Intro and HRT context

working on insulin resistance. We're working on insulin resistance. We're working on sleep. Yeah. Or if their working on sleep. Yeah. Or if their levels are low, or maybe it's we raise levels are low, or maybe it's we raise it from 30 up to 80 and they feel it from 30 up to 80 and they feel horrible.

Podcast introduction and womenu2019s health background

>> Seven HRT myths that people still >> Seven HRT myths that people still believe. Hi, I'm Dr. Valerie Davidson believe. Hi, I'm Dr. Valerie Davidson from the Progressive Health Podcast.

from the Progressive Health Podcast. >> And I'm Dr. Mackie from the Progressive >> And I'm Dr. Mackie from the Progressive Health Podcast. Uh so we've been doing Health Podcast. Uh so we've been doing this for over 20 years. The evolution or this for over 20 years. The evolution or the progression of HRT and the awareness the progression of HRT and the awareness is incredible, right? Right. Cuz when we is incredible, right? Right. Cuz when we started doing this, everyone was sort of started doing this, everyone was sort of still in that mindset of anti hormone, still in that mindset of anti hormone, but women were sort of desperate.

but women were sort of desperate. >> Oh, yeah. No, women were neglected. >> Oh, yeah. No, women were neglected. There's a whole generation of women that There's a whole generation of women that were neglected with HRT. In fact, I were neglected with HRT. In fact, I don't want to get on the soap box, but don't want to get on the soap box, but you know, women's health in general has you know, women's health in general has always been on the back burner. So, I'm always been on the back burner. So, I'm glad that we're actually putting women's glad that we're actually putting women's health up front and center and how health up front and center and how different it is from men's health.

different it is from men's health.

Why HRT needs ongoing adjustment

>> Yeah. Well, uh, you know, and not that >> Yeah. Well, uh, you know, and not that it's a bad thing. Women are a lot more it's a bad thing. Women are a lot more complicated. Um, there's a lot more complicated. Um, there's a lot more things that worth it.

things that worth it. >> Of of course, there's a lot more things >> Of of course, there's a lot more things that can go wrong. There's a lot more that can go wrong. There's a lot more potential symptoms. Uh you know, and potential symptoms. Uh you know, and uh and men men just don't really care uh and men men just don't really care until there's a major problem. But women until there's a major problem. But women are always looking for answers, are always looking for answers, solutions. They keep pushing, pushing, solutions. They keep pushing, pushing, asking, asking. And that's great because asking, asking. And that's great because they have helped this evolution of the they have helped this evolution of the of the where HRT is now because now of the where HRT is now because now everyone's talking about it. So, which everyone's talking about it. So, which is why we're going to do this what we is why we're going to do this what we think are some of the superficial seven think are some of the superficial seven myths and then we'll come up with myths and then we'll come up with another seven and another seven and another seven and another seven and another seven.

another seven. >> Oh. Oh, yeah. There's way more than >> Oh. Oh, yeah. There's way more than seven myths and I'm sure after we go seven myths and I'm sure after we go through this, if any of you have your through this, if any of you have your own or you've experienced it, please put own or you've experienced it, please put it in the comments. I'd love to hear.

it in the comments. I'd love to hear. So, the first myth is once I find my So, the first myth is once I find my hormone dose, it should never change. hormone dose, it should never change.

>> Uh yeah. Uh, I mean, usually you have a >> Uh yeah. Uh, I mean, usually you have a starting dose and then it sort of starting dose and then it sort of changes from there. Um, it's usually changes from there. Um, it's usually never meant to be a, you know, one dose never meant to be a, you know, one dose and you're on that forever.

and you're on that forever. >> Well, I tell patients all the time >> Well, I tell patients all the time because I did have one patient say, "Oh, because I did have one patient say, "Oh, I kind of feel like a guinea pig." And I kind of feel like a guinea pig." And I'm like, "Well, you're the reason your I'm like, "Well, you're the reason your dose is changing, I mean, it doesn't dose is changing, I mean, it doesn't change every day, but the reason we change every day, but the reason we change your dose every so often is change your dose every so often is because you're changing, right? your age because you're changing, right? your age is changing, your life is changing, your is changing, your life is changing, your stress is changing, our environment is stress is changing, our environment is changing. So, as we're, you know, as changing.

Myth 2: normal blood work means perfect dosing

So, as we're, you know, as we're looking at the whole picture, we're looking at the whole picture, we're not just looking at blood work or, we're not just looking at blood work or, you know, here's your estrogen, you know, here's your estrogen, progesterone, you know, go on your way.

progesterone, you know, go on your way. I'll see you in a couple of years or I'll see you in a couple of years or that's just it. We're looking at how are that's just it. We're looking at how are your sleeping, how are your libido, did your sleeping, how are your libido, did you go through a divorce, are you dating you go through a divorce, are you dating again? You know, there's so many again? You know, there's so many different nuances to life that affect different nuances to life that affect our cortisol, that affect our adrenal our cortisol, that affect our adrenal glands, that affect our thyroid, and can glands, that affect our thyroid, and can affect the way we respond to our affect the way we respond to our hormones and how we want to change up hormones and how we want to change up those doses.

those doses. >> Yeah. Yeah. So, usually I don't know, we >> Yeah. Yeah. So, usually I don't know, we don't usually put anybody on one dose don't usually put anybody on one dose and they're on it forever. Usually, you and they're on it forever. Usually, you start someone somewhere and then it start someone somewhere and then it progresses from there.

progresses from there. >> Exactly. Because we want to optimize the >> Exactly. Because we want to optimize the thing with HRT. Of course, we're looking thing with HRT. Of course, we're looking at long-term health, but we also want to at long-term health, but we also want to optimize, you know, our longevity, our optimize, you know, our longevity, our health, avoid chronic disease, and feel health, avoid chronic disease, and feel really good in the moment.

really good in the moment. >> Yeah. Uh, yeah. So, let's go on to myth >> Yeah. Uh, yeah. So, let's go on to myth number two. number two. >> If my blood work is normal, my hormone >> If my blood work is normal, my hormone dose is perfect.

dose is perfect. >> Yeah. Myth. Yeah. >> Yeah. Myth. Yeah. >> Total myth. >> Total myth. >> Yeah. Is you can't really you can't >> Yeah. Is you can't really you can't really tell a lot about how a woman's really tell a lot about how a woman's feeling based on her hormonal blood feeling based on her hormonal blood work. It's just a snapshot of your day work. It's just a snapshot of your day if you're doing blood work, right? It's if you're doing blood work, right? It's just a sha snapshot of your life, but it just a sha snapshot of your life, but it gives you insight. We want to take that gives you insight. We want to take that objective data and pair it with your objective data and pair it with your symptoms to say, "Okay, look, your symptoms to say, "Okay, look, your estrogen level might be, you know, at estrogen level might be, you know, at 30. Are you having symptoms of low 30. Are you having symptoms of low estrogen?" Now, if they're having estrogen?" Now, if they're having symptoms of low estrogen, but their symptoms

of low estrogen, but their their estradiol level is 230, we might their estradiol level is 230, we might say, "Okay, well, let's tease this apart say, "Okay, well, let's tease this apart a bit." It's just something that you go a bit." It's just something that you go in tandem. And I do feel like blood work in tandem. And I do feel like blood work is really great to do because when is really great to do because when you're doing like for example you're doing like for example cholesterol when women go through cholesterol when women go through menopause and that estrogen drops their menopause and that estrogen drops their LDL cholesterol goes up. I used to be LDL cholesterol goes up. I used to be baffled by that in the early 2000s like baffled by that in the early 2000s like oh maybe genetics is creeping in when we oh maybe genetics is creeping in when we hit menopause. But no it was really hit menopause. But no it was really because when estrogen drops your LDL because when estrogen drops your LDL cholesterol goes up. So different cholesterol goes up. So different factors happen. So you want to have that factors happen. So you want to have that aspect. And what I love with women when aspect. And what I love with women when we're doing HRT is they're feeling good.

we're doing HRT is they're feeling good. And then I'll show them, hey look, your And then I'll show them, hey look, your LDL cholesterol came down and they LDL cholesterol came down and they didn't change anything. Or, oh, look, didn't change anything. Or, oh, look, you reduced your hemoglobin A1C because you reduced your hemoglobin A1C because you were feeling better, you're sleeping you were feeling better, you're sleeping better, you're exercising now. So better, you're exercising now. So there's, you know, there I do feel like there's, you know, there I do feel like the blood work does give some validation the blood work does give some validation and it can give some people some hope and it can give some people some hope and it can also tell people, hey, and it can also tell people, hey, listen, there's some changes we need to listen, there's some changes we need to make.

make. make. >> Absolutely. >> Absolutely. >> Absolutely. >> So it's important, but it is not the >> So it's important, but it is not the only thing, only thing, >> right? Our rule has always been or the >> right?

Myth 3: HRT should be based only on symptoms

Our rule has always been or the way we approach things you treat the way we approach things you treat the patient first and then you look at blood patient first and then you look at blood work or like you said in conjunction but work or like you said in conjunction but you you know honestly with HRT you you know honestly with HRT especially so much of it is based on the especially so much of it is based on the subjective and how they feel uh and then subjective and how they feel uh and then you look at some numbers because like I you look at some numbers because like I said those you know questions if a said those you know questions if a woman's number uh estradial number is on woman's number uh estradial number is on the lower end but she's feeling fine the lower end but she's feeling fine okay great but if she's still feeling okay great but if she's still feeling fine but her number like you say is 230 fine but her number like you say is 230 well we might need to make an well we might need to make an adjustment.

adjustment. adjustment. >> Yeah. or if their levels are low or >> Yeah. or if their levels are low or maybe it's we raise it from 30 up to 80 maybe it's we raise it from 30 up to 80 and they feel horrible and you know we and they feel horrible and you know we want to look at that. So it's just just want to look at that. So it's just just a little bit of data and it's also when a little bit of data and it's also when you're looking at the data for example you're looking at the data for example we might have them on a certain dose we might have them on a certain dose because they're we're working on insulin because they're we're working on insulin resistance we're working on sleep we're resistance we're working on sleep we're working on and then later we might working on and then later we might change that dose because we're working change that dose because we're working more on bone density we're realizing we more on bone density we're realizing we know this is this is a factor we want to know this is this is a factor we want to really tackle a little harder than we really tackle a little harder than we did a few years before. So everything's did a few years before. So everything's always so your doses can change and even always so your doses can change and even if your blood work says oh those levels if your blood work says oh those levels look good they might not be good for you look good they might not be good for you >> right?

>> right? >> right? >> So myth number three is H oh this >> So myth number three is H oh this actually leads to myth number myth actually leads to myth number myth number two leads to myth number three number two leads to myth number three which is HRT should be based only on which is HRT should be based only on symptoms

alone.

symptoms alone. >> Well I sort of said I sort of agree with >> Well I sort of said I sort of agree with that a little bit. It should be based on that a little bit. It should be based on symptoms. Yes. Because you treat the symptoms. Yes. Because you treat the patient not the lab test. Uh you know patient not the lab test. Uh you know lab tests are not real. They're just lab tests are not real. They're just numbers on a piece of paper. Um like you numbers on a piece of paper. Um like you said, they are used as guides to make said, they are used as guides to make clinical decision. Um and you have to clinical decision. Um and you have to decide if that's the right decision to decide if that's the right decision to make based on those numbers. But the make based on those numbers. But the patient and what they're experiencing patient and what they're experiencing and their subjective response is what and their subjective response is what you should, you know, what I think you you should, you know, what I think you should go by first.

should go by first. >> Absolutely. Symptoms first. So you >> Absolutely. Symptoms first. So you that's why whenever you see a patient that's why whenever you see a patient you get in their intake you ask them all you get in their intake you ask them all the questions and then you keep going the questions and then you keep going and then that blood work or any kind of and then that blood work or any kind of laboratory findings would be kind of laboratory findings would be kind of adjunct to help build the picture adjunct to help build the picture because somebody might be saying I'm so because somebody might be saying I'm so tired I feel like I need to raise my tired I feel like I need to raise my estrogen I'm so tired turns out their estrogen I'm so tired turns out their feritin's low I I see a lot of women feritin's low I I see a lot of women where it runs in families where even if where it runs in families where even if you're not menrating their feritin tends you're not menrating their feritin tends to run low which feritin is on one side to run low which feritin is on one side an inflammatory marker on another side an inflammatory marker on another side it's looking at your iron iron store. So it's looking at your iron iron store. So you can have low feritin, perfect you can have low feritin, perfect hemoglobin, hematocr, but still have hemoglobin, hematocr, but still have symptoms like an iron deficiency anemia symptoms like an iron deficiency anemia or a secondary iron deficiency anemia.

or a secondary iron deficiency anemia. Maybe it's their thyroid. So let's make Maybe it's their thyroid. So let's make sure their thyroid is not too high or sure their thyroid is not too high or it's not too low. So there's other it's not too low. So there's other aspects that you want to make sure aspects that you want to make sure you're, you know, kind of going into.

you're, you know, kind of going into. And also you're not neglecting and just And also you're not neglecting and just like focusing on the hormones. There like focusing on the hormones. There could be something else that we want to could be something else that we want to look at like autoimmune components. We look at like autoimmune components.

Myth 4: hot flashes are the only menopause symptom

We might want to run an ANA if things might want to run an ANA if things aren't improving because maybe it's not aren't improving because maybe it's not just about the hormones. So symptoms are just about the hormones. So symptoms are important, but I think we want to look important, but I think we want to look at the big picture.

at the big picture. >> Absolutely. >> Absolutely. >> Absolutely. >> So myth number four is, and this was >> So myth number four is, and this was more back in the 2000s, um even like more back in the 2000s, um even like probably the '9s, too, is if my hot probably the '9s, too, is if my hot flashes are gone, my hormones must be flashes are gone, my hormones must be perfect.

perfect. perfect. >> Yeah, there I will say there is quite a >> Yeah, there I will say there is quite a bit of a transition on what brought bit of a transition on what brought women into the clinic or into the women into the clinic or into the office. In the back then in the you office. In the back then in the you know, early 2000s, it was hot flashes, know, early 2000s, it was hot flashes, night sweats, and insomnia. You know, night sweats, and insomnia. You know, the the AC is because we are in the the the AC is because we are in the southwest at Southwest at the time, so southwest at Southwest at the time, so it's blazing hot and women are it's blazing hot and women are miserable.

The house is like a meat miserable. The house is like a meat locker. Everyone else is freezing. Uh, locker. Everyone else is freezing. Uh, you know, okay. Yeah, she's in you know, okay. Yeah, she's in menopause. So, that's an easy problem to menopause. So, that's an easy problem to solve. Give them a little bit of, you solve. Give them a little bit of, you know, bias or a little estrogen cream.

know, bias or a little estrogen cream. Um, that's an easy problem. Now, it Um, that's an easy problem. Now, it seems like women are, you know, they're seems like women are, you know, they're they're well aware that that's they're well aware that that's menopause. And now they're, you know, menopause. And now they're, you know, looking at all the other things that looking at all the other things that menopause can do to a woman.

menopause can do to a woman. >> Yeah. Cuz I remember when I was very a >> Yeah. Cuz I remember when I was very a lot younger in my 30s in 2004 and I had lot younger in my 30s in 2004 and I had patients that would come and see me.

patients that would come and see me. Brandon, I was still in I was in Brandon, I was still in I was in pmenopause, not in menopause. But I kn pmenopause, not in menopause. But I kn they would come in and say they're they would come in and say they're having having having >> You weren't in per menopause in your >> You weren't in per menopause in your >> That was more my late 30s. But when I >> That was more my late 30s. But when I had um patients that would come in and had um patients that would come in and sit across from me, they'd talk about sit across from me, they'd talk about their hot flashes and their night sweats their hot flashes and their night sweats and then their eyes would get kind of and then their eyes would get kind of bigger as I'm saying, "Well, what about bigger as I'm saying, "Well, what about brain fog? Are you getting headaches?

brain fog? Are you getting headaches? You know, how, you know, are you are you You know, how, you know, are you are you feeling kind of like achy, but it's you feeling kind of like achy, but it's you can't really pinpoint which joint it is?

can't really pinpoint which joint it is? Are are you feeling booty or forgetful? Are are you feeling booty or forgetful? How's your libido?" we talk about How's your libido?" we talk about vaginal dryness. Are you having pain vaginal dryness. Are you having pain with intercourse? Do you even want to with intercourse? Do you even want to have intercourse? And they'd be like, have intercourse? And they'd be like, that's that's part of the hormones. I'm that's that's part of the hormones. I'm like, oh yeah, mental energy, that like, oh yeah, mental energy, that clarity, that is all part of the clarity, that is all part of the hormones because the hormones affect us hormones because the hormones affect us entirely, not just our thermostat. So, entirely, not just our thermostat. So, of course, the hot flashes and the night of course, the hot flashes and the night sweats, everyone knows my mom's going sweats, everyone knows my mom's going through the menopause cuz they're on hot through the menopause cuz they're on hot flashes, but there's so much so much flashes, but there's so much so much more to that. So, that's where we want more to that. So, that's where we want to look at. Yeah. whole encompassing and to look at. Yeah. whole encompassing and that's what I love about now you know that's what I love about now you know here what is it 2026 that women are here what is it 2026 that women are saying hey my hormones are related to my saying hey my hormones are related to my mood my hormones are related to my joint mood my hormones are related to my joint pain so it's nice to see that you know pain so it's nice to see that you know the eclectic mix of symptoms that go the eclectic mix of symptoms that go with the HRT and the hormones with the HRT and the hormones >> yeah well you know it's really >> yeah well you know it's really interesting if you took a man's interesting if you took a man's testosterone from let's say a good testosterone from let's say a good number 700 750 number 700 750 down to you know andropause numbers down to you know andropause numbers where their number is 150 you know uh of where their number is 150 you know uh of course that man's going to feel quite a course that man's going to feel quite a bit different in every aspect of his bit different in every aspect of his life. Um, how can we think that that life. Um, how can we think that that would not be possible for a woman? I would not be possible for a woman? I mean, the the ignorance there is sort of mean, the the ignorance there is sort of laughable that it's taken until this laughable that it's taken until this time in 2026 for that realization to be time in 2026 for that realization to be like, uh, hormones have a huge impact like, uh, hormones have a huge impact how we look and feel. Um, I mean, it how we look and feel. Um, I mean, it just sort of seems obvious.

just sort of seems obvious. >> Yeah. Not to mention, you know, our >> Yeah. Not to mention, you know, our

longevity and our health 15, 20 years longevity and our health 15, 20 years down the road, right? So, oh, and this down the road, right?

Myth 5: HRT causes cancer

So, oh, and this is myth number five. HRT hormones cause is myth number five. HRT hormones cause cancer. cancer. cancer. >> Well, that's got a double-edged question >> Well, that's got a double-edged question to it. Um, yes and no. Now, uterine to it. Um, yes and no. Now, uterine cancer is the one that every cancer is the one that every practitioner is trying to prevent. We practitioner is trying to prevent. We don't want Now, granted, the good thing don't want Now, granted, the good thing about uterine cancer is that it's a not about uterine cancer is that it's a not aggressive. It's a slow growing, at aggressive. It's a slow growing, at least in general, if it's hormone least in general, if it's hormone induced, you know. Um so every induced, you know. Um so every practitioner is trying to guard against practitioner is trying to guard against that or protect their patients from that or protect their patients from that. So that's the one caveat when you that. So that's the one caveat when you say that you know hormones cause cancer.

say that you know hormones cause cancer. It could. Okay. That's why the rule is It could. Okay. That's why the rule is you never give a woman unopposed you never give a woman unopposed estrogen. So estrogen. So >> if they have a if they have a uterus >> if they have a if they have a uterus >> have a uterus they have to have >> have a uterus they have to have progesterone to offset or to protect progesterone to offset or to protect against the stimulation of the estrogen.

against the stimulation of the estrogen. But breast cancer is the one that But breast cancer is the one that everyone's really concerned about. And everyone's really concerned about. And that's just not true.

that's just not true. >> No. And that that's why now it's really >> No. And that that's why now it's really nice because they took that black box nice because they took that black box warning off of HRT that you know warning off of HRT that you know hormones don't cause cancer. But I hormones don't cause cancer. But I remember back in the day you know people remember back in the day you know people were not happy with me putting women on were not happy with me putting women on HRT you know and you know anywhere HRT you know and you know anywhere honestly from 2000 when I started in honestly from 2000 when I started in 2004 to probably even 2016 2004 to probably even 2016 when things kind of softened up. Not when things kind of softened up. Not even that long ago, even that long ago, >> that long ago when there was a little >> that long ago when there was a little bit more awareness and softening of that bit more awareness and softening of that HRT picture like they were like no G HRT picture like they were like no G there were breast specialists especially there were breast specialists especially would be like oh that's going to give would be like oh that's going to give you you cancer that's going to give you you cancer that's going to give you cancer and it just really it really you cancer and it just really it really you know like I said it's number five HRT know like I said it's number five HRT does not give you cancer. Now, like you does not give you cancer. Now, like you said, the dose dosing and how you're said, the dose dosing and how you're approaching it with somebody with a approaching it with somebody with a uterus, you want to be careful of not uterus, you want to be careful of not increasing the risk of uterine cancer, increasing the risk of uterine cancer, but it doesn't help other cancers. No.

but it doesn't help other cancers. No. >> Yeah. Now, uh, you know, granted 13% I >> Yeah. Now, uh, you know, granted 13% I think is the last number that I heard think is the last number that I heard that women in America are going to that women in America are going to develop breast cancer specifically. Um, develop breast cancer specifically. Um, something is driving that. I think it's something is driving that. I think it's environmental. I think that it is um environmental. I think that it is um metabolic, right? insulin um you know metabolic, right?

Myth 6: more estrogen is always better

insulin um you know insulin that is a little bit much you insulin that is a little bit much you know or hyperinsulinemia or pre-diabetes know or hyperinsulinemia or pre-diabetes or metabolic syndrome that's where we or metabolic syndrome that's where we got to look that's where we have to sort got to look that's where we have to sort of use that knowledge to protect women of use that knowledge to protect women and then now that plus some hormones

now and then now that plus some hormones now they're they're set up for future they're they're set up for future success success success >> and then here we are myth number six >> and then here we are myth number six more estrogen is always better more estrogen is always better >> sometimes it is >> sometimes it is >> yeah [laughter] >> yeah [laughter] to be honest you know a Couple episodes to be honest you know a Couple episodes ago, we were talking about um uh ago, we were talking about um uh estrogen. Uh and most of the time it is estrogen. Uh and most of the time it is women. Uh you know, usually uh like I women. Uh you know, usually uh like I just said a minute ago, how we look and just said a minute ago, how we look and feel, hormones play such a huge role in feel, hormones play such a huge role in that. And the unfortunate thing for that. And the unfortunate thing for women is that when you have such when women is that when you have such when they're menrating, you have such this they're menrating, you have such this dynamic crazy change that happens over a dynamic crazy change that happens over a 4-week period of time and the whole 4-week period of time and the whole thing starts all over again. You throw thing starts all over again. You throw in some life stress and some other in some life stress and some other things. uh no wonder why um it gets all things. uh no wonder why um it gets all crazy and messed up and they start crazy and messed up and they start having you know crazy uh heavy periods having you know crazy uh heavy periods or you know a lot of PMS or whatever it or you know a lot of PMS or whatever it might be. Men are a onetrick pony. They might be. Men are a onetrick pony. They don't really have that problem. Um you don't really have that problem. Um you know so they don't run into as many uh know so they don't run into as many uh comp potential complications because comp potential complications because there's no there's no process going on there's no there's no process going on there because obviously you know they're there because obviously you know they're not bearing children. So uh you know not bearing children. So uh you know it's a quite a bit of a different it's a quite a bit of a different process. um you know so it's not process. um you know so it's not surprising that women have a lot of surprising that women have a lot of problems with that problems with that >> problems with the estrogen being too >> problems with the estrogen being too high high high >> uh well just uh from um uh the just the >> uh well just uh from um uh the just the the hormonal fluctuations in general.

the hormonal fluctuations in general. >> Yeah, absolutely. And per menopause that >> Yeah, absolutely. And per menopause that estradi going skyhigh and then going you estradi going skyhigh and then going you know rock bottom low that causes a lot know rock bottom low that causes a lot of issues. So I do feel like just over of issues. So I do feel like just over the years when I would have new patients the years when I would have new patients come see me and then we have you know a come see me and then we have you know a lot of people writing in they were very lot of people writing in they were very underdosed. Their bias doses were underdosed. Their bias doses were minuscule. I mean this is just in my minuscule. I mean this is just in my clinical experience. I always felt like clinical experience. I always felt like they needed more estrogen. They needed they needed more estrogen. They needed more estradi. But at the same time too more estradi. But at the same time too much of a good thing isn't always a good much of a good thing isn't always a good thing. So if it's like hey I'm feeling thing. So if it's like hey I'm feeling more t like I had this other patient new more t like I had this other patient new one that came to me and she goes yeah I one that came to me and she goes yeah I wasn't feeling good. So, my practitioner wasn't feeling good. So, my practitioner just kept raising her my estradi and now just kept raising her my estradi and now she's bleeding like crazy and you know she's bleeding like crazy and you know spotting and all over and she's gained spotting and all over and she's gained some weight which we'll go into hormones some weight which we'll go into hormones and weight gain in another podcast. It's and weight gain in another podcast. It's not that she needed more. We needed to not that she needed more. We needed to balance her hormones. So, we're looking balance her hormones. So, we're looking like you said women were complicated.

like you said women were complicated. We're not the onetrick pony. We're We're not the onetrick pony. We're complicated but we're worth it. So, complicated but we're worth it. So, we've got our adrenal hormones running we've got our adrenal hormones running around. We got our thyroid hormones around. We got our thyroid hormones running around. We have our estrogen, running around. We have our estrogen, our progesterone, our testosterone. We our progesterone, our testosterone. We have everything that we want. We're like have everything that we want. We're like a symphony of hormones, right? We're the a symphony of hormones, right? We're the orchestra, not the one instrument. It's orchestra, not the one instrument. It's so we want to make sure that that's so we want to make sure that that's balanced. So instead of saying, "Here, balanced. So instead of saying, "Here, let's just throw more estrogen at you," let's just throw more estrogen at you," we want to look at that whole picture.

we want to look at that whole picture. So that's part of part of that, you So that's part of part of that, you know, that

myth number six, more know, that myth number six, more estrogen is always better. Balance is estrogen is always better. Balance is always better.

always better. >> Um, we got one one more to go. >> Um, we got one one more to go.

Myth 7: feeling unwell always means hormones are off

>> We got one more to go. Myth number seven >> We got one more to go. Myth number seven is I don't feel well, so my hormones is I don't feel well, so my hormones must be off.

must be off. >> Well, again, that one could be true. Um, >> Well, again, that one could be true. Um, but it could be, as you just alluded to, but it could be, as you just alluded to, it could be lots of other factors that it could be lots of other factors that is attributing to how they feel on a is attributing to how they feel on a daily basis. But I just said hormones daily basis. But I just said hormones have a huge impact on how we look and have a huge impact on how we look and feel. Um, that's a good place to start.

feel. Um, that's a good place to start. >> Absolutely. If someone's not feeling >> Absolutely. If someone's not feeling well, let's look at your hormones. You well, let's look at your hormones. You know, whether you're 19 years old or know, whether you're 19 years old or you're 49 years old, let's look at your you're 49 years old, let's look at your hormones. Let's look at your HRT. Let's hormones. Let's look at your HRT. Let's look at that. But there's, like I'd look at that. But there's, like I'd mentioned earlier, there's so many mentioned earlier, there's so many aspects, other aspects to look at. We aspects, other aspects to look at. We want to look at their adrenal health, want to look at their adrenal health, their thyroid health, what their stress their thyroid health, what their stress life is, what their nutrition is, what life is, what their nutrition is, what their macros are, you know, what their their macros are, you know, what their lifestyle is like. There's a whole lifestyle is like. There's a whole bunch. So, that's where it needs to not bunch. So, that's where it needs to not just be here, take these hormones, run just be here, take these hormones, run off home, and you're going to feel like, off home, and you're going to feel like, you know, unicorns and rainbows for the you know, unicorns and rainbows for the rest of your life. It's not really like rest of your life. It's not really like that. It's about that balance. Like, that. It's about that balance. Like, like I know I've had a lot of um other like I know I've had a lot of um other like I'll patients, it's so funny, like I'll patients, it's so funny, they'll um like see trainers or they'll um like see trainers or nutritionists and maybe they're not nutritionists and maybe they're not getting the results that they want and getting the results that they want and they'll say, "Oh, it's your hormones." they'll say, "Oh, it's your hormones." And so they always come back to me and And so they always come back to me and say they said it's you, it's on my say they said it's you, it's on my hormones, hormones, hormones, >> right?

>> right? >> right? >> It's a combination of all of it that we >> It's a combination of all of it that we want to balance. want to balance. >> Yeah, we've [laughter] heard that many >> Yeah, we've [laughter] heard that many times over the years. Um but even still, times over the years. Um but even still, even you know trying to lose u change even you know trying to lose u change your body composition, lose body fat, your body composition, lose body fat, still hormonally driven. Um but a lot of still hormonally driven. Um but a lot of times it's not the sex hormones, it's times it's not the sex hormones, it's your insulin, it's your cortisol, it's your insulin, it's your cortisol, it's your sleep. Uh so it's not that there's your sleep. Uh so it's not that there's one solution or the other or you know or one solution or the other or you know or one option. There's so many options that one option. There's so many options that does make it extremely challenging. Now does make it extremely challenging. Now in modern medicine, it is everything in in modern medicine, it is everything in modern medicine is focused on diagnosing modern medicine is focused on diagnosing and treating disease. All these problems and treating disease. All these problems that women have, and this is part of the that women have, and this is part of the reason why they've been marginalized so reason why they've been marginalized so much is because all these problems are much is because all these problems are not really technically looked at as not really technically looked at as diseases. So if you don't know, if you diseases. So if you don't know, if you can't diagnose something, you know, can't diagnose something, you know, through a blood test or, you know, through a blood test or, you know, whatever, then how are you supposed to whatever, then how are you supposed to treat it if you don't know what you're treat it if you don't know what you're treating? uh and you know or there's no treating? uh and you know or there's no medication you can look up somewhere and medication you can look up somewhere and say okay we'll give this drug for this say okay we'll give this drug for this problem if that doesn't exist then how problem if that doesn't exist then how do you know what to do you know and do you

know what to do you know and that's while medicine has been uh you that's while medicine has been uh you know trained or uh physicians have been know trained or uh physicians have been trained for the last 50 years now trained for the last 50 years now there's a new crop of physicians like there's a new crop of physicians like you and I that have learned um partially you and I that have learned um partially because we listen to the patient we're because we listen to the patient we're trying to help the patient and now of trying to help the patient and now of course there's a lot of other continuing course there's a lot of other continuing education things um you can learn from education things um you can learn from other doctors that have already um sort other doctors that have already um sort of done that. Um so now you know of done that. Um so now you know actually how to help your patient.

actually how to help your patient. >> Yeah. So you can step back and look at >> Yeah.

Wrap-up and listener comments

So you can step back and look at the big picture where hormones are one the big picture where hormones are one very big piece of the puzzle but there's very big piece of the puzzle but there's other pieces of the puzzle that we want other pieces of the puzzle that we want to put to for you know longevity for to put to for you know longevity for feeling good in the moment and then also feeling good in the moment and then also know for preventing chronic you know know for preventing chronic you know chronic conditions. So these are only chronic conditions. So these are only seven myths that you know we were seven myths that you know we were talking about. There are probably 7,000 talking about. There are probably 7,000 other myths. So, so we'll probably other myths. So, so we'll probably circle back to this, but I would love circle back to this, but I would love anybody's comments on what myths you anybody's comments on what myths you think are out there that people still think are out there that people still believe.

believe. believe. >> Yeah, write them down in the comments >> Yeah, write them down in the comments below and then we'll use that as another below and then we'll use that as another episode and we'll keep doing it um if episode and we'll keep doing it um if there are people keep writing on there there are people keep writing on there because um it's really nice to get them because um it's really nice to get them out in the open and talk about them.

out in the open and talk about them. >> All right. >> All right. >> Okay. Till next time, I'm Dr. Mackey >> Okay. Till next time, I'm Dr. Mackey >> and I'm Dr. Valerie.

>> and I'm Dr. Valerie.