Implantable Device And How They Can Impact The Body

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C Interviewing Danielle Valoras

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Welcome back to the Reverse Autoimmune Disease Summit series, everybody. I'm your host, Dr. Keesha Ewers. And I'm delighted to introduce you today to Danielle Valoras, who's a certified physician assistant. She's the founder and clinician of NavWell Rx, and it's an integrative health practice, which of course, you know, that's what I do. I love integration. We need to pull from all areas of wisdom as we can. She's the originator of the Breast Implant Health Summit from 2020, which is a global initiative for education and better health for those with breast implants. She brings over 20 years of experience in medical research and education to her clients and specializes in psycho-neuro-endocrine-immunology. Which if any of you have watched any of my MasterClasses, I start them out with that term. So this is really exciting for me to talk to another person who's into this. This is a burgeoning field that investigates the link between the nervous system, the endocrine system, and the immune system, in relation to physical health. Her practice integrates Western medicine, functional medicine, trauma response, and clinical body work therapies. And she treats autoimmune issues, chronic fatigue syndrome, implantable device-related illnesses, such as breast implant illness. So I am so glad to have you on this summit, Danielle.

Danielle Valoras
Thank you so much. It's a pleasure to be here. And just a little digression. In my healing journey, you were such a key and pivotal factor. And even me studying psycho-neuro-immunology, all of that, there's so many spokes to the healing wheel, that when we can bring them all together, the vitality that's had is just faster and very powerful. So thank you for that. And thank you for inviting me to your practice.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Oh, thank you so much for that. It's nice to know that what you write and speak about isn't just falling onto the ground, that it's creating a harvest that people can pick up and actually get nourished from. So we were talking before I started the recording and I said, "Wait, wait, wait, wait, wait, we can't talk about this right now because I need the recording to be going. Everyone needs to hear about it." So I wanna really start first with where you are and what you're doing, and why it matters. And then I wanna go to your own personal journey before we get into this. But let's talk about what we were talking about.

Danielle Valoras
Yeah. So where I am right now is in Montreal, Canada, and I'm here for the Fascia Symposium. They have the Fascia Symposium, usually every three years, and this is their sixth one, but because of COVID, it went to four years. So everybody's like all abuzz of, you know, with the new data, new research and new projects. And one of the projects that I did not work on, but I have friends who worked on it is called the Plastination Project. And this is where human specimens donate their bodies for research, education, and support. And there's a plastinate here that they named FREA, F-R-E-A, and it's all dissected. So you can see not only the skin, the fat, the fascia, we'll talk about fascia since it's the Fascia Symposium, the nerves and how everything is so intertwined. And the way the plastinate is formed, it unfortunately takes out the fluid, right? The fluid nature of the body, but you can see how it's all connected.

You can see how the ligaments are not just like supporting one structure, it's multiple structures. And so there are people here, like Dr. Carla Stecco, I think, Caterina Fede, like these physicians study the hormones within the body and the fascia, and not only just the structure, like you think orthopedics, you think bone and bone, you think chiropractor, you think spine, you think body work, you think just muscles, but how it's all interconnected, and how we're learning that when the muscles are tight or the fascia is tight, the lymphs are also tight. When that gets tight, the nerves get tight and the fluidity is lost, right? And when the fluidity is lost, you can't drain. And if you can't drain, you can't supply. And I feel like I'm way over simplifying it, but it's a beautiful system to see how everything works together. Nothing works alone. And so we were kind of talking about that. I get a little passionate about that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Well, I think it's beautiful. And one of the marks of genius, one of the hallmarks of genius is to be able to take very complicated subject matter and simplify it. So I think the simplification part is important. That's really put this into a paradigm or some kind of model that says, what does this do for me? How does this apply to me? So when we're talking to people that are listening to the summit right now, how does this apply to them?

Danielle Valoras
Yeah. So what's popping in my head is it's as easy as if someone is constipated, right? Like if you cannot drain your intestines or have bowel movements, not that I thought we'd go there this fast, but that's nerve interaction, that's lymphatic congestion, that's detoxing. And if that can't be released, you're holding fluid in your legs, the interstitial, right? And then you're not able to get the hormones that's needed to the endocrine glands, or maybe your proteins are so thick, your lymph can't pick it up. And just as simple as that is exactly what we're kind of talking about. So, sorry.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So we're talking. No, this is exactly right. So we're talking about how this also applies to breast implant related illness. So, what is that? How did you start getting interested in this?

Danielle Valoras
Well, at 48 I had lost 40 pounds and I got breast implants just for augmentation. And within three months, I started to feel tired, fatigue, constipated. And then over time, over that next year, arm numbness, hair loss, the fatigue just kept worsening and then anxiety set in. And every physician I had gone to, they were like, "Oh, all your labs are fine, you're fine." But thanks to functional medicine, the timeline made me go, "Ah, everything happened literally after the implants." For me, I had, they call it the gel or the gummy bear form. And what I'm finding in clinical practice, the newer models tend to make you sicker faster. Especially if you have an underlying autoimmune disease. I had graves since college, really. And so it just exacerbated everything. And then, honestly I think a friend said, "Hey, you might wanna think about having your breast implants removed." And again, you go through the litany of going to doctors and everyone saying, "No, I don't think it's them." And then I just decided to remove them and they

removed the capsule as well. And I think I was about 70% better within that week. And then the journey still continued for me, as it does with most, but it wasn't until I explanted that I was like, "Oh, it was the implants causing an impact on the body." And then it's like a puzzle. I couldn't let that go until I started to figure it out and hopefully help other women figure it out as well.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So you said, and this is a very calm experience for people, is, "I went in and everyone said I was fine." So let's talk about "fine". And let's talk about the lab values that are drawn, that indicate "fine". And relationship to how the person on the other side of "fine" is hearing that and saying, "But I don't feel fine." So it creates this like limbic overload, because it's like, "Well, then what's wrong with me?" So then we go into a real fight, flight, freeze state.

Danielle Valoras
Oh.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
I mean, every time I talk about it, I still get visceral. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Of course. Yeah.

Danielle Valoras
So there's still some healing to do.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah. And this is our energy body. Our intuition lies here. We know something's up, right? The body is telling us through whatever language it's using, but the limitations of the Western model and what we're testing is what I'm pointing to right now.

Danielle Valoras
Yeah. So just the regular CBC metabolic panels, iron panels, thyroid panels for myself. and Western medicine, they don't really look at your antibodies. Right? Or if they do, TPO has become such the claim to fame antibody for thyroid issues. That's not ever what's high on me. It's either TGI or TSA and that kind of thing. So, they're just very narrow. I did have homocysteine and CRP drawn. For me, those weren't high. As we progress, those get higher. When I look back in hindsight, my antibodies, actually, a naturopath drew them. So my thyroid antibodies were high, but I was already diagnosed with graves before the breast implants. So everyone just said that was normal.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
"Oh yeah. That's just you."

Danielle Valoras
Yeah. Yeah. And nobody had tested them before, because I was in the Western medicine path. So we didn't know if they were higher. Are they extremely high for me?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
No benchmarking was being done.

Danielle Valoras
No.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
And that's another conversation, right? So then I was desperate and I went to a naturopath and they did something called an organic acid test. And that's when I could see a system-type function for that urine sample, but it was so eye opening. Like if I'm eating all these things, why is my energy looking like this? But Western medicine, we did all the tests and they all came back normal, no cancer, no liver dysfunction. They don't really look at methylation. They don't look how you process things. The odd thing was...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
They'll check cholesterol though.

Danielle Valoras
Yeah. They'll check. Oh. And that was fine. They did check B12 and folate. Folate was low-norm and B12 was off-the-charts high, but nobody knew what that meant. They just said, "Stop supplementing." And I was like, "I'm not supplementing."

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
And they're like, "You must be supplementing." "No, like I know I'm not supplementing."

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Well, let's explain that before we leave that little rock across the stream here, is high B12 levels must mean that I'm eating too much food that has B12 in it or supplementing, right?

Danielle Valoras
Right.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
No. Right? Though, this is your genetic pathway not dealing with your B12, converting it into the energy that your cells need. So it's like, I always say blood testing is like going in and opening the refrigerator door in your kitchen and saying, "Oh wow, you've got all these great foods in there." And then walking away and thinking, "That's it, I've looked at the entire picture", and not coming back a week later and saying, oh, you threw away half of that produce or meat because you didn't have time to eat it or cook it.

Danielle Valoras
Or it's rotting and you're recycling it.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
It's rotting in your recycling bin, not actually in you digesting and being converted into the nutrients your cells need for their proper conduction. So it's like this very limited picture of just looking in the fridge and walking away.

Danielle Valoras
Yeah. So I was fine.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah, you're fine.

Danielle Valoras
And then of course the same goes for electrolytes and magnesium. And what forms are you looking at? Didn't know any of that then. And at that time in my sickness, I needed someone to just help me and lead me, and there wasn't that, you know? And the sad thing is that autoimmunity people, whether you have breast implants or not, it's the same trajectory.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
Like I wish, you know, in the diabetic world, this is changing a little bit. And I forget when they changed the value from, what was it? 150, and then it's like 125, but you are not just...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And started looking at an A1C as more important than a fasting blood sugar. That was pivotal. I think that's the most important thing.

Danielle Valoras
And now we're looking at insulin, which is great too. Because your sugar might be fine, but how much insulin is it taking to keep you there?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Exactly.

Danielle Valoras
It's like, we need that preemption. We need these precursors. And it is about lifestyle. It is about that. But it's 2022, we have ways to look at this. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
Anyway. Yeah. So you're not autoimmune today, but you weren't yesterday. What trajectory are you on? And so one of the things with breast implants is they're like, oh, breast implants are an autoimmune issue. Well, you begin here with the breast implants. And then the inflammatory and the oxidative stress cascade can lead to X. And then we can have the whole other part of the whole emotional side of why we have breast implant trajectory as well. So you put one thing on top of the other, and the physicalness of just where they're placed and the stress it can put on your neck muscles and then your cervical spine to cause nervous system dysregulation, it's a perfect storm for all this to happen. But yeah, looking at the precursors would be great. And soon, I think within the next three to five years, we'll actually have some metabolite markers to say, this is due to your implantable device, like your breast implants, or even your hip or your knee or things like that, or your mesh, but we're not there yet. We're just in the early stages of checking that all out. But yeah, I was fine, yet I felt like I was dying on the inside.

And as a medical professional, it's like, wait a minute, all my colleagues, all my respected mentors say I'm fine. So it's gotta be a mental issue. It's gotta be menopause or perimenopausal. And that was devastating, 'cause if that was menopause, I'll be 56 in December. Like in a way, why live? Like oh my God, I can hardly get out of bed and function and there's no vitality, no anything. And then truly once the breast implants were removed, there was a breath to have more vitality. And then the healing began. I'm five years out, I think, this October 31st. So I still feel like there's always access to a deeper breath, more vitality, more fun, more joy, probably because I went through what I went through. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Right. There's more awareness.

Danielle Valoras
Yeah. Sorry. I know that was a lot upfront.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
No, that's exactly what we were looking for. To go deep in these interchanges. So one of the things, what I wanted to bring and tie together was, what does the fascia have to do with this conversation?

Danielle Valoras
Oh. Okay. We'll take it linear first.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Because we always hear about lymph, right?

Danielle Valoras
Yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Okay.

Danielle Valoras
And there's some schools that lymph is fascia. Fascia is lymph. Like it's all connected. Like if you look at the layers between the muscle, you look at the water droplets. It's funny, I get emotional because it's so freaking fascinating, like there's fluidity there. And when that dries up, like you get stagnation. You don't get to oxygenate that area. You don't get to move that area as well. And so as linear as that, and then that muscle sticks to the underlying muscle. You can't move the muscle, but when you bring fluidity, you can move it. So if you take just rib, intercostal space rib, and if that doesn't have much moisture, fluid, fascial intervention throughout it, then you can't move the ribs. You can't move the ribs. You can't take a deep breath. You can't take a deep breath. Right underneath each rib is a nerve, and it's the sympathetic chain that says you can't

breathe. Fight, flight, boom. You're gonna hold your body in a certain way. You're gonna position your body in a certain way. So you're gonna breathe as efficiently and effectively as you can for those restrictions. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I'm opening up right now. I'm breathing into my...

Danielle Valoras
And what's interesting is your thoughts can cause those restrictions. Your thought processes, your thoughts...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
We're coming to that.

Danielle Valoras
Okay.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So in the fascia, I realize we haven't defined lymph and fascia. We were talking around it and added to it, but really, let's do a foundational definition.

Danielle Valoras
Okay. So for me, and everyone's gonna... The fascias out there will be like, no, no, no, no, that's not this, and the lymph people. So for me, lymph is integrated into the fascial system. The fascial system is where you have interstitial fluid, where you have space. It's like the space in between that is really not air, it's fluid, it's connectivity. It's molecules of... I wish we could play a little video, because it looks like little strings, but it's water, it's fluid, it's so delicate. And that's where light passes, electrical impulses passes, cellular nutrients passes, information passes, and it's all interconnected. And the lymph goes through that and it helps manage that interstitial space. So if you have too much fluid in there, the lymph and the blood vessels can do the same thing. And wherever you have an artery, a vein, you'll always have a lymph and a nerve. And around all of that is fascia, right? Like they just don't hang in space. We call ligaments ligaments, like to attach bones to muscles, and then you have muscles and stuff, but all around that is stuff, and that stuff

is fascia. Sometimes it's even considered Saran wrap around the muscle. And fascia has different forms from liquid like, to that kind of Saran wrap. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I wanna pause right here, because I wanna bring this to where I wanna head it. Winnicott, who was a pediatrician a long time ago, and did a lot of psychiatric work with pediatric patients, talked about the holding environment as being very important for a baby to be born into. So there's this holding environment that you can't see. There's no palpation of the holding environment. And yet a child that's being raised inside of the environment needs the safe holding environment in order to develop secure attachment, to be able to have good cognitive responses, to learning, memory, like for everything to function, the nervous system to become grounded and centrally located, instead of always like this. So this holding environment is how I look at the fascia, where it's not something that we go into an MRI scan and we go, oh, da, da, da, da, right? The way that we'd like to think about the map, it's like this holding container for all of it. And in ayurvedic medicine, there are five different layers to us that they talk about 10,000 years ago. They said that we're not just a physical body.

We also have this energy body called your pranamaya kosha. And then you have your emotional and mental bodies. And through the way that we're connected from emotions into the physical system is these little strings that you're talking about, right? The srotas and nadis and channels that are... We have at least 72,000 of them. And so information passes back and forth like this, through these processes. So all of this is, it's like, you know, another thing Rita said is everything is a microcosm of a larger macrocosm, because we also have neutrinos that come from the cosmos that are always entering us and are affecting us. And so, that's the larger fascial system, right? So we have this mycelial network that goes underneath the earth, where it's all connected, and it's also reflective of what's going on in the cosmos. We are just like these tiny little lymph nodes in a larger picture. Right?

Danielle Valoras
And when you look at the pictures of real fascia, like there's a video underneath the skin, I think it's called, it looks like mycelium.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yes.

Danielle Valoras
It's everywhere.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
All these fibers, it's Rupert Sheldrake's morphogenetic field. And there's information being passed all the time, unless it's not being passed because of some freezing. Right?

Danielle Valoras
Right.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
That happens. And so this movement, this interchange of information, this softness, this resilience, this fluidity that you're pointing to, I just wanted to make it bigger for everyone so that you really get this. This is really, really important stuff we're talking about. We're not just talking about one little tiny part in the body. We're talking about something that's infinite.

Danielle Valoras
Yeah. It'd be like, if you have a family and one of your kids are stuck, like the whole family's stuck. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

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

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Being able to do that, yeah.

Danielle Valoras
And so breast implants being made of silicone are a great insulator. They're also a mass that is put in between a muscle, two muscles, and you cut a muscle and you cut all the fascia. So like, I'm only now coming through this, like the past, really, three years being like blitz spring fluidity here. And that's just the linear, just in the structure, the scar tissue, there's just the energy that isn't there. How do we bring fluidity back here? And sometimes for this population, it's around thought and healing, and grief, and all of that. And that's probably new for me, like two and a half years, this embodiment of all of it aids to our healing, aids to the fluidity, aids to it all. So while we were talking just linear, it really is like... I was listening, there's a book called "The Invisible Rainbow". I'm forgetting the author right now. And it's about really electricity and the different frequencies. And that just because we can see this frequency doesn't mean the other frequencies don't exist. The light frequency, infrared and all of this stuff, and how light impacts the fascial system and another like little ditty, it's the fascia that gives us our strength, not the muscles. Like you can put a bowling ball or a weight on a muscle, and the muscle's just gonna fold. But it's in the contraction and stuff, which is also part of the muscle, but it's the strength of the fascia around it, that when you use the whole fascial system, that doesn't move. Right? So like, there's so much richness in that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So how do we bring fluidity and opening to stuck places in the fascia?

Danielle Valoras
How I'm learning and I'm learning, and that's why I'm here, is to learn more and to be able to do help, support in patients. So what I know to do now is I studied the Barral technique of osteopathic manipulation, and I used my hands to help feel, listen to the tissue and just reconnect some things. Sometimes it's literally just holding, like literally holding space, where this is the back of the head, if you can't tell. And I tend to work in the abdomen and connect the two, and that might sound a little woo. But in my world right now, it's just so factual and linear that sometimes, you're just moving the scar enough. And sometimes, it's not even the scar, it's just where the restriction is. Sometimes, it's anatomically over the spleen, sometimes, anatomically, it's over the liver, the gallbladder, like the ileocecal valve, and you just help the person do what they need to do to release. Like, I'm really doing nothing. I'm just the space holder, the facilitator. And then sometimes, just warmth, the electrons of the hands. The safe

space allows the person to relax enough, where they then do the healing. And then there's a journey for that person on the table to manage and be with and process whatever does come up on the table. Sometimes, it's not anything totally big or emotional that way. But sometimes, it's crying. Sometimes, it's laughing. It's a privilege to be on the other side supporting that person. But if I had to really put words around it, it's holding space for that person to be able to bear witness to what their body is feeling. So the more in tune that person is to their body and sensations and to be able to be with them, 'cause like when I was going through mine, if someone said to me like, "Okay, is that a 10/10 pain or a 2/10 pain?" I had no idea.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
This is something I see with a lot of people with autoimmune illness, is a complete disassociation from the structure, from the body itself. And a lot of times, that's from past trauma because the wise mind of the child knew it wasn't safe to stick around in a body that was getting hurt, abused, violated in some way. And so I find that a lot of people that have gone to a place where there's perfectionism, "I need my body to be perfect." "I need everything to look a certain way." "I can't manage unless everything is clean." "Everything has to be in order." "I can't think," that's, I mean, I'm describing myself on the beginning of my journey, it was like, I was that in spades, right? Also had breast implants after my fourth child.

I was just like, okay, this is what now I realize at 57, when I look back at the version of myself in her early thirties, I can have so much compassion for her and say, oh, in your 10 year old sexual abuse story, you made the belief system that if you can't be perfect, you're not going to survive. And so the behavior that emerged from that trauma was to be a perfectionist and a people pleaser. And I see that as part of the autoimmune personality in a lot of people. And so when we fold in, like, here's what we need to do to get better, bringing that same energy to it, like, oh, I've gotta get explanted. I have to have this exactly right. I have to da, da, da. It's like this really harsh all the time driving, and coming into that place where you can just love this body and all of it's beingness wherever it's at, then that's the first step. No matter if you've got an implant in there or not, it's being able to create the space that you're talking about, the holding environment for yourself that says, as you are, is perfect.

Danielle Valoras
Yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
As you are, right?

Danielle Valoras
Beautifully said. And I find that with mast cell and POTS as well, that there's a calming in that, that then the body is able to do what it knows to do. And in my world, I see that as heal. And in that, like, I wish we could do a clinical study, so we could prove like do this first, and then maybe supplements and things like, like there's things you gotta do, like maybe eat right, and lifestyle changes. But the loving of this self, this holding, this compassion, I think, adds the most vitality and then eventually joy for people, regardless of...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
It's the holding container that you put the other interventions into. You can't have the lack of self-compassion and the unsafe holding container that maybe you grew up in. I grew up in an unsafe holding container. I was not securely attached to a parent. I get it. And so then it's always seeking some sort of attachment to something outside of yourself. If I can just have this, if I can just control this, then it will be okay. But those interventions that you're doing, if you haven't created a self holding container, right. A self one that's loving and compassionate, collaborative, and curious, right? Then nothing that you do will work.

Danielle Valoras
And what would the world be like if we had a healthcare team that could also be that container, not only for themselves.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Well, that's what we're offering with the summit, with these talks, with the energy that's created between the two of us, like, look, this is what we have to learn. Right? Yeah. Yes, I don't eat gluten for sure. Yes, I exercise every day, I get eight hours of sleep at night, I hydrate really well. I do all of those physical things. And the biggest thing I had to learn was how to create a safe fascial system energetically for my energy body.

Danielle Valoras
Yeah. Because if you are like, "I don't eat gluten and I don't eat dairy, and I don't drink alcohol, and I exercise every day, and I write down all my symptoms and da, da, da, how am I gonna take a breath like this?"

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Right.

Danielle Valoras
Right? And I didn't...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
"And I'm not getting better. I'm doing everything right. How come this isn't working? I'm spending all this money." Right? And it's just like...

Danielle Valoras
And when you can find that space, it's the miracle space. And I wish I had the magic for everybody to find that space. But I think in that, is the journey. And in that, is the, like for me, I call it like the surrender or finding the grace and ease. And when I flow with the grace and ease, oh my God, like life is so much more colorful and things happen where you end up in Montreal at a Fascia Symposium and you know. I wish I had known this.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Right. Well, what I do today in a couple hours, I'm hosting a plant medicine retreat. Right? I find that working with different kinds of plant medicines actually helps that left brain, that is the one that's going to relax for a little while, getting contact with the heart. Really drop in.

Danielle Valoras
That's huge, 'cause for some of us, with whatever upbringing we had, I didn't have access to that until I went on the same plant medicine, spiritual journey. And it's not for everybody, but man, if the calling is for you, then it's an amazing, it's an amazing... I didn't know I had another side of the brain. I really didn't. Like it wasn't accessible and now it is. And it's good.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah. That right side. Just, I mean, I guess after elementary school, it's no longer celebrated. The imagination, the world of color, coloring outside the lines, being one with a tree, really understanding that awareness. I love all of these scientific studies that are being done that are looking for consciousness in the brain and they're coming up short. Like where is it? It's not here. There's nowhere that you can measure it inside the body. Well that's because it's not there. Right?

Danielle Valoras
And you mentioned color. And I wonder like if there's anyone watching this that is like, "What do you mean color, or joy, or excitement?" Joy's a hard one. It was elusive for me. But like even just this conversation, it's tasty, it's vital. It's like, if people are hearing this and they're like, "Oh, what do they have?" Consider an inner journey and find a partner or a practitioner, a healer or shaman, or someone that you can just rest, even just sit in the space with and just rest with them. And the fascia will comply.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
It's exactly right. The fascia, the recent ones. And that's what we're up to here. So let's go in the next little couple minutes that we have left, let's come back to linearity and help people that are listening and saying, "Well, I have breast implants. How do I know if they're causing me trouble? And what do I do next?"

Danielle Valoras
Yeah. So when I have a client that comes to see me and they have breast implants and they're not sure, I take a history, and I ask them, how old are the breast implants? Because they're not lifetime devices. So if they're older than seven years old, per FDA, per manufacturer, it's time to think about replacing them between 7 and 10 years. Right? So there's that, just strictly linear. If this is your sec...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
22 years old.

Danielle Valoras
Yeah. That's a whole other conversation. I'll show you some of the... What they really look like the shell and the degradation. And how many sets have you had?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Saline, 22 years old. I defy every little statistic around this. It's kind of funny.

Danielle Valoras
Yeah. Which is great.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
And there are that. The older the implants are, their shells are made different. And so the integrity is different. And in a saline implant, there's probably like 1/100 of the amount of silicone as a silicone gel filled implant. But the shell's still the shell. And then the critters that can grow around a saline implant is different than a silicone one. But how many times have you had them changed out? Is this your second set or your third set? Are you having symptoms? Are you not having symptoms? So those all have a different trajectory for me, but if you need an objective report, there's something called silicone induced granuloma within the breast implant capsule. Dr. Eduardo Flores out of Sao Paulo, Brazil, he's a radiologist, PhD oncology radiologist, has found a way just to take a breast implant or a breast MRI to look at breast implant integrity.

And if he sees SIGBIC, then you know you have an inflammatory cascade within the breast implant capsule. And if you are having symptoms, then you know, hmm, this is inflammation. This is stress on the body. If this comes out, I have better chance at health, right? If you don't have symptoms and you have this, it's a sign for me to say, let's start considering and saving for that explant. Take that out in the capsule. And then let's talk about informed consent, whether you get another set of implants or whatever your empowered choice is after that. Right? So I'm using SIGBIC in my practice to help with an objective finding. Other than that, it's really a diagnosis of exclusion. And it doesn't signify that this is the cause of BII in your symptoms. But we know as practitioners that we want to decrease the inflammation, so you can have more

fluidity, so you can have more responsiveness, and decrease the oxidative stress. So when you have this sign on MRI, we know that that's what I consider low hanging fruit.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Mine have escaped all of that. I did have one and I've saved up ready, but I ultimately made the decision because I am symptom free. I don't have autoimmunity, I reversed it a long time ago. And my MRI shows up just fine. Like, okay, I'm not gonna go in there and have an elective surgery if it's not needed, and I will never have them replaced. And so I'm kind of waiting for, okay guys, let me know. But I have a practice, is what we described earlier, where I just absolutely love on them and send them...

Danielle Valoras
Yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And not have anxiety around it.

Danielle Valoras
And there are many people who are fine, and/or fine with where they're at. and that's not this kind of conversation. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Exactly. So I wanted to put that out there because for people who have autoimmunity, implants are a big piece of this. And so it needs to be considered very carefully. And so I wanted to give them the pathway through.

Danielle Valoras
Yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And not everybody should be operating on you either. So let's talk about who should be doing the explant in capsule.

Danielle Valoras
Yeah. So there's a website. I think it's called breastimplantillness.com that has a list of explant surgeons that they've at least inquired about and have vetted. So you wanna go to someone who's experienced. And if you're having symptoms, until proven otherwise, you wanna take the whole capsule out.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
And the FDA letter just came out on the 8th, showing that implants, smooth, textured and saline and silicone can cause another kind of cancer called squamous cell carcinoma of the implant capsule. So that's why I take the capsule out and then take the question out. Right? And then you don't have to worry, but go to an experienced explanter. Because while everyone can probably do it, you wanna be able to trust your provider to do such a thing.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And this is important because the question of insurance comes up all the time. And so that's why you've heard both of us say save up, because you don't want just anyone doing it. And right now, I mean, this is horrendous. This is horrendous, the fact that insurance oftentimes, will not pay for an explantation, but I just wanna set up that, what does that battle look like for people?

Danielle Valoras
We're pushing for something called an ICD-10 Code, so then insurance will at least be tracking it and then eventually, pick it up.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
If your insurance covers an MRI and you have a rupture, most insurances will cover your explant. What's intriguing is they have things now where the plastic surgeon and the manufacturer will be like, "Oh, we'll do a change out. And it will cost you less than doing an explant and not putting

an implant back in." But if you have capsular contracture, like Baker's IV and a rupture, then sometimes insurance will cover it. It depends on your insurance. And unfortunately, that's just where we're at with that. If you just had your implants in a year ago, and it was an elective procedure, if you are a reconstructive or cancer patient, you're usually covered, which is...

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
It's really fun that you can have a penile device implanted or explanted and insurance will pay for that. But when it comes to breasts, we had to fight for the right to get them for reconstructive surgery. And now the fight is to be able to get them out if they're causing trouble.

Danielle Valoras
Yeah. So there are some women who choose to go flat and they don't want, and they're waking up with expanders in, because you're not in your right mind right now, da, da, da. And it's like, wow, like there's a whole woman conversation we could have around how we're treated, or I should say not treated, and the trajectories we go on. Right?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And that clear consent is so important.

Danielle Valoras
Yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah.

Danielle Valoras
So experienced surgeon. If you do MRI before, that may be helpful for insurance companies. Call the insurance carriers. 20,000 a year now are explanting. So more and more, I think, it can be covered. Find a surgeon who will go to bat for you with the insurance company. And that sometimes helps as well, especially now that the FDA recognizes that breast implants can cause systemic illness, breast implants can cause cancer. And the argument with the insurance company is like, okay, I can go through the next 5, 10, 20 years with these implants in, and you're

gonna cover all my medical insurance bills, or we can deal with this now. And what does this look like?

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
They're not logical that way, though.

Danielle Valoras
I know, I know. I was trying.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I don't wanna set anyone up for...

Danielle Valoras
I know.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
'Cause that doesn't happen.

Danielle Valoras
Yeah. It's a one in a million for that to happen.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah. Yeah. All right. Well, is there something we have not covered that you feel like is missing from this conversation that you wanna make sure we get?

Danielle Valoras
Well, in October the 20th to the 23rd, if people want more information, whether you're a person with breast implants or a practitioner, there's the Breast Implant Health Summit that people can dive deeper. And we have probably over 30 physicians speaking, and it's more of a symposium-type of conference, where if you register for the conference, you get to watch the summit for four months after, because there's just so much information and it will be specifically on breast implants, I think, as a tool that might be beneficial for folks.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Beautiful. Thank you so much.

Danielle Valoras
Thank you.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Appreciate all of the work you do in the world for this.

Danielle Valoras
And I, you.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
All right everybody, until next time. Be well.