

Busting Breast Cancer: Five Steps to Keep Breast Cancer Out of Your Body

A Special Interview With Susan Wadia-Ells

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. This is Dr. Mercola, helping you take control of your health. Today, we're going to talk about a relatively unusual topic, something other than COVID-19; what we used to do before the pandemic craziness started. Not to make light of it because it's a serious issue, we're going to talk about breast cancer. Obviously affects more women than men. In fact, 1 in 8 women in their lifetime will come down with breast cancer. This year, 2021, we're looking at nearly 300,000 women in the U.S. being diagnosed with invasive breast cancer and another 50,000 on top of that with non-invasive breast cancer, which is – well, we'll get into the details of that, but we've discussed it before, but it probably isn't breast cancer.

Dr. Joseph Mercola:

But anyway, nevertheless, that's a lot of people and it affects – if it's not affecting you and you're male, I'm sure you have a woman in your life, maybe your mother or your sister or your wife. So it's a serious issue that affects, in some way, virtually all of us. So we are going to discuss that in depth today with the author of Busting Breast Cancer, Dr. Susan Wadia-Ells. Welcome and thank you for joining us today.

Susan Wadia-Ells:

Well, thank you so much, Dr. Mercola. It's a pleasure to be here.

Dr. Joseph Mercola:

You are not a medical doctor, but you have a Ph.D., I believe, in the Energy, Economics and Political Development at the Fletcher School. Is that correct?

Susan Wadia-Ells:

Not quite. I have a graduate degree, they call it a MALD, in Energy, Economics and Political Development. My Ph.D. is actually in Women's Studies with a focus on women's autobiographical writing. So-

Dr. Joseph Mercola:

Perfect. Is that anything like autobiographical memory?

Susan Wadia-Ells:

Autobiographical memory? I'm assuming. Let's hope it is.

Dr. Joseph Mercola:

Oh, it's not. Actually, I was just kidding. That's a term that's used to describe people with photographic memories. [crosstalk 00:02:07]

Susan Wadia-Ells:

Oh, that's my son. Yeah, interesting. No, it's different. It's different. But this really means that I am an investigative reporter and so I've come to this with a very innocent, independent mind. And I think it helps that I haven't had a television in 50 years, so I haven't had a lot of the brainwashing on pink ribbons and everything else that surrounds breast cancer in this culture. So I think it [crosstalk 00:02:42] helpful.

Dr. Joseph Mercola:

Well, you could have a television, or at least a monitor, and access the news on the internet through vetted channels. But I agree; avoiding mainstream propaganda is a really wise strategy. And kudos to you for doing it for five decades. That's quite extraordinarily uncommon.

Susan Wadia-Ells:

Right.

Dr. Joseph Mercola:

Yeah, that's great. Just what motivated you to take this unusual course of behavior?

Susan Wadia-Ells:

It just happened. Just apparently I'm happy without it. And I certainly watch, these days, lots of different YouTube and different, other platforms. I'm not uninformed, but I guess I just didn't like all the advertisements and all of these people who I didn't know coming into my living room. I just would rather hear them on the radio if I'm listening to news. And of course with smartphones, you can access whatever kind of information you want to access and it's fine. But I really did. And I also lived in Vermont for 15 years when the pink ribbons were beginning and would shop at a co-op. So I wouldn't even see – I really didn't even know about October being Breast Cancer Awareness Month. That was a new phenomenon to me.

Dr. Joseph Mercola:

Well, I was going to say this for the end with Susan Komen breast cancer awareness, I want to dive in that first, but before we do that, I want you to help us understand what motivated you to write this book.

Susan Wadia-Ells:

Sure, sure. I have lost many friends and I say many, I'm thinking more than five, to recurrent metastatic breast cancer. And as I'm sure you know, recurrent metastatic breast cancer means that you were "successfully treated" for an early-stage breast cancer, and then within months, years, or in some cases, decades, you have a recurrence. And apparently 20% to 40% of the cases of women who have been successfully treated in the United States today, they will end up with recurrent metastatic breast cancer, which always means some kind of an early death sentence for most women. And I just got very angry. I love to investigate new topics. I've always been a

change-maker throughout my whole career, I've just followed and done what I wanted to do. And this, I just fell into it and wouldn't let it go.

Dr. Joseph Mercola:

Oh, good. Well, thank you for compiling this because it really is indeed a great resource if you want to get up to speed on what the skinny is on the breast cancer scenario and all the gory details behind it. Let's skip to this Breast Cancer Awareness Month in October, and why this is such a fraud essentially, and the Susan Komen Foundation combined with that.

Susan Wadia-Ells:

Right. Right. Well, it's really the pharmaceutical industry's celebration, I think, of all of the money they're making mammograms to – we can talk about over-diagnosing tens of thousands of women every year and then over-treating them, and then the possibility that sometimes the treatment will increase inflammation. And as we know very well, understanding the new metabolic theory of cancer, that's what can sometimes initiate breast cancer in women who, as you said earlier, had been diagnosed with, let's say stage zero, but don't have any invasive tumors. So, I think that was the reason.

Dr. Joseph Mercola:

Okay, good. So, it seems the financial component is a very serious motivating catalyst for much of what we're seeing in the breast cancer industry. And it is indeed an industry because of the finances involved. So, why don't you enlighten us on some of the components that motivate this type of behavior?

Susan Wadia-Ells:

As I found in my research and anyone who reads the book, the book is now out. I'm so proud of it. It's so beautifully designed. I really need to show it. It's out on Amazon now, it's on my website, it's all over the place. But I think the reason that I wanted to do this book was really to teach women how to avoid getting breast cancer because the money is being made – once you have a mammogram, you can sometimes end up, as we said, being unnecessarily diagnosed and treated. And then that becomes incredibly expensive.

Susan Wadia-Ells:

Now, as I had said, 20% to 40% of women who are being diagnosed were treated for an early stage breast cancer, ending up being treated for recurrent metastatic breast cancer, which means that they're spending inordinate amounts of money. The drugs that have been developed are not to stop the disease, the drugs that have been developed are to extend your life.

Susan Wadia-Ells:

I think the most important thing about my book is as I had started way back 12 years ago, looking at all of the epidemiological studies, the statistical studies on how birth control drugs, how low vitamin D3, all of these issues would be creating a lot of breast cancer, no one could tell a woman why she got breast cancer. They would say to women, "Well, maybe, Jennifer, it was just your turn." Or, "Maybe, Jennifer, you were the unlucky one."

Susan Wadia-Ells:

And I was really the lucky one because in 2013, I discovered Dr. Thomas Seyfried's book called "The Metabolic Theory of Cancer," which you have highlighted a number of times in your interviews, and I believe gave him the Game Changer award early on that you give out every year for major discoveries.

Susan Wadia-Ells:

Once I found that book by Dr. Seyfried, my life changed. Now I could begin to piece together all of the statistical studies on birth control, drug risks and progestin menopausal drug risks and mammogram risks and biopsy. I could begin to piece all of these statistical studies together and understand why I was able to come up with effective prevention steps for women. So, this has happily become a good news book that women need to understand that we can prevent this disease probably 80%, if not more, of the time.

Dr. Joseph Mercola:

Yeah, I would agree. Thank you for shifting and transitioning to the hopeful side because even though the statistics I quoted earlier can be somewhat discouraging, it really highlights the fact that this is a serious issue that you have to pay attention to. It doesn't mean you have to use conventional strategies to do it. If there are in fact these natural lifestyle interventions that could essentially eliminate it, I would go to say that you could probably reduce it by a factor of 95% or greater and that's because of 80% with the variables you discussed in your book, especially the vitamin D and metabolic flexibility, removing insulin resistance.

Dr. Joseph Mercola:

But in addition to that, the underappreciated one, and I don't recall you mentioned in your book though, and it's common because almost any natural health educator misses this one, they understand and acknowledge the fact that we need to avoid dangerous processed foods. No one disagrees with that. That's noncontroversial. But embedded in that is the lack of appreciation of just how dangerous certain processed foods are. And I'm referring specifically to vegetable oils, which are loaded with an omega-6 fat called linoleic acid.

Dr. Joseph Mercola:

And that in excess, I think really explains for the additional 19% improvement you can get, because if you minimize this to pre-1850 levels, to essentially 1% to 2% of the total daily calorie intake, which is about 90% to 95% lower than the average American is consuming currently, that forms the basis for the molecular, biological changes that actually contribute to the primary issue. Now, certainly metabolic flexibility is important and vitamin D, they all contribute. But when you overlay that on top of linoleic acid excess, it's probably the most significant metabolic poison in our diet.

Susan Wadia-Ells:

Well, Dr. Mercola, you're right. And the first simple step that I'm recommending to all women is to lose your excess body fat.

Dr. Joseph Mercola:

Yes.

Susan Wadia-Ells:

And the question is, and maybe your research has shown you this, how much do these processed vegetable oils, these dangerous oils, how much are they contributing in the processed food to today's obesity epidemic?

Dr. Joseph Mercola:

It's a huge variable.

Susan Wadia-Ells:

Exactly. And so if women can begin to follow a low-carb ketogenic lifestyle, as I talk about in chapter one, and lose excess body fat, they're doing a double service to their body; they're stopping produce this excess estrogen from their fat cells that are attacking the mitochondria, which we can talk about in a minute.

Dr. Joseph Mercola:

That's the key, because that's what excess LA does, but you can go on a low-carb, high-fat diet and have a significant percentage of that fat be linoleic acid.

Susan Wadia-Ells:

Well, you wouldn't want to do that.

Dr. Joseph Mercola:

No, but there are many people who do make that mistake. I'm confident of that. So the devil's in the details, but what many people also fail to appreciate is the obesity component that you referenced to. Typically, that's a symptom, but it's an important symptom with breast cancer because as an artifact of having high levels of visceral body fat, your body makes an enzyme called aromatase, which increases estrogen. Help us understand why that's such a big issue with breast cancer.

Susan Wadia-Ells:

Well, that takes us back to Tom Seyfried's "Metabolic Theory of Cancer." And that we now understand, since he published that book in 2012, we now understand that what causes that first cancer cell to happen in every person, and that can be a breast cancer cell or a brain cancer cell, is there are assaults that are happening during your life, to your life, that are creating assaults on the power batteries within, in this case, your breast cells, creating assaults to the power batteries that basically suffocate them. And what was discovered, I suppose in the '70s, is that these little power batteries in our body-

Dr. Joseph Mercola:

You are referring to mitochondria, just so the people-

Susan Wadia-Ells:

-exactly, the mitochondria. And I tend to interchange the word mitochondria with power batteries, because mitochondria, that's a big word, and that can really turn people off. And they're like, "It's too hard for me to understand."

Dr. Joseph Mercola:

Oh, no. Not in our viewers. Our viewers are very-

Susan Wadia-Ells:

Okay. Anyway, so all of these things are suffocating the mitochondria, and when you have unbalanced estrogen to progesterone, or chemical-like progesterones, then that excess hormone is a suffocating operation. It can harm those mitochondria. That's what I also talk about in chapter four in the book: the importance of not taking birth control drugs or the Prempro, what they call the combination menopausal relief drugs, or even having a progestin-laced IUD (intrauterine device) inserted. Because that has now been shown, and I talk about that in the chapter, to not only accelerate breast cancer, but also has the potential of initiating breast cancer.

Dr. Joseph Mercola:

The reason why that's so important to me is that many people may not realize or recall because I mentioned this previously, but it was probably over a decade ago that when I first started in medicine after I finished my family medicine residency in 1985, I was actually a paid speaker by the drug companies. And they would fly me around the country to lecture other physicians about hormone replacement therapy because I was a big advocate. I was brainwashed effectively through the propaganda that they supplied, the drug propaganda supplied to medical school. I was a firm believer in it.

Dr. Joseph Mercola:

There appeared to be, from the studies that were published, a benefit, but when you dive deeper into it, you realize that it's all hogwash. And it does, in fact, the estrogen will increase a woman's risk for cancer. I understand it's because of these estrogen receptors. That's why many people who are diagnosed with breast cancer may do this estrogen receptor test to see and seek to minimize the estrogen load, and maybe even put the women on estrogen receptor blockers.

Dr. Joseph Mercola:

So that's a big issue, but this progesterone is another one. And most of it's related to the fact that they're synthetic chemicals because you can have natural estrogen and progesterone or synthetic. And the synthetic obviously or intuitively would make sense to be far more dangerous, and in fact they are. For me, what your book massively highlighted, and I tend to forget how dangerous these birth control pills, because every one of the birth controls to the last one has a synthetic progesterone in it, progestin, it's called. Not progesterone, but synthetic progesterone, which is progestin. And that is the killer when it comes to breast cancer. So why don't you help us understand that in a little more detail?

Susan Wadia-Ells:

Sure. In 2010, there was an incredibly important study that has gotten buried. And it came out of the – the lead researcher at that point was in Vienna, Josef Penninger. And on that study team of

about 12 people — one now being the CEO and president of Dana-Farber Cancer Institute — they had spent 10 years apparently working with mice in preclinical settings around the world, trying to figure out why women who would take progestin drugs, be they birth control drugs, or be they menopausal drugs, women who were taking this synthetic progesterone, why they were having 26-plus percentage increased risks of developing breast cancer. And they finally published the study in 2010 that basically explained, in some more detail, not totally, but in some more detail, exactly how the progestin pulls out or activates tons of something called RANKL (receptor activator of nuclear factor kappa-B ligand), which I understand is a protein.

Susan Wadia-Ells:

And that, apparently, though they don't say these words, suffocate the mitochondria in a woman's breast cells. And that's why you have not only an initiation of 26% with post-menopausal women, we now realize, a 26% increase in breast cancer, but you also have — we see all of the statistical studies in terms of women who have been taking birth control drugs. And I must list three dozen of these studies, I cite them in the chapter on progestin drugs. And the sad thing is that no one, not even researchers since then, in the field of breast cancer prevention, are even citing this study. They're not aware of it for some reason, but it was published in October of 2010 in Nature magazine, which we all know is a very significant, well-known scientific journal.

Dr. Joseph Mercola:

Well, it's not only one of the most prestigious, it's one of the top three scientific journals in the world of science.

Susan Wadia-Ells:

Exactly. So I quote directly from that in my chapter on the progestin. And the other thing that I mentioned, and again, I'm sure you know this, the medical profession, the scientific profession, the government cancer agencies, no one will make up two words. They conflate the two words progesterone with progestin, even though they are chemically different substances. You will find in studies that are talking about one or the other, that they conflate, they intersperse, they use the terms interchangeably in these studies. So you come out of it having no idea if you've just read about progestin the chemical that causes breast cancer and accelerates it, or if you've read about natural progesterone, which when natural progesterone is balanced with natural estrogen, there's not a problem. You don't have an overabundance. The estrogen is not hurting the mitochondria in a healthy breast cell. There's nothing wrong with natural estrogen.

Susan Wadia-Ells:

I think the other thing that women really need to understand is they need to have an estrogen metabolite test to see if they're actually efficiently processing their excess used estrogen and they're urinating it on a regular basis so that they're keeping their estrogen progesterone balanced or they can take an estrogen balancing test to start off with, or hormone-balancing test, and see if their estrogen and their progesterone is even. And if not, then take the metabolite test to see if maybe they're a little sluggish in eliminating their used up estrogen, which becomes toxic. And then they can take DIM (diindolymethane) supplements and all sorts of wonderful things to — and you know so much about this — eliminate this excess toxic estrogen from their body.

Dr. Joseph Mercola:

Yeah. And it gets a more complex version to it also because the estrogen is divided into three types: estrone, estradiol and estriol. So it's the ratios of these things that become important too. So ideally you want to measure all three. And when you're administering a natural or bioidentical estrogen, or progesterone, the delivery system becomes a big issue too. So it's frowned upon by most people who understand this at a deeper level to swallow it because your body is not used to swallowing your hormones. And as a result of swallowing, it gets absorbed through the bloodstream and then has to go through the liver from the gut first and then the liver processes, because it perceives it as a foreign molecule and it methylates it and it's a different molecule and that can screw things up too. So typically you want to-

Dr. Joseph Mercola:

A big proponent of natural progesterone was Dr. John Lee, who's since passed. I was a big fan of his in the mid '90s. He popularized or helped popularize transdermal progesterone, which I had thousands and thousands of women on, and they had unbelievable results, but almost universally, they would all get great results the first few months and then it would stop working because there would be a tachyphylaxis of resistance to absorption through the skin.

Dr. Joseph Mercola:

So the ideal is, and if anyone's interested in this further, the major pioneer in this is Dr. Jonathan Wright, who actually brought bioidentical hormone therapy to the United States. And he concluded that transmucosal administration or application into different mucosal surfaces in the body. And in women, they have two options; one would be the vagina and then the other is the rectum and the men we've only got the rectum. So using that route of entry can bypass this liver metabolism and get the hormone directly into your blood. So it's like most things in health, the devil's in the details. So, it's important to know the big picture, but once you understand it, then you really got to dive deep to know how to optimally implement it.

Susan Wadia-Ells:

Yeah. And there are some studies... In fact, David Zava, Ph.D., who has been long time working with John Lee's science writer, Virginia Hopkins. His lab out west offers both the estrogen metabolite and the estrogen balancing. It's a very user-friendly group. There are other labs as well, but as you say, that group was one of the first to really look at natural progesterone and how important it was. And natural progesterone, apparently, is also a tumor suppressor that people, again, don't talk much about. So, there we are.

Dr. Joseph Mercola:

Yeah, it's used for men with prostate cancer too, with great success as I last recall on that topic. I haven't reviewed prostate cancer for a while though.

Susan Wadia-Ells:

Yeah. I think of the five simple steps that my book talks about is one that many of your interviewees and your books talk about, and that of course is the vitamin D3. And what I found really interesting about that is that it would appear that breast tumors grow much faster than most, if any, other tumors in the body. And so therefore, even the studies will show that if you

keep your D3 level at, let's say 40 nanograms per milliliter, that will usually protect you against prostate cancer or liver cancer. But for breast cancer, it's been shown that there's never been a woman diagnosed with breast cancer who has a D3 blood level over 60. So that 60 becomes the magical number when a woman is trying to protect herself from developing breast cancer using the D3.

Susan Wadia-Ells:

Of course, that is the cheapest, the easiest way of – well, not necessarily the easiest. Once you get older, it gets much more difficult to get your D3 above 60 or up to 60. So I find at this point, I need to be doing indoor tanning as well as – because I'm up in New England and it's winter time still, even though it happens to be April.

Dr. Joseph Mercola:

It's been a long summer in Florida.

Susan Wadia-Ells:

Well, I did a lot of house sitting in Key West, and I would rent my condo out on the ocean here in Manchester-by-the-Sea. And so I know the Key West summers. And it's great. I don't care.

Dr. Joseph Mercola:

I would tend to disagree with the assessment because it may be not easy to optimize it to 80, but certainly, it's easy to take the steps. And it's inexpensive, in fact. There is no less expensive supplement, I guess. Maybe salt might be, if you consider it as a supplement but you just have to swallow a pill. And you're right, most people in the United States need to take a supplement because they live like you, in areas that are similar latitudes to New England.

Dr. Joseph Mercola:

And the latitude tends to be a real limiting factor because most people in the U.S. are unable to get significant vitamin D from the sun from September, October to April, May, in that range somewhere. But even if you were in the middle of summer, which is June 21st, the summer solstice, you still have to be outside and you got to be outside in a bathing suit, not in full clothing, otherwise it doesn't work. It just doesn't work. You got to have full body tan.

Susan Wadia-Ells:

Right.

Dr. Joseph Mercola:

But it's so extraordinary. Let me just expand on the numbers too, because you said 60 nanograms per milliliter. That's correct. I think that's the minimum threshold, but I don't think there's a huge benefit in going much higher than that. I keep the range of 60 to 80. And for those of our viewers who are not in the United States and are in Canada or in Europe, they use a different unit structure, it's called nanomoles per liter. And the number would be multiplied by 2.5, so it's a 100 to 150 nanomoles per liter for 60 to 80 nanograms per mL. And you cannot feel it. You cannot feel – if your vitamin D is 10 or a 100, you just can't. Maybe indirectly because you came down

with cancer but normally you cannot feel it. So get your blood tested. It is really key and we'll never know and figure it out otherwise.

Dr. Joseph Mercola:

But once you establish a rhythm, it takes probably a few years to get your rhythm because of the cycles with the winter and summer but then you just keep up the same thing. You may have to check periodically because as you get older, as you mentioned, you have challenges with optimizing your level. But this is – [crosstalk 00:29:21] Really, we're spending time on this. This is so important because just doing vitamin D, like you mentioned, 60 to 80, I believe will knock down your risk of breast cancer by 80%. 80%.

Susan Wadia-Ells:

Exactly. Now, the other problem with American women is the obesity, and D3 and the obesity. So that apparently, if you take 5,000 IUs of D3 a day, it could be that your body is only able to utilize half of that. And the other half is going and being stored in your fat cells. What some functional medicine physicians are finding is when women or men start to lose their weight because they're on ketogenic diets or whatever, once they lose 15% of their weight, the fat cells let loose with the D3 and their D3 goes shooting up. So it's not as if you'll never be able to use that D3, but if you're overweight, understand that when you're taking a thousand, 5,000 IUs a day of D3, your body is not absorbing it. Half of it's going to your fat cells. So you need-

Dr. Joseph Mercola:

Well, it's absorbing it. It's just translocating it into the fat tissue. A thousand to 5,000 units a day for the vast majority, maybe 80%, 90% of adults is inadequate. The average adult with the typical UV exposure requirement is about 8,000 units. And that's been well-documented through Carole Baggerly's work in GrassrootsHealth and over 15,000 patients that they've analyzed with this data.

Susan Wadia-Ells:

Yeah. In my book, I talk about Carole's amazing work, as well as Michael Holick, Ph.D., at Boston University, as well as Cedric Garland, Ph.D., who is also with Carole down in San Diego. Those three, in my estimation, have done wonderful work, especially around breast cancer and D3. And they're quite amazing. But the other thing that I find very, very difficult with women, or probably men too, is you say, "And D3 is very important." They go, "Oh, no problem. I'm fine. I take a thousand IUs a day." and I'm like, "What's your number?"

Dr. Joseph Mercola:

It's a joke.

Susan Wadia-Ells:

They say, "I don't know, but my doctor says I'm fine." I go, "No, no, no." And of course we haven't talked about the government and the misinformation that unfortunately our U.S. government is now giving people when it comes to D3 or mammograms or any of those things. But the government is saying, "We don't see a connection between D3 and breast cancer, or maybe if there is one, 1,000 is fine." So the doctors will tell them, "Oh, that's fine. You're taking

a thousand." And they don't even test sometimes, you have to demand the tests. So that's the big thing about D3; is for every person to know their blood level. And if they don't know their blood level, they don't know if there is protected or not.

Dr. Joseph Mercola:

Yeah. I couldn't agree more. Let me just share an interesting example. Mikhaila Peterson, Jordan Peterson's daughter, she was really pretty much the catalyst for implementation of the carnivore diet. She has a history of a severe autoimmune disease with juvenile rheumatoid arthritis. She did interview for my most recent book on COVID-19, and in the process, I had a lot of experience with JRA and wanted to see if I could help her. And so the first thing, because just like breast cancer for any autoimmune disease, vitamin D is crucial. It's really, really hard to beat it unless your vitamin D is optimized. And the reason I'm sharing this story, because it's so illustrative of the challenges with understanding this information.

Dr. Joseph Mercola:

This is why both of us have shared these numbers really carefully because when Mikhaila shared her vitamin D results with me, it was 55. She just gave me the 55. I knew she lived in Canada. So I said, "Mikhaila, is that 55 nanograms per milliliter?" Which would be fantastic. And I think she thought it was fantastic. And then she actually sent me the test and it was 55 nanomoles. So she had a vitamin D level below 20, below 20. And here's the interesting part that I want to emphasize again because that test result came back normal range on the lab. So you just have to scratch out the normal range when you're looking at vitamin D and ignore it because they're lying to you.

Dr. Joseph Mercola:

Well, maybe lying is too harsh a term because they're just ignorant. They have not integrated the studies from the last 20 years, which show these levels are what you need. You got to write these numbers down and you have to be your doctor. Can't rely on your doctors, you just said, because most of the time they're ignorant about this, they're not going to give you information. Now, there are some good ones out there and they get this but they are the exception. They're not the rule.

Susan Wadia-Ells:

Right. Another important thing that I found about this book and why it's so important for women to read the book and understand the five simple steps in busting breast cancer is because most of these steps go against everything that the American Cancer Society is telling us, that Susan G. Komen is telling us, that in most cases, our regular primary care practitioners are telling us. And women, if you have studied any of the psychology of women that came out in the '70s, have a much harder time questioning authority than men.

Susan Wadia-Ells:

And so as breast cancer now becomes this epidemic that surrounds us, especially in the United States where we have the highest breast cancer rates of anywhere in the world for a major country, women have got to learn how to look at the facts, and hopefully the facts are throughout my book, and to learn to be brave and question authority and "take risks" by going against those

authorities. You just think about a mud puddle and 15-year-olds. And the boys will jump really fast if you say, "I bet you can't jump over that." And they don't care if they get their feet dirty or whatever splashed on their clothes, and girls will go, "Oh, I can't. I have the wrong shoes on. I can't, I might mess something up."

Susan Wadia-Ells:

From early ages, women are so much more terrified of going against authority. And in order to, as we've been saying, protect ourselves, knock down the risk of breast cancer by 80% or more, 99%, it means a woman is going to have to stand up to the American Cancer Society and say, "Yes, I'm going to have a clinical breast exam. Yes, I'm going to do breast self-exams again. No, I don't want a mammogram." All of these things that go against everything that the woman is being taught right now by the cancer industry.

Dr. Joseph Mercola:

I've done extensive articles on mammography in the past, so much so that the State of Illinois Medical Board decided to remove my license because — I wasn't selling anything. I was just telling people the dangers of mammograms and disputing a study published in New England Journal of Medicine. Fortunately, the medical board wanted to remove my license, and I think they successfully started the action. Then we appealed and sued them in the state supreme court and we won, because it was a freedom of speech issue. So why don't you share with people, because we haven't talked about mammograms for a while, but why don't you review the highlights of why mammograms are not your best choice.

Susan Wadia-Ells:

Yeah. Well, they can really get you into trouble. One simple mammogram can really take you down a bad path. The first thing I always say is, "Who thinks it's really helpful to have two big metal plates with tons of pressures smash your breast tissue?" That's number one. It has been shown, although you won't find a lot of studies because no one will fund these studies, that some cancerous tumors can actually be smashed, broken by a mammogram. And of course we know that breast cells, or the cancer cells, once they're on the loose, can fuse with macrophages and end up giving you metastatic breast cancer. It's shown in so many studies. And I talk about that in a few of the chapters in my book.

Susan Wadia-Ells:

That's the first thing about mammograms. But probably the major concern that I have with mammograms is the fact that they are over-diagnosing women with what used to be called atypical cells. Then they revved it up, the fear. It's all about fear. Then they revved it up to something called DCIS, ductal carcinoma in situ. When, again, as you mentioned earlier-

Dr. Joseph Mercola:

Which sounds dangerous.

Susan Wadia-Ells:

I know, it's carcinoma. Oh my God! Right? And of course, it's not a tumor, it's not invasive, it's not cancer. And they're showing that maybe 5% of DCIS will eventually, 10 years from now, 15

years now turn to cancer. Well, that's a normal risk level for someone in their sixties, let's say. So, they're cooking the books with the numbers. And they now call it, "Oh, it's no longer DCIS;" now they're calling it stage 0 breast cancer. I have met so many women and they hear about my book. They go, "Oh, thank you. I had breast cancer, but happily, they found it early. I'm fine."

Susan Wadia-Ells:

And I say to them, "What stage was it?" And sometimes they don't know, but if they do know, they might say, "Stage 0." And the first thing I want to say to them is, "You did not have breast cancer. You never had breast cancer." But the problem is they were treated as if they had breast cancer. So a biopsy and fine needle aspiration was done, which could have then begun to – it inflames it, it could create the cancer, but sometimes they had surgery. I've met women who have had double mastectomies because they had DCIS. And it's a travesty.

Dr. Joseph Mercola:

It's almost as bad as Angelina Jolie, prophylactic mastectomy.

Susan Wadia-Ells:

That's right. That's right. And of course, as soon as she did that, the rate of prophylactic mastectomies just increased like crazy. Women are being – it's like the COVID epidemic. People are being given all of these reasons to be fearful about breast cancer. And my book becomes a unique piece of merchandise in the store, because it's saying, "No, no, breast cancer, you don't have to fear it anymore. There are ways that you can stop it before it starts."

Susan Wadia-Ells:

And we're finding out with recurrent metastatic breast cancer, there are ways that are nontoxic, that you can make that go away. And there's even a case study from Turkey, in my book, of how they have used strictly nontoxic metabolic therapies to remove all of the metastatic cells from this 30-year-old woman. And as long as she was willing to participate and stay on her low-carb diet and have her nontoxic therapies every few months, she stayed clear. So [crosstalk 00:42:01]

Dr. Joseph Mercola:

I know. I interviewed the author of that study previously.

Susan Wadia-Ells:

Dr. Slocum?

Dr. Joseph Mercola:

Slocum, yes. But you touched on this biopsy issue and you just skirted over it. I want you to head back there and expand on that because this is something that Dr. Seyfried has highlighted as a big risk, and to be very, very careful to ever get a biopsy for a tumor, especially of breast cancer. Why don't you share a little bit more details on this?

Susan Wadia-Ells:

Well, this is what I'm really doing a lot of – my new research is on trying to find the studies that are out there and trying to share that with people but there aren't a lot of studies. But as I said earlier, that it looks like it's 20% to 40%. And I think it's closer to the 40%, I hate to say, of women who were treated with early stage breast cancer, in the U.S. at least, now go on to develop this recurrent metastatic breast cancer. And then the question becomes, “What percentage of those cases were caused? What percentage was caused by the biopsy or the biopsies?”

Susan Wadia-Ells:

And as Dr. Seyfried so clearly describes, he's taken a whole chapter in his book, “Cancer as a Metabolic Disease,” to describe the actual biological process of when a tumor cell is released from a biopsy and the inflammation is happening, the immune system cells, including the macrophage, come in to try and heal this new wound that the surgeon has just created in the woman's breast. And that macrophage then merges, morphs with that errant breast cancer cell and takes off into the woman's body. Apparently, it's a fairly logical and metabolic disease because the majority of women who end up with metastatic breast cancer, it goes either to the bone, to the brain, or to the liver and maybe one other spot. It's very clear that there's a process involved, a metabolic process, not a haphazard process involved.

Susan Wadia-Ells:

So, what I'm trying to do, and I talk about this in chapter 10, is get the state cancer boards to release the data. Right now, women who have metastatic breast cancer, they're completely alone. They don't even know how many other women have recurrent metastatic breast cancer. The state cancer boards, as you will know, they're required to collect that data within six months of a diagnosis from licensed physicians in licensed clinics.

Susan Wadia-Ells:

But the state cancer boards, to the best of my knowledge, are not allowed to release that data. And so no one understands how and I feel like the recurrent metastatic breast cancer epidemic is growing expedientially. And you can just see this by looking at the expediential growth of the drug income coming from the metastatic breast cancer drugs, that now more than 50% of all the income coming in the breast cancer industry is the metastatic breast cancer drug income.

Dr. Joseph Mercola:

Well, thank you for sharing those details about the importance of avoiding biopsies. There's another interesting fact you mention in your book that I wasn't directly familiar with, and I suspect many people aren't also familiar with, is the use of a drug that I believe 1 in 4 American adults over the age of 40 are taking, 1 in 4. It's 25% of the population. And they found that women who had been on this drug for more than 10 years, they actually double their risk of breast cancer. And that drug, many of you may have guessed by now, are statins.

Susan Wadia-Ells:

Right. Now, apparently, statins do lower glucose levels, is it? But that's the only thing I've ever found out about statins that tends to be good. It was really terrifying to find that out about the

satin drugs and breast cancer. So that apparently, it's a really powerful kind of drug that wants to be avoided at all costs.

Dr. Joseph Mercola:

Yeah. And another highlight of your book that I found was the non-progesterone IUD. Why don't you talk about IUDs for a bit and the copper alternative that I believe can be inserted for up to 10 years or so and provide contraceptive benefits, and how that in the United States, the introduction of this device for a typical woman, I'm not sure if it's covered by insurance or not, but it's like a thousand dollars where the actual cost of the device is like 50 cents.

Susan Wadia-Ells:

Yes. Yes, yes, yes, yes. This is where my graduate work in political economy came in, and served me well. I just kept unpeeling the onion. What I found out is in the '70s, I had a copper coil IUD was all they – they didn't have progestin-based IUDs back then. I had it inserted for – it was there for 10 years and it served me well. Apparently, in 1999, there was only one IUD on the U.S. market, and that was the current copper coil that they named Paragard. And there's a whole story about why there was only one, because they used to be about five or six.

Susan Wadia-Ells:

But anyway, in 1999, there was only one. And suddenly, overnight, the FDA (Food and Drug Administration) decided to reclassify this medical device, this copper coil, this 50-cent copper coil from a medical device, where it had been for 30 years, to a pharmaceutical drug. And they said that the copper is what is causing the effectiveness of the IUD; therefore, it's a drug. It's the copper, it's a drug.

Susan Wadia-Ells:

And so when they did that, they virtually blocked the market for all other hormone-free IUDs, because as Europe had then and continued to make more makes and models with different brands of copper coil and hormone-free IUDs, they were blocked from coming on the U.S. market, because now that the hormone-free IUDs were considered to be drugs, they had to do multi-million dollar, a hundred-million dollars studies, because it's a 10-year double blind placebo controlled study for any drug. And now this copper coil was considered a drug. And so, meanwhile, in Europe today, [crosstalk 00:49:59] we didn't have any choice.

Dr. Joseph Mercola:

Can you hold that thought for a moment, Susan, because [crosstalk 00:50:03] interject something that's really important.

Susan Wadia-Ells:

Sure.

Dr. Joseph Mercola:

It's so shocking that they could change the rules, because most typically, the reason why these exceptions, they grandfather things in, and they have grandfathered some of the most toxic

chemicals known to man as safe because they've been in use for a long time. But yet when it comes to a moneymaking pharmaceutical device, they can change the rules, and not grandfather them, and require these double-blind placebo controlled trials, which in many places makes less sense. They should have done this for these grandfathered chemicals, which are toxic as can be, but they're not – anyway, I'm sorry. It's just-

Susan Wadia-Ells:

No, it's fine. No, I – right. No, I have a hard time being able to present this information without getting really angry because it's horrific, it's absolutely horrific. And again, women need to understand that we have to question authority. The authorities out there are not looking after our best interests. The authorities have now been co-opted by the industry and they're looking out for their investors. And they're talking about a 10% increase in metastatic breast cancer drug income.

Susan Wadia-Ells:

And so many women are developing breast cancer because they've been forced to go on the birth control drug, because the cost of that hormone-free IUD became unbearable, and only if you had insurance that would cover it. So poor women were being given or still are being given the progestin-only shots that lasts for three months that increase their risk of breast cancer worse than if they're taking the pill. But the pill is increasing it much more than if they're on a hormone-free IUD because they're not getting that progestin.

Susan Wadia-Ells:

So basically, I believe that reclassification was done only to support the birth control drug industry. And then when you think about 2002, and many post-menopausal women at least will remember, that's when they stopped the study of the progestin-based menopausal relief drugs because it showed with this huge \$700 million National Women's Health Initiative, or they call it the National Health Initiative, in which they were studying the benefits and liabilities of these menopausal relief drugs, that is when we found out, "Oh, this progestin in these menopausal relief drugs is increasing the development of palpable tumors by 26% within three years."

Susan Wadia-Ells:

So the question then became, once they knew that, why in the world didn't the National Institutes of Health also put in a big study on birth control drugs, and are the birth control drugs increasing breast cancer? Because as we know, birth control drugs have 10 times more progestin in them than the menopausal progestin drugs.

Susan Wadia-Ells:

And they didn't do it, I am sure, because the industry did not want to destroy the birth control drug revenues. And so there's a reason we have seen premenopausal women's breast cancer rates in the United States and I show the study that my little group did. I still owe my statistician a couple thousand bucks. We contacted seven state cancer boards. And we said, "Could you please send us-" because no one else had done this statistical study. We said, "Can you send us the rate of breast cancer of women under 50 years old between 1985-" when they started to advertise those birth control drugs on TV, "from 1985 to 2005."

Susan Wadia-Ells:

And we saw, no matter if it were Florida, Colorado, and Massachusetts, those were our three states that we ended up looking at, that there was a 1% to 2% annual increase over those years in breast cancer rates in women under 50. And that's when birth control drugs really had taken off, because the Clinton administration allowed this drug ads to be put on television, so you could tell your doctor what drug you wanted, instead of having the doctor tell you what drug you should have. That's the story.

Dr. Joseph Mercola:

Thank you for going into details because if that doesn't infuriate you, I don't know what would, because that decision is directly responsible for killing tens of millions of women from breast cancer unnecessarily. Tens of millions. No question. No question.

Susan Wadia-Ells:

Yes. Yes.

Dr. Joseph Mercola:

That's reprehensible.

Susan Wadia-Ells:

Right. Right. And that's one of the political steps that my book talks about. There are seven political action steps, and one of them is for women's groups and health groups to go to the FDA and knock on the door and say, "Just change it. Just change it. Change it back. Make the hormone-free IUD a medical device again, and open up the market, flood the market with all of the European makes and models and make it [crosstalk 00:55:58]."

Dr. Joseph Mercola:

That would be an effective strategy if we didn't live in a DINO. What is a DINO? It is a democracy in name only. We do not have a democracy; we have a captured federal regulatory agency that is absolutely non-responsive to the public, a hundred percent that's responsive to the industry. So it won't work. It's a laudatory effort, but it won't do a damn thing in my view. So you've got to do it yourself. You've got to take control of your health, you've got to be your own doctor. So, bottom line is, do not personally take any hormonal birth control or anyone that you know or love have to take any of this stuff.

Dr. Joseph Mercola:

Fortunately, there is a device, it's a copper IUD. So why don't you walk us through how someone who's interested in this relatively safe – there are some complications primarily from insertion and uterine perforations, but they are relatively minor, relatively safe form of contraception. How do they get it without having to pay a thousand dollars? Do they go to Mexico? What's the strategy here?

Susan Wadia-Ells:

No, I say in the book the best way is – well, of course if you do have medical insurance, that's going to cover it, but it's a one-size-fits-all Paragard. And that's not the way to go; that's not the best way to go. Best way to go is to go to Europe, if you can get there today without being vaccinated, which I just read this morning you cannot, or go to Mexico. Canada seems to be controlled similar to the U.S., even though it's not quite as bad. I think the cost of a Paragard is much cheaper in Canada-

Dr. Joseph Mercola:

That's the name of the copper IUD, it's Paragard.

Susan Wadia-Ells:

Yeah, that's the name of it. But also don't bring it back with you because it's a drug and your Planned Parenthood clinic is not allowed to administer a foreign purchased drug to you. So if you bring back your \$10 Paragard and let them know you got it in Mexico, or it says, "From Mexico," they'll say, "Sorry, Sarah Lou, we cannot insert it." We can only insert one that's bought here, which is a thousand dollars [[crosstalk 00:58:14](#)]

Dr. Joseph Mercola:

That will kill you prematurely.

Susan Wadia-Ells:

Huh?

Dr. Joseph Mercola:

That will kill you prematurely.

Susan Wadia-Ells:

Right. But I think it is better to get one that fits you well, because they're now – I don't know who's doing it but they're bringing so many court cases against the Paragard, women having issues with it. And I don't know if this is a fabricated situation and it's a PR move to take women away from them and to push women to the progestin-based IUDs, but apparently, the progestin-based IUDs have the same risk level for breast cancer as the progestin drugs. So it's not a solution.

Dr. Joseph Mercola:

Well, this is just great. You've highlighted a very important issue that affects so many women. As we mentioned earlier, a third of a million. Nearly 300,000 women in United States alone will come down with invasive, not stage 0, but invasive, either 1 through 4 breast cancer this year. And that's a lot of women.

Susan Wadia-Ells:

Right.

Dr. Joseph Mercola:

Let me just summarize the recommendations and you can highlight and expand on what you can and then we can sign off.

Susan Wadia-Ells:

Sure.

Dr. Joseph Mercola:

But the key thing is it's not that hard. I firmly believe there's four steps you can do that will lower your risk of breast cancer because it's always going to be there, it's just a matter of what is the risk? From the current state it is today to 99% lower than that. It's literally 1/100. Then what are the steps? Get your vitamin D level. Not only is it going to be breast cancer, it can be almost every other single cancer you're going to normalize and heart disease, which are the two biggest cause of deaths collectively. It's well over two-thirds of your risk of dying from heart disease and cancer, so why don't you do it? It's simple, it's virtually free and you've got to be irrationally foolish not to integrate that. That's step one. It's just a no-cost deal.

Dr. Joseph Mercola:

Become metabolically flexible, optimize your body weight, ideally through time-restricted eating, and if you're overweight now, reducing your carbohydrates and eventually going into cyclical ketogenesis because that will maintain it. And part of that process, this an important part of that, as I mentioned earlier, that virtually very, very few people understand, you simply cannot have vegetable oils. And believe me, you need to be OCD, you have to have obsessive compulsive disorder. You've got to read every single label whether there's any vegetable oil in there. Canola oil, soy oil, safflower, you cannot have it. That's because it's in almost all processed foods.

Dr. Joseph Mercola:

And that means also you have to extend that to all the food you're eating, not just the ones you eat at home, but if you're eating out, if you buy any fast food, if you're in a restaurant, guaranteed, virtually a hundred percent it's going to be loaded with these vegetable oils. And it doesn't say, there's no warning label on it. It's not like that pack of cigarettes that says, "Warning: It's going to increase your risk" It should be there, but the government hasn't figured it out at this point. And we're probably decades away from that being implemented. So you've got to take control of it yourself. It's your responsibility. You cannot have vegetable oils. Same thing as vitamin D. It's going to radically lower your risk of metastatic breast cancer or every other cancer, every other chronic disease, age-related macular degeneration, arthritis, heart disease, you name it, it's connected.

Dr. Joseph Mercola:

And then finally, for contraception, don't use synthetic hormones. It's an anathema, it's dangerous. It's going to radically increase your risk for cancer. If you are in need of a contraceptive device, consider a trip to Mexico, getting it customized, sized for you specifically, implement it down there, don't bring it back and you're off to the races. For less than the cost that you pay in the U.S., you'll get a free trip to Mexico. Go in the winter, benefit from the sunshine and you [[crosstalk 01:02:03](#)]

Susan Wadia-Ells:

Right. And there's two others I would add.

Dr. Joseph Mercola:

Okay, go ahead.

Susan Wadia-Ells:

One is to have an annual thermogram.

Dr. Joseph Mercola:

Oh yes, yes.

Susan Wadia-Ells:

Because the thermogram is going to show you if you have inflamed breast tissue. And if you have inflamed breast issue, you better get rid of your excess weight, you better raise your vitamin D3 to 60. You better stop your progestin drugs if you're doing it because you're creating your own breast cancer.

Susan Wadia-Ells:

And the other is one that is a natural, is to keep your mind and your body detoxed. And that means daily meditation, that means breast massage. You want to keep the lymph in your breast moving. It means no underwires in the bras, it means get the bras off as much as possible. It means touch your breasts as much as possible because so many women, they just sit there, it's stagnant and then they're shocked when they develop breast cancer. They're letting all of the toxins sit in their lymph system that's running through their breasts and nothing is ever moving, especially if they're unable to do a lot of exercise or they have the wrong bras on that are not allowing any movement. So, again, it's question authority, question authority, question authority.

Dr. Joseph Mercola:

Right. Well, thanks for applying your investigative reporting skills to putting the pieces of the puzzle together to help women understand what the variables are and how they can take control of their health with relatively simple interventions.

Susan Wadia-Ells:

Right. Right, right. And I say, the book is now available on Amazon. The eBook will be out in another week or so. And then someone has funded the audio book, which I'm delighted with. And 20% of all my net sales on this book are going to the-

Dr. Joseph Mercola:

The Susan Komen Foundation.

Susan Wadia-Ells:

-No. [laughing 01:04:01] The Foundation for Metabolic Cancer Therapies.

Dr. Joseph Mercola:

Okay. Is that Tom Seyfried's or?

Susan Wadia-Ells:

Is that what?

Dr. Joseph Mercola:

Is that Tom Seyfried's?

Susan Wadia-Ells:

Yeah. That's Travis Christofferson-

Dr. Joseph Mercola:

Travis Christofferson, that's right. He donates most of that to Tom.

Susan Wadia-Ells:

And he's giving all the money. So all the money that he brings in with no administrative overhead goes straight to Tom's preclinical work with metastatic cancers.

Dr. Joseph Mercola:

The nice thing about that is it's not donated to Boston College, where he is employed. Because if it went to Boston College, he'd have to take a 50% cut. So he gets a hundred percent of it.

Susan Wadia-Ells:

Exactly. Exactly. Yes. Yes, yes. Exactly.

Dr. Joseph Mercola:

Because we've helped them out in that process too.

Susan Wadia-Ells:

Yeah. No, it's great. It's great.

Dr. Joseph Mercola:

All right. Well, thank you for your work. I encourage everyone to pick up a copy of the book and make sure, as I said, if there's a woman in your life that you care about deeply, then this is something they're going to be concerned about. So, definitely-

Susan Wadia-Ells:

Right. I am also offering discounts on bulk orders. We've got some biology classes that are wanting the book, book groups and women's breast cancer support groups. A lot of different kinds of groups are wanting to read this book, so they can go to my website, which is BustingBreastCancer.com and then get 15%, 20% off copies of the book when they buy a group of books.

Dr. Joseph Mercola:

Good. Excellent. Thank you for providing that resource. Appreciate it.

Susan Wadia-Ells:

Yeah.

Dr. Joseph Mercola:

All right. Thanks, Susan.

Susan Wadia-Ells:

Thank you.