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DOCTOR, ARE YOU LISTENING?

THE SILICONE CATASTROPHE

by

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What happens when a new disease is emerging that cannot be pigeonholed into any existing diagnosis? What if this disease mimics other diseases but fails to consistently fit into a pattern, or worse yet, is variable over time? Sometimes lab tests are normal and sometimes they are abnormal. What if it takes years to develop this disease, as it is slowly progressive, and the main symptoms are nonspecific such as fatigue, muscle aches, joint aches, and increase of susceptibility to infection? What if symptoms do not occur until implants leak or rupture ten to 15 years after placement so that studies that do not target the ruptured population fail to show an increased incidence of disease?

Does it make any sense to wonder why these women are ill, given the facts?

1. Most silicone-filled breast implants leak or rupture within 8-15 years.
2. The implant companies never intended for silicone to move out of the breast implant, and indeed Dow Corning stated in its brochure that the implants would “last a lifetime”.
3. Some series^{1,2} report a significant number of positive bacterial cultures around leaking and/or ruptured implants in patients with systemic symptoms. Pathology reports also show fungus or mold species around and in some implants. Investigation of the role of subclinical infection presenting as pain around an implant³ and the relationship of this infection to abnormalities of the immune system⁴ is also being investigated.
4. The initial epidemiological studies on this illness were flawed, and the National Institute of Health panel has asked that they be repeated. These are the studies that were so well publicized in print and media. Of course, we did not hear on television or in the newspaper that they were found to be flawed and not large enough to be statistically significant. Another *important* factor to consider in any study is that those conducting the studies study women whose implants are fewer than 5-8 years old. Studying women with intact implants is like studying smokers of five years or fewer and concluding that cigarettes have no relationship to lung cancer. I am sure that the tobacco companies would be happy to contribute funds for such studies. Studies that have focused on women with ruptured implants have shown an increased incidence of systemic disease such as fibromyalgia⁵.
5. Based on data that the integrity of the silicone shell is lost between 8 to 14 years, some doctors are recommending removal of all gel-filled implants, preferably before eight years from implantation.⁶

So how do you study a new disease? Well, I am not an epidemiologist, but I am a plastic surgeon who had leaking silicone gel breast implants, and I was able to study the problem over the four years that I developed the “silicone-related” symptoms. Unlike many of my patients, I had a lot of help recognizing that these symptoms were silicone related, as I had 150 patients with the same problems. The symptoms developed in a fairly predictable order and progressed with time. It is similar to a “toxic” problem, in that the longer the toxin is in the body and the further it spreads (i.e. dose related), the more the symptoms progress.

The symptoms often start in the chest wall on the side of the implant “leak”. There is sometimes a burning sensation or a nonspecific discomfort that can radiate or travel down the arm. We see numbness, especially at night, of that arm that later involves all the extremities. *Actual silicate crystals* are found in the nerves, which explain why the disease affects the nerves in particular. Chemicals which are neurotoxic are also found in silicone gel implants.

The other early symptoms are nonspecific, such as easy fatigue, muscle aches, and increased susceptibility to infections. Often patients come into my office for a “check-up” but state that they are having no medical problems related to their implants. Upon careful questioning, however, most have increased frequency of viral infections, sinus problems and yeast infections. Women who would only get one cold a year cannot seem to shake the viral illnesses and are sick for a longer period of time with bacterial and yeast infections as well.

Now one could say that “everyone” has these symptoms from time to time. What I found was that after four years of progressive problems, I had an amazing recovery, with resolution of my sinus problems and only one viral illness instead of four this year. The difference? I had my leaking silicone implants removed in January of 1997.

I have had many patients experience quick resolution of their hand swelling and joint aches following surgical removal of silicone implants. They have often been told by their physician that their hand swelling and pain was due to arthritis. Most patients experience an increased energy level and gradual relief of symptoms as the silicone is cleared from the body by natural means.

Holistic methods are used to help speed up the detoxification process. To help support the immune system, we recommend a combination of thymic factors, transfer factors, mushroom extracts and other natural compounds to increase natural killer T-cell function. We also recommend antioxidants; Beta 1, 3 Glucan to improve macrophage functioning (macrophages are white blood cells that ingest foreign material); and other supplements that help correct immune problems. The patient is started on these prior to surgery to help reduce complications, as the majority of these women have depressed immune systems. Inositol, which is a vitamin that helps increase the amount of silicate the body eliminates in the urine, is recommended as well.

What are my patients’ most frequent frustrations? The patients ask me, “Why did I go to so many doctors only to be told that there was no relationship between my symptoms and my breast implants?” How can so many doctors be such “experts” on this newly-emerging illness when even the doctors studying the illness at universities are only beginning to understand? Where is the responsibility of the medical community, not to mention the responsibility of the implant companies who produced defective products that caused infection after leakage and rupture and made people ill?

Our Hippocratic oath states, “first do no harm.” If harm has occurred, then why not spend our energy studying the problem and finding a solution rather than denying its existence. The medical community would be well-served to respond with more compassion and understanding. These women are ill. As a physician, if you simply say that you do not know what is making a patient ill, you are certainly in a better position later on when their symptoms improve after removal of the implants, than if you insist there is no relationship.

Why is this such a critical issue? Studies are showing that the longer the patients have been symptomatic prior to removal, the less likely the women are to get well.^{7,8}

Silicone-related illness is a toxic problem. This is why toxicologists have been studying the illness. We know that women have died from the complications of this disease. For a more extensive review of the silicone, chemical and biotoxicity from breast implants, see the information at www.thenakedtruthaboutbreastimplants.com.⁹ If you have silicone implants, show this article to your doctor if he or she is not listening.

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Kolb, S. The Naked Truth About Breast Implants, Lone Star Publishing, 2009

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Suggested Reading

The Naked Truth About Breast Implants: From Harm to Healing by Susan E. Kolb, M.D., F.A.C.S., A.B.I.H.M.
Visit www.TheNakedTruthAboutBreastImplants.com to read about Dr. Kolb's personal experiences and extensive knowledge of the potential dangers associated with silicone and saline breast implants.

Goddess Shift: Women Leading for a Change by Stephanie Marohn
Visit www.goddessshift.com to read about the anthology of over 40 women leaders in diverse fields of human endeavor where Dr. Kolb is a contributing author.