Age Gracefully: Hormone Optimization Strategies For A Youthful Life Transcript

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Introduction and Dr. Rosenzweigu2019s Background

You talk to any man who's lost his erection, and the benefit to that erector returning is really dramatic to the man, but cannot actually stand it because of the pain and intercourse when she gets the restoration of that.

That's just the sexuality part. These hormones are so powerful that they affect our mind. There's a large percentage of women who get cognitive issues.

They're not thinking clearly. These are professional women at the peak of their knowledge and experience and they can't think clearly and can remember.

For them to get restoration of the ability to think is humongous. This is Dr. Talks. Welcome, everyone. Today we have Dr. David Rosenzweig. I'm Dr Rudy Mueller.

Dr RosenZweigh, thank you so much for being here today. Just want to give a little brief introduction to Dr Rose and sweet. He is the founder of the Institute of Bioidentical Medicine and the menopause method, as well as an author of many books, one of being the Happy Healthy Hormones.

So with over 30 years of experience treating things from andropause to menopause, he has trained thousands of medical professionals in compounded bioidentical hormone replacement therapy and helped thousands women through his protocols.

Dr. Rosen-Sweet is a nationally recognized speaker, has presented at different organizations like A4M, ACAM, AMMG, and the National Academies of Science on Bioidentic Hormones.

So I'm excited to hear his insights on hormone optimization, hormone replacement, and its role in longevity. So welcome, Dr. Rosenzweig. Thank you, Doctor Mueller.

Yeah, that's great. I mean, big picture when we're hitting that age of andropause for men, menopause, for women, what are some signs and symptoms that would be clue an individual in to think, you know what, maybe I need to consider hormone Well, in both men and women, since the hormones are some of the most powerful biochemicals in our body, and they're universally distributed through our bodies and have many different functions, about the time they start declining, so many people, the majority of men, women have symptoms because they've lost the power chemicals.

losing them. So, for example, in women, periods can get irregular, can be painful. They can start having difficulty with their sleep, their mood. These hormones are so related to brain function and emotions.

Hot flashes, night sweats, these are strong symptoms, life interrupting symptoms. I think that's a very beneficial thing because they're strong enough to catch individual's attention.

Signs of Hormone Decline in Men and Women

And so many people respond with, God, what's going on here? And the appropriate response is, there's something that I need to do here. I needed to seek some help here, so these strong symptoms are very inspiring to go out and seek that help.

And for men, yes there is fatigue, loss of motivation, and loss muscle strength, but the big one is loss erectile function. So as a man starts experiencing issues there when he never had issues, this is a very strong inspiration to go seek help and ask, what's going on here?

Yeah. And so when we get a lot of clients that come to our office, they're questioning. They could be 30, or they could 50, 60 years old, and they've never have their hormones checked before.

So is there a time or an age, some sort of you know, time when they should be getting their hormones checked so they can have some marker to go back and look at, you now, age 25, I had a testosterone of X, Y or Z or my estrogen and progesterone levels were perfect when I was 32. Is there some particular recommendation you have around what age a person should have these hormones check?

Well, oddly enough, I'm not going to recommend that any woman or any man bother getting their hormones checked. Funny thing, the symptoms themselves are so strong and so life diminishing that that's the real signal that there's time to do something about this.

The laboratory reference ranges are broad. that it's hard to say when you have a woman who's got normal periods and she's in her thirties that whatever numbers she comes up with, and this is the same for true for men, whatever in numbers he came up We can't pronounce a man normal by the numbers alone or a woman, but we can pronounce the man low in testosterone when he cannot sustain erection and penetrative intercourse anymore.

We know his testosterone levels are low. Now for fun, I know I don't often have an opportunity to do this. When we test a young woman, for example, we get a look at when she's young and regularly menstruating and very healthy.

I think it is could be useful 20, 30 years down line. to compare her falling hormone levels with what she once had, but only entertaining. And I've had the opportunity to do that with two women.

Their mother thought, who was very much using hormones in menopause, thought wouldn't it be interesting if we tested my daughters when they're young and healthy and regularly menstruating.

So when go into menopause, we can have a base camp. And it was, I think you were suggesting that it's interesting, but not necessary. I got you. Yeah.

We're basing it off of, okay, when we're having symptoms that point to a hormone deficiency of some sort, whether male or female, or an excess of hormones, then that's when were gonna go and look at what's going on.

Yeah, and interestingly enough, as far as women go, by the time they show up at a professional's office and they're have symptoms, and let's say they're in perimenopause, which means they are still menstruating, but it may not be regular, or it could even be a regular.

There is no value whatsoever in testing their hormone levels. The symptoms alone are going to tell us that they were low, and because of this unusual thing that happens in a woman, when their hormones levels start to drop, their brain and pituitary and hypothalamus go, whoa, got some dropping hormones here.

Wonder if we could waken up those ovaries again. And the pitutary gland puts out these powerful stimulating hormones to the ovary. You can get a burst for a day or two, but you can't sustain it.

The ovariies aren't strong enough to keep that high level going. you get to fall, burst, fall burst fall. So it totally depends on what day you test them.

And, and, you know, the confusing thing is a woman could be having hot flashes or wake up in the middle of the night. And we're a hundred percent certain her estrogens are low.

But if you test her on the wrong day, one of those days, when she had that pituitary bump, You could read high estogens and say to her, I still think you need estrogen's and the woman will look at you like, A woman looked at me 30 years ago and said, are you kidding me?

You just tested me. My estrogen levels were high and you want to give me estrogen? So it's confounding to both the provider and the woman to test in the perimenopause.

Testing a woman when she goes into menopausal has been a period for six months or so. It's a waste of money. We already know her estrogen levels are super lower, progesterone's bottom basement low, and her testosterone, we can just tell from symptoms, whether it is low.

So, it was a money to tester. Now we test a hundred percent of women. When they've come in for treatment, they have a lot of symptoms. We go through a process to give them hormones and the symptoms go away.

And we wait for the day that they say, wow, I feel better. This is great. Thank you so much. We test a hundred percent of those women at that time.

When and How to Test Hormones

It's usually anywhere from three to six months because it's a gradual replenishing process that brings them up to decent levels. Is very important that we test them at time we use 24 hour urine hormone testing, which I highly recommend and do not recommend other testing methods at all.

And we know the parameters, because what we learned is when you test a woman who says, I feel great, 50% of those are not going to be on quite enough estrogen to protect their bones and their vagina over the long period of time.

And 25% are going be a little bit too much that could put them at risk for breast glandular cell stimulation. We don't want that in a menopausal woman.

So we test 100% to the women. Then men, we do it a bit different. Oh, this isn't too deep in the weeds there. This is great. Men, we do it a little bit different.

Blood tests can be useful for us for men, providing we get enough different analytes, like about five big ones. And we test the men prior to treating them.

And then we follow up with the men when the man say, wow, I've gotten restoration of my erection. This is fantastic. I thought I had lost this one forever.

Yeah. And when they say that they're feeling good, we test them too, because it helps us dial in the optimal dose because we don't want too much and we want to little.

So we do that refinement of retesting them in once they are feeling. Again, in a couple of months, two, three, four months. So that's great. So I have a couple of follow up questions and just to stick with the most recent point that you made with them.

Then what are those five markers that your that are looking at, you know, pre treatment or even post treatment when you're looking Well, we want their testosterone level.

Now, just to get a little technical about it, my favorite way to do it is through a specific test called the LC-MS. It's a highly refined test. The old-fashioned type testosterone levels were measured by immune mechanisms and they have some value.

But they're a little nonspecific and can pick up metabolites so they can throw you off a bit. The LC-MS method that all these labs, especially the big labs LabCorp and Quest, they all offer LCMS, but you have to ask for it.

It's a lot more expensive. So total testosterone and free testosterone. again by LC-MS. Now, you don't actually need free testosterone. If you have total testosterone and you had this unusual thing called SHBG, sex hormone binding globulin.

We always measure that because steroid hormones, whether from the ovary or the testicles, they're fat soluble and they don' just get squirted out into the blood as fat globules.

that would be unsafe. So what the body does is it makes carriers that pick up these fat soluble hormones. And that's how they get distributed around through the bloodstream around the.

Body. One of the main carriers for testosterone is sex hormone binding globulin. What we really care about is how much is bound up and how. Much is free.

how much of the testosterone is really free to do its job. And it's a small percentage. It's one to 2%, usually, of total testosterone. We want to know what that free testosterone, because that's going to be most tied to what symptoms are.

So, so far, I've gone through total-testosterone, sex hormone-binding-globulin, and free- testosterone We also want know a man's estradiol levels. Huh?

This is a principle Hormone present in women. Well, it's present and men too. And we need it. We need for a lot of stuff and especially protection of our arteries and also libido.

Interestingly enough, we're such a combination. When you hear about a man who never sick a day in his life and he had a heart attack on a tennis court at the age of 40, High percentage of those men had very low estradiol.

Because estrogen is protective to the arteries. So I'm just giving you a little background to each one of these things we test. We definitely wanna test the estrogen.

we don't want it to be too low or too high. Also happen to test another estrogen called estrone. And we also wanna know a hormone called LH. It's luteinizing hormone.

It is coming out of the pituitary gland. And it's what the puttuatory gland tells the testicles to produce testosterone. So these are some of the things we also want a hematocrit, a level of measure of their red blood cells.

And there's several other things that matter, but I've given you the big ones around hormones. Testosterone, free testosterone, SHBG, estradiol, estrone, I lumped them as one, and LH.

Why L-H? It's because if you've got a man who's 35 and he's starting to have erectile dysfunction, And he hasn't any kids and he may want to have kids.

We treat these men very differently. 35? This was unheard of when I was in medical school. You didn't hear about men getting declining testosterone back 50 years ago.

It is this new phenomena that's occurring in men and women of these massive declines. So even though it's not common for a 35 year old man to have declined testosterone to the level where he's having trouble.

It's appearing all over the place, right and left. That's why I mentioned this, but here you've got this young man. He's 35. he still wants to. We want to know what his LH level is.

Is his pituitary gland adequately stimulating his testicles? to produce enough testosterone. If the pituitary number is a little lowish, we can do this other way of dealing with this man instead of giving him testosterone, We give him a stimulating hormone to his own testicles and we get an elevation of his testosterone by doing that.

That's very important for these young men because if you treat a man with testosterone itself, you're going to shut down the pituitary glands stimulation of the testicles.

Part of that pitutary gland is doing is it's stimulating the testsicles to produce testosterone. Well, that one LH is no longer going be elevated. But another hormone comes out of pitulatory gland called FSH.

That stimulates spermatogenesis. the development of sperm, that will get shut down too, if we treat a man with testosterone. We have a 60 year old man who's got erectile dysfunction, doesn't want to have kids anymore, you

give him testosterone almost every instance.

He's got a 35 year old man who's, got lowish testosterone. And if he can, if we can stimulate his testicles and not shut his, testicle's down, not shed sperm man of Genesis down.

We, that's the, road we want to take cause we, can do that. There's sophisticated ways to increase his own testosterone production. If the issue is low pituitary hormone, but testacles that if stimulated enough, could still produce enough testosterone.

Got it. And so then with women, why urinary metabolites or urinery testing versus serum or saliva? What's the benefit there to doing the urine? Well, for one thing, the blood tests, let's take that.

They're valuable in a young woman. Cause you're measuring what's coming out of her ovaries. But once you start treating a woman or a man, your, number is going to be dependent on when their last dose was.

So they take their morning estrogen, for example, when you draw your blood, do you drop prior to them taking their mourning estrogen?

Understanding Menu2019s Hormone Markers

Do you draw it a half hour later, an hour, later two hours later three hours, four hours? This is the major issue here with this, because we've done studies, our group does many studies and we have drawn blood from men and women prior to them taking their morning hormones, one hour or two or three or four.

It totally depends on the individual. Like we can, if we draw a man's blood one hour later, after he applied his hormones, we may see a peak or we. He may not peak till four hours later.

So when you test him, so this is an intricacy with men that we've got strategies to deal with, but with women, We don't want to go through this. You can't, you can predict when are you going to get an accurate number.

But when you collect urine for 24 hours, because there are hormones in the urine and metabolites in urine, it's the state of the art. It's a gold standard for a woman that you're treating with hormones.

Timing doesn't matter. You just have them take their dosages whenever they take them in a 24-hour period. Go ahead. My next question was, so the metabolites that we're capturing in the urine are going to help guide along with their symptoms, any changing in dosing.

Will it guide us in understanding any risks that could be associated with the hormones or how they're breaking down or metabolizing? Well, it's a great question.

Let me give you a roundabout story about what we're really testing there. What we knew from the works of the Chinese a thousand years ago, this is what the chinese aristocracy did.

They collected the urine of young healthy women and batched it and dried it out into powder form and fed that powder to the aristocratic women. They did a similar thing with men.

dried it out, gave the powder to the aristocrats. They could have given it to whole population, but my understanding is they just gave it into the Aristocrat who organized this thing.

Why did they do that? Because these people did a lot better because there's actual hormones in the urine. There's not only, there are the hormones and then there is what the hormone become in process of being utilized called metabolites.

what the body does with the hormones. Both things are in the urine. The actual hormones are there. In the 1940s, when in The United States we were looking for a way to treat women in menopause, this urine experiment was

done again.

collecting the urine of pregnant women because the levels were so high in pregnant woman, much higher. So they could do a lot more harvesting if they collected the urine of pregnancy women, but that didn't work out too well and it was too challenging a source for the pharmaceutical industry to collect vast batches of it in order to treat vast numbers of American women.

Instead of collecting urine from pregnant, women they collect urine for pregnant horses. and they dried that urine out. And they came out with the most popular and profitable drug of all times called Premarin, pregnant mare urine.

In fact, when you cracked open a Premarine pill, which had a very thick coat, You could smell the urine. I learned that from a pharmacist. He said to me, you ever wondered why the coating of Premarin was so much thicker than other pills?

I didn't know that. And he said, well, I wondered. So I bit into one once and out came the smell of urine they were trying to protect. Yeah. Well, my main point is the hormones are in the urine.

Right. Active hormones. And so we measure when we do a 24 hour urine hormone collection, we not only measure the actual hormones, but we have this side benefit of measuring what the hormone's become in a state of being processed.

in a state of doing what they're doing called metabolites, it's a debatable issue about whether these metabolite are related to causes of breast cancer.

It's debated. And when you see debates in medicine, you wonder why in the heck is there a debate there? Isn't that clear? No, It is not clear. How could it be clear because cancer is such a complex illness, probably has hundreds of causes, And it isn't in the hormones.

The hormones don't cause the cancer. So that's why you can't really find the evidence. We even actually had this debate recently in our weekly grand rounds that we do with providers.

And the doctor was reporting on this, said, well, what my conclusion is, is we can tell. Nor should we tell them. Now we CAN look at these metabolites and we could notice some things.

We can, we know what healthy looking processing of hormones is and about 10, 20% of the time we'll see an unusual pattern of processing the hormones. Things that just don't appear that way in a young, healthy woman.

And we knew something there. We know that the liver is not doing its job properly. So we started wondering about liver health and liver is not doing its job properly.

We wonder about the intestinal health because the intestine stuff goes to the liver. So it's a functional medicine detective story. And we can learn that and just for someone's general health, better their liver should be functioning better.

so we could use the metabolites and abnormal metabolizing patterns to really get a general look at, Oh, look, at that. This liver is not doing its thing.

Well, we can also learn that just from asking a couple of questions of the patient. Is this okay? What do you think? Yeah, no, this is great. We can. Also learn this kind of stuff from, asking couple questions.

Urine Testing and Hormone Metabolites

Like we'll ask a woman, could you drink a cup of coffee at six o'clock at night? And they'll say, no, I'm not going to do that. I mean, i won't fall asleep.

How about when you were 20, could you drink a cup of coffee with dinner? Oh yeah, No problem whatsoever. When we learn there that the caffeine is not being processed midlife at the same speed by the liver and gotten rid of like it was in the young healthy liver of 20. Or if a woman says, we ask a women, can you go into a mall and hang out there and shop for a while?

And there's a certain number of women who are going to say, I used to be able to, but I can't now. I just can' t go in there. And what we learned about that woman is she's not processing all the toxic chemicals that are in the air in them all.

And there's plenty of them. Dry cleaning fluid, all kinds of stuff they add to fabrics. I mean, what does them smell like? It smells like something. So we learn that a different phase of the liver is not working well.

There's lots of clues in medicine when things aren't working. Well, we don't need the 24 hour urine hormone test to tell us that there is liver compromise, in other words.

Right. like that. And so when we're thinking about the patient and their specific, you know, testing regimens, their exposures, I'll just say like one thing that we get a lot is with women who are interested in hormone replacement, we've got the symptoms that indicated potentially we have some lab tests that also indicated they're concerned about the risks associated with hormone replacements.

So I heard you mentioned earlier that the hormones are not necessarily the cause of cancer, but I'm curious your opinion and your experience in looking through the research and understanding when we have a person who has fear around hormone replacement therapy developing and turning into cancer, how do you walk that person through that?

I think this is one of the most important questions of today. And I mean, not only today, of this time in history, because this extraordinarily unusual thing happened in hormonal medicine that I've never seen happen in my whole career and any other branch of medicine.

So just for example, hormones were so popular in the United States that 40% of all American women in menopause were on hormones in just prior to 2002.

That was 18 million American woman were premen or prem pro, pregnant, married, derived urine hormones. And then out comes the study, reporting of a study Now let me say it was a false reporting, but it exploded out into the world and the study was called the Women's Health Initiative 2002 and what it claimed was that women who were on hormones were at increased risk for breast cancer, heart attack, and stroke.

It was total misreporting. When you actually, I was shocked too when I saw this come out because I had been treating women for 10 years on hormones. I wasn't concerned, but then I read the report and I so surprised because there was 20, 30, 40 really good studies prior to 2002 that one after another, after talk about the benefits of the hormones and not the risk.

But here we got this one study that comes out that says, no, it is risky. Well, I looked into the study and I was so shocked because there was no real statement said that there were increased risk.

It wasn't in there. What was stated was that women who were on Premarin, pregnant, mare, urine-derived estrogens, had a 21% reduction in risk for breast cancer.

21 percent reduction and risk, that was in the studies. But there was a second arm of the study where premarin was combined with this little bit of a funky molecule, in my opinion, a progestin, not projesterone, called madroxyprogesteron acetate, PREMPRO is called.

And there what was reported to be a 1.26 relative risk, which was immediately followed by, was not statistically significant. This is in the original study.

Well, any scientist knows that if it says not statistically significant, that don't pay any attention to it. Don't draw any conclusions to you. It doesn't cross the measure of being significant.

But that's not what the press reported. They just went to, there's an increased risk. And those 18 million women who were on hormones, it dropped to 2 million.

with, with horrendous consequences. And I won't give you the, uh, I, won' talk more about that right now, but what I would like to say is as popular as that study was that frightened women and healthcare providers all over the planet and cause that drop from 18 million to 2 million.

The study committee continued to follow those women and in 2016 came out with a report, same study, committee same journal that after 18 years of follow up, there was no increased risk.

Hardly anyone's heard of that. No kidding. Now it is becoming more public in the medical community. Thank goodness, thanks to the efforts of an extraordinary physician who's been really doing the research there.

But what I'd like to do is tell you what the actual science is around risk. Not necessarily you, Rudy, but your audience. Yeah, yeah, no, thank you. that you know, you're a physician, we know that we're all at risk.

We're human beings, were at risks for thousands of diagnoses and a lot of them are not pleasant. And as human being we are at a risk for hundreds of cancers.

As a male I have a specially increased relative risk of prostate cancer and there's new reasons for this. This was not true when I was in medical school.

And women are an increased relative risk for breast cancer. Also something that was not increased when I was in medical school. Given that we're all at risk, women who are treated with hormones are at less risk.

For breast, cancer, heart attack and stroke than women's who were not treated hormones. That's the actual science. Men who are treated with testosterone are at less risk for prostate cancer than men who were not treated.

You can even go further. Women who've had breast cancer and have had that breast, cancer properly treated, they happen to be at an increased relative risk recurrence than a woman who's never had cancer is for developing a breast.

Cancer. Given these women are at increased relative risk for recurrence, they're at less risk if they are treated with hormones than if not. That's the science, folks.

You don't have to take my word for it. Although in the book that you can offer to your, they can download a free copy of our book in chapter three, I cover this subject of risk.

Cancer Risk, WHI, and Hormone Safety

And this risk, the subject to risk for women is covered phenomenally in a book by oncologists who specialize in breast cancer. His name is Auburn Blooming, and he and Carol Tavris wrote this book called Estrogen Matters.

Any woman who said breast cancer, we automatically say to these women, read Estragon Matter. You'll get the details of what the science is. And it really ultimately comes down to women who are treated with hormones are at less risk for breast cancer than women or not.

And women have had breast-cancer are less risks for recurrence if they're treated hormones. It is really a phenomenal book. They're not fans of bioidenticals, so I don't like that aspect.

That's a whole other story. But at any rate, the science is very profound. backing up the statements I just meant around less risk. Then there's a book called by Abraham Morgan Taylor, he's an urologist, a Harvard professor, it's

called Testosterone for Life.

He goes through the same kind of discussion about men and reduced issues with treatment with testosterone. Well, I think that that is a mic drop moment for you with those statements.

And hopefully that reaches everyone. If you are interested in Dr. Rosen-Sweet's book, he has been so kind to supply us with a free copy that you can download as one of your gifts for signing up for the summit.

So thank you very much. You mentioned chapter three as being the place that they would find that. Yes, right. Perfect. So I think that that can bring us to the next point.

We've kind of pushed the risks outside of it. Obviously, we've mentioned some of the symptoms, the signs, We've talked a little bit about benefits, but besides the reduction of signs or symptoms and feeling better, more energetic, what are some additional benefits or the main benefits to you?

Obviously risk reduction, of, cancer and recurrence of cancer. Are there any other benefits that you want to mention to utilizing hormone replacement?

The most profound question that can be asked, the benefits. Yes. Yes, the benefits are huge. And we think, I mean, you talk to any man who's lost his erection and the benefit to that erector returning is really dramatic to the man.

or any woman who used to enjoy intimate contact but cannot actually stand it because of the pain and intercourse when she gets the restoration of that.

That's just the sexuality part. These hormones are so powerful that they affect our mind. So there's a large percentage of women who get cognitive issues.

They're not thinking clearly. These are professional women at the peak of their knowledge and experience, and they can't think clearly and can remember.

For them to get restoration of the ability to think is humongous for them. Just think about not being able to talk. And you know the bones well the greatest benefits.

People don't actually understand but healthcare professionals do like any physician that is taking care of people of all ages we know what happens to people when they're in their eighties and nineties.

And the main thing that happens is what a specialist in aging medicine, a gerontologist taught us in the 1960s. He said, here's what's happening to old people.

They're losing their muscles through a process called sarcopenia. they can't stand and walk with stability. onto their osteoporotic hips and they die.

You want to help older people? Help them with their muscles, their bones, and also their mind. So on our medical board, we have a physician who spent a large part of her early career assisting nursing homes.

And I asked her once, what percentage of women in nursing home you think are there because of low hormones? She said 80%. And this is the big one that I tend to think in terms of, yeah, it's really nice to not have night sweats and be able to sleep again and have a good mood and get your erection back.

But I've been there in the moments when elderly folks, they realize they have to enter assisted living facility. And it is a real tough moment for them.

They like being at home. They don't wanna leave the family, their lives. They wanna go into what we used to call old folks homes. And they're strong and they will do it.

But the main advantage that I think of replenishing hormones for both men and women is to allow them to live at home and walk and talk and think and a lot more for every day that they are on the planet Earth.

I that's the biggest benefit. Yeah, beautiful. And I think that really ties over to the theme of longevity, right? It's not only the avoidance of the scary conditions that cause death, whether it be cardiovascular disease, stroke, Alzheimer's, cognitive function, cancer.

So you get the protective benefit there with making sure that your hormones are in good operation, but also increasing that health span versus lifespan and being able to live your life be able to be energetic, to able be productive and be in your own home for as long as you possibly can.

So it resonates perfectly for the reason that hormones are an integral lever or dial or button that we need to thinking about pushing when we're talking about longevity.

You said it so well. There's so many of those deep conditions, heart attacks, strokes, prevented, not for everybody, but in a large measure by adequate hormone levels, bones, brain.

You set it right there. The big stuff that we all face as people and as healthcare providers. Yeah. I mean, we've seen it in our clinic with the help of your tutelage.

you know, especially with some of our female patients dealing with cognitive decline and on that, you have that genetic predisposition for Alzheimer's.

And this is a huge lever that for some them that when we're able to get those hormones right, it makes the changes, I say overnight, not literally overnight but rather quickly for they've been experiencing cognitive decline for slowly over many years, within months were able to get their brains back up and running and their families see it, their friends see, and then it's also a great business model because the friends it and they want to know where they're getting their hormones, right?

Yeah. So, um, I think right now when we're talking about, you know, hormone replacement, like one key thing that people might be wondering is, okay, well, there's, uh, pills, injections, gels, pellets, creams, so many different delivery options.

What or why does the delivery method really matter? And how do you help patients choose what's the best option for them? Yes. The, there are a lot of methods to deliver these hormones.

and they've undergone a history back from the Chinese. And I want to give you my best shot because I think there's been an improvement over time in many aspects of hormonal treatment, including the delivery system.

So I'm going to cut right to the chase. For women, there's four major ovarian hormones to replace. There's the estrogen family, There is progesterone, testosterone and there is DHEA.

And by far, my favorite way for a lot of reasons is to apply them to your skin in oils or gels or creams. So there are many topical, that's what it's called, application methods and then years ago, I was used to prescribe these hormones and topical gels.

And my pharmacists, instead of shipping as usual to my patient, the gel, they shipped one of my patients estrogen to office. I had been treating for 10 years women with these gels and I surprised because I'd never seen a hormone.

So I went open and cracked the seal to the white cosmetic jar and opened it up and out came this odor. And the odor is a strong solvent because these steroid hormones don't dissolve well unless you use a stronger solvent.

And here I was a functional medicine doc trying to detoxify people and I did the math and realized I asked them to apply a strength solvent about a quarter year for 10, 20, 30, 40 years.

That added up to a lot. So my son and I went on to develop an organic oil base.

Benefits of Hormone Replacement for Longevity

That's my favorite way. Women, so many will do best with an Organic Oil Delivery System of a compounded bioidentical hormone, molecularly identical to what your ovary put out and they're dispensed and By compounding pharmacists all over the United States, there's over 8,000 of them in the united states.

These people really care about the best themselves and they can individualize therapy. So for women, individualized hormones being prepared by compounded bioidentical hormone compound in pharmacist.

And my favorite is in organic oils as the delivery system. Men, do what I do. I take my testosterone every day. And this is an oral syringe. It's not an injectable.

This just helps me measure the right amount of testosterone. to apply to my skin. I do it after my shower every single day. It's testosterone and an organic oil base.

This is my favorite. We discuss it for women in the book that you can download. That's my favourite way to do. Interestingly enough, if you go to a provider who really cares about this work, and has done some studying and really understands the process of dose determination.

Almost any form of hormone that you can think of can be beneficial. Yeah, you, horse urine derived estrogen, like who would want to do that? I've never written a prescription for it personally.

But you know, the women who were on Premarin, they were doing a lot better than the woman who weren't. And they had that, interestingly enough, better reduced incidence of breast cancer that wasn't reported that way, but it was the reduced incidents.

So when someone knows what they're doing, they've got a favorite method, and you can find someone who's good at it, almost any way of delivering hormones can be beneficial if done carefully.

And again, I want to give you my best shot. Topically delivered ovarian or testicular hormones in an organic oil base, that's the top of the mountain.

Yeah, very interesting. You saw a need there. to be able to give people organic, right? And because as a functional medicine provider, we're trying to get toxins out.

I meant to ask this question earlier, but neglected to, what are you seeing as the, we talked about, I mentioned that we're seeing these hormone deficiencies occur earlier on or becoming more common when they're occurring earlier in a person's life.

I'm assuming chemicals is one of those causes, if you could elaborate a little bit on some of the causes that you see or you think are driving some this deficiency earlier Well, you name the big one.

Who knew that so many of the herbicides and pesticides that have been produced, tons and tons of it as they put on this planet every year, how would they behave if human beings were to be exposed to them in their food supply, for example?

They behave like hormone disruptors. This has been known since the 80s. A colleague of ours, a chiropractor in Texas, Debakey Berkson, has written a book about hormone deception and about what the trouble that these chemicals cause in our hormonal system.

And you're in Florida and I'm sure you've heard the story of a researcher who went down to study the Everglades because the alligator population in florida was doing some unusual things like number one, not reproducing like it used to and number two, getting low sperm counts.

the males and even getting some hermaphrodites, some males who were turning into females. And what he discovered, it was coming from the pollutants in the major lake that fed the Everglades, where these alligators, that's their hometown.

So it's not just a theory. These chemicals that are in there, our water and our plastics, They don't act like hemlock did back in ancient Greece, or arsenic did.

When you took a glass of hem lock, all of a sudden you keeled over and left earth. Died, in other words, they're not like that. They're toxic, but you hardly notice the individual exposures.

But those individual exposure add up and our food supply is loaded with it. What does it take? What kind of chemical power does the take to kill an herb or kill and insect?

You're not able to do that with fairy dust. You've got to use something that is really strong in this round up glyphosate that's almost universal on this earth.

And it's right here in my own neighborhood out in the countryside in North Carolina. We see where they put it on the ground. It turns the earth into this just extraordinarily unusual orange color.

But you know something is wrong. Well, that's where it's coming from. All the chemicals and all the toxic chemicals. And then like you say, as yourself as a healthcare provider, people come to you and are not feeling well, what do you do?

Well one of the things we've got to do is get rid of their poisons that they've acquired in their body. Cause these things are fat soluble too. So big story there, toxicity.

Wow. Want to make a change? Eat organic. Yeah, eat organic and start detoxifying. I mean, I think one of the most beneficial tools for detoxification, especially if some of these types of chemicals that we're talking about is a sauna, right?

An infrared sauna. And that's probably one, if not, in my mind, the most important investments into your health could be purchasing an infrared sauna, whether that's a stand-up unit or a blank covering or sitting down your heads out, whatever.

I just think that saunas are one of those things that we all need to be considering if we're looking to help with detoxification. And of course that's state of the art.

Because sweating this stuff out, it'll metaphorically bubble out of your fat tissues if you heat them up. Now a pathologist that is quite famous in the circles that I used to travel in, he said, you know, a poor person's version of a sauna is you buy one of those radiant heaters those things that look like those old-fashioned they're about a hundred bucks and you stick it in a closet or a bathroom and heat it up at 104 degrees so where you're sweating small space, small heater, and he says, so many of these toxins will come out of the fat cells at a low temperature and you can do it in your own bathroom or in a closet if you're willing to sweat it out in there.

Yeah, infrared sauna, absolutely a state of art. Yeah, that's great. Okay, so we've gone through some of the causes of hormone issues. We've done through symptoms and signs.

Delivery Methods and Organic Oil Hormones

help deliver those hormones. And with the organic oil, we're reducing the number of toxins that we are putting in our body. We don't want to necessarily add any more toxins into our soup or toxic soup that were exposed to.

So from there, as a person who's looking to come in with hormone replacement, are there particular guidelines that you would give them when they're searching for a practitioner who can help them, whether that be local or You know, now with, you know all the things that happen with coven we've got more virtual practices, any particular

guidelines that you would give them to make sure that they're going to somebody who's knowledgeable and can do this the right way.

Well, I think you're naming the number one job. of any person who's concerned that their hormone levels are declining and have given them trouble. And it's to find that professional provider.

This is a very unusual field, hormone replenishing. What I observed over the course of my career was the differentiation out into medical specialties.

There used to be generalists when I was in medical school. I graduated as a general practitioner, but the knowledge base got too big and medicine really got it.

Providers really get it, I'm going to choose the lane. I'm going to get great at it. You choose a narrow enough lane, you start getting really great over a period of time.

Well, this has happened all over medicine, neurology, obstetrics, gynecology, endocrinology. And it did not happen in hormone medicine. Because as all these differentiated specialties were occurring, This was occurring at a time that the Women's Health Initiative came out, and it scared professionals away from hormone treatment.

In fact, if you talk to a large majority of professionals and say, I think I want to get on hormones, Doc. What do you think? They'll say no, no. Even though this has been refuted, For the last 20 years it's been refuted.

They still got poisoned by the same poison that we all got back in 2002. So it is the wild west in hormonal medicine and that's why I think the question you just asked is most important one.

How do you find a provider who really knows what they are doing? And that is your job. There's a couple of ways to do it. What you want in that provider is that they've really acquired an interest in replenishing hormones in men and women midlife.

that for some reason or another, they thought, man, this looks like a great idea. And not all of these providers, but a lot of them have gone through menopause and andropause themselves.

That's why they though it was really a good idea, not although we know a of young healthcare providers who got interested really early on. Why? Because it's one of the most important things to improve someone's health that you can possibly do.

Lose your most powerful biochemicals, replenish your most powerful hormones. So you want to find someone who's taken a special interest in it and reached out to get postgraduate training because none of us are taught any of this stuff in our primary training programs.

And there's a lot of training program out there that you can learn quite a bit on. You want someone whose followed that bouncing ball. Now there's a lot of ways to go about it.

For one thing, if you might have a friend who's already on compounded bioidentical hormones, and that's the key point. Although any hormones can be valuable if done properly.

What do you want? You're going to want the best. You're not going to want a Model T Ford. You may want an electric car, maybe even a Tesla. When you go out doing this and you're going be doing it for the whole rest of your life, you are going want someone who really knows what they're doing.

And you want them to be giving you the best stuff possible in a very individualized manner. Well, in order to do these individualize prescriptions, You are gonna be needing to deal with a compounding pharmacist.

That means the provider is going to be able to write a prescription for individualized dosage for you. Is there going be to figure it out with you? They're going put you through a process to do it.

So a keyword is compounded bioidentical hormones. When you're talking to people, ask them, do you know anybody who's doing this? You can spot these people.

Take a look at the women in their sixties. And you're going to be able to pick out, as soon as you decide to, which women are in hormones and which ones are not.

Environmental Toxins and Hormone Disruption

And if you don't have a friend who's on hormones, go up to one of these women, because women a great networkers, and say, are you on a hormones? I'm looking for hormones.

Can you help me out? Do you know anyone who is good? That's one way to do it. Referral from a friends, there's nothing like it, Another way to do it is these best hormones are being delivered by compounded bioidentical pharmacists.

And there's one in your town and God, there must be three, four, 10 in the Southern Florida East coast there. Oh, easily. Easily. Yeah. Here's what I recommend that you do.

You actually go to your nearest local compounding pharmacist. and go into their pharmacy. Don't try and do it by a phone call. These are busy folks. But if they see an actual potential patient in their pharmacies, they like to talk to people.

And ask for the pharmacist and say, I know I need hormones. You're receiving prescriptions from a lot of providers here in your area. Is there anyone that you'd especially recommend that is really good at this?

They're going to know by the quality of prescriptions because there's a lot of people who don't know what they're doing and you can see it in their prescription.

So these pharmacists are often going know who the very best ones also from testimonial. They are going receive testimonials from their patients who are picking up these hormones and saying, boy, Dr.

Jones, they are fantastic. I feel so much better. So they know that. They're getting these testimonies. See your local pharmacist. Another way that you can do it is we've trained over a thousand providers in our organic oils method.

And you contact us through our book or through a website. Very often, no matter what state you're in, we'll train somebody there who's doing this method, so there's a lot of ways.

Ask your friends. Go to your local compounding pharmacist, take a look at our book and contact us directly. We'll refer you to someone. Most often we have someone, these are the best ways.

Perfect, and I think that now would be a perfect time as we close out this interview is to share if you have, I'll be thinking that if there's people on here that are looking for your website, feel free to that or how to get in touch with your group, your practice.

And then if they're practitioners that interested in being trained, what's the best way for them to reach out to you? Well, thank you for that. For women or men who are seeking treatment and looking for a provider, go to bright.

Finding a Qualified Hormone Practitioner

live, B-R-I-T-E dot live, unusual website, bright dot Live. And we have mechanism there for you to get referred. And for those providers who are seeking education, that's the main thing I do is I train and mentor, and I mean, train.

Amen, sir. Yes, you do. Yeah. That would be IOBIM.org. I-O-B as in boy, I, M as Mary, dot org, IOBM. ORG. And that's how providers can link up with our trading program.

Excellent. Well, Dr. Rosenzweig, thank you so much for your time today. You provided a ton of benefit and a lot of knowledge through your experience today for our listeners.

So I just really appreciate you and all the work that you've done. Thank you, so, much, for joining us today What a pleasure, Dr. Mueller. I've known about you and Annette for so long and real pleasure to hang out with you.

It's always interesting to see the spouses, the equality there is so beautiful to say. So it's been a real honor to meet you today and salute you for your great work that you guys are doing.

Oh, appreciate you, man. All right. Well, everyone live long, live happy, and we'll look forward to the next episode. Thank you so much. Thank you for tuning in to Doctor Talks.

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