Chantel Ray: Hey guys. Welcome to this week's episode. And today's guest is Sarah Phillipe, she helps women that are suffering from breast implant illness. Sarah helps women to discover how to reverse breast implant illness, and recover from hormone imbalances, autoimmune conditions, and chaotic symptoms. So tell us a little bit more about your own health journey, and how you got to be where you are.

Sarah Phillipe: Yeah. Thank you so much for having me, Chantel. It's such a pleasure to be speaking with your audience today. I think this is such an important topic because it's something that not many people are aware of, and so many people are struggling with. So as far as my own story and how I got here, I've been a nurse for about 13 years, and that's where I started off, working night shift. I worked night shift for about five years, and I ended up becoming really, really interested in fitness, and wanting to be in the best shape that I possibly could at 30. That just seems so young now that I think about it, but that was my goal.

Sarah Phillipe: So a long with my fitness goals came the desire for enhancing my breasts. The leaner you get the smaller your breasts get, and I felt like I had just lost it all. And I didn't have very large breasts to start with, I have very small breasts. And growing up I was always self conscious about my breasts. I was always stuffing my bra in middle school, just really wanting to look more like a woman, what the media and society portrayed as womanly and beautiful. So, that seed had been planted long before my fitness journey.

Sarah Phillipe: But I made that decision, it was I think in 2011, to go ahead and get my breast augmentation. After I came out of surgery, and I healed, it really wasn't love at first sight like it is for a lot of people. I really, really struggled with my body image. And just looking at myself in the mirror and thinking, "Who is this person? This is not me. These are not my boobs. This is not my body." It took a lot of work for me to become comfortable in my own skin at that point, because I had made that change to what I grew up looking at, and what I had looked at for the past 30 years in the mirror. So it was a struggle, it was a struggle to rediscover who I was.

Sarah Phillipe: And I think with that struggle came a lot of other symptoms to. So about six months after I got breast implants I started developing a lot of really vague symptoms that I didn't really have an explanation for. So it was things like fatigue, irritability, mood swings, anxiety, depression. It became really, really difficult for me to go out into public because my anxiety was so severe. It just felt like I had a lot of chest tightness, and really sensitive to sounds, like loud sounds, and chemical smells, and even perfumes really bothered me. It really just grew from there. Everything kind of steam rolled from there, all going downhill. I developed a lot of GI symptoms like gas and bloating, and diarrhea, loose stools.

Sarah Phillipe: I had a lot of hormone symptoms like acne, and heavy periods, and clotting, and really, really painful periods to where the only relief I could get was by taking oxycodone. And sometimes my husband was so worried he wanted to rush me to the ER. But I knew as a nurse they weren't going to be able to do anything for me. I didn't put the connection, I didn't connect the two, the implants and the symptoms, for quite a while. I ended up looking to medical doctors for answers, which I didn't receive any answers going that route. They did a lot of blood work and never really found any problem. Everything looked "normal." I knew that something was wrong and I wasn't willing to accept that as an answer.

Sarah Phillipe: So, that's when I started doing my own research. I figured I probably had Hashimoto's based on my symptoms. So I found a practitioner who would test me for that, and she did. And still, even as a naturopathic doctor wouldn't acknowledge that I had Hashimoto's even though my antibodies were in the 500s. So it took a little bit of searching and doing a bit of research to find someone who would acknowledge that I had a problem. And I finally did, and it became a situation where I went to here and she agreed that I did have Hashimoto's, and just was treating me with supplements rather than prescriptions. There was never a root cause analysis as for why I had developed Hashimoto's. So that wasn't good enough for me. I wanted to know the deeper reason why, and I wanted to be able to reverse it.

Sarah Phillipe: From that point on that was my turning point of really wanting to dig deeper, and figure out what was truly going on in my body. Because you're not born with these things, they develop over time for a reason. Everything happens for a reason. So that's where I became very interested in more of the functional medicine world, and came across Functional Diagnostic Nutrition through Reed Davis. And I decided that I was going to go through his program as a practitioner so that I could learn all I could about my body and what was going on at the deeper, root level. And then hopefully, if I'm able to figure myself out, then be able to help other women as well.

Chantel Ray: I love that.

Sarah Phillipe: Yeah. So that's when I discovered more of my pain to purpose, that's when it all started was developing all those symptoms. And I did discover a lot. I discovered I had SIBO, I had candida overgrowth, I had heavy metal toxicity, I had Lyme disease, I had parasites, I had endometriosis, all kinds of different things going on, not just the autoimmunity.

Chantel Ray: I think it's funny, even at my lightest weight I was still ... I'm still at a 34c, or 34d. So I carry my weight in my upper body, so my legs are thin. So where I carry my weight is really in my chest, and so I've always wanted smaller breasts instead of bigger breasts. You always want what you can't have, right. How is your Hashimoto's doing? Are you taking any thyroid medicine now for it?

Sarah Phillipe: No. I'm no longer taking any thyroid medicine. So the rest of my story really is that as I was going through my FDM practitioner training program, and discovering all of these things about myself, my mentor actually suggested at that point, "Maybe you should look into getting your breast implants removed." And there was just nothing online at that point. There was no information, no Facebook groups. Nothing. So it was really based on a gut instinct. And I started believing that this was probably the issue. And I found Dr. Kolb, Dr. Susan Kolb's book. What is her book called? I have it right here, The Naked Truth About Breast Implants, and it was me to a T. Everything I read in there was my story, in her book.

Sarah Phillipe: So at that point though I was just not ready. The timing just wasn't right. I wasn't ready to make that choice, and that leap of faith, given the fact that no one else was talking about it, and risk going through another surgery and wasting all of that money to then potentially not get better. So I did a lot of work in addressing all of the things that I discovered on lab work. And I really did get a lot better, just with that work alone. But it wasn't 100%, I was probably 70%. And the turning point for me in helping me make that decision was really us wanting to start a family, and not being able to.

Sarah Phillipe: And really wondering deep down if I continue down this path and did end up getting pregnant, what kind of health issues is my child going to have? And if I ended up contributing to a problem like that with a child, I would just never be able to forgive myself, and feeling like I'm at fault for that. And I know that's something a lot of women struggle with, which is not their fault. But when you're in the moment you think that way. So to me that was the tipping point of thinking, "Okay, well I can't get pregnant, and I fear that if I did get pregnant I would have a sick child because of how sick I am, and the breast implants and how they're contributing to the toxicity in my body." So that was the tipping point, that's what made me decide, "Okay, I need to get these out." I made that decision, a month later I had them out.

Sarah Phillipe: So once I got to that point of being accepting, and having a bigger purpose and reason for it, other than just myself, that made the decision so much easier.

Chantel Ray: Awesome. Well I like to ask questions to my guests. And in my newest addition of my book, Waist Away, I talk about how people don't have to deprive themselves when it comes to food. But everyone needs to decide for themselves what are their red light, yellow light, and green light foods. Foods that are like, these are red light for me, I feel terrible when I eat them. And these are yellow light, I don't feel great, but I don't feel terrible. What are your red light and yellow light foods for you?

Sarah Phillipe: My red light foods are ... Let's see here. Definitely rice, any kind of rice, it doesn't matter if it's brown or black or white, it gives me heart palpitations. Gluten I stay away from all of the time because of my history of autoimmunity. And I know that gluten can be a contributing factor to that, and because of the fact that it's just not the same wheat that we used to have decades ago. It's so different than it used to be, genetically. And it's sprayed like crazy with Roundup, and that just destroys your gut microbiomes. So for health reasons I don't consume gluten, although I don't feel that I have any kind of reaction to it. I always avoid soy, because of its ability to imbalance the balance between progesterone and estrogen, and the fact that it's so genetically modified as well. I always try to avoid refined sugars, and just the general junk foods, those are always reds for me.

Sarah Phillipe: Yellows, yellows are foods I would consider having on occasion, but don't have all the time. So that could be things like gluten free crackers, or something like that, or some kind of paleo treat where the sugar may be honey or maple syrup. And then sweeteners like that, like I just mentioned, honey and maple syrup, things like that I have on occasion, but not all the time.

Chantel Ray: And I also like to ask all my guests, what did you eat yesterday? When did you eat it? That sort of thing. So let's talk about yesterday.

Sarah Phillipe: Yeah. Every day I wake up at 6:00. I have my morning ritual of having an espresso with whole milk. And I have that while I play with my dog, that's my start to my day. And then I usually do a little yoga, and some meditation, where I get myself ready and get working. And I generally have my first meal not until about 1:00 or 2:00. So I practice intermittent fasting every day, even on weekends I would say. So this is going to be something like a big sal with lots of veggies and some protein, and olive oil, and some kind of vinegar. Or it might even be more of a European style lunch where I'm having imported, naturally cured meats and cheeses, some kind of salad with shredded Brussels sprouts, and broccoli, and olives, and maybe some kind of nuts, and olive oil, and red wine vinegar.

Sarah Phillipe: So I try to be heavier on the fat side of things, a little bit more moderate with protein, and then low on carbohydrates. And I usually include one day each week of a feast day, where I'm going higher in my carbohydrates, because that's really important for hormone balance. So I'll eat lots of progesterone promoting foods those days like beans, and potatoes, and squash, and quinoa, and tropical fruits, and citrus, things like that. So I tend to do a lot more of that actually when I'm in luteal phase, because that's the time when you really want progesterone to be high.

Chantel Ray: So talk about the luteal phase just a little bit, for listeners who don't know what that is.

Sarah Phillipe: Luteal phase is the period of time after ovulation when you're producing a lot more progesterone. So you're building that uterine lining, typically day 21-28. So it's that week before your period where your progesterone is much, much higher than your estrogen, and you're building that lining for a potential pregnancy.

Chantel Ray: You're craving more carbs then anyway. Anyone who is still in their menstrual cycle would tell you the week before my period what am I craving? More carbs, more sugar. You're craving it anyway, so you'd be listening to your body.

Sarah Phillipe: Exactly.

Chantel Ray: So you start your eating window around 1:00. What time do you end your eating window?

Sarah Phillipe: I usually have about a five hour eating window. And I only eat twice. So I don't snack, I don't grab a handful of anything here and there. I just have my lunch and my dinner, and that's it. So I'll usually eat lunch around 1:00 or 2:00, and dinner around 6:00 or 7:00, and that's it, that's all.

Chantel Ray: So out of the people I interview that are thin, that is what they say, is that they basically eat either one meal, or they're eating two meals, but usually one's a medium sized meal and one is more on the smaller side. Would you say one of your meals is a little bit more medium to large, and one of them is more on the smaller side?

Sarah Phillipe: I would say my lunch is on the smaller side, and my dinner is definitely on the bigger side. I tend to like eating most of my food in the evening.

Chantel Ray: In the evening, so you can keep going.

Sarah Phillipe: Keep satiated through the morning.

Chantel Ray: Now you said that you had whole milk with your coffee in the morning. I know you said you like to eat more fat. Is there a reason you don't use heavy whipping cream, or ghee, or to have that fat? Do you just like whole milk in your coffee? Is that what you enjoy?

Sarah Phillipe: Yeah. I'm not opposed to heavy whipping cream. I used to do a bulletproof coffee back in the day when I was not eating any dairy. And that's fine, I think that was okay. But for me, I just really like the creaminess. I love whole milk. I always buy organic and pasture raised milk, so it's never going to be the conventional milk that's full of antibiotics and hormones. For me it's the fact that I tolerate dairy just fine, it doesn't create any issues for me, and I like it.

Chantel Ray: So talk about when you weren't having dairy. Did you cut it out for a period of time to say, "Hey, let me just see is dairy a problem for me." You took it out, you reintroduced it back in and then you said, "You know, I feel fine with it." Is that what happened?

Sarah Phillipe: Well when I was really, really sick ... I was very sick for a while, for a few years.

Chantel Ray: And was that when you had your implants in?

Sarah Phillipe: Yes.

Chantel Ray: Okay.

Sarah Phillipe: That's when I had my implants in. And I developed all kinds of food sensitivities and intolerances. So really it was about narrowing down the food that I was eating so that I could minimize my symptoms. So I cut out all diary, all soy, all gluten, all sugar in general. I wasn't even consuming honey or maple syrup at that time. What else? Corn, things like that, the top food sensitivity typical things I eliminated. And I eliminated those for a couple of years, it wasn't a temporary elimination. It was a couple of years while I was healing. And I think that's really important because a lot of those foods can be so inflammatory, when you've already got a lot of inflammation going on.

Chantel Ray: All right. Well instead of reading the questions today, because they're so similar, they're kind of asking the same thing over and over. They really boil down to two main questions. So I'll kind of summarize that. The first question is, if someone's saying, "Hey I do want to get implants, but I want to know the safest kind to get." So in your opinion, are there any safe implants that you can get on the market today?

Sarah Phillipe: This is always a tricky question. There's different types of implants, they're saline and there's silicone. And then within those two there's also smooth and textured. So silicone implants are not only comprised of silicone, but actually an additional 40 different chemicals and heavy metals, used in the manufacturing of these implants. So that poses a huge problem, not only just as a foreign body being in your body, and your immune system sees that and reacts to it, and wants to wall it off. So it creates that capsule. So it's that foreign body stimulating the immune system, and it's the level of toxicity that they bring to the table. And that's really a very complex level of toxicity.

Sarah Phillipe: Because studies are showing that these implants start bleeding, and we call that gel bleed, in to the body from day one, at body temperature. So as soon as they go in your body and they heat up to body temperature, they start bleeding these toxins and that becomes a part of the matrix of that capsule. And then they can get into the lymphs, and they can start traveling throughout the body. So very, very complex level of toxicity there. That's the reason for a lot of people's symptoms.

Sarah Phillipe: But then with saline implants, they're made with the same silicone shell that silicone implants are made out of. So you still have silicone exposure. And silicone is actually considered and adjuvant in the development of a lot of different aurametalogic type of conditions. So as an adjuvant, that means that they stimulate these types of conditions. So there's that factor that's also part of saline implants. And then the other factor for saline is that they have a valve that is supposed to be a one way valve so that surgeons can place those implants in your body and then fill them after the fact with saline. The problem with that is that they can be defective valves from day one, or if you had some sort of trauma like a car accident or a fall or some kind of injury, or maybe even just if you play sports and had some kind of contact where it was a lot of pressure against your chest, that can create damage to that valve and the fluid from inside of your capsule can then move into the implant.

Sarah Phillipe: And that capsule, when they have done testing when they remove the capsules form women on explant, they're showing that there's 10 different types of bacteria within that capsule. And they're also showing that there's mold in there. So the mold and these bacteria are getting inside people's implants, and colonizing the implants, and growing. And sometimes people will find, when they get their explant, that they're black. There's black mold growing inside them. So if you're exposed to mold in the home that's one thing, you can move or you can remediate. But if it's literally living inside of you, you can't escape that unless you get them out. So those are the two big complications with both those types of implants.

Sarah Phillipe: But then you have the textured implants, which there's a lot of media attention around textured implants right now because the FDA has just acknowledged recently that there is a connection between textured implants and the development of a type of cancer called ALC, which is a non-Hodgkin's type of lymphoma. And it's not a breast cancer, it's an immune system cancer. And this can be very, very serious, it can lead to death if not treated properly. And the treatment is to get those implants out. So it's more localized within the shell, between the shell and the implant. Or not the shell, excuse me, the capsule and the implant, develops a lot of inflammatory fluid there, which has cancerous cells.

Sarah Phillipe: So if that were to leak out that can definitely travel throughout the lymph nodes and go out through the entire body. So very, very important if you have textured implants to really consider that fact.

Chantel Ray: And then another question is that someone who wants to get her breast implants removed, but she feels like she doesn't want to end up with loose, saggy skin, and saggy boobs.

Sarah Phillipe: Mm-hmm (affirmative). So there is an option of doing a lift at the same time. And a lot of women do that, and they have beautiful results. I personally, I've never breast fed. I've never really had any stretch marks on my skin, so my surgeon took a look at me and said, "I don't think you're going to need a lift, let's just explant you." So that's what I did, but there is an option for a fat grafting as well. And that's where they can take that from other parts of your body, and inject it into your breast tissue.

Sarah Phillipe: And then there's other techniques. So there's the fat flap technique, where they can literally take a piece of fat from underneath your breast tissue or in your armpit, and basically turn it around and make it into a breast. So there's other options for filling out that skin. There's that fat grafting, or fat flap technique, and then there's the lift.

Chantel Ray: And then the last question is really just about someone saying if you have breast implants and they leak, but you don't necessarily know that they're leaking, what can you do without having to fully go into surgery, find out if they are?

Sarah Phillipe: So if you think they're leaking ... I would say there's MRIs. MRIs can take a look and see if you have a rupture. But there isn't really any imaging that's flawless. So there are times where people have had false positives for a rupture, and there are a lot of times where people have false negatives.

Sarah Phillipe: So from my perspective, if you think you're having leaking, especially if you have any kind of chronic symptoms, I would get them out. It's really worth your health. It's worth the rest of your life, and living the kind of life that you want, rather than suffering. So if you take away the focus on the aesthetics, and focus on how you feel in your body, and whether or not you're able to do all the things that you would love to be doing, and living the kind of life you'd like to be living, and living your purpose, then that becomes far more important than the aesthetics. And that's what happened with me as well. I was very concerned with the aesthetics, and then I took this turning point of, "I don't really care what they look like, I just need these out because I can't live like this." And sometimes that's what it boils down to for people.

Chantel Ray: Now did you have the saline filled breast implants, or the silicone ones?

Sarah Phillipe: I had silicone. I had the Mentor, the gummy bear implants.

Chantel Ray: And have you seen people who have the saline have less symptoms and less problems when they have the saline filled breast implants, versus the silicone ones? Or are you seeing problems, it doesn't matter if it's silicone or saline, you're still seeing problems on both sides?

Sarah Phillipe: I'm seeing problems just about equally. I would say there are a lot of occasions where someone has gone in for replacement, whether it be with saline or silicone, and they're getting the newest gummy bear implant, which the FDA has said that it's safe, and more safe than the old Dow Corning silicone implants. And that's where I'm seeing a lot of people just completely topple over downhill, like head over feet, at that speed, just their health just takes a huge turn for the worse. So I don't know if it's those particular implants, and those are the same ones I had, or if it's just a combination of things, a number of different stressors coming in to create this perfect storm situation. And then you're adding another stressful surgery, and more implants.

Sarah Phillipe: I don't think that people just get sick because of implants alone, I think they're part of the picture. I think that there are multiple other things that are factors, and we have to consider all of those things. And the implants may just be one drop in the bucket for why someone develops chronic illness.

Chantel Ray: They say that saline implants, when someone thinks saline implants they think, "Oh well they're just filled with water." And there's so many more other chemicals that are in, it's not just water in there. Correct?

Sarah Phillipe: Yeah. It's the shell that has a lot of other chemicals, and silicone. And silicone is so, so toxic to the body. And that silicone just bleeds right in to your body from day one, like I said. Same thing with the silicone implants, it's the same with the saline implants that have the silicone shell. And on top of that, like I said, the saline becomes a breeding ground for bacteria and mold because bacteria and mold like dark, damp places. So it becomes a Petri dish.

Chantel Ray: Awesome. Well thank you so much for coming on the show today. Where can listeners go to follow you and your work?

Sarah Phillipe: Lots of places. So we have a Facebook support group, it's a private group. It's called Reversing Breast Implant Illness With Sarah and Diane, Diane is my partner. And I have a website, reversingbreastimplantillness.com. And also Instagram, same name, Reversing Breast Implant Illness. So those are all the places you can find me, and read a lot more information about breast implant illness, on my blog, and get the advice and support from thousands of women.

Chantel Ray: Awesome. Well if you have a question that you want answered, go to questions@chantelrayway.com. We'll see you next time. Bye bye.