



BREAST CANCER

Nisha Jackson, PhD

The Dr. Nisha Jackson Show: Breast Cancer

Rusty Humphries: Well, hello and welcome. This is *The Dr. Nisha Jackson Show*. My name is Rusty Humphries. I'm your humble host. She is Dr. Nisha Jackson. She is your humble genius, and she is here to ... I don't know, I'm looking at your shirt. First of all, it's a cool shirt.

Dr. Nisha Jackson: Thank you.

Rusty Humphries: You got cool glasses. It's almost like a military. That's something, you know what? Michael Jackson would've worn that shirt.

Dr. Nisha Jackson: Yeah, I think so.

Rusty Humphries: Yeah. It's cool. It's pink. Does that mean something special?

Dr. Nisha Jackson: I'm paying tribute to all of my patients and friends that have had breast cancer because it is Breast Cancer Awareness Month. So, I thought we should do a little show on breast cancer.

Rusty Humphries: Yeah, let's do that. That's the only thing that's ever affected my family. My aunt passed away from breast cancer. It was a terrible thing. It took her far too young. Do we know more about breast cancer today than we did 10, 15 years ago, or has it pretty much stayed the same?

Dr. Nisha Jackson: Yes. Breast cancer today is so treatable, so much more treatable than it has ever been because we're detecting it earlier, but it's still the most common cancer in American women. It's the second most common cause of cancer cell deaths in women, but lung cancer still kills about four times as many women each year as breast cancer.

Rusty Humphries: Is that because of smoking? There's still that many smokers, or is it from other things?

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Dr. Nisha Jackson: Yeah, there are different types of lung cancer besides smoking. There are about 230,000 new cases of breast cancer diagnosed in women in the U.S., and each year about 2,300 new cases are diagnosed in men. It's definitely something that affects men and women but women much more predominantly than men.

Wait, wait, wait. You said that men get breast cancer, too?

— *Rusty Humphries*

Rusty Humphries: Wait, wait, wait. You said that men get breast cancer, too?

Dr. Nisha Jackson: Yes.

Rusty Humphries: I've never heard that before.

Dr. Nisha Jackson: Yes, yes. It's not common. Obviously, you heard those numbers. It's not very common, but it can happen. It is something that men do have to pay attention to if they notice one of the signs. I thought today would be good to go over it. A lot of people get confused about breast cancer and diagnosis and risk factors and genetics, and all that stuff. I just thought we would go over some of the pearls and then briefly go over some things that women could be thinking about for protection of their breasts that maybe they're not hearing everywhere; I like to take sometimes a little bit different slant to it.

Rusty Humphries: Let's do it.

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Dr. Nisha Jackson: First, we know that being a woman increases your risk because it's much more prevalent in women than men. Being over the age of 55 increases your risk. Obviously, if you have the inherited genes, the BRCA1 and the BRCA2, these are risk factors, genetic mutations for breast cancer. Having a family history, especially a first-degree relative — that would be a mother or sister, second-degree would be a grandmother. If you have a personal family history of breast cancer, it could increase your risk.

Dr. Nisha Jackson: Having dense breast tissue is a risk factor, and some women even as they get older continue to have dense breast tissue, and that shows up on a mammogram. White women are overall slightly more likely to develop breast cancer, but African American women are also more likely to develop breast cancer under the age of 45. White women, overall, are more likely to develop breast cancer, but African American women are more likely to develop it in younger years.

Is there something that you feel or that kind of tips you off that you should start going, maybe I should get something checked out?

— *Rusty Humphries*

Dr. Nisha Jackson: There are certain types of benign breast problems that can turn into cancer. That's one thing I do want to mention today. If you are consistently getting something on a mammogram that's abnormal, make sure that you don't just write it off for good because it could turn into something, or it could be that the breast cancer is hiding within something that looks benign. Again, if you don't feel like you're getting your answers — I always like to say this — get a second opinion.

Rusty Humphries: Is there something that you feel or that kind of tips you off that you should start going, maybe I should get something checked out?

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Dr. Nisha Jackson: Yes. I want to go through some of the things that you may notice. Just the way the breast looks or feels, that should alert you to the fact that something should be done. Most of the breast cancers today, Rusty, are picked up on screening, not necessarily on women picking them up themselves.

Rusty Humphries: Does that mean because you're able to find it earlier now?

Dr. Nisha Jackson: Yes.

Rusty Humphries: Okay. That's good.

Dr. Nisha Jackson: Yeah. Yeah. You could pick it up on a mammogram years before you would ever feel it.

Rusty Humphries: Wow.

We know now that women that consume alcohol on a regular basis may be putting themselves at risk. Being overweight puts you at risk because there are numerous toxins that are stored in fat cells.

— *Dr. Nisha Jackson*

Dr. Nisha Jackson: Years, and sometimes in some cases with aggressive cancers, months. Menopause after the age of 55. So, the greater number of years that you menstruate as a woman puts you at a higher risk. If you start your periods early in life, or you go later in life waiting to get into menopause, the greater number of years that you're menstruating increases your risk. I'll talk about that in just a second.

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Dr. Nisha Jackson: Any radiation to the chest, numerous chest X-rays, CT scans, things like that can increase your risk, also. We know now that women that consume alcohol on a regular basis may be putting themselves at risk. Being overweight puts you at risk because there are numerous toxins that are stored in fat cells. In addition, a certain type of estrogen is made from fat cells, so that increases your risk if you're overweight.

Dr. Nisha Jackson: I thought this was interesting and something I didn't know: The highest concentration of breast cancer in the United States is Los Angeles County, New York, Washington, DC, and Harris County, Texas.

Rusty Humphries: Wow. So some of the biggest population centers?

Dr. Nisha Jackson: Yes.

Rusty Humphries: That's interesting. Are there any theories on why that's the case?

Dr. Nisha Jackson: No, but I'll give you my theory: Environmental toxins have to be right up on the top of the list for sure. Stress and environmental toxins in those particular areas – not that we don't have environmental toxins in other areas – but certainly pollution has got to be much more significant in these areas. The lowest incidence of breast cancer in the United States – I thought this was interesting, too – is Arkansas, with only about 106 breast cancer cases per 100,000, which is significantly less than other areas, followed by New Mexico, Wyoming, and Utah. Those are the states that have the lowest incidence of breast cancer. Now everyone's going to be moving to those states, no.

Dr. Nisha Jackson: A lot of people believe that breast pain is actually a sign of breast cancer, but it typically isn't a sign of breast cancer. There is something called fibrocystic breast changes, which I want to talk about when I get into the hormones in just a little bit.

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Dr. Nisha Jackson: Many women have never made the correlation between high stress and not ovulating. When you have high stress as a woman, it can interfere with your ability to ovulate. If you don't ovulate, you cannot make a hormone called progesterone. If you don't make progesterone, progesterone is the hormone that's breast protective.

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Rusty Humphries: Isn't that the happy hormone, the one you call the happy hormone?

Dr. Nisha Jackson: Yeah, it's a happy hormone. It's really good for depression and anxiety, but it's also breast cancer and uterine cancer protective.

Rusty Humphries: That's happy.

Dr. Nisha Jackson: Yes, it's happy. It down-regulates breast receptor sites. So if you're not ovulating because you're overly stressed, or you're in menopause, or you are in a situation where you might only be taking estrogen — but you're not offsetting it with progesterone, not progestin, but progesterone — you could be overstimulating the breasts, and that can cause fibrocystic changes, which are little tiny cysts in the breasts that can be very painful. That's actually a sign that your hormones are probably not balanced. But it also can be something that's very alarming to women when they have painful breasts because the first thing they think of is breast cancer, but typically fibrocystic breast changes that's not cancer.

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Dr. Nisha Jackson: I think the take-home message instead of just saying, “Hey, your mammogram today showed that you had fibrocystic breast changes. Hey, we’ll see you in a year.” I think instead of telling women that, what we should say is, “Hey, you’ve got fibrocystic breast changes. That’s why your breasts hurt, especially in the upper outer quadrant of the breast going up towards the armpit; that’s the most common area for these cystic changes to happen.” So, instead of just telling women, “Hey, we’ll see you in a year for your mammogram,” what we should be telling them is, “Have your hormones checked because you’re likely not to have enough progesterone. Therefore, you’re overstimulating the breasts with estrogen, and putting yourself at a higher risk for not only these cystic changes that are painful but for breast cancer.”

I like to try to tie these things together because breast cancer is not typically painful, but it could be that you have something else going on ...

— Dr. Nisha Jackson

Dr. Nisha Jackson: I like to try to tie these things together because breast cancer is not typically painful, but it could be that you have something else going on that’s causing the breast pain that could be fixed by balancing your hormones and would protect you from breast cancer. Anyway, make sure you look at this if that’s something that you have. Breast pain is typically not a sign of breast cancer. But what could be a sign, and to answer your question from earlier, Rusty, could be if there’s a skin irritation that’s not healing, excessive redness of the breast that’s very unusual, dimpling of the breast where the breast looks like it’s almost like dimpling where the skin, the contour of the breast, the actual skin is changed. It looks dimpling, like it’s dimpling. Thickening of the breast, or retraction of the nipple, or when the nipple inverts and goes inside, those are all abnormal changes. It doesn’t mean you have cancer. It means it needs to be checked out. Those are some things that women just need to know.

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Rusty Humphries: Are we finding that breast cancer is increasing, or it's getting better now? The overall numbers, have you looked into that?

Dr. Nisha Jackson: The numbers are pretty stable. I mean, it goes up and down just a little bit. Our detection is still really good for breast cancer, which is great. There have been some changes in the last two years. We've told women breast self-exam doesn't really work; we're not really detecting breast cancer very much from breast self-exam. I tell women, please remove that from your brain when you read that in a magazine. I think that's really bad advice to tell women because I think women should become very comfortable with their breasts. I think their partners should be comfortable with their breasts because women should know their bodies, and they should know when something doesn't feel right. Just like the fibrocystic thing I just told you about. I mean, women should be all over that and say, you know what? That's not normal and I don't want that to happen. I need to make sure I'm okay.

Dr. Nisha Jackson: If the message goes out, "Hey, on the recent study, we found out that breast self-exam doesn't really detect more breast cancer," who cares? Women still need to be in tune with their bodies, and they need to know how their breasts feel because they're still the best person to identify if something's not right. If you just take that advice and you never check your breasts again, I think that's really bad advice. I've had a lot of patients, many, many, many patients over the last 30 years come in and say, "I found this lump." Well, what if we just told women, "Hey, just don't bother ever checking your breasts." That was the information that came out these last two years.

Rusty Humphries: Which is silly. Why would they say that?

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Dr. Nisha Jackson: I don't know. Studies come out and then they just adopt these studies like blah, blah, blah. The other thing that came out was that women only need to have a mammogram every two to three years now. I don't agree with that either. I think sometimes we do too many mammograms. We do too much radiation to the breast, but I also think that telling women that they need to have them every three to four years, from a general standpoint, some women have more risk factors than others. Just like those risk factors that I just read to you. Having children late in life, not breastfeeding. There are certain factors that women who have these risk factors should be getting more frequent evaluations rather than less frequent. Anyway, I feel like your specific risk factors need to be taken into consideration before you just throw in the towel and say, "I don't need to have a mammogram, or a breast ultrasound, or an MRI," or whatever.

I really believe that one of the things that women are not told today is that there are things from a hormonal standpoint that they could be doing to protect their breasts.

— Dr. Nisha Jackson

Dr. Nisha Jackson: The other thing that I want to touch on is the risk for breast cancer being inherited. Many people think that the number one risk factor for breast cancer is having a family member that has it. That's not true. Eighty percent of breast cancers are not familial. There's no family history, only 20%. It's still one of those things that you can't just rely on family history. Many people say, "Oh, I don't need to have a mammogram." I've heard this 100 times. "I don't need to have a mammogram because I don't have any family history of it." Well, don't bank on that because 80% of breast cancers have nothing to do with family history, so don't just rely on that.

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Dr. Nisha Jackson: Some of the other things that I think are important from a prevention standpoint that I think women need to know about, if we go back to the hormones, I really believe that one of the things that women are not told today is that there are things from a hormonal standpoint that they could be doing to protect their breasts. Such as, they could be working at balancing the ratio between estrogen and progesterone. Estrogen up-regulates the breast receptor sites and progesterone down-regulates. They are meant to be in balance. They're meant to be in harmony with each other. If you get too much estrogen, that could be, remember how I just told you, Rusty, that when women are stressed, they don't ovulate.

Rusty Humphries: Right, right.

Dr. Nisha Jackson: If you don't ovulate ... that's the only way you can make progesterone. So let's just say a woman's going along and she's stressed out of her mind like 90% of all women, and she's not ovulating. She, therefore, is not making progesterone. That means she's only making estrogen. I mean, she's making other hormones, but she's doesn't have the balance between estrogen and progesterone, and then she goes into a state that we call estrogen dominance. The estrogen is dominating the progesterone.

Rusty Humphries: Why is that bad? Women are full of estrogen. Men are full of testosterone. That should be a good thing, right?

Dr. Nisha Jackson: Yeah, but it's not good for the breasts. It's actually not good for any part of the body because you gain weight, and you get bloated, and you get emotional, you fly off the handle, your PMS goes through the roof, so it's not good. Your face looks terrible. The progesterone balances the estrogen, and it down-regulates the breast receptor sites, so it's very protective to the breast and the uterus.

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Dr. Nisha Jackson: I believe that if you have any signs of estrogen dominance, like your periods are heavy, they're irregular, you have breast cysts, you have uterine fibroids, reoccurring ovarian cysts, you have problems with polycystic ovarian syndrome, you have issues with breast pain, or fibrocystic changes ... If any of those things are happening, get your hormones tested, and get balanced between estrogen and progesterone because it will help protect you.

Dr. Nisha Jackson: We also know now that women who use progesterone and testosterone in menopause, as opposed to just using estrogen alone, have greater protection against breast cancer. Progesterone and testosterone both can be breast cancer protective. Obviously, quitting smoking. If you're among the 85% of Americans who don't smoke, you're already ahead of the game for sure, but smoking increases your risk of breast cancer. We know that alcohol, and to some degree caffeine, can increase your risk of breast cancer. The jury's still out on caffeine, but we do know that (for some) women who have two glasses of an alcoholic beverage per night can put themselves at risk for the most common type of breast cancer, which is ductal cancer. That's cancer that occurs in the milk ducts.

My favorite: avoiding heavily processed foods and sugars in your diet because of the inflammatory effect that happens.

— Dr. Nisha Jackson

Dr. Nisha Jackson: Keeping yourself at a healthy weight is very important. We know that women that are overweight — even losing 10% of your body weight can reduce your risk for breast cancer. This one, I think, is really important for women. We know that regular exercise significantly reduces your risk for breast cancer, so trying to get 150 minutes of moderate exercise every week can significantly reduce your risk of breast cancer, and other types of cancer.

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Dr. Nisha Jackson: My favorite: avoiding heavily processed foods and sugars in your diet because of the inflammatory effect that happens. We know now that not getting enough sleep – and I'm going to say seven hours is the cutoff.

Rusty Humphries: Seven is the least amount?

Dr. Nisha Jackson: Yes, that's the cutoff.

Rusty Humphries: Okay.

Dr. Nisha Jackson: Now, just remember when you're under a lot of stress, you may need more sleep, but people don't get more sleep, Rusty, when they're under stress, they get less.

Rusty Humphries: Because I'm down to like 10 or 11 hours. Is that okay? No, I'm just ...

Dr. Nisha Jackson: You must be really stressed. We know that getting more sleep provides restoring for the body. It helps make hormones while you're sleeping that helps you get through your next day. It helps balance your adrenal glands. It reduces inflammation. It does protect against breast cancer. Environmental pollutions, we had one show recently. If anyone listening to this show is interested in environmental toxins, please go back and listen to my show on going green. The environmental toxins are really big as it pertains to breast cancer because the toxins in the body like to reside in the fat cells and other places, but the fat cells are a very common area for toxins to reside. So, protecting yourself from these toxins, and I'm talking about things that you're putting on your hands, that you're putting on your body that have –

Rusty Humphries: Yeah, give me a couple of things that, I mean, because perfume is one of them, right? Things that people normally just don't even think about. Toothpaste for some is not great, right?

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Dr. Nisha Jackson: Yeah. Try to go as organic as possible. I refer everyone to that website, EWG.org. EW, it kind of sounds like a rhyme. EWG.org. I think we could get a little tune to that.

Rusty Humphries: EWG.org, yeah, EWG.org, yeah.

Try to go as organic as possible.

— *Dr. Nisha Jackson*

Dr. Nisha Jackson: That's right. It stands for Environmental Working Group.com. It lists hundreds of acceptable body creams, body lotions, shampoos, and conditioners, but just stay away from phthalates and PCBs. It's all the names you can't even pronounce on the back that you should be staying away from.

Rusty Humphries: Okay.

Dr. Nisha Jackson: So, go to that website and try to start using more organic products on your body, on your hair, in your mouth. That would be really helpful to avoid. Trying to get organic fruits, or really washing your fruits and vegetables well is very important. Staying away from eating a lot of meat and poultry that might not be organic, or grass-fed that could have antibiotics in them, can make a difference.

Dr. Nisha Jackson: I'm going to go back to understanding your body and looking at the appearance of your breasts, making sure that things don't look different. Look at yourself in the mirror every once in a while, and just make sure that things don't look different from month to month. It's best for women who are menstruating to check their breasts after their period because it will be more comfortable to do it after your period, but it definitely will be less lumpy feeling.

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Dr. Nisha Jackson: I'm going to give you my little tip before we go. I'm going to give you my little tip on when you're doing a breast self-exam. I always tell my patients this. When you're checking the breasts, you're looking for something that feels like cauliflower. Now if you would imagine running your fingers across the top of cauliflower, it would be very hard and irregular, right? It's not soft and squishy. Cauliflower is not soft and squishy. Cauliflower is hard and irregular and kind of lumpy. But fat cells, which the breast is made up of fat, feel just like if you were to feel fat on meat like a piece of meat that you got, it feels soft and squishy or like little tiny like BBs.

Dr. Nisha Jackson: That's normal breast tissue, usually. But if something feels hard and irregular and it's almost like it's fixed like it's sewn to the back part of the breast when you run your fingers across it, it doesn't go with your fingers, it's stuck ... It's like it's sewn to the back part of your breast. When you run your fingers across that little stalk of cauliflower, which is what breast cancer feels like, your fingers get stuck on it. It doesn't move with your fingers like fat tissue does, which is normal in the breast. So, keep that picture in mind when you're checking your breasts because I think that that's a really good picture.

Dr. Nisha Jackson: If there are any men listening to this and you have a female partner, maybe you could help her with this. Now you have a picture and an idea in your mind of what you're looking for. Make sure you check all the way up into the armpit of the breast because that's where the lymph nodes are. You don't want to feel any enlargement in the lymph nodes coming right down the middle part of your armpit. This is true for men and women, by the way. This is not just women. This is the way I try to teach my patients how to do a breast self-exam, and for some reason they just get it. They just get it when I explain it that way.

Rusty Humphries: Well, you did a heck of a job on this Breast Cancer Awareness Month, which is what October is.

Dr. Nisha Jackson: Yes.

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Rusty Humphries: This is great information. Thank you, Nisha; we sure appreciate it. And by the way, if you loved this show – and I know you did – will you subscribe to it? Apple podcast, hit that subscribe button. Google podcast, hit the subscribe button. There's a lot of other great podcast apps out there, especially, if you have an Android device. Overcast is a good one. YouTube, hit subscribe. Facebook, hit that like button and subscribe. Share it and let people know about *The Dr. Nisha Jackson Show*. Also, her book, it's out there. *Brilliant Burnout: How Successful, Driven Women Can Stay in the Game by Rewiring Their Bodies, Brains, and Hormones*. Anything else you want to wrap things up with, Dr. Nisha?

Dr. Nisha Jackson: Yes. One more supplement that I think is really important. Two things, actually. Think about doing – because I think this is important for cancer prevention in general, but definitely breast cancer – think about going through a detox at least twice a year, where you're improving the state of your liver, and you're doing your own detox. Number two, think about using this supplement, especially if you're high-risk or you have some of those estrogen-dominant symptoms that I talked about earlier. Get on the supplement called DIM, D-I-M. That supplement helps with the metabolization of estrogen, and that is something that women can really benefit from if they have estrogen dominance or increased signs of breast cancer. Or, if on a mammogram you've read that you have dense breast tissue or any abnormalities that are showing up, even if they're benign, that can actually help support the healthiness of the breasts. D as in dog, IM, DIM.

Rusty Humphries: Can you get that at www.nishajackson.com.

Dr. Nisha Jackson: Yes, 200 milligrams.

Rusty Humphries: All right, 200, two, 200 milligrams. All right. Check out her website www.nishajackson.com. Again, subscribe to this podcast. We appreciate it. Share it. Tell your friends because you want to help save their lives, too, right? We'll catch you next time. I'm Rusty Humphries. She is Dr. Nisha Jackson, and this is *The Dr. Nisha Jackson Show*.



Nisha Jackson, PhD MS NP HHP

NISHA JACKSON, PhD, is a nationally known hormone expert and functional medicine specialist. Nisha founded and is the director of Peak Medical Clinics, which specialize in functional medicine, hormone balance, age management, and disease prevention. For 28 years, Nisha has subspecialized in hormone balancing for men and women. With in-depth testing and balancing of the adrenals, thyroid, brain chemistry, gut, and sex hormones, she has successfully helped thousands of men and women reverse chronic problems such as fatigue, brain fog, weight gain, and depression and regain focus, stamina, drive, and optimal mood and energy. Nisha is a renowned lecturer, motivational speaker, radio host, columnist, and author. She is the founder of Peak Medical Clinics in Oregon, Texas and California, and the founder/owner of Balance Docs Inc., a nutritional supplement company, and Peak Laboratories, a full-service laboratory for in-depth specialized testing and research.