Introduction and Dr. Simmons' Story

Welcome to this episode of the PCOS SOS Summit. I'm your host, Dr. Felice Gersh. With me for this episode is an amazing woman, a renowned breast cancer expert, one of the top leading breast cancer surgeons from Philadelphia.

For, what, 17 years? A long time. A very long time. And now she's in a new chapter of her career. And I'm going to have her explain all about it. And I want you to meet Dr. Jenn Simmons.

So welcome. And please share some of your incredible story, how you got into this new pathway in terms of breast cancer and women's health. And then we'll we'll talk about some, you know, practical things that every woman out there should know, not just women with PCOS, but every woman.

Of course. Of course. I would love to. So I come by the breast cancer space very naturally or very organically. Like a lot of women, I was born into a breast cancer family as a child.

My first cousin was a woman named Linda Creed, and Linda was a singer songwriter in the 1970s. In 1980, she wrote all the music for The Spinners and The Stylistics.

She wrote 54 hits in all and her most famous songs, The Greatest Love of All. She wrote that song in 1977 is the title track to the movie The Greatest, starring Muhammad Ali.

But it really received its acclaim in March of 1986, when Whitney Houston released that song to the world. And at that time it would spend 14 weeks at the top of the charts.

Only Linda would never know because Linda died of metastatic breast cancer just one month after Whitney released that song. I was 16 years old when my hero died.

Her life and ultimately her death gave birth to my life's purpose. I did the only thing I knew how to do. I became a doctor. I became a surgeon. I became the first fellowship trained breast surgeon in Philadelphia.

And I did that for a really long time, and I did it really well. And I did it so well that I had a waiting list for months, and I had lots of other balls in the air.

I was running the cancer program from the hospital, and I'm a wife and a mother and an athlete and a philanthropist. And I basically said yes to everyone and everything until the day came where I couldn't say yes to anything anymore because I went from being one of the most high functioning people you'll ever know to.

I couldn't walk across the room and I had a three day extensive workup, and at the end of those three days, I was sitting in the office of my friend and colleague and physician, and he told me that I needed to have surgery and chemo, radiation, all things that I said to people all day, every day, without hesitation or reservation.

And yet, when the words were coming at me, I was in Charlie Brown's classroom. Wah, wah, wah, wah. I was underwater. I still to this day, don't know why I left that office, why I refused treatment, why I saw some kind of light and hope outside of the conventional medical system.

But I did. And I went on a very selfish journey to heal myself. It was never about my patients. It was never about anything but I didn't want to take that path for me.

And thankfully, very early in my journey, I was listening to a talk and a man named Mark Hyman walks on the stage. Now, this is 2016 and I had never heard of Mark Hyman, nor had I heard of what he introduced himself as.

So he introduced himself as a functional medicine physician. Now, at this point, I had been a doctor for about 20 years and my cynical self said, There's no such thing as a functional medicine physician.

What is this quack talking about? And then I remembered that I was sick and I was there for a reason. And I checked my ego at the door and I tuned in and I listened to what he had to say.

And thank God I did, because within 5 minutes of this man speaking, my entire life made sense and I knew exactly why I got sick. I got sick so that I could be in that room on that day, in that chair, listening to him speak, because he was foretelling my future.

He was showing me what I had been blind to my entire career because by intention, our medical system, the conventional medical system makes you blind.

It only allows you to see diagnoses and symptoms. But never did we think about where those symptoms are coming from. So unless you think about where the symptoms are coming from, you have no chance of healing people.

And we all started off as healers, right? We all wanted to be healers. No one goes to medical school with the intention of I just want to suppress people symptoms.

Functional Medicine and Healing the Root Cause

Right. We all go to medical school wanting to heal people, but that's not what we end up doing. And so I was presented with this amazing opportunity to take back my control, take my back, my health.

And once that bell was rung for me, I couldn't unring it. And I wanted the same thing for my patients. And so I immersed myself in the study of functional medicine.

And in 2019, I opened Real Health, M. D., with the intention to help women who have been given a diagnosis to restore their health, to allow them to have the health that they want, that they deserve, and that they couldn't possibly find within the confines of conventional medicine.

Well, you look incredibly healthy now. So apparently you did the right the right thing to try. Well, it's always an ongoing trip. And yes. It is. So that that's why we call health a journey, right?

Absolutely. Destination. And there's no time when you can arrive and sit on your heels. Right. It just doesn't work. So we have to be constantly working on it.

Health is something that you have to achieve and that is an active process and we have to be doing that all the time. So I know right now you're running a PCOS complex and where I see PCOS is along that spectrum of hormonal dysfunction.

And unfortunately, by the time I see people there 20 years or 30 years into that hormonal dysfunction and so much of it should have been recognized 20, 30, 40 years ago, but it wasn't.

Or if it was, it was suppressed. Right. Your cycles are irregular. Take these birth control pills. You know, we do a lot of masking instead of ever asking why?

Why is your cycle irregular? Why aren't you getting your period? And instead of throwing more hormones into the equation, which often confuses things more than anything else, we should be looking and asking these questions.

Why? Why? Because we are perfect beings. God created us perfectly and our environment often leads to significant dysfunction. But if that is what's happening, then by that same method we can change the entire man to have us function the way that we are supposed to function.

Well, let's go back and look at all the different things that you incorporated in your journey. And then now you're incorporating and helping women in their journeys, in your in your new in your new career path and your business.

Yeah. So we have women who are living in what we know is a challenging, toxic type of environment with chemicals. We know that they have lifestyle choices that are often incorrect, like choosing foods, and sometimes you're not going to sleep at the right time.

So where do you start? You know, when you have women who say already have a diagnosis of breast cancer or maybe they have family history and they don't want to get breast cancer or any kind of cancer. So where would you start?

It can be so overwhelming. So, like, just like do a little bit of a step by step. Like what would you look at? How would you help discern what are the like, say, primary issues in any woman's life that are causing her immune system, her hormones to go off balance?

And so we can give a lot of practical tips for where do you start? And then. How do you. How do you even navigate this really complex system? Yeah, it is so confusing.

I agree with you. And for me, I think that where you start is what you do most, because it's actually what we do most that matters. And the one offs here and there are not what is foretelling our future, the one offs here and there are not having the most impact on our health.

It's what we do most. So what do we do every single day? We drink. So looking at what you eat every day when you eat, how you eat and one of the quickest ways to healing is by fasting.

And we see that every single religion as some kind of fasting built into it, that is by intention. That is because our bodies need a rest for food. We need to cleanse from food.

And there are lots of different ways to fast. And I couldn't possibly get into them all. But to say that everyone needs some kind of fasting practice, even if it's just an overnight fast, even if you are taking 12 hours every day away from food, that will help.

So it's fasting. It's the kind of food that you eat, right. And we there is no one diet that's going to be right for everyone. And I'm not going to get into the should you be a vegan?

Should you be a carnivore? Should you do paleo?

Daily Habits for Hormone and Metabolic Health

Should you do keto? Like what's going to work for you? Is what's going to work for you. But I think that there are some rules that apply to everyone and that's that we should all be eating real food.

Our bodies are not meant to eat processed food. We don't see it as food. We don't understand it as food. And so the vast majority of what you're eating should be whole, unprocessed food.

And that's going to mean a lot of vegetables and fruit. Right, because those are the things that are in their original form and completely unprocessed.

I think what we do matters and I'm going to talk about two sides of that. The first is I think everyone should be drinking water, drinking filtered water, because there are a lot of impurities and toxins in our water and drinking out of a safe vessel.

So like, if you're walking around with a plastic water bottle all day long drinking out of that plastic water bottle, I don't think you're doing yourself any favors.

All that plastic is leaching into your system. It plastic itself is an endocrine disruptor. It will disrupt your hormonal cycles. It acts like toxic estrogen in your body and it will cause a significant amount of dysfunction.

So drinking out of a safe vessel or drinking filtered water there are lots of ways to do that. You can get a Berkey, you can get a system that sits underneath your sink.

You can get a system that filters all the water in your house. You know, depending on what your budget is and what's right for you. But drinking filter water is important.

The other thing I want to talk about drinking is alcohol because it has become a societal norm. People are actually judged when they don't drink alcohol than when they do.

Right. And as a result, we are regularly consuming what we know to be a known liver toxin, a known carcinogen. And we know that it is directly associated with the development of breast cancer and hormonal dysfunction.

So every time you drink alcohol, your liver has to process that for 8 hours. If your liver is processing alcohol for 8 hours, do you know what? It's not doing its job, right?

It can't detoxify anything else. And so that's why people who drink alcohol regularly are bloated, swollen, because your liver cannot do its job. It is stuck washing the alcohol.

Right. And we need it to wash everything else that is our master detoxifying organ so we can't preoccupy it with alcohol. And then I think about the other things that we do every day, right?

Sleep. We have to prioritize sleep. Sleep is where the healing happens. If you're not sleeping, aren't healing. So there's no path to being healthy if you're not sleeping.

Because that is when a liver is doing its major job. That's when our brain is getting detoxified. That's when our kidneys are working like we need to sleep in order to heal in order to rest, in order to restore.

And again, there is no path to health without sleeping. And then I think about movement, right? And sitting is the new smoking, right? We we cannot be sedentary.

We are not meant to be sedentary. And our body is one of those things that if you don't move it, you lose it, you lose flexibility, you lose strength, you lose muscle mass.

And all of this is highly, highly associated with declining health. So I don't think any of us are going to live forever, and I don't think that that's the point.

But the point is to live a very long time as well as you can. And if your last five, ten, 15, 20 years is spent in a debilitated state that is not living, and oftentimes the way that we live our life is setting us up for just that.

And the vast majority of Americans are not healthy. The vast majority of Americans do not have metabolic health. The vast majority of Americans are not moving their bodies regularly, and we have the health to show it.

So again, it all comes down to it's what you do most that matters. And so make sure that you're eating a nourishing diet, that you're fasting and taking time away from food, that you are drinking clean water, that you are avoiding alcohol, that you are prioritizing sleep, prioritizing movement.

And then at the end of all of that, if you have all of that in place, then take a look around your environment for the toxins. Where are they coming from?

We are living in an ever increasingly more toxic world, and that runs the gamut from the chemicals that are in our food to the chemicals that are in our body products, the chemicals that are coating all of our things to the chemicals that we use to clean our homes, to the toxicity of cell phones, of being too available, of too much blue light, of

overconsumption, and then the toxicity of relationships.

And in the end, we all need to take the trash out, whatever that is for you. Take the trash out. Pare down. Do less. Now, you have covered a huge array of lifestyle issues and you've touched on almost everything I can think of.

You also mentioned toxic people, so that sort of brings in one area that maybe you could go into in a little more depth, and that is emotions and stress.

We know that women with PCOS have a much higher rate of anxiety and mood issues than even the average woman, which is pretty high. So what about the role of emotions and stress, the immune system and the potential for cancer?

Do you know of any data on that? Well, there is undoubtedly data on trauma, stress and breast cancer. So when we look at the breast cancer population in general, when we look at women who present with an early diagnosis, 30% of them will have trauma in their background.

When we look at the women who present with metastatic disease, 80% of them will have trauma in their background and the body absolutely keeps score. There's no doubt about it.

And if you are having physical pain or emotional pain, we can't decipher between the two. They both have the same impact on us. So if you are in an abusive relationship, if you've been abused in the past and you haven't been able to resolve that, that is still in you and it will manifest as something and it can often manifest as breast cancer down the line.

Now, as far as women with PCOS having more anxiety and things like that, that is part and parcel to what is going on with the imbalance. And that again, there are some genetic components there, but it is the entire mend mixed in with your own genetic makeup that is presenting like that.

And for me, the key to all of that is to kind of back up and start over, like, when did this start for you? What happened at that time? What changed at that time?

And try to back up and correct that because in the end, we we are all just accumulating toxins along the way. Some of them come as environmental toxins.

Some of them come as emotional, toxic ends. And we all have a bucket, right? Some people have a small bucket. Some people have a big bucket. Depending on how your body is able to handle and get rid of and process all of those toxins.

But I think of it like a washing machine. Right. And so it just has one bead. If you have a lot of laundry to do, it's going to take a long time to get through it.

And you're probably not going to because we reset every single day or on a 24 hour clock. So what we don't get through what we're not able to wash, we're going to store.

And you can't you can't store toxins forever and ever without having some physical manifestation, without having some ramification. So the key to all of this is to really decrease that toxic load, stop putting it, stop accumulating so much laundry.

And that's the part that we have a lot of control over. We don't have 100% control, you know, and we can't always control the air that you breathe. But you can control if you're drinking out of a plastic water bottle, you can you can say no to soda and alcohol.

You can say no to processed foods. You can decide to use cleaner things to clean your house. Right. Like I if I'm being honest, I clean my house with a mixture of vodka and lemon juice.

Like, we can make these choices. That's what you should do with your vodka. Actually, don't drink. It used to clean your house, so you can. You can make these choices.

And these choices will all have a significant impact on your health. Well, I 100% agree, and I've never used vodka as a cleaning material, but I will definitely consider that if somebody gives me a bottle sometime.

Yeah, I have I have actually a recipe for it for how to make vodka cleaning solution for your house in my book. Oh, my goodness. Well, definitely want to look at that.

And so in terms of some issues that always come up, okay, so if we could touch on, maybe we'll start with imaging. So every woman is told to have certain types of imaging like mammograms, and some people have heard of thermography.

And then there's ultrasounds. Could you just do a little like 101 on imaging breast?

Stress, Trauma, and Toxic Load

Absolutely. So, you know, everyone has heard or heard the term mammograms save lives. Right. And no one questions it. But as you and I both know, it's not true.

It was a great ad slogan as there have been many, many great ad slogans over the years. And mammograms do make a lot of money for the system. They make a lot of dollars, but they don't make a lot of sense.

So what was originally intended was that we would screen people because breast cancer is linear and predictable. Right. So breast cancer would start small and grow to some critical size at which time it would become more likely to metastasize.

And if you caught it before it reached this critical mass, then you could prevent metastasis and you could prevent deaths from breast cancer. And it's a lovely theory, only it's not true.

And there are very small breast cancers that are very aggressive. And almost no matter what you do, these people are not going to have a good outcome.

And there are large cancers that are very often aggressive. And no matter what you do, those women are going to be fine and everyone in between. But selling this this tail was very beneficial for industry and people believed it so much so that people forgot and didn't think about the fact that every mammogram is traumatic.

Right. You are basically compressing your breast down to an eighth of their size. Mammograms are radiation. So every single time you get a mammogram, you are getting radiation.

We know that radiation is a known carcinogen and every mammogram you get increases. Your risk of getting breast cancer. Right. Think about that. So the population that is at the highest risk, right.

The up population, women with a break up, one or two mutation. We start to image them earlier than anyone and we image them every six months. And we are, by virtue of doing that, almost guaranteeing that those women are going to get breast cancer. So the mammographic screening program, by the time ed lesion is picked up on mammogram, we are talking about a minimum of 300 million cells, a minimum a one centimeter lesion is a billion cells.

We can we can basically pick up a lesion that's three, four millimeters. So we're talking about 300 million cells. The cat is out of the bag. Right. This process has been in play for a long time, at a time when taking, you know, ultra sound for some people think they think that that is a viable solution.

Ultrasound will not pick up everything and ultrasound is very difficult to standardize. There have been a number of attempts to create technology to standardize ultrasound, but the images are not that great.

It's not it's not a solution. MRI was once thought to be a solution, but MRI is cumbersome. It's a long process. It requires the injection of a heavy metal gadolinium.

They are not readily available. They are very expensive and that it's just not a screening solution. And I'm so excited to be involved with something called Cutie Imaging.

So Cute Imaging utilizes the speed of sound through a tissue. It creates a 3-D image with 40 times the resolution of my eye without radiation, without compression, without pain.

It and the images are captured in anywhere from 4 to 7 minutes, depending on the size of your breast. And so this is poised to replace mammogram, ultrasound, MRI.

We you mentioned thermography. Thermography is it is another way to to image the breast, but it is not it's not sensitive enough. And it will miss a significant amount of cancers.

And so I know that that cutting imaging is the the imaging of the future. It's what we're going to use. It will allow us to see lesions of just a few cells, and we can follow those cells, count the number of cells.

And so it is absolutely going to replace every other modality it is currently available in California and Arizona and will soon be available throughout the United States.

Well, that sounds very exciting. Does that involve a I know that they're talking about that with mammography now. That was it, which is both, you know, a little bit scary even too, because they say I picks up 20% more breast cancers.

So then you worry about overdiagnosis, which is another topic. But maybe you could talk a little bit about what is overdiagnosis and how does that harm women.

And also, if there is a role for A. I., do you think in any of these newer imaging tests that you're talking about? Yeah, so I think that there is a role for AI in acute imaging, especially because the resolution is so good that we're able to see nerves, arteries, veins.

We know what's connective tissue, we know what's glandular tissue. It again, it has 40 times the resolution of MRI. So we're seeing things with great clarity that we're not able to decipher on any other kind of imaging.

And what that will do is eliminate a lot of unnecessary biopsies and a lot of unnecessary diagnoses.

Breast Imaging, Overdiagnosis, and New Technology

The problem that we're having right now is that business is way too integrated into our medical system and the amount of money that breast cancer generates for an institution is is almost unimaginable.

And so the institution is very, very, very highly motivated, Ed, to find and treat breast cancers. Only when we look at the numbers, the exact same number of people die every single year of breast cancer, the exact same number.

So if we're really making an impact on breast cancer, why hasn't that changed? And that says to me that there's only a certain population of women with breast cancer that even need treatment.

So let's take the disease population, for instance. So every year, I think 40 around 40,000 women will be diagnosed with DCIS and 240,000 will be diagnosed with an invasive breast cancer disease, by definition is not invasive by definition is not life threatening, and yet it is treated just like invasive breast cancer.

So these women are undergoing surgery, most of them, I shouldn't say most, but a large percentage of them are undergoing mastectomy, undergoing a surgery where they will never, ever forget that they had breast cancer ever again.

And I don't even feel comfortable with saying that they had breast cancer because it's not it's a pre-cancerous lesion, and yet it is treated just like breast cancer.

It's treated with surgery, it's treated with radiation, it's treated with drugs. And these women are forever changed by this treatment and not in a good way.

They have the emotional trauma of having undergone surgery. They have all the damage that comes along with radiation and that is not insignificant. And we often put these women on environmental drugs, which only go to accelerate heart disease, accelerate bone loss, accelerate brain deterioration.

These are very, very, very serious consequences for something that would have never threatened their lives. And we really need a mindset shift around all of this.

And with this new imaging, I think we can have that shift because we can follow these lesions and know if they're growing, we can know if they're adding cells or if they're completely stable because a stable lesion, we know we don't need to intervene.

And so in thinking along those lines for me what any change is, it's a call to action. It's an opportunity a breast cancer diagnosis should be seen as an opportunity.

You have the opportunity to know that what you're doing isn't working. You have the opportunity to change and live your life in a way that promotes health.

And this should be everyone's first step. And in my book, I talk about if you get a diagnosis, the first thing you should do is take a breath, take a pause.

This has been happening for years. Take the opportunity to learn about this, to understand about this, to build a team and to commit to doing great things to improve your health.

Because health is achievable. Health is attainable at any age and at any stage. And I have the great privilege of seeing miracles every single day. But they don't happen in isolation.

They happen when people go get them. Wow. That is very inspiring. I would say. I can't wait to read your book. We'll talk about that in a minute. How they can people can maybe preorder and such.

Yeah, but you did mention like the use of medications that block estrogen, you know, that. Now block. The hormones. So maybe just a few words on the the hormone been so demonized you know estrogen and and the role of estrogen in breast cancer.

Just a few words, because this comes up, of course, endlessly. And you just you know, you're the expert. Let's hear a little bit about it. Yeah. So, you know, it's been very easy to blame estrogen, right?

Oh, you have estrogen receptors on your tumor or your your cancer is caused by estrogen. Well, what no one what no one tells you is that normal breast cells have estrogen receptors on them.

And as do many of the cells in your body, your heart, your blood vessels, your skin, your brain, your uterus, your ovaries, like estrogen receptors are everywhere.

And we need estrogen receptors everywhere. Why? Because it's the we're mode of life. It is what allows our brain to think and function. And any woman who has gone through menopause and to explain what happens when estrogen goes away.

Right. We are a society that didn't really have to live much past menopause because most of us died of an infection or got eaten by a saber tooth tiger or, you know, something happened to us before we had to live past menopause and by the grace of God and modern medicine that now no longer happens.

Right? We have antibiotics to treat, infections we can avoid death by those. But, you know, we're not worried about saber tooth tigers anymore. But here's the thing.

If you're going to live past menopause, you have to live. And for many women, that estrogen withdrawal, all is is unlivable and unimaginable. Now, the women who the whole reason why we have an anti estrogen campaign is because we have anti estrogen drugs.

Right. And so when when we create a solution, we could then create a problem, right? So we have an estrogen blocking drug and now we'll say that estrogen is bad and take it all away.

The same thing happened in the statin industry, right? We have stat, we have cholesterol lowering drugs. Let's call cholesterol bad. Right. But we know that cholesterol is not bad.

Cholesterol is good. We need cholesterol. Cholesterol is what makes up our brain. It's what makes up our cell membranes. It is the base for all of our hormone production.

And when people go on these cholesterol meds, they get depressed. They have sexual dysfunction. They they have all kinds of aches and pains in their bones because we need cholesterol.

And we know that people who present to the emergency room having a heart attack, 50% of them will have normal cholesterol. Cholesterol is not the issue.

Just like estrogen is not the issue. But it's a convenient it's a convenient thing to blame. Now, do some people have problems breaking down estrogen? Yes.

Yes, they do. And we as a medical profession are obligated to identify those people and help them with that. And we can help them with that. Right. We know that estrogen breaks down into phases and we know that if people need help with phase one or phase two, we know how to do that and we can do that for them.

We can help them with that more often. The problems with estrogen dominance and this comes up a lot in the PCOS population and then I see them 20 years later.

It's not it's not that you have too much estrogen. It's that you have too little progesterone. And the reason that we have too little progesterone is because we don't sleep enough.

We don't move enough run on devices all the time. And we're not eating in a way to nourish ourselves. And so what we see is estrogen dominance. It's actually a lack progesterone.

And this is all about a balance and a symphony. And most gynecologists, you know, this are not like you. Gynecologists have surgeons.

Hormones, Menopause, and Breast Cancer Risk

They have a four year training program of which the majority of their time is spent learning to be a surgeon, because that ends up being the most dangerous part of your job.

And the thing that people need you for in a kind of an emergent situation. But where does everyone go when they're having hormonal dysfunction? They go to their gynecologist, but their gynecology unless they made a point like you did, to study hormones, to study women's hormones, I don't know anything about it.

They don't understand it. And what did they do? They put them on birth control pills. Right. You just push them down the line. And so I think for everyone, the key is to understand where you are with your hormones test.

Don't guess, optimize them and then when you get to the menopausal stage, I do believe that the vast majority of women should be on hormone replacement.

And here's why. Even if you're not symptomatic, even if you don't have hot flashes and mood disturbance and sleep disturbance and aches and pains and vaginal dryness and loss of libido and all of the things that that generally are associated with menopause, even if you don't have those things, we know that there is a significant amount of health deterioration that goes along with menopause.

You have acceleration of heart disease, you have acceleration of bone loss and you have acceleration of brain loss. We know that. And if we are going to live a long time and the truth is that the average length of life is is 83 years.

And so for most of those women, that's 30 years past menopause, 30 years, that's a long time to live without a good heart, without a good brain, without good bones.

Right. And it it is for that reason that a lot of people spend the end of their life suffering because of the deterioration of those systems. When we look at the number of women that die every year as a complication of a fracture, it's the same as the number of women that die each year of breast cancer.

That's a staggering statistic, like where are the ribbons for that? And it can all be prevented. So I'm I'm very out in saying that hormone replacement does not cause breast cancer just like estrogen doesn't cause breast cancer.

Can you be exposed to too many environmental estrogens which are directly carcinogenic? Yes. Yes, absolutely. And I'm equally as vocal about not drinking out of plastic, not cooking and nonstick, not storing in plastic, not using fragrance or perfumes, not staying away from antibiotics, avoiding them when you can.

Obviously, if you have an infection, antibiotics can be life saving, but you don't need antibiotics in your face, cream, your toothpaste, and you're in all the places where antibiotics are put.

And the vast majority of antibiotics in this country are not in are not for human use. They're fed to our animals. So making sure that you're not consuming animals that are fed antibiotic ticks.

So there are so many ways that estrogen is coming into our system, but it's not the estrogen from our ovaries. So I want to be very clear. Like your ovaries are not set out to kill you.

Your adrenal glands are not set out to kill you. They're set out to save you. And the and the hormones that are coming from those glands are not causing breast cancer.

And so much so that we know when we look at the population of women on hormone replacement therapy and we compare them to women who aren't, they both get breast cancer.

Right. You're going to get breast cancer if you're on hormones, you're going to get breast cancer if you're not on hormones, because we're living in a toxic world.

But the women who get breast cancer and are already on hormones do better than the ones that aren't that has to mean something, right? We have to know that hormone replacement, just like our our estrogen, just like our inherent hormones are protective.

So, too is hormone replacement. And so we really need to unlearn the falsities that came out of the Women's Health Initiative. Hormone replacement doesn't cause breast cancer.

Hormones don't cause breast cancer, but an environment that is toxic will and it's up to us to do the best we can. You're not going to be able to remove everything, do the best you can to avoid as many toxins as you can.

And in the end, just like I said in the beginning, it's what you do most that matters. Well, 100%, we think the same tune about hormones and toxins. And when you look at it right, it's not your own natural human produced hormones or bioidentical hormones that are so harmful.

It's the the mimics, the chemicals, the toxins and also the loss of these vital life hormones, as you said. Yeah. So, you know, and so I actually. Think there's something about that in that we see the preponderance of breast cancer happen in the postmenopausal population.

And I do think that it's the withdrawal of hormones that they were providing protection and it's the withdrawal that then makes the cells look for anything that looks like estrogen.

And that's when the environmental estrogens become so much more potent. Well, absolutely. I agree. The hormones are protective. But this look at the statistics of when breast cancer occurs the most.

Yeah. And this was so enlightening and so informative.

Book, Resources, and Closing Remarks

And I know a lot of the viewers are going to want to learn more. So give us like information. How can they access your new book that's coming out? Maybe it's out already.

And when by the time they they see this and how can they follow you and get more of your wisdom? Yeah, absolutely. So my website is RealHealthMD.com. You can follow me on all the social media outlets.

I'm at Dr. Jenn Simmons and my Jenn has two Ns I have a podcast called Keeping Abreast with Dr. Jenn. You'll be able to hear Dr. Gersh on that podcast.

I have a Facebook group called the same, Keeping Abreast with Dr. Jenn open to the public, and that is where I get the questions that I discuss on my podcast.

So if you have questions for me, definitely the place to ask them. And it's also a discussion of women who support one another and provide resources that I couldn't possibly provide to everyone.

And then my book is called The Smart Person's Guide to Breast Cancer. And you can get it in the link tree for my Instagram and you can you can Google it and get the link.

So The Smart Person's Guide to Breast Cancer and will be sure to provide you with a link. Well, that's wonderful. I look forward to reading it. Yeah. And thank you so much again for joining us and talking about your incredible journey and how you can help all of the women out there improve their journey through life to have better health.

So thank you so much and I look forward to seeing you very soon and having many more conversations with you. Me, too. Thank you so much for having me.