

Hey, everybody, it's Chris. And today I'm interviewing Dr. Jenn Simmons. Dr. Jenn is a breast surgeon. She knows a little bit about breast health, and after spending 17 years as Philadelphia's top breast surgeon, her own illness led her to discover functional medicine. And that led to a career change for her and a shift of focus.

And in 2019, she founded Real Health MD to help women anywhere along the breast cancer journey to truly heal. So I think this is great. I'm so excited to talk to you and talk about breast health. I get so many questions from women in our community about breast health, about what to eat, about testing, about supplements, and I know you have a lot to say, and you've done a lot of research on this, so dr.

Jenn Simmons, thanks for taking the time. I am so delighted to be here. First, I just want to say that you were one of my very first inspirations. So when I went on my healing journey, my own healing journey, I happened across, like, either a summit that you did or something, some ten part class.

It might have even been your square one. And I just spent a weekend consuming everything, and it completely inspired me. So I want to thank you from the bottom of my heart for the work that you did, for the bravery that you showed, because it's pretty scary to go outside the box, right?

And for being the trailblazer that you are, because I know firsthand how scary it can be to blaze a trail. And there are a lot of naysayers and a lot of people that don't say such nice things about you when you don't fit into the box and play by the rules.

I really applaud you and your strength and your fortitude. Thank you. That just means so much.

Especially coming from a medical professional, it really means a lot. And I've had just the great privilege to be able to coach and counsel doctors and obviously lots of non doctors, and it feels good. Okay, so

there's a lot of places we could start, I guess. But why don't we start with a testing for breast cancer? Because I guess this is really where it starts for women. How do you detect breast cancer? What tests are best? What tests maybe aren't that good. Yeah. So this is a super duper, highly controversial topic.

Right. So testing for breast cancer, traditionally in this country and many others around the world, has meant getting a yearly mammogram. And in 2003, the United States Prevention Task Force.

Reviewed mammograms, the harms of mammograms, the benefits of mammograms. And basically what they came down to is that they were not recommending mammograms for women under 50. And after 50, they were recommending mammograms every other year, and

everyone was in an outrage. Right? You're violating women's rights, and you're not protecting women.

And I was really in that camp for a long time because, like everyone else, I believed that the studies that I was told that mammograms save lives. Now fast forward

20 years, and

my perspective is very different, because, first of all, the studies, the mammogram studies were done on the 2D mammogram, which we're no longer doing. The vast majority of women are getting digital. Breast tomosynthesis, which is a 3D mammogram, and that delivers two to three times more radiation than the traditional 2D mammogram.

So now we're talking about doing two to three times more radiation to women over a lifetime. And by the way, one mammogram, isn't it the equivalent of several hundred X rays? Is yeah. Okay.

Especially the digital breast tomosynthesis, especially the 3D. So

you think about the lifetime exposure of radiation and then three times it we have a problem. Right. And in addition to that, because of the sensitivity of the 3D, as compared to the number of callbacks goes up significantly. So now women are not getting radiated once a year now.

Women are getting radiated two times a year, sometimes more than that. This is a big problem over people's lives. Now, when we look at the population of women who screen, so let's say they start sometime between 40 and 50 and they screen until they're 70 or 80, and you compare them to the women that don't screen,

survival is exactly the same. So maybe the women that screen die of less breast cancer, but they die of more heart disease.

The women that don't screen might die of more breast cancer, but they die of less heart disease. And in the end, what screening doesn't do is decrease the number advanced breast cancer presentations and those are the ones that are more likely to die of breast cancer. So ultimately. Me.

Breast cancer does not breast screening with mammogram does not save lives. It does not it's inarguable. It does not save lives. And we have to figure in how many breast cancers the radiation over time is causing. So this is a conundrum, for sure. A conundrum. And and

one of the things that comes up is that if you screen, you find more early cancers, you treat more early cancers, and as a result,

in the process of treating breast cancer surgery, radiation, chemotherapy, anti hormonal therapy, most of those three quarter of those will accelerate heart disease. And most women who get breast cancer, certainly early breast cancer, they don't die of breast cancer. They die of cardiovascular disease. That's twofold. The first is that the treatments for breast cancer actually accelerate cardiovascular disease.

The second is that the same nitis that led to breast cancer, which is that underlying chronic inflammation is never dealt with in the course of traditional breast cancer treatment, which the vast majority of people maybe not your listeners, right? Your listeners are looking for more there, but the vast majority of people are undergoing traditional therapies.

They're getting surgery, they're getting radiation, they're getting chemotherapy, they're taking anti hormonal drugs. So the vast majority of people are being put into a situation where the number one killer of women, it's not breast cancer, it's cardiac disease that is being accelerated in this population. And so, really a complex issue that all starts with whether or not to screen with mammogram.

At the end of the day, I certainly don't want. To discourage people from doing what they feel like the right thing for them is. And if you really feel as if you want to screen with mammogram, go ahead and do it. I do recommend that you take 100 milligrams of melatonin one to 2 hours before in order to decrease the free radical that comes along with X ray with ionizing radiation that causes DNA damage.

So to be able to combat those free radicals, I do recommend taking 100 milligrams of melatonin one to 2 hours before. But what's really, truly promising is that there is new imaging on the horizon. It's FDA approved. It's not FDA approved yet for screening, but it is FDA approved.

It is non ionizing. It does not require any trauma to the breast, so there's no compression. Takes 15 minutes. It's more sensitive than MRI, and it's inexpensive. So I know you're going to be hearing more about that, and it's going to revolutionize breast imaging. And I think you need to do what you feel comfortable doing.

That makes sense. And thank you that you explained that so well, so eloquently, and I think a lot of people are going, whoa. Right. Because

I'm going to say the public has not been educated on the risks of breast cancer screening. That's very intentional. Right. Because this program falls under the category of too big to fail. Right. Like, the investors want and need their money back, and it generates a lot of money for the medical system.

And our medical system doesn't always have patient interest at heart. Oh, no. I mean, the patient interest is the sales. Pitch. Right? Exactly. We care about women. We're saving women, we're saving lives. That's the sales pitch for a highly profitable industry. Right? Because breast

cancer screening is a massive, massive industry.

And what you said, I had not even thought about or considered the fact that with the 3D imaging, it was requiring more follow up

tests. Because what happens? They find more things. Let's look at this. We need to follow this. So it's just a trigger. And there was a big study out of Canada a few years ago that concluded that breast cancer, that mammograms did not reduce the death rate or, quote, save lives any better than physical breast exams, because they compared it was like I don't want to get my numbers wrong.

It was something like over 100,000 women and. You know, they split them in two groups physical breast exams, mammograms, and and followed them for years, and they're like, yeah, the mammograms didn't reduce the death rate. Like, the physical breast exams were just as good as at detecting breast cancer.

So and this is this is mostly because there are breast cancers that will never become clinically meaningful. So there are breast answers that will come that will regress. They will never metastasize. And what we really need, truth be told, is not better screening. What we need is a test to determine which cancers are worrisome and require treatment and which ones don't.

Because right now, when we find a cancer on a mammogram, we have to treat it, because we just don't know. So we're put in this situation because I don't think that most people, certainly not in the United States, most people physicians, providers. Would feel totally uncomfortable watching these things.

But there has been some progress right, with the genetic testing, like MammaPrint and then what's the other big one? Yes. Oncotype. But they are powered to determine whether or not people need systemic therapy. They're not powered to determine whether they need surgery. Radiation or I see aromatase inhibitors or tamoxifen.

So

eliminating chemotherapy. Yes, you do decrease the long term sequela, but you're not eliminating it. Radiation increases cardiovascular disease, and certainly the long term effects of tamoxifen and aromatase inhibitors are very, very real for people. Yeah. So

the testing that you're looking forward to and excited about, is this more of an ultrasound type test screening test? It used. A similar technology, although there's not a probe, it does use sound waves.

It is meant to replace MRI. That's what it's meant to replace the NIH

gave \$20 million to Dr. John Clark I'm pretty sure that's his name to develop technology that will replace MRI. Because MRI is so cumbersome, right? It's cumbersome, it's long, it's expensive, and it's just not accessible everywhere. Certainly around the world, it's just not accessible. And the problem with this technology now is that

hospitals, I think they're on, like, ten Tesla machines. So I don't know. Did they cost \$20 million? I don't know what the price tag of these machines are, but they're going to be really slow to abandon. In doing this testing because they have to get their investment back. So, again, we're caught up in that political machine where what is right for the patient is way down that list.

Yeah. And when it comes to what's best for the patient and what makes the most money, the money always wins. Always

takes a long time to change the course of this massive ship. Yeah. Well, okay, so without being too much of a downer on this whole thing, right, what are the solutions so far? How do you encourage patients to check for breast cancer? What are the steps? That sort of the alternate path.

What does that look like? Right, so, like, an ounce of is worth a pound of cure, right? So, yes, I think everyone should be doing self breast examinations because I think knowing yourself allows. To know when you're not yourself,

right? And so knowing what your body feels like and your body may be lumpy, and that may be your normal, and that's okay, like, own your lumps, right? Because, you'll know then when it's not that way. And with regard to how you live your life, that really matters, because for the most part, sickness doesn't happen in a healthy body, right?

And so if you are doing all of the things to promote your health, it's unlikely that you're going to get sick. And if you do, you're going to recover in a completely different way than you would have otherwise. And so it's about like living an anti inflammatory life and also keeping your finger on the pulse.

Because the truth is that health is not a destination. Health is a journey.

And we have to work at every step along that journey. And sometimes the paths that you traverse are easy, flat roads, and sometimes you're climbing mountains and you and you're going for what is seemingly an endless uphill climb. Right? That's life. That's the way it works. But,

you know, just remember that for every peak you hit, you'll get to go downhill for a little

it. And it is a journey.

Yeah, it's great perspective, for sure. And there are a lot of lumps and bumps that don't amount to anything. And there was a study done out of I think it was Sweden. It's been a few years, but you kind of referenced it, where they realized that women who were screened for mammograms less frequently ended up having less.

Tumors. Right. The tumors resolved, so they find something on a mammogram, and then a few years later, it's gone. And so there's a natural healing that happens. And lumps and bumps come and go, but women who were screened more often were more likely to be overtreated, over diagnosed and overtreated.

Yes, and absolutely. I talk about this in my first book. It's a big problem. And H. Gilbert Welsh huge problem in this country, a huge problem.

And it's going to continue to happen, unfortunately, because it generates a lot, a lot, a lot of money for the system. And I'm not here to bash the system because I'm in it.

And I'm not sure that it's helpful, but we do, to use our voices. People like you and I need to use our voices to increase awareness because people should know, they deserve to know. Know the truth. Well, the best people to bash the system are the ones in it, in my opinion.

Because the public takes you more seriously, right, being a part of it and saying, hey, this system is corrupt. It's bad, it's so mismanaged, very broken. The incentives are perverse, and I'm in the middle of it. Listen to me. Yeah, it's very broken. I mean, if you think about it just from a really basic perspective, we don't have a health care system.

We have a sick care system. The only way to get into our system is to get sick. Because no one goes to the doctor and says, doc, I'm so healthy. Can you help me be even healthier? I'm really healthy, but I want to be healthier. That happens never, right?

In all of my years of practice still, I have never had anyone come to me yet to say, I just want to be the best version of me I can be. They come to me because they had an abnormal mammogram or they found a lump in their breast, or they found out that their first cousin has a Brock and mutation and they want to be tested, or they have the mutation, too, or no one is coming to me because they want to be the very healthiest they can be, because we're not trained to think that way.

And no, doctors, unfortunately, are trained to think that way. Well, and doctors aren't trained to practice that way either. When you go to the doctor, find that many of them have the same health problems as everybody else, so they're not really in a position to actually help you get healthy.

Right. Yeah.

I always struggle with that. I won't go to a doctor that doesn't look healthy. Yeah.

I think the public has generally been misled by shows like er, all the doctor shows on TV. There's so many. Right. All the doctor shows on TV make doctors look like they're the greatest thing, they're just saints and whatever. But the reality is yeah. A ton of doctors that are smoking cigarettes.

They're drinking too much alcohol, they're overweight. They're taking all kinds of medications for their high blood pressure and their heart disease and high cholesterol and their mental and emotional problems.

If you really could interview your doctor and see how healthy they are, you would probably run out the door. Yeah, for sure. And in their defense, having gone through all of that training, like, we are really never taught to be healthy. Never. It's just not a part of our training.

And we have no idea what it means to nourish a body. We only know how to recognize a body when it's completely depleted. Right. Like, that's it. Yes. And it's such a shame. It's really such a shame. And I just pray that medical education changes, but it's really slow to change because they can't for right now, they can't figure out how to compensate people for health and for promoting health.

Yeah. That is the. Problem again to bash the system. It's like, look, doctors aren't trained in nutrition, and there's really not a good compensation structure for physicians for actually helping people get healthy. The compensation comes from medical treatments, from screening.

In terms of cancer, it's surgery, chemo, radiation, and then all the follow up tests and office visits. And in the cancer world, chemotherapy drugs are a big profit center for the clinics. Yeah, it's messed up. It's definitely messed up. But let's talk about solutions. So you discovered the whole food plant based diet, and this is something you recommend for your patients, which I'm just so thrilled about.

Can we talk about your personal health journey and how got to where you are? For sure. So

I actually

never knew a time when I didn't know breast cancer, so.

You're. You're pretty young, but do you know the song The Greatest Love of all? Yes. Yeah. So that was written by a woman named Linda Creed. Linda was a singer songwriter in the 1970s, 1980s. She wrote all the music for The Spinners and the Stylistics. She was like the queen of Motown sound in Philadelphia.

This beautiful, beautiful, brilliant woman with a huge personality. And it just so happened that

she's my first cousin. So she wrote The Greatest Love of all, which is arguably her most famous song, although she wrote 54 hits. And she wrote that in 1977 as the title track to the movie The Greatest, starring Muhammad Ali.

But it really received its acclaim in 1986 when Whitney Houston released it in March. And at that time, it would spend 14 weeks of the charts. But Linda would never know because she died of metastatic breast cancer one month after that song was released. I was 16 years old at.

Time and my hero died.

Her life, and ultimately her death became my life's purpose because I wanted to do whatever I could do to prevent another woman, another family from having to endure the pain, the loss, the devastation of breast cancer. So I become a doctor, I become a surgeon. I become the first fellowship trained breast surgeon in Philadelphia.

I'm, like, at the top of my game, running the cancer program for my hospital. I'm a wife, I'm a mother, I'm a stepmother, I'm an athlete, I'm a philanthropist. Like, I have all these balls in the air thinking that I am an expert, juggler it, until one day everything comes crashing down and I go from being like, totally high functioning.

Can do it all. Two. I can't walk across the room without being short of breath. So I'm sitting in the office of my friend, colleague physician, and he tells me that I have Graves'disease, which is an autoimmune disease of the thyroid. It's treated exactly like thyroid cancer because it's life threatening.

And he tells me that I need surgery, chemo, radiation, and lifelong thyroid hormone replacement. And I completely appreciated the irony that these were things that I recommended to people all day, every day, without hesitation or reservation. But when the words are coming at me, I feel like I'm in Charlie Brown's classroom.

Like,

I got the same I had the same experience with my like it's like a total out of body experience. Like the world is floating around you, and you're like, what are you talking about? And so I don't.

But, I mean, I was deeply immersed in the traditional medical system. Like, I was operating, no pun intended, every single day by the standard of care. So what made me refuse it for me, I have no idea. I can only tell you that in my head, I continued to say, like, why would God give me this organ that I need to live only to have it removed and have to rely on synthetic hormone replacement for the rest of my life?

Like, it just doesn't make sense.

And so I go on this healing journey, and

I went to the person that I tell no one to go to. I go to Dr. Google, and at Dr. Google, I'm hearing about diet, diet, diet, diet, and how much what you eat matters. And to me, like, having come through a prominent medical. School in the United States, and we have 15 hours worth of training in our first year of medical school and then never again.

And here I am, like a fellowship trained surgeon, so I have a lot of postgraduate training, and yet we never talked about it. Like, if you don't have scurvy and you don't have rickets, you don't need to worry about it. Right. Or 100 calories of broccoli and 100 calories of pretzels are the same thing.

Just make sure you don't eat too many calories. Right. And so I decide I'm going to enroll in the Institute for Integrative Nutrition because I want to learn more about nourishment and nutrition. Yeah, in New York, right? Yeah, in New York. And so I'm my total snooty beauty self because I'm like a doctor for 20 years at this point.

And so I'm sitting there, and one of the first lecturers that comes on is Mark Hyman. So he introduces. Himself as a functional medicine physician. And I'm sitting there thinking, like, there's no such thing as a functional medicine physician. What is this quack talking about how everyone else responded to Mark hyman like, all those years ago, right?

And within 5 minutes of him talking,

my whole world made sense. And I knew that the reason that I got sick was so that I could be in that seat on that day listening to this man talk. Because my whole career, I was focused on the tumor. And I never for a moment thought about what caused the tumor.

And for my purposes, I was focused on what's wrong with my thyroid. And I was awoken to the fact that it's not your thyroid, it's you. Right? And there are so many parts of you that need help. And I went on, like, a three year. Enrolled in the Institute for Functional Medicine and, like, worked on healing myself.

And at the end, I got my functional medicine certification, and I kind of, like, looked around. I actually have a very specific patient that was my trigger for leaving. But, you know, I looked around, and I said, like, this system doesn't make sense. It's so broken. And I'm really not changing the trajectory of people's lives,

and I'm trying to help them. And I'm talking to them about plant based eating and stress management and the importance of sleep. And most of the people are looking at me like, I have ten heads. And I just realized one day, this

beautiful 19 year old comes in. And my office was about 30ft from the elevator, and she's

wheeled into my office in a wheelchair by her mother. She's 19.

She has such advanced Ms that she can't walk 30ft anymore. And I had just listened to Terry Walls speak, and so I'm so excited to talk to her about Terry Walls and the Walls protocol. I'm going on and on and on, and after five minutes, I'm reading the room and I have, like, blank, blank, blank stare at me.

And she said, Are you going to do my biopsy or not? And I was like, oh, yeah, I get it. Not everyone wants to buy in. Not everyone wants to help themselves. There are plenty of people that just want to take the pill, that just want to do the surgery, that just want to take the drugs, and they don't want to take responsibility for their health.

And if it fails, it's not their fault. It's a system's fault. The system couldn't protect them. But at the end of the day, you and I know this system can't protect anyone because health doesn't happen. In a doctor's office or a hospital or a chemo suite. Health happens at home, and we have to own that.

And on that day, I resigned. And

it took some experimentation along the way, but really, the only thing at the end of the day that made sense to me was that you have to create an anti inflammatory environment, and you have to avoid as many inflammagens as you can. And that really starts with our biggest exposure to the outside world, is through what we put in our mouth.

So we have to be really mindful about what we're eating and what we're drinking. And so it was really born out of that. It was born out of my own experience and then my ability to have a perspective that I could have never had. Never had I not gotten sick.

Never. That's amazing. Gosh, I love your story so much. And you know, what you what you just illustrated is so common. It's and the tragedy is that so many of us have been ingrained into this victimhood of disease, right? Where whatever disease you get, you're a victim of it.

It wasn't your fault, and there's nothing you can do about it except for maybe do this procedure or take this drug. These are your only options. And and you are right. Some people don't want to get well. They just want to be a victim. And then other people just don't know better, right?

No one's ever told them, hey, you can actually heal this. You don't have to be sick for the rest of your life. This doesn't have to be your identity.

It's such an empowering message. Look, that was a revelation I had, right? The revelation I had was the way your living is killing you. And so I was like, okay, well, if that's true, then I need to make some changes to my life.

And, like, you

the number one change that I encourage every person to make is change what you eat. Right. This is the first thing you change. There's a lot of things you can change, and we want to get busy making these. But change what you put in your mouth, first and foremost, and it can make a dramatic difference in the functioning of your body.

Yeah, I mean, it really is our biggest exposure to the outside world. And 70% I mean, you're well aware of this, but 70% of our immune system lives in our gut. So our immune system is in constant contact. The vast majority of our immune system is in constant contact with what we're putting in our mouth.

And so that is the thing that matters most. And I am not saying that people don't live a healthy life and still get a diagnosis, because it happens. For sure. Now, I do think that

we sometimes think we're doing the right thing, and it's not the right thing for us. There is a lot of bio individuality out there, and so what's good for me may not be good for you and vice versa. And

a lot of people think they're doing things seemingly right. Like, I get people who say, like, I don't understand. I'm so healthy. I'm a marathon runner, and I'm like, everybody thinks they're healthy. Yeah, right. Everybody thinks they're healthy until they get sick. And they're like, that was healthy. Like, no, you weren't.

Yeah. So the number one intro when I'm talking to a new patient is, I'm healthy, but I have breast cancer. And I'm like, oh, no. Like, how people say that in the same sentence, but that's what we're taught. And, listen, I suffered that same delusion. Gym. I thought because I wasn't overweight, I was healthy, and I wasn't overweight because I had, like, crazy disordered eating habits.

Like, I would eat a whole birthday cake and then not again for three days. Wow.

We can do crazy, crazy things and still maintain a normal weight. Yeah, right? Hey, crystal meth. Yeah, exactly.

Just on that topic, let me just say, even for the people that really are doing healthier things than we just talked about, fitness can be very deceptive because you can be very fit. You can be extremely fit and unwell because fitness is a byproduct of training, right? So people that train constantly, whether it's running or swimming or cycling or lifting weights, they will get stronger,

they will develop more endurance. Right. So health and fitness are not synonymous. That's exactly right. And that is probably the biggest misconception that we have going, that people think if they exercise every day and they are fit, that they are healthy and they never take into

account. And what happens is that in some senses they are in that they will have more tolerance of toxins.

But even those people exposed to toxins over time will hit their toxic burden and get a diagnosis. And so I'm meeting people at that place and they say like, I don't understand how this happened because I eat right and I exercise and I do everything right. And I say that may be true in that you may think that you're doing everything right, but it's probably not everything right for you.

And you and I know we are living in an ever increasingly. More toxic world. And so many of those toxins are invisible. Right. We're not able to see them. They're beyond our perception, and they're not always logical. And so people don't know that. And some of them are in the past.

Like 25% of people are harboring mold illness and don't know with. Right. So there are all these inflammatory stimuli that are creating a toxic burden and chronic inflammation that lead to a diagnosis in a seemingly healthy body.

Yeah, that's right.

Exercise is incredible. I don't want to make anybody think they should stop exercising. Absolutely. It's so good. It strengthens your immune system. I mean, it improves detoxification. Number one thing for mental health. Right. It's better than. Any of the antidepressant drugs. And you can prove it to yourself anytime you want.

Because if you are feeling lousy, if you're in a bad mood, if you're in a bad mental space, get up and walk around the block. I guarantee you, you come back in a different state. Yeah. You feel better. It actually improves your mood. It's an antidepressant. And it's like the big lesson is that you can't out exercise a bad diet.

Right. Exercise is great. But if your diet is not ideal over time and your stress in your life and environmental toxins and other things going on yeah, exercise is going to be helping you to a point. But there is a tipping point where the diagnosis comes. Yeah. You know, at the beginning of this little section of our conversation, I asked you about the whole food plant based diet.

So how did you arrive at that? Yeah,

well, I had when I was eleven years old, my grandmother came to visiting day at camp and she had dean Ornish's paper in her hand and she told me, like, it's too late for me, but it's not too late for you. And she and I think from that day forward, like, I stopped eating meat.

And was this the heart disease yes. Research that he did? Yeah. Yes. And

unfortunately there are a lot of junk food vegans out there. And I was one of them for sure. And

it wasn't until I got my diagnosis that I was like, wait a minute, I know eating meat is not healthy and I haven't eaten meat for many, many years, so what's going on here?

And it was at that time that I learned that.

It's not about calories in and calories out. It's about the quality of your food. And the further you get away from real food, the further your body gets away from health. Right. Like, this is a directly linear relationship. Yeah. And once you become whole food plant based and you stray from that, you feel it.

Now, I didn't know before that I have a horrible gluten sensitivity. And so I kind of thought that it was normal to feel, like, a little foggy and a little slow and a little swollen, and I thought that was normal. I thought everyone felt that way, and that's how you were supposed to feel.

And my patients would come in and say, like, oh, have aches and pains and this and that, and I'm like, yeah, me too. Right. And then you pull it out of your diet and you clean it up and you're like, oh, my. God, this is how you're supposed to feel.

And why isn't anyone talking to me about this? And so I'm very, very careful to not use the vegan word because twizzlers are vegan. Sure. Right. And oreos. And oreos. And I'm actually a little on the stricter side because in the cancer world, I'm very mindful about

in in an insulin like growth factor. And so I generally recommend a whole food, plant based, grain free diet. Unless people really, really don't have a metabolic issue. If people have proved to me that they wear a CGM and they do not have a problem with metabolism while they eat grains, then I'm okay with it.

But for most people, whole food, plant based, grain free. And how do you determine that? Whether a person has an issue with grains. Yeah. So I always do microbiome testing to see if they have gluten sensitivity. Most people,

I think pretty much the rule of thumb is that somewhere between three to 5% of celiacs, their first presentation of celiac will be their diagnosis of breast cancer. So I check everyone at the time of their diagnosis to see if they have celiac disease. And there's a 25% crossover between autoimmune disease and breast cancer because, again, same nitis, same chronic inflammation that manifests.

And then I check for gluten sensitivity. I check gut microbiome testing and secretory IGA and anti gliadin IGA. And then if people again don't have a metabolic. You. Their A one C is normal. Their fasting glucose is normal. Their fasting insulin is normal. They wear a continuous glucose monitor, and they don't have spikes

with grains. Then I allow them to keep some grains in their diets. However,

whole grains doesn't mean, like, whole wheat flour. It means whole grains. Yeah, like oats. Yes. And I do encourage people to do the non gluten containing grains just because gluten is such an irritant in our society. And of course, organic, because I want them to decrease their pesticide, herbicide, fungicide, burden and glyphosate.

Yeah, glyphosate especially.

That's interesting about the glucose monitor. And so you'll see, people that have a sensitivity will get more of a spike when they eat grains. Yeah, that's interesting. Okay, so

can we talk about

prevention? And I know this ties into

the whole food plant based diet, but what have you learned in your research on eating for breast cancer prevention or eating for cancer prevention? Yeah, so

the one thing I always say is breast health is health. Right? Like, people who get breast cancer don't have a bad breast. They don't have an unhealthy breast. They have a systemic imbalance because cancer is a normal response to an abnormal environment. And there is something triggering those breast cells to feel unsafe, and they go into survival mode.

That's what's happening. And an intact immune system will recognize those cancer cells and destroy them in their infancy. But. So many of us have horrible immune challenges because we're living in this toxic world, swimming in this toxic soup. And so our immune systems are depressed, and we have more and more toxic burden.

And so that combination leads to cancer. So what we're really looking to do is to promote our health. So, absolutely, our biggest contact with the outside world, we said, is through what we eat and what we drink. So you're eating a whole food, plant based diet, and you are drinking filtered water,

avoiding the drinks that we know are a huge problem, like alcohol. Right. And so and the sugary drinks and the sugary. Well, I mean, really, getting rid of processed foods saves you from so much. Right. It saves your metabolic health. Because you're getting away from all of the sugars and the insulin spikes and the insulin like growth factor and the abnormal growth and the abnormal stimulation.

But you're also avoiding the processing because when we process foods, our bodies no longer recognize them as foods. So they're already triggering your immune system. And when you trigger your immune system day after day after day, what happens? Like, that's your army. That's who's fighting for you. You don't want to work them 24/7, right?

Because what's going to happen, they're going to get tired, you're exhausted, right?

And the last thing is when you take out those processed foods and the sugary foods and the corn syrup, you're also avoiding a lot of toxins because what do you think is going on? Those crops, all those crops are covered with glyphosate, herbicides, pesticides, antibiotics, like, all of it.

And so you eliminate. A huge toxic burden when you eliminate those things from your life. Not to mention the additives and preservatives and processed oils that they're using and the artificial flavors and colors. Yeah, I mean, you can go on and on. Like, you remove a huge toxic burden from your life when you take processed foods out and people will tell you, I'm sure you hear this from your people all the time.

Three days off of processed foods and people already feel better. It's not like they have to wait three months. It's days. Sometimes it's one day. Like getting that out of your system is all the difference in the world. And then you layer in all the other things that we know promote your health, right?

Like sleeping at night. If you are not sleeping, you are not healing. Sleep is when the healing happens.

And this is one of those things like, you can't make up for it. Right? So a night. Of lost sleep. Think about how you feel the next day. You're hungry. Your body's, like, craving energy. And it's not craving broccoli. Like, it's craving cheap energy, right? And your your decision making isn't intact.

Your brain is foggy. You feel nauseous, you feel awful, right? And so being in

a schedule, old daily sleep habit is one of the very best things that you can do to protect your health.

Having a daily movement routine. We were not meant to be sedentary. We're not. We were meant to go out and gather our food. We were meant to move from place to place because we had to continue to find food like we are gatherers. And so know, us being sedentary every day sets off a whole lot of things, from pain to inflammation.

And so.

People say sitting is the new smoking, and it's true. And if you don't move your body, you lose it. And moving your body keeps your mind sharp because in order to do it, you have to maintain that mind body connection. So you should be moving and you should be moving in specific ways.

You should be doing strength training, you should be doing cardiovascular, you should be doing balance, you should be doing flexibility. All of these things are so important to maintain our health and maintain the connections in the way that we want to be connected. And there's emerging research too on exercise.

You mentioned being an antidepressant, but also for brain health to stave off dementia and neurodegenerative disease. And so I was just saying saw something earlier.

There's a huge industry of brain games and do this to improve your brain function. And the reality is none of. Has been proven to be effective, but exercise has. And exercise is the number one thing you can do to keep your brain sharp as you age, which is, like, really cool.

I was like, whoa, this is amazing. So yet another benefit of moving your body, right? You get stress reduction, improves your mood, makes your brain sharper. Obviously, you become more fit and strong. You sweat, you detoxify. I mean, it's just great. Let me ask you about soy. Let's get into some controversy, because everybody's freaked out about soy.

This question every time I do a q and a live q and a, somebody's asking about soy. So I'd love to get your take on is soy healthy or unhealthy? Yeah, so I believe soy is very healthy, and I think the data is pretty clear about that. I think that where the soy wrap came in.

Well, first of all, that whole thinking that estrogen causes breast cancer is incorrect. And anyone who would stop and think. Logically and long enough about it would realize that it cannot be that estrogen causes breast cancer, because breast cancer is far more common in the postmenopausal population than in the premenopausal population.

So if estrogen were really the issue, why aren't we seeing it in premenopausal women over postmenopausal women? Why aren't we seeing it in pregnant women over everyone else? It's a good point. Yeah. So estrogen is not the problem. Now, there are environmental estrogens called xenoestrogens that are a problem.

And the reason that they're a problem is they look like estrogens, right? And they sit in that estrogen receptor. But unlike normal estrogen that sits in its receptor, does its job, and dissociates away and then gets metabolized out by the body, these Xenoestrogens. Are just sitting there. They're not they continue to stimulate the cell, and they continue and they cause DNA damage.

So these things that I'm talking about plastics, antibiotics, fragrance, phthalates, PCA. PCBs. Like, all of these things are acting like toxic estrogen in your body, and they are a huge problem, for sure. But the estrogen that is made by your ovaries or in men, by your adrenal glands, this is not what's causing the problem.

So we need to get rid of that thinking. So if estrogen isn't the problem, then plant estrogens are not a problem, and they're not. Now, where I think soy got a bad rap is the vast majority of soy in this country, in the United States, is GMO soy and GMO genetically modified.

This does not act like a normal plant. And the greatest example of this is ICORN wheat, the wheat of our ancestors. Biblical wheat has 14 chromosomes. Dwarf wheat. The GMO wheat that we have designed so that we can have plentiful crops has 140 chromosomes. We are not talking about the same thing.

Yeah. And it's the same thing with soy. So if you're eating GMO soy, you're eating something that your body does not recognize as food. Now, there are people who don't tolerate soy, so I'm not talking about that. Like, if you don't tolerate soy, soy is not good for you.

Right. But if you are someone that tolerates soy and you're eating unprocessed, non GMO soy, it's a great source of phytonutrients protein.

It just is. You. So minimally processed soy. So Edamame is unprocessed and soy milk is made from Edamame. Tofu is made from soy milk. Like, these are minimally processed soy. Tempeh is fermented soy. These are minimally processed things that your body recognizes as food. And so I think these are are great sources of nutrients for your diet.

But I don't tell anyone to eat soy protein isolate, right? Your body doesn't understand what that is. So

once in a while, if you are out and the only thing on the menu is an impossible burger, then I guess but this should not be a state people in anyone's diet, right? These highly processed foods, even if they're plant based, are not good for.

So that's why I'm very careful to not talk about being a vegan, because being a vegan is way too vague, and there are way too many things that are not food that fall under the vegan diet. Yeah, absolutely. I mean, veganism is more oriented toward the animal rights thing and not necessarily about health.

And so what, you and I are more concerned with his human health,

and there's no dietary identity associated with eating a whole food plant based diet. Right. This is not who you are. It's just what you eat,

which does become who you are. But anyway

well, my mother always told me you are who you eat. And I, sadly, was a birthday cake for many years. Yeah.

So thank you for the explanation on soy. We are in 100% in agreement. I think it's great, and I am definitely.

Not a fan of the fake meat movement. I don't think that's the future of human health is replacing meat with fake meat. And a lot of us in the health and plant based community get accused of trying to being like these promoters of the Bill Gates agenda and fake meat and cricket protein and stuff.

Not at any of that.

So just let's just get that clear real quick. So soy is wonderful. It has anticancer nutrients in it and phytoestrogens which are good. They're like estrogen similar to estrogen, but they're good, they're not harmful. And even genostine in soy is anticancer. I mean, we have estrogen receptors everywhere in our body.

Me and to have a food that can help to stimulate those receptors in a productive way. And protect our health is a blessing from God and we should be taking advantage of it. Right. Yeah. And it's protective. It protects you from absorbing xenoestrogens. Yeah. And when you look at the populations of people that are high soy consumers, they have less incidence of cancer.

So it's very hard to, like, logically follow the no soy argument because it just doesn't stand up, doesn't make any sense. Yeah. There's some great research, great studies, great science out there on soy and cancer prevention and soy on cancer survival. Breast cancer patients that consume the most soy have better survival.

And that's only one to two servings per day. Right? Yeah. So it's like 8oz of soy milk, organic soy milk in your smoothie or serving half a cup of cooked soybeans edamame with lunch or dinner on top. Your salad. It's easy. Exactly. It is easy. Just be mindful with the soy milk.

Like, there are a lot of brands that have a lot of things that you wouldn't necessarily want to consume, so just be mindful of what's in there. Yeah. The funky additives. Let's talk about gosh. We're about out of time. We may have to do another follow up, because I know you've got a lot to say here.

I know we could talk forever. Okay. Let me ask you one more question. I want to be mindful of your time, and then I would like to circle back and talk about more stuff. But we get a lot of questions in our community about supplements, like dim, for example.

And a lot of breast cancer patients are encouraged to take drugs to reduce their estrogen, right? Or, like, aromatase inhibitors or estrogen inhibitors. So can we talk about that? Your opinion on the drugs risks and benefits and or food or supplements? That help accomplish the same things. Yeah. So I always go to food first, right?

Because our bodies know what to do with food. And when we talk about supplements, we are talking about highly, highly, highly concentrated

chemicals that are extracted from foods, but they're in at levels that are far higher than you would get from foods. So the whole dim argument is that it does help with estrogen detoxification. And that's true, but not everyone has estrogen detoxification issues. And sometimes when you give women dim, they actually suffer because you're really depleting their estrogen.

The other thing is that a two phase estrogen detoxification process and dim only works on the first phase. So if your second phase isn't working, you're creating a lot of toxic. Mediators there for people. And so giving people dim that actually don't need it can create more problems than it solves.

How do you determine if a patient has too much estrogen? Yeah, I generally run a Dutch panel.

It's a functional test by precision, analytical, and it lets me know what people's it's a complete hormone picture. So it's not only estrogen. It's the precursors of estrogen, which are testosterone and DHEA. It also talks about progesterone and cortisol and melatonin, and it really gives an overarching picture of what people's hormone profile looks like.

I also include a thyroid panel in there because it's all intertwined

and and like we said before, estrogen really isn't the problem. Now, you may have an estrogen detoxification issue and your stuff. With those toxic breakdown products of estrogen. And that's a problem. And so there are ways to intervene there. But just lowering people's estrogen without figuring out why they got cancer and what their real estrogen issue is, I don't think is serving anyone.

I don't think it's doing anyone any favor. And if they even have an issue, instead of just assuming they have an issue and let's take out your ovaries, right,

they are just assuming that they have an issue. And

for most people, the reason that we're seeing an increased incidence of breast cancer is because we have so many toxic xenoestrogens in our environment. So it's not the ovaries. Our Ovaries didn't get bad over this time, right? It's that we filled our environment with all of these chemicals that are acting in a toxic way on.

Estrogen receptors. So you're far better served looking around your environment and seeing what you can get rid of that is having this negative effect on your system

than getting rid of your own inherent estrogen. Which, like we talked about in the very beginning, you put these people on aromatase inhibitors and you are putting them on the fast track to cardiovascular disease, to dementia, to osteoporosis.

Okay, so these women aren't dying of breast cancer. They probably wouldn't have anyway, but they're for sure dying of all of these other ailments

and in a pretty miserable way because they feel awful, right? You took away their energy. You took away their mood. You took away their libido. You gave them pain. You gave them dementia. You gave them heart disease.

Did we really help people with all of this? So I think we need to be. So, so mindful about what we're doing and how we're intervening. And the truth is that you can eat and move and think and sleep and interact your way out of this situation. But you have to take control.

And it's you. No one can make you healthy other than you. No one is going to heal you. You are the only hope and you are the only hero of your story. That's it. You can have guides. You can have really worthy guides, but at the end of the day, you are the only hero of your story.

Well, I like to say the healthcare system doesn't care about your health. And no one will take better care of you than you if you decide to do it. And you can do it. It's not hard. It really isn't. It is not hard to do the things that promote health.

They're very simple things. So, dr. Jenn Simmons, this was super fun. So informative. I love your message. I'm so glad you're out there doing what you're doing on the front

know? It just fires me up every time I interact with a medical professional who is just passionate about holistic health and functional medicine, diet and lifestyle medicine, nutrition, plant food. It's just like checking all the boxes.

So

let's make sure people know how they can connect with you. Where can people find you? Yeah, absolutely. So my website is Real healthmd, and we'll be sure to put that in your show notes. And there if you want to schedule a call to talk to me, you can do that.

If you want to find out about some of our programs, they're all there on the website. Light and you can follow me on social media. Dr. Jenn Simmons with two N's. We will make sure we link to Dr. Jenn Simmons in the show notes below the video, on YouTube, on everywhere you could possibly consume this.

We'll make sure you can connect with Dr. Jenn if you want to learn more from her and work with her. So thanks everybody for watching and please share this video with people you care about.

This is incredible. Life saving, life changing information. Look, breast cancer and breast health issues are a major problem in the world and especially in the US.

And I'm again, just so thankful for Dr. Jenn and people like her that are really helping to make a difference and helping empower patients to heal. Because at the end of the day, that's the solution, right? Healing is the solution to disease, not drug and procedures. It's getting your health back.

So thank you again, Dr. Jenn. This was awesome. We'll do a part two because I got a lot more questions for you and I'm sure my community. Too. So hope you have a great day, and thanks for your time. Thank you. Bye bye, everybody.