we have to help everyone with prolonged chronic stress. And I'm going to say at the end, it's not really the stress, but it's your relationship to it that of calling it stress.

Right? It's right. It's your it's your internalization. It's your personal perception of that stress that determines the impact that that stress has. I'm overwhelmed. I'm stressed out.

I don't have enough gas in the tank. I can't do this. All of that is what then your consciousness and your mind you're listening to. And then they send those neuro hormones to say, okay, everybody, right?

And maybe like, we can't do this, can't do this, we can't do this. We we're breaking down. Yeah. And so, you know, the story you tell yourself absolutely matters.

And the way in which you allow things in and allow meaning for things matters. So but we know that there is a triad for autoimmune disease. Alessio Fasano, gastroenterologist at Harvard, has written extensively on this.

So there's genetic predisposition and there is some kind of toxin. And then there's intestinal permeability. Now, I

know a lot of people like to cling to that genetic part, but the truth is that that's only 20% of the picture, which means that 80% of that autoimmune triad is in our control.

And that's a really important point and really empowering for the person that wants to reach out and grasp that right. I've added one to personas, and that is trauma.

You know, that that the research on that and you can think is large ship with it. I mean, sure. And, you know, trauma can be you can heal that. It can be denied us for intestinal permeability.

Yeah. Right. So that that alone can cause leaky gut. And when we have leaky gut that allows for things to enter into our circulation to come into contact with our immune system, that normally wouldn't be a problem, right?

But suddenly they're in direct contact with our immune system, and now they're in a place where they don't belong. Right. Your immune system isn't malfunctioning.

And then wait a second. You're not me. You're not self, you know, so it does what it's designed to do. That's exactly right. Go after whatever is not you. Yeah, yeah.

But but then the flip side is that there are things that are universally toxic. Like, I think we can all agree that glyphosate is toxic. Yes, we can and not and and not eating things that are coated with glyphosate.

It's good for everyone. Yeah. Right. And then there are the things that are not so universal, like, you know, we can take gluten, for example. Although it it's hard to have a conversation about gluten in this country.

So let's talk about like corn and wheat, which is the wheat of our ancestors. Right. So that is a we that we generally recognize the protein and the gluten.

And because it has been around for so many thousands of years, but there are still going to be people that will respond negatively to that. Well, I do genetic testing on all of my patients, and there's one section in there that says what your relationship to gluten is going to be, and it doesn't matter if it that corner of it, you know.

And so that's helpful because then it takes out the question about whether to gluten or not to gluten. Right, right, right. That's nice. And I like that.

Like I like that clarity okay. You don't have the genetic snip necessary to break this down. So that's good to know. Or whether how they how they metabolize caffeine or cannabis or where their liver detoxification pathway is phase one and phase two.

Root Causes: Genetics, Toxins, Trauma, and Gut Health

Are they matched well or they mismatched. You know, there's just a lot in there that night because we can we can build detours around areas that are congested.

Yeah, absolutely. I that's I think that that's something really important is that people should have a knowledge of what their genetics are capable of and right, so that you're not pushing a boulder uphill all the time.

So, because, you know, there are going to be people that simply do not metabolize caffeine, right? And alcohol and alcohol alcohols in there to an animal protein, a way to so helpful to know that.

So absolutely, absolutely. And you can really help people to tailor their lives around how their genetics will perform best, really how to nurture in their nature.

Right. That's, you know, individual ality. Absolutely. That's sad and inflamed person is going to respond to almost everything. So I'm not a huge fan of food sensitivity testing, especially when I first meet someone because that person generally isn't coming to me because things are hunky dory. Right, right.

People are coming to me because the the shit has hit the fan at that point. And so that person is going to be really reactive to everything. So I'm not going to food test that person and see what their sensitivities look like.

Now, years later, once we've worked together and done a lot of healing and they're still reacting, that's a different story. But, I find that doing those genetics and helping to build a program for people that is bio individual to them and allowing them some time to like, be with themselves and be with the right program and, and kind of calm and nurture and nourish and most people get better, right?

Yeah. And that's another question people will say is, I mean, the name of the Summit Series we're on round five of it is reverse autoimmune disease. So, you know, the often asked question is, oh, you mean I can get my, my graves or my Hashimoto's markers to come down?

Is that. Well, I think it's such a foreign concept because of the way chronologies of the world are saying no, because with their paradigm. Right. The answer is no.

Yeah, right. Like if all you're doing for that person is either on the grave side of things, like giving them exam is all right, or on the, on the Hashimoto's or hypothyroid side of things, giving them levothyroxine, then you haven't done anything to intervene as to why the disease developed in the first place.

And I will give my time as well. If there's a fire going, I want to get that to back off. While we're working on those root causes. So I don't want to for sure.

I think it's an either or right. But that's all you're doing right then you there's no other possible outcome, right? Yeah. That's the definition of an insanity continuing to do the same thing and expecting a different outcome.

So if all you're doing is adding in and for on the synthroid part of things, if all you're doing is adding in synthetic thyroid hormone, you're not changing anything for anyone.

Right. So those people are not going to get better. You may get them to, closer to you thyroid state, but you're not they're not going to be better. You're not going to do anything about the autoimmunity.

And I think that's another that's paradigm that says, you take this until your thyroid gets burned out by your immune system is a wrongheaded way of thinking about things.

Yeah, but that is what is almost universally done. Yeah. And, I think people are getting smarter. I think people who were there a little reluctant to believe because that message that once you have autoimmune disease, it's permanent and it cannot be reversed, that that message has been well ingrained in people.

And so they're reluctant. And if you had your thyroid removed, like there's nothing we can do to really regrow it, right? Or you've had radioactive iodine or, you know, some kind of wholly destructive measure, but we can keep your immune system from attacking another organ in your body and brain tissue.

Right. But even in that person, that you can't restore their thyroid. What you can do is restore the health of their immune system. Right. And that ends up being really important so that they don't go on to develop that next autoimmune disease, so that they don't go on to develop breast cancer, because again, it's the definition of insanity doing the same thing and expecting a different outcome.

We what we have to do is we have to get these people off this path and put them on another one, put them on a better woman. And when the thyroid has been removed, you know, we can support the rest of the endocrine system so that it remains healthy.

Yes. Yes, absolutely. Yeah. It is it's a symphony. Right. And so you can't just play one instrument. You have to look at the system as a whole and how all of these hormones are interacting with one another and, and help people to find their balance.

And it is an individual journey. There's no one size fits all. And what's happening with one person isn't necessarily happening with another. Right? So can women and men really decrease their chances of getting breast cancer by improving thyroid function without without question.

And it is important to get people to be you thyroid because of all of the enzymatic and, insulin and glucose indications that we talked about in the beginning.

But it's equally as important to calm the immune system and get rid of whatever is triggering it.

Bioindividuality, Testing, and Personalized Care

So helping people to work on and resolve that trauma, giving people the tools in order to manage the stressors in their environment, and allowing them to be able to consciously decide what does and doesn't have an impact on them, and then helping them to manage that their toxic load, whether it's food or chemicals or however the toxins are coming in.

And just because, yeah, we're not going to get rid of all of them, right? We are living in a sea of toxins. It's just it's just the reality of 2022. And it's only getting worse.

It's only getting worse. There is one we can really manage though, without having to rely on the outside environment. And that's the toxin. I mean, I noticed with Hoshi a lot that there's an energetic component to this of not speaking up.

Perhaps, you know, on your own behalf, setting it boundaries, and what are the toxic thoughts and belief patterns and perhaps early trauma that has created a fear of that?

Do you notice that you know, your thyroid is really so much around your voice? I couldn't agree more. Yeah, it's it. And I find that there are a lot. Many, if not all of my breast cancer patients.

When you talk to them in the 6 to 24 months preceding their diagnosis, they have all had some major, major emotional trauma challenge, whatever you want to call it.

Yeah, preceded that diagnosis. And, whether it's, death of a loved one or being a caregiver, which is so very, very, very difficult. Or, a divorce, some kind of toxic relationship abuse, a toxic work environment, all of these situations.

I mean, listen, when you're caring for a parent or a child or someone who is dear to you, but but you're caring for them in, in an end of life kind of situation, the these are the deepest, hardest challenges really that we face.

And while you can't really you don't really have a voice at that at that stage in that situation. Right? You're just doing your best to try to meet the needs of your loved one.

And it is probably the hardest job there is to do. And you do it out of love and out of, a sense of loyalty to, to this person. But it's a very, very, very hard job.

And you, you lose yourself during that period of time. And, I have countless, countless breast cancer patients that that came to me after caring for an ailing parent, spouse, child and, the effects, of trauma are they're very, very real.

Yeah. And and they do manifest themselves physically because and less and less you're able to successfully process that that emotional trauma unless you're able to successfully process it, it is going to manifest as a physical ailment in your Vedic medicine.

You know, 10,000 years ago, they called it undigested emotion. And I like that terminology even better than processing. You know, it's like, yeah, if we don't digest our food and we're constipated, then we get all kinds of physical ramifications that we're probably aware of, but tend to not think about it, when we have emotional

constipation, right?

When we're not digesting our experiences, our emotions, their meanings and our beliefs, we get we get the same sort of downstream ramifications from that too.

And it's often seen in sleep disruption and anxiety. It manifest itself in a variety of ways. But, but sleep disturbance, anxiety, depression they are all on the spectrum of the development of autoimmune disease and, and breast cancer. Yeah.

And so it's, it's, it's recognizing that inflammation in its infancy that is so important as to not let it become a chronic situation that only expands on.

The we we started out talking about Hashimoto's as the stepping stone along the way to breast cancer, and also mentioned that many traditional endocrinologists will only test H every 6 to 12 months.

So is following just a TSH enough to know if you're reducing your risk for breast cancer? Well, so I don't think it's enough.

Monitoring Thyroid Markers and Reducing Inflammation

I don't, you know, and so, so my goal with, with with the people that I'm working with, I mean, I am checking it because I think it's one indication, but I'm also looking at their free T4, their total T3, their free T3, the reverse T3.

I want to know if they are making enough thyroid hormone but not converting enough to its active form. I want to know if they're just not making enough.

And you know, conversion isn't their issue, but production is their issue. And I want to know where their thyroid antibodies are and if they're thyroid antibodies are elevated, then I am pretty frequently checking to make sure that we're moving in the right direction.

And we are figuring out what their triggers are. And eliminating them. Yeah. And and when you do that, you will see a response in the thyroid antibodies only if you're checking them though.

And that's I guess, you know, like physicians won't check though because they say, well, you have Hashimoto's. Obviously you're going to have on me and markers.

So we don't need to check them. But, you know, I'm always explaining to my patients, you know, that's how you tell the inroads we're making. You know, we have to come back and check those autoantibodies and make sure they're coming down so that, you know, it just only makes them so thank you for speaking to that.

Of course, of course. And I don't know about you, I'm also looking at markers of metabolism, to make sure that people are, having good insulin sensitivity and are not developing insulin resistance.

And so I'm checking fasting glucose and fasting insulins and A1, CS, and I'm also looking at, other markers of inflammation like C-reactive protein. I look for an A and rheumatoid factor too.

Yeah. Just just making sure that the the body is doing okay and that inflammatory down. Yeah. Now once do you follow Anna over time or do you do. Because the same the same idea the TPO that you can make it go negative.

Right. Once it's been positive, I want to come back in six months and check it. When we've done our interventions to make sure it's shutting off. So because it's a very nonspecific Anna's or nonspecific everybody, but it's a nice way to say, oh, it was positive.

Now it's negative which indicates something just like bringing a high connectivity reactive protein or said rate indicate something you know, when it's coming.

Yeah. What we want all those things come up the thing to come down. Right. Yep. So for me Anna Anna is one of those indicators. Yeah. Yeah. Is there anything that we haven't touched on that you really want our audience to hear.

Yeah I, I think that we've, we've so normalized Hashimoto's especially where it is on. Right. Like we've said. Oh yeah. So many people got that right.

And we and we've normalized it and I, I want to be clear that it's not normal and that you, you don't have to be hypothyroid. Right. And this is a signal.

Reframing Hashimoto's and Closing Remarks

This is your body telling you that there's something happening in your environment that your body is not working for your body. And, instead of seeing it as a punishment or a nuisance, to see it as an opportunity to to do some self-discovery, to figure out what is not working for you, because we we should all have the energy that we want, the health that we want.

And it is achievable. It is, it is. But but it it does take some it takes some work and some personalization and but it is achievable. Thank you. I know you have a free gift for our audience.

Should do this for. Yeah. Yes I have your your weekly checklist where you can just go and look down it and just make sure that you've, you've checked all your boxes for the week.

And it's just a general guide to health promotion. And, and, and healthy living. Well, I deeply appreciate your work in the world. And for joining us today to share that.

It's my pleasure. So happy to be with you as always. All right, everybody, until next time, be well.