

The Naked Truth About Breast Implants, Condensed Version

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Mystery schools throughout the ages have taught that when a new problem emerges in human consciousness, the solution will arise as well. The idea that problems arise for humanity to solve is found in many esoteric traditions. Discovering the solutions to such problems advances humanity to a higher level of consciousness. As we learn to solve problems and overcome obstacles, we begin to recognize a spiritual force behind the events that shape our lives. We come to realize that we are part of a greater plan, and sometimes the roles we play serve a greater good (even though we may not realize it at the time). This philosophy explains the events in my life that gave rise to my calling as a spiritual doctor. In medical school, I planned to study endocrinology, but once there, I was guided instead to become a plastic surgeon. A professor asked me to review the research on complications from breast implants, so I became familiar with this body of scientific research early in my career. Later, while in the Air Force, I felt guided to have Dow Corning silicone gel breast implants, and finally, to replace the silicone with saline breast implants. When later, like thousands of other women, I became ill from my breast implants, I set out to cure myself. In the process I developed treatment protocols that have helped thousands of women, and my medical clinic has become an international center for women recovering from breast implant disease and related systemic immune disorders.

I am a board certified plastic surgeon and a founding diplomat of the American Board of Integrative and Holistic Medicine. Like many of my holistic colleagues, I followed the path of the wounded healer. The wounded healer is an archetype that appears in myths and stories as a physician who falls ill with a serious and unknown illness, and in an effort to heal him or herself, finds a cure that helps others with the same disease. This may be one of the most effective ways for a doctor to explore a new disease that has yet to be characterized by medical science. In my case, recovering from my illness required that I expand my concept of medicine beyond conventional science and learn about holistic and functional medicine.

The wounded healer's illness often reflects the condition of a sick society. In my case, the political reaction against this disease has been remarkable and still to this day, the very existence breast implant disease is vehemently denied by the majority of plastic surgeons, government agencies and breast implant manufacturers. Despite the largest class action

lawsuit in history, a great deal of scientific information and clinical evidence to the contrary, and the suffering of hundreds of thousands of women, the medical industrial establishment continues to assert that complications from breast implants are primarily localized to the chest wall and that they do not cause or contribute to systemic illnesses.

In 1985, I was spiritually guided in meditation to get Dow Corning breast implants. I am frequently directed by inner hearing during meditation, and by this time in my life, I had learned to trust the still small voice. Getting breast implants was easy for me to accomplish since I was a Major in the United States Air Force, and my friend and mentor at a neighboring base was happy to perform this procedure for free. I had no complications initially, other than a left capsular contracture (a tightening of the scar tissue around the implants due to a subclinical infection). Eight years later, however, I began to have immune problems, endocrine disruption, and neurological issues. It was obvious to me that my left breast implant was leaking because my symptoms were primarily on my left side. I also had a waiting room full of women with the same symptoms.

Because I was so busy performing explant surgeries on other women, I had to delay my own explantation until early 1997. The terms of a lawsuit against a leading breast implant manufacturer required that women show proof of ruptured implants to receive the settlement. Consequently, I was spending long hours in the operating room, removing implants from women who needed to meet this deadline. When I was finally able to take time off for my own surgery, my plastic surgeons (I had two for good measure) did not completely remove the scar capsule around the implant. This is a common problem when plastic surgeons are not used to doing this procedure (as complete capsule removal can be challenging). Removing the scar capsule “en bloc” is vitally important because the capsule contains most of the silicone gel. Extracting ruptured or leaking implants without removing the surrounding scar capsule can exacerbate the illness as the silicone from the leaking implants releases into the surrounding tissue.¹ In my case, my symptoms worsened after my surgery as the chemicals from the silicone went into my system faster than my body could get rid of them. My study of functional and holistic medicine helped me learn how to eliminate these toxic chemicals from my system. I also hosted a weekly radio show, *Temple of Health*², which gave me the opportunity to interview the world’s leading experts in silicone toxicity. I interviewed leading experts from fields such as rheumatology, toxicology, neurology, and holistic medicine. As a result, I gained a great deal of information that helped me develop treatment protocols for this complex disease. My medical practice also put together several issues of a Silicone and Saline Breast Implant newsletter with articles by guest contributors from various fields.

Breast Implant Disease

¹ Hardt, N. S., Yu, L., LaTorre, G., & Steinbach, B. (1995) Complications related to retained breast implant capsules. *Plastic and Reconstructive Surgery Journal*, 95, 364-71.

² *Plastikos*. “Radio Show.” http://plastikos.com/radio_show.htm

The majority of my patients with leaking or ruptured silicone gel implants suffer primarily from chemical toxicity from the solvents as well as from the silicone. The toxic effects of these substances lead to an atypical connective tissue disease, which manifests in symptoms such as joint pain and muscle aches. Doctors frequently misdiagnose this condition as lupus or rheumatoid arthritis, but of course it is neither. Sometimes this condition is accompanied by an atypical neurological disease, which is characterized by memory loss, mental confusion, numbness and weakness and is often misdiagnosed as multiple sclerosis.

In addition to these conditions, many of my patients also had symptoms of biotoxicity from mold and yeast overgrowth due to an immune deficiency common in any patient with leaking or ruptured silicone implants. It would be several years before I would appreciate the dual roles of chemical toxicities and biotoxicities in the features of these conditions. In patients who became ill from mold in or around their smooth saline breast implants, the disease was primarily one of biotoxicity. This condition resulted from mold growing inside or around leaking saline implants. Dr. Ritchie Shoemaker, author of *Mold Warriors*³, suggests that this condition is equivalent to having sick building syndrome inside of one's body.⁴ Fungus growing in the implants produces a particular biotoxin (which is also a neurotoxin) that affects about one-fourth of the population due to a susceptible genetic (HLA) type.⁵ One interesting feature of this disease is that it seems to present a treatable model of fibromyalgia. The symptoms of fibromyalgia related to breast implant disease may be the result of chemical toxicity from the silicone gel or the textured silicone elastomer (the container that holds the saline) and /or bio-toxicity from mold. Interestingly, the only peer-reviewed paper ever to study women with ruptured breast implants found a high correlation with fibromyalgia.⁶ Even more interestingly, the FDA partially funded this study, and the study results are still on their website even though they reapproved silicone implants for consumer sale in 2006.⁷

My detoxification protocols help the body eliminate chemical toxins and biotoxins and include measures to support and restore functioning to the immune and endocrine systems. Detoxification alone, however, will not help patients regain their health if they do not also have surgery to remove the entire scar capsule (as the biofilm disease probably resides in the capsule), as well as any abnormal nodules and axillary lymph nodes that contain silicone. I see patients every week who have spent large sums of money on detoxification

³ Shoemaker, R., Schaller, J., & Schmidt, P. (2005). *Mold warriors: Fighting America's hidden health threat*. New York: Gateway Press.

⁴ Kolb, S. (2005). Shoemaker interview. *Temple of Health Radio Program*.

⁵ Young, V., Nemecek, J., Schwartz, B., Phelan, D., & Schorr, M. (1996). HLA typing in women with breast implants. *Current Topics in Microbiology and Immunology*, 210, 209-225.

⁶ Brown, S., Pennello, G., & Soo, M. (2001). Silicone gel breast implant rupture, Extracapsular silicone and health status in a population of women. *Journal of Rheumatology*, 28, 996-1003.

⁷ U. S. Food and Drug Administration (2009). Study of silicone gel breast implant rupture, extracapsular silicone, and health status in a population of women. Retrieved from <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm064382.htm>

programs when what they needed first was surgery to remove the leaking and sometimes infected implants, the scar capsule, and any abnormal lymph nodes filled with silicone. Chest wall symptoms are not always present, especially with biotoxicity from mold in saline implants, and co-infections such as intracellular infections with mycoplasma, Lyme disease, viral illnesses, bacterial infections, and fungal infections need to be treated at the time of surgery as many of these patients have compromised immune systems with long standing multiple infections. Many patients elect to have a mastopexy or breast lift with the explantation because it is easier during the surgery to do an internal lift in order to refigure the breast tissue distorted by the breast implants, as well as place dissolvable sutures to help breast projection.

For patients who have textured silicone or saline implants, an additional concern exists for a rare lymphoma. In a recent paper entitled "T-Cell Non Hodgkins Anaplastic Lymphoma Associated With One Style of Breast Implants," Garry Brody and his colleagues describe thirty-four cases of lymphoma in women with breast implants.⁸ Twenty-three of the twenty-five of the implants that were identifiable from the literature search were textured using the lost salt technique (used by McGhan, Inamed, and Allergan). Most of the explant patients in my practice who have died suffered from an aggressive form of lymphoma. In 2005, I began removing abnormal axillary lymph nodes during explantation surgeries, and I know of no cases of this lymphoma since I began removing silicone-laden lymph nodes. We do not know the actual risk of breast implant related lymphoma because only a small fraction of implant patients with lymphoma would be reported in the literature.

For a smaller percentage of patients who become ill from their silicone or saline breast implants (or any silicone device), a genetic or HLA type (specifically HLA B27 or HLA DR 53) makes them highly reactive to silicone exposure with an immediate and different reaction, which is primarily autoimmune in nature.⁹ These patients manifest symptoms including fatigue, joint aches, nodule formation, rashes, and an elevated ANA. This is why the implant manufacturers do not recommend implanting patients with autoimmune disease or a family history of autoimmune disease, for these HLA related diseases run in families. One of the patient stories in *The Naked Truth About Breast Implants* is about an FDA scientist who became ill shortly after receiving smooth saline breast implants as she had the HLA B27 genotype.

The Breast Implant Controversy

⁸ Brody, G., Deapen, D., Gill, P., Epstein, A., Martin, S., Elatra, W. (2010) T cell non-Hodgkin's anaplastic lymphoma associated with one style of breast implants. San Antonio, Texas: American Society of Plastic Surgeons Annual Conference, March 20-23, 2010. Scientific Session IX: Breast B, Oral communication and abstract 42.

⁹ Young, V., Nemecek, J., Schwartz, B., Phelan, D., & Schorr, M. (1996). HLA typing in women with breast implants. *Current Topics in Microbiology and Immunology*, 210, 209-225.

In June 2011, the FDA released a statement saying, “Studies to date do not indicate that silicone gel-filled breast implants cause breast cancer, reproductive problems, or connective tissue disease, such as rheumatoid arthritis.”¹⁰ The FDA chose to limit their concerns once again to local chest wall complications rather than inform the public about the risk of fibromyalgia, other systemic disorders and lymphomas in patients with defective silicone gel implants. Interestingly, an article describing the study (partially funded by the FDA) that found a correlation with fibromyalgia in women with ruptured silicone implants¹¹ was still on the FDA website when this announcement was made.

In 2008, eight FDA scientists blew the whistle on the regulatory administration for not following scientific protocols in the approval of medical devices (such as implants).¹² Indeed, it raises question about the integrity of the FDA approval process when the very industries that profit from the sale of medical devices fund the research into their safety. These same corporations are allowed to endow leading universities where the studies are conducted even though they have a vested interest in the outcomes. The Harvard and Mayo Studies, for instance, conducted some of the research that led the way to the FDA re-approval of silicone breast implants in 2006.^{13,14} These researchers did not identify a direct causal link between silicone implants and any *known* autoimmune disease. Indeed, implants do *not* cause rheumatoid arthritis, lupus, multiple sclerosis or other previously defined disorders, but they do cause *new* autoimmune and immune diseases that have yet to be characterized by medical science. Obviously, epidemiological studies on these *new* diseases have not been conducted. Since the advent of class action lawsuits against patients harmed from medical devices, the scientific community has elevated epidemiological studies (which supports manufacturers’ safety claims) over other traditional research methods and ignores finding from clinical case studies, pathology and animal studies (which indicates the reality of women’s illnesses).¹⁵ The most compelling evidence for the existence

¹⁰ United States Food and Drug Administration. (2011). Silicone gel-filled breast implants: Updated safety information (2011). Retrieved from <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm259825.htm>

¹¹ Brown, S., Pennello, G., & Soo, M. (2001). Silicone gel breast implant rupture, Extracapsular silicone and health status in a population of women. *Journal of Rheumatology*, 28, 996-1003.

¹² Harris, G. (2008, November 18). F.D.A. scientists accuse agency officials of misconduct. *The New York Times*. Retrieved from <http://www.nytimes.com/2008/11/18/health/policy/18fda.html>

¹³ Sanchez-Guerrero, J., Graham, A., Carlson, E., Hunter, D., Speizer, F., & Liang, M. (1995). Silicone breast implants and the risk of connective-tissue diseases and symptoms. *The New England Journal of Medicine*, 332, 1666-670.

¹⁴ Gabriel, S., O’Fallon, M., Kurland, L., Beard, M., Woods, J., & Melton, J. (1994). Risk of connective-tissue diseases and other disorders after breast implantation. *The New England Journal of Medicine*, 330, 1697-1702.

¹⁵ Egilman, D. (1992). “Breast implants and disease.” Wayback Internet Archives. <http://web.archive.org/web/20011204090318/http://www.physics.odu.edu/~weinstei/srhr/Egilman.htm>

of breast implant disease, however, are the hundreds of thousands of chronically ill women sitting in physicians' waiting rooms.

Perhaps one of the more glaring examples of the ethical dilemma surrounding the breast implant controversy occurred when the Dow Corning Corporation's ethics director's wife became ill with breast implant disease and sued her husband's employer. *Informed Consent*, a detailed journalistic review of the breast implant controversy, chronicles the story of John Swanson, the executive who created and supervised Dow's ethics program.¹⁶ Swanson's wife, Colleen, developed a progression of symptoms from her breast implants, including migraines, joint and back pain, numbness in her hands and feet and extreme fatigue. It was during this time that a series of internal memos indicating that Dow executives withheld information regarding the safety implants were made public.¹⁷ In fact, Dow's own research dating back to the 1950s showed that silicone could migrate to the liver, lungs and brain.¹⁸ Swanson, thrown into an ethical crisis of his own, asked to be recused from any connection with Dow's implant business. Colleen had her implants removed in 1991 and filed a lawsuit against her husband's employer. The lawsuit was settled in 1993, the same year Swanson, after being ostracized at work, retired.

Common sense tells us that silicone gel is a hazardous substance due to the large number of neurotoxins and carcinogens listed as ingredients in these implants.¹⁹ The injection of silicone gel directly into the body has long since been illegal, so does it make any sense that these chemical substances can be inserted in women's bodies inside an elastomer shell without consequence? The silicone elastomer shell can be damaged by trauma and degrades with age (usually in eight to fifteen years for most implants or right away in defective implants). When the silicone gel is released into the chest wall due to the defective silicone elastomer shell, it migrates into the lymphatic system and to all of the patient's organs. The FDA recommends that women have breast MRI's (at their own expense, in most cases) to detect rupture,²⁰ but this is absurd. Only 85% of implant ruptures are detected with the breast MRI, and those that leak without rupture (usually implants leak years before they rupture) make the women just as ill as those that rupture. Men, as well, can become ill from the silicone exposure with penile or testicular implants. According to a toxicologist I interviewed on my weekly radio show, *Temple of Health*, when a urologist at a famous clinic announced he was going to study the systemic effects of silicone penile implants, he suddenly found himself without a job.

¹⁶ Byrne, J. (1995). *Informed consent*. New York: McGraw-Hill.

¹⁷ PBS. (2008) Frontline: Breast implants on trial: Breast implant chronology.

<http://www.pbs.org/wgbh/pages/frontline/implants/cron.html>

¹⁸ Flanders, L. (1996, January/February). Beware: P.R. implants in news coverage. *Fairness & Accuracy in Reporting*. <http://www.fair.org/index.php?page=1342>

¹⁹ Breast-Implants.org (1998). The breast implant chemical poison list. Retrieved from <http://www.breast-implants.org/next.html#toxiclist>

²⁰ United States Food and Drug Administration. (2011). Silicone gel-filled breast implants: Updated safety information (2011). Retrieved from <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm259825.htm>

Besides medicine, advancing technologies in other areas may also contribute to the creation of new diseases. We ingest pesticides, plastics, genetically engineered organisms, chemically treated water and genetically modified foods without understanding the effects they may have on our bodies. We are exposed to new forms of radiation from cell phones, microwaves, computers and other electronic devices that may be dangerous to our health. The common theory is that the cumulative effect of environmental toxins leads to the free radical formation associated with disease, immune-related deficiencies and accelerated aging. Because I have treated so many women with breast implant disease and have seen the variety of symptoms this disease presents, I am in a unique position to understand the possible consequences of new technology gone awry. As my experience has grown in this emerging field, I have had the opportunity to treat patients with other types of environmental toxicity, such as Gulf War syndrome, sick building syndrome, Raynaud's disease, multiple chemical sensitivity, Morgellons disease and other toxic conditions caused or influenced by industrial pollution. Diseases of the twenty-first century include fibromyalgia, chronic fatigue syndrome, attention deficit disorder, metabolic syndrome, allergies, cancer and endocrine disruption. Many of these conditions have at their core a possible chemical or biotoxicity that disrupts the immune, endocrine and, in some cases, the neurological systems.

Twenty-first century medicine will necessarily involve a shift in our viewpoint from conventional to holistic concepts of healing. In the last century, medical students were taught to see the body through the worldview of Newtonian mechanics, as if the body functioned like a machine. If a part broke down, the doctor's job was to fix that part only. With the advent of quantum physics and superstring theory, we can now see the body through a holistic worldview in which everything is interrelated. According to superstring theory, everything that exists is made up of electromagnetic energy fields, and the boundaries of matter are defined largely by our consciousness. Energy fields overlap and interact and are not even confined to this dimension. We must advance our understanding of the body as the physical manifestation of interrelated energy fields. We must begin to study medicine not just from the viewpoint of the physical body, but from the perspective of a larger systems theory that encompasses the physical body, but also goes beyond it to include our larger environment, be it physical or spiritual.

In the paradigm of holistic healing, illness can be seen as an opportunity. With disease comes the danger of suffering and death; but illness can also present an opportunity for learning, growth, insight and deeper wisdom. A society that allows the suppression of research and interference in government regulatory agencies in the service of corporate profits is a sick society. The opportunity this sickness presents is the opportunity for us to remember that our thoughts and actions today create the world we will inhabit tomorrow and to act accordingly.

Will we continue on our current path or will we learn to choose more wisely? Will our world be one of suffering, hardship and disease, or will it be one of health, prosperity and freedom? Our prayers should be for wisdom. Our future generations depend on it.

The Naked Truth About Breast Implants: From Harm to Healing outlines the effects of chemical and biotoxicity related to breast implants, Dr. Kolb's treatment protocols, a detailed history of the politics surrounding the breast implant controversy and stories contributed by Dr. Kolb's patients. Dr. Douglas Shanklin, Emeritus Professor of Pathology, Laboratory Medicine, and Obstetrics and Gynecology, wrote the foreword. Dr. Shanklin, along with Dr. David L. Smalley, published most of the pertinent research in silicone biochemistry. A number of prominent physicians have endorsed the book including Dr. Norm Shealy, Dr. Larry Dossey, and Dr. Bernie Siegel. For more information or to order this book, visit www.TheNakedTruthAboutBreastImplants.com.

Detoxification protocols, methods of immune and endocrine support, and Dr. Kolb's articles, such as "The Silicone Immune Protocol," "Silicone and Saline Implants: Frequently Asked Questions," "The Silicone Breast Implant Controversy," and "Doctor, Are You Listening? The Silicone Catastrophe" can be found on Dr. Kolb's website at www.plastikos.com.

Susan E. Kolb, M.D., F.A.C.S. is a contributing author to *Goddess Shift: Women Leading For a Change* which includes a remarkable compilation of contributors who shared their insight on the new role of women in leadership. *Goddess Shift* is an anthology that celebrates these values. It includes chapters by women leaders in diverse fields of human endeavor. These range from entertainment (Oprah Winfrey), finance (Suze Orman), government (Angela Merkel), business (Meg Whitman), sports (Mia Hamm), social changes and philanthropy (Angelina Jolie), and literature (Sue Monk Kidd). Michelle Obama, Jane Fonda and Shirley MacLaine are also contributors. To read about this anthology, or to purchase the book, please visit Dr. Susan Kolb's website: www.TheNakedTruthAboutBreastImplants.com

Susan E. Kolb, M.D., F.A.C.S. is also a contributing author to *Optimism! Cultivating the Magic Quality that Can Extend Your Lifespan, Boost Your Energy, and Make You Happy Now*. In this new anthology, world-famous leaders from every sphere of human endeavor reveal the secrets that kept them going during the tough times. Robert Kiyosaki and Martha Stewart (business), Mitch Albom (literature), Andrew Weil (medicine), David Sedaris (humor), Meryl Streep (acting), Kofi Annan (social change), Bono (music), Caroline Myss (healing), Michelle Obama, Jimmy Carter, and Steve Jobs talk to you about how they found optimism in the midst of life's problems, and how your spirit too can soar despite the obstacles you face. With over forty inspiring chapters, you can open this book at any page, and have the best minds in the world sharing their best ideas with you. So treat your spirit to one of the most uplifting books of modern times, and start your journey of making *Optimism* a cornerstone in your life! To read about this anthology, or to purchase the book, please visit Dr. Susan Kolb's website: www.TheNakedTruthAboutBreastImplants.com