Are Your Hormones Talking to You? | How Mira Transforms Functional Medicine Transcript

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Introduction and Guest Background

Most women in some way have a security when they have periods. They know that's a natural good sign. If they're having a period, things are good. So when you're postpartum and you're breastfeeding and you don't have a period, they've lost something that they're accustomed to.

And then if they have been used to tracking ovulation, they also don't have an ovulation to track. And so I call those like the two guideposts that like, if you can track your period and ovulation, you can figure out the rest of your cycle.

So they've lost both of those things. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, welcome to the Functional Edge podcast.

I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine. Today, we're honored to welcome Rosemary McKenzie to our show.

In this episode, Rosemary will be sharing insights on the Mira device and tracking hormones and offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. Welcome Rosemary. Thank you for joining us. Yes, thank you for having me.

Why don't you just give us a little background on yourself and then we'll jump into questions. Yeah, so my background is really in patient education, fertility awareness, so teaching women and couples how to understand their fertility, whether they're trying to avoid or achieve a pregnancy or for overall health promotion.

I really went into that space because I had been working in the ER and I enjoyed my work in the ER. However, I discovered, like many people do, that it's too far gone for many things.

And so I really like the preventative side of like, how can we support our body and heal our body in a way that will change, I like to say the trajectory of someone's entire life versus band-aid fixes and much too far down the road fixes.

And so I went you know, head first into women's health and I like to say preventative health and the women's space of teaching women proactively what are their hormones telling them, what can you do to improve them.

And I've worked one-on-one with clients, but I then now in the clinical manager at Mira where I get to teach providers how to use this in their practices.

That's great. That's wonderful. Thank you. Okay, well, how have you seen Mira change the way women engage with their own health compared to traditional tracking methods?

Well, so I think we first have to talk about traditional tracking methods of, you know, there's many different things people might think of when they hear traditional tracking methods.

Is that that they're tracking their period in a phone app, or does that mean that their provider ordered them a blood test? So there's a lot of different, even when someone says track your cycle, what do they even mean by that?

I like to say that historically we had snapshot in time blood tests.

How Mira Changes Hormone Tracking

We had patients tracking subjective measurements like cervical mucus tracking or taking their basal body temperature. We had sometimes patients were collecting saliva or urine or blood and mailing it in waiting for a result.

But really, we're seeing that landscape change of now, of course, biohacking and wearables and things like MIRA that allow patients to see what is happening right now.

And they see it themselves in a real way that they can see how positive and negative things in their life are affecting various things, their sleeping patterns, their hormones, their cortisol, and that sort of thing.

How is it engaging patients? Well, patients are seeking this. Before, there was somewhat of a, we'll say, barrier to entry for patients being actively involved in their own care.

And now in the current climate and landscape, really, patients can seek to care for themselves the best they can. And then they have data to then show to a provider and say, I'm concerned about X because of Y.

They have real, we'll say, things to back them up, which of course helps prevent patients from feeling gas-lit because they can advocate for themselves in a very real way.

Yeah, that's awesome. That's great. Well, what are some of the biggest light bulb moments that patients experience when they see their hormone patterns charted over time?

Well, I'd say the data challenges both patients and sometimes providers. really surprises you what you find sometimes. Sometimes it just confirms what you already expect, right?

Like if you have PMS symptoms and maybe long irregular cycles, you're like, oh, I have low progesterone. So it doesn't surprise you. But other times, you know, I've had patients who they've had a hysterectomy and they're like, I don't even know if I ovulate anymore.

I think I do because I have these like cyclical situations that make me think it's still PMS time and this might be my period. But as soon as they start seeing the data get graphed out, it's like you like watch as the curtain opens and they like see for themselves what their body is doing.

Again, either supporting what they already thought was happening or just completely like blows them out of the water. This is amazing that I can see what my body is doing in day to day cycle by cycle.

Yeah. And in a different way than they've ever seen it before. That's great. Yeah, no, I think it's really fantastic and a total game changer because we've never had this available until now.

And that really sheds so much more light on things because you can still have a cycle and just have all these hormonal irregularities and you just don't know until you test.

So in your work with providers, has MIRA helped improve adherence to treatment plans? Yeah, I would say there's two ways to think about that. Seeing the data can be very motivating to continue to see the progress.

Like, you know you had, let's say the data showed at first that you had too high of estrogen, too low of congestion. So you know kind of the problem. Now you start doing the strategies with your provider and you see it start to shift.

And you're like, I'm doing it. It's working. Everything I'm doing is working. The hard work is paying off. And that can be continual motivation to stay on the treatment plan.

There's some providers I work with that they say, I demand a lot of my patients, right? Like I want them to be doing all these things. And sometimes that can be overwhelming, but when they see the data and they see, wow, it's

working.

I can put in that effort and continue to put in that effort.

Patient Insights and Treatment Motivation

So it can be motivating in that way. And the other way it can be motivating is it can slap you in the face and say, you're not doing enough. I don't want to say they're not already trying hard enough, but sometimes it's like, I like to tell people their hormone data doesn't lie to you.

You just might not like what it says sometimes. it may challenge you to really see like when I do X, Y, and Z. So maybe when I stay up too late and I'm working too much, then my hormones really do have a different pattern in this cycle.

And that challenges you to do something different. So it can be challenging to not keep pushing something off. I'm going to do that next month. Yeah, I'll start that next week or whatever.

But it's like, no, your hormones are really telling you. And a very perfect example of this is I tell patients, whether you're trying to get pregnant or not, you need to know a fundamental thing.

And that is your body only has one way of protecting you against pregnancy. and then is to not opulate. That's it. That's the only thing the body knows how to do.

And so when your body feels like it's not in a good state to conceive, whether that be, you know, famine, like think of historical times when we actually really didn't have access to food, or if you're doing something that makes your body stressed in that way, it doesn't know if it's going to get the calories it needs.

So not having enough calories, that sort of thing. Your body doesn't know the difference. And it also doesn't know the difference between like being chased by a saber-toothed tiger and like a work deadline that's a project due next week, right?

Your body doesn't know the difference. And so your body will shut down ovulation. And so it's not your body's fault. It's actually telling you something and you can decide to ignore it or you can decide to listen to it.

And if you decide to listen to it, then you say, okay, my body's telling me that it's not in a good state to ovulate. Why does it feel that way? And it may be, again, stress levels, sometimes over-exercising, undereating, all the reasons that your body can sense that this is not a good time to ovulate.

And, I mean, we can go into lots of different rabbit holes, but some women are very sensitive to all those fluctuations. Some women, you know, they can put their bodies through a lot and it will continue to ovulate.

So there's different thresholds there. But also just thinking about like different states, like if someone is postpartum versus non-postpartum within their 20s versus someone in their 40s, like your body can handle things differently if it's already perimenopausal and it's already kind of struggling to ovulate and then you stress it out more, it's probably not going to bounce back as well as it did before.

Whichever really cool story I can tell you about that if you want to hear it now or we can save it to later. No, go for it. So I had a case study. presented to me recently that it was a provider herself who had donated her kidney to her sister.

And they told her, you know, like, your cycles might be a little bit weird afterwards, but she had been having regular cycles like clockwork, and she's 46, I believe.

And then after her surgery, she had no cycle. It did not come back and did not come back. And she was very concerned about it. She wasn't feeling well.

She, as a provider, she ordered her own blood work and got an FSA, got an estradiol. Her FSA was really high. Her estradiol was really low, like post-menopausal levels.

And so she starts, you know, doing the work to try to support her body back and ovulating again. And this is where it's a little bit comical that the transplant doctor was like, it's just a coincidence.

The surgery did not do this. Don't blame me. It's not my fault. Yes. But obviously, he's never really looked at that before. Correct. Correct. And I mean, when the provider and I had the discussion about it, we were like, well, how many patients are later perimenopausal when they do donate a kidney?

And then how many of them are having cycles still? And how many of them might already be on a contraceptive? And so we're getting narrower and narrower and narrower.

So maybe he really hasn't seen this before. Yeah. Yeah, exactly. But anyway, so she donates her kidney, her cycles completely stop, she works through it and gets her cycle to come back.

Hormone Disruption Case Study

But of course, it's this roller coaster ride in between and she put herself on a estradiol patch and then did some blood work. And because she was mirror testing, she saw that her own body had finally responded and was getting these really high estrogen levels.

And so she takes the patch off. And she's like, I know these levels are beyond what the patch is giving me. So my body finally responded. I'm finally getting my own estrogen back.

And she got this panic phone call from her provider who said, take off the patch. Your estrogen's really high. And she's like, I had taken it off weeks ago.

And it's not from the patch. This is my FSH. I believe her FSH was like in the 50s. And she's like, my, you know, my ovary wasn't done yet. It decided to start producing estrogen, even though her FSH was really high.

And so, you know, those, these situations that women end up in where, like, yes, some, if a woman was in her 20s, maybe she donated a kidney, maybe her cycles would rebound really quickly.

But these patients who are already kind of teetering and perimenopause, and then a, you know, quite disruptive event happens of donating a kidney. It really sent her in this tailspin out of control and thankfully she was able to recover, but she went looking, how can I track my hormones in a more practical way because I can't go get my blood drawn every week like this.

And so that's how I found Samira. So that's so interesting. Yeah, that's really interesting. But it makes sense. You know, that's a huge stress on the body to donate a kidney.

Huge cortisol kind of stuff. And it sort of makes sense that the body is like, okay, well, we're kind of done with the reproductive side. We'll end on that.

She even, she dug into her surgery report and they noted that her surgery took a lot longer than expected. And because she donated, let me see if I can get the details straight here.

She donated her left kidney, which they had to clamp off the blood flow to her ovary to remove said kidney. Oh, yeah. So it was quite disruptive and, but her, again, her transplant doc said, well, you have two ovaries.

We only clamped one. Yeah, but you're… If you're making one ovary try to survive without oxygen for a long time, that's going to be damaging. Oh, very interesting.

Well, you've worked with women in very different stages, so postpartum, chemo-induced menopause,

perimenopause. Can you share some examples of how MIRA has been especially valuable in these unique cases?

Yeah, so I think many of these women feel really hopeless and they don't know where to turn to. They don't know how to track their hormones. I mean, let's start with postpartum as an example.

Most women in some way have a security when they have periods. They know that's a natural good sign. If they're having a period, things are good. So when you're postpartum and you're breastfeeding and you don't have a period, they've lost something that they're accustomed to.

And then if they have been used to tracking ovulation, they also don't have an ovulation to track. And so I call those like the two guideposts that like, if you can track your period and ovulation, you can figure out the rest of your cycle.

So they've lost both of those things. And so to be able to give these women the confidence to know, like, these are the signs that your cycle is returning and your fertility, you know, your ovaries are waking back up and your body is trying to get ovulation going again, that's very reassuring to these women that they can identify this themselves instead of just this.

I call it no man's land, just wandering around no man's land, no periods, no ovulations. Who knows when, you know, something's going to happen. And then they just, you know, find out one day they're having a period.

No one wants to wander around like that. So really giving them the confidence to know what's happening. Same with these, you know, women who are maybe post breast cancer treatment and now they're on post chemo meds.

And some women are, you know, in a state where they now need to strictly avoid pregnancy. Some are been cleared to, you know, it's probably better if you conceive soon.

So they want to see when are my, you know, signs of fertility returning so that we can identify, are they normal? Is something need to be worked on before we try to conceive now?

And for those women who can't conceive due to their medical condition and on meds that cause birth defects, they can be confident that they can avoid a pregnancy without needing to go on birth control or have a surgery.

They've already went through enough. And their body's already in a, we'll say, delicate state. And so I always cringe a little bit when I hear oncologists tell their patients to go on birth control.

And I'm like, But you know, like this is a bad plan, right? It's, you know, it's the only, your kids are at risk and you just got rid of it. So why would you want to, yeah, yeah.

But unfortunately, they don't see another option. And so this is where I think, you know, this technology is giving women confidence back in the driver's seat of they can monitor their own hormones to reach their goals, whether it be trying to have a baby or trying not to have a baby, manage their health conditions.

This really is, I say, this is a basic necessity that women deserve to have, body literacy, understanding their hormones to make informed decisions. Yeah, absolutely.

And I guess the same kind of question for women with irregular cycles or those coming off hormonal birth control, you know, how does MIRA help restore clarity and confidence in what their bodies are doing?

Yeah, I first want to bring up that many patients don't realize that they actually are ovulating with like an IUD, for example. Many patients continue to have fluctuating hormones.

And so I challenge actually, my first question to patients and to providers, I say, do you know if you're ovulating? And the question is very specific, not are you having periods?

Are you bleeding? Are you ovulating? And if you can't answer that basic question, then that's where we have to

start.

Postpartum and Special Populations

So regardless of your situation, whether you're postpartum or you have an IUDN or you've had a hysterectomy, do you know if you're ovulating? And once we define that, then we can move from there.

Do we know if your hormones are balanced or coordinated? But if we can't answer the first question, are you ovulating? Then that's where we have to start.

Got it. And are there any misconceptions patients have when they first start using the mirror? And how do you help them adjust expectations? Yeah, so sometimes people don't know, I mean, the basics, and this is not their fault, but they don't know the basics of what their hormones are supposed to do, or they don't know, like, how do you actually do this?

When someone says, you can test your hormones, I'm sure they have a lot of things in their brain, like, what are we going to be doing? So first, I like to start with just, you start with the basics of how do you test.

So this is very doable because you don't want it to appear to be cumbersome, like this is going to disrupt your life. So explaining that this is a urine test, you do it in your home, you don't have to go, you know, go to a lab.

And it can go with you regardless of your situation. So if you're on vacation or you are, you know, I don't know, remodeling your house, like this can still happen.

You still pee in the morning. Yeah, so you collect your urine in the first morning and we use first morning just, you know, in case people are listening and they're like, why do we use first morning?

First morning is naturally concentrated. Most people are not eating and drinking throughout the night and they're going to the bathroom less often. Even if you get up at night to go to the bathroom, you're not peeing the same amount as during the day.

Yeah. So we use first morning, you wake up, collect your urine, and then you're dipping a test strip, you're capping it, put it in the machine, and then you get ready for work.

You make breakfast, whatever. And the machine is analyzing it. And so it's very doable. There's the low barrier to entry here. So that's the first thing I just, I get rid of any misconceptions about what this even means.

Like how does testing happen? Very easy to do. And then the next thing I have to often remind patients is this is not only about trying to get pregnant, because most people think, you know, that's for when someone's trying to get pregnant.

And that's not true. This is from puberty to menopause. If you have functioning ovaries that are producing hormones, then you are a candidate for hormone testing.

regardless of, again, what your goals are. Some patients test for years on years on years, and other patients test two cycles, and that's all they needed for their current situation.

So it's very flexible. The needs and situations vary greatly. But again, if you have ovaries that are functioning, then hormone testing can be a piece of your own body literacy, learning about your body to reach your goals.

Awesome. How do you see MIRA fitting into a functional or integrative medicine practice compared to a conventional lab-based hormone testing? Yeah, well, let's say first, the functional integrative space already acknowledges that patients know themselves best and that they are an active participant in this care.

And so it's very easy to see how this would fit in because it's not in the conventional space. It's, you know, the

patient comes, presents a problem, they get given a solution.

In the integrative functional space, patients come. Yes, of course, they have complaints, but you ask more questions. You find out more information. You see what they're capable of doing.

Like, what do you want to focus on? And you expect them to bring you more data every time they come see you. So you get results from X, Y, and Z. And so it fits very naturally in that setup because it's a team effort.

And again, that like companionship walking alongside of them, not just one-and-done kind of visit. Yeah, yeah. What insights can MIRA provide that a single blood draw cannot?

I mean, obviously it's… Yeah, sorry. Well, so I think, you know, I'm not discrediting a blood test. Like, blood tests are great, but you have to know what they're doing for you.

A blood test is telling you what are your hormones or what is, you know, whatever you're testing in the blood, what is it right now. When you get your blood drawn, it's telling you a snapshot in time.

And so that's very helpful for many things. Otherwise, why would we all be doing blood work? But your hormones are different every day, every hour. And so if you just do, you know, cycle day three or cycle day 21, that doesn't tell you anything in between.

And it doesn't tell you last cycle or the next cycle. And so urine really started getting looked at because it's very easy to collect, you know, patients are urinating at home all the time.

So you just collect some. And so the researchers, when they started looking at this, they were like, what is a way that we can track these women's hormones without you know, torturing them with blood draws all the time.

And so urine metabolites started getting looked at. And it's fascinating to see that, you know, technology allows us to do this, that a urinary metabolite does reflect what the serum levels are.

So if you want to know blood and you want to know a urine metabolite, you can do both, of course. But that urinary metabolite is really going to show you the patterns and trends over multiple days, multiple cycles that blood just cannot provide you.

Irregular Cycles and Testing Basics

And isn't the urinary metabolites a little more accurate, especially if you're already doing some sort of transdermal, like if you're doing a cream delivery method of a hormone or a patch or something, like it's going to be more accurate in the urine versus the blood.

It may not show up quite as blood. So the way I like to, the basic explanation I like to say is anything that increases serum will then be reflected in the urinary metabolite.

But if you're barely increasing the serum level, then you're probably barely increasing the urinary metabolite as well. So yeah, I don't want to go into too many nuances there, but it does matter what type of hormones you're on, how it affects the serum levels, how it affects the urine metabolites.

And so like a good example for people is if you're taking like an oral route of progesterone, because when you take the oral, it will then be broken down and create a byproduct of PDG.

On the mirror data, it will show it maxed out at the top of the scale. And so I might say to you, it's showing that you're absorbing it, you're metabolizing it, but that's kind of it at this point.

So if you wanted to know if you're absorbing it, metabolizing it, great, then yes, you are. If you want more insights on that, then Mira's not a good tool for that.

But what if you're taking the progesterone because you're taking it after ovulation till the next period because you have difficulty sleeping and PMS and all of these problems.

You assess how the symptoms are changing, but also maybe that person had too high of estrogen and they had low progesterone, high estrogen. You can watch the estrogen change even if you can't see progesterone anymore.

So, there's still usable information there, but you just have to know what you're looking at and what you want to see. Got it. Got it. So, for providers worried about accuracy, what does the validation data look like and how reliable is the MIRA compared to standard lab testing?

Yeah, so a urinary metabolite, just to talk really quickly about versus serum, and then I'll talk about the technology. So serum levels, of course, there's like lab accreditations like CLIA and other things.

Because this is a home-based test, many times I get asked like, do you have CLIA approval? No, because we're an at-home test. We have FDA registration and approval as an at-home device.

But where you have to look at us is compared to other urinary metabolites. Like, you don't want to compare blood to urinary metabolites head-to-head because they're not being checked by the same things.

So don't try to compare like this instead. So typically we get actually looked at compared to what are other urinary tests out there. So that would be.

So let me talk about the differences in technology of at home solutions. We'll start there. So at home solutions, MIR is the only technology that uses fluorescent lateral flow immuno assay.

Big fancy words for the type of technology that we use that basically our device is reading fluorescent labeling that when the urine was wicking up the test strip, it picks up our antibodies and then those antibodies are pushing out a fluorescent label that the device picks up.

That's completely different than any other solution patients can do in an in-home setting. The other at-home settings are nanogold technology, which are validated, but they are looking at…

like how dark or light a line has become. So many patients understand when I say a pregnancy test, you wait to see, does the line appear? Then you know the hormone is present.

So that's the same technology that, so pregnancy tests, LH test strips, and then some of our competitors, Inito Approve, UVA, EZ, At Home Clear Blue, LH test strips, they're all using nanoworld technology, which is a validated tool.

Urine Testing vs Blood Draws

But if we're talking about accuracy and do we want to do this like for medical care, then of course you want the most accurate and validated tool there is.

And so we have a study that we're actually working on right now to be published of our technology compared to other at-home solutions. And so we're anticipating that getting published later this fall.

But so that validation study will be coming out. We also have multiple third-party studies that have happened. We did not conduct them ourselves, but comparing us to ultrasound validation, blood, and there's many, many researchers who are using us in various different studies.

And so, of course, they need to ensure that our data is accurate and validated to be able to use. So we've gotten IRB approval for studies. And so that speaks to, again, how you can trust our data.

Awesome. That's great. What are some of the best practices you recommend to providers who are just starting to

incorporate MIRA into their patient care?

Well, first thing, many providers find that their patients are already testing and then they get exposed to it from their patients. So the first thing you have to do is you have to go get yourself educated.

So Mira offers educational sessions to providers several times a week, different time zones to accommodate your schedule. So you attend an educational session with us.

Very clear, it's not a sales call. This is an educational session where you get trained on the basics of the data. And then from there, we assist you in how you want to incorporate that in your practice.

So are you someone that's integrating it actually for patients to test before their first appointment with you? Because many providers do that. Based on intake, the patient begins testing on their own before they see you.

Or are you incorporating it? Some practices do it after they do detox. So every patient's going to go through detox, and then I'm going to have the mirror test.

So we help you fit it in where it applies in your practice. Got it. Have you seen MIRA used successfully in collaboration with other advanced testing like the Dutch test or saliva or genomic reports?

You know, functional integrative providers have a lot of tools in their tool belt. Yeah. And so we see MIRA as a like central piece of that because once you have Basic understanding of someone's cycle.

You identify a couple of problems. Now you decide, is this person best for me to do genetic testing, or would this be best for me to do the Dutch complete?

You can take that information and already decide how I want to tailor this. So I'll give a real example. So let's say on intake, the patient seems to have problems with, I'll use the same example as before, high estrogen in their luteal phase, but low progesterone.

So you might decide, that's what you suspect is happening. You want to see it to be true, so you get Mira out, they test, you see them after one cycle, and you're like, oh, I was right.

But now the patient sees it, and now you can decide, well, I want to know how they, let's say, metabolize that estrogen that's too high. So you maybe do a Dutch complete and you can time that Dutch complete correctly seven days after ovulation when you know this is true mid luteal when I really want to know how their metabolism process works.

So that's a great way of how it complements. That's great, rather than just guessing and say it's day 19, 20, or 21, because not everybody's in that 28 day cycle.

Yeah, I've actually had a real situation where the provider did cycle a 19, 21, you know, Dutch test and they found too high of estrogen, so they began detoxing them of estrogen with like DIM and other things.

Validation and Provider Best Practices

And then the next cycle, they had like really suppressed estrogen and then they weren't ovulating, but they had been having regular cycles. And so when I looked at the data with her hindsight, I was like, I think your patient was ovulating on day like 20. That's why her estrogen was so high.

She was ovulating much later than you expected. Because when she had Mura tested just like four days at the very end of the cycle. And I was like, that's her high progesterone of her luteal phase that we expect to see.

But if you count backwards, I suspect she was actually ovulating on day 20, 21. And so that high estrogen that you thought, you know, it's true. You tested her, she was high estrogen.

But it wasn't, you didn't have the full picture yet. And so it's one of those things where you have to have context to the data to make the best decisions.

Yeah. So where do you see at-home hormone tracking going in the next five to ten years? Yeah, I don't think it's going to go away. I think we're going to love to see it become standard of care.

And so every patient and every situation, we use that data as the foundation, because again, this is the woman's foundation. Her hormones are what are controlling her metabolism, her Even her microbiome and her immunity, it's all related.

And so if we don't identify what phase of the cycle she's in, then we're missing the entire boat. And I'd like it to become the center of everything. And then it will help us to interpret, you know, so we've seen how when women understand what phase of the cycle they're in, they can interpret their CGM data differently, their glucose data, because we know that once they're in their luteal phase, they have that insulin decrease, insulin sensitivity.

And so their glucose levels tend to be higher and fluctuate more. But it's not their fault. That's their body's metabolism changing. And so, yes, they can combat that.

But they wouldn't know why that's happening if they just think, oh, I don't know. It's just like my blood sugar is spiking more. I must need to eat. Now, maybe I'm eating worse, but so that's really how we can take how women's cortisol changes or how their glucose data changes or how they respond differently to meds even in one phase of cycle to the other, because that is the foundation of everything else.

Yeah. What role do you think MIRA can play in preventative medicine, not just reproductive health? Yeah, so this is something I'm very passionate about because when women understand their own, again, body hormones, they see how what they're doing is either helping or hurting them, they adjust.

They self-adjust already. And so they are doing preventative care, potentially even, I don't want to say replacing a doctor of any means, but there are things they can already do.

They don't have to be reliant upon someone else telling them. They identify Yes, I feel worse in this part of my cycle, so I'm going to try to safeguard my sleeping pattern in this phase of my cycle because it just gets worse and worse if I don't take care of myself.

So that way, really, it gives the control and power back to the patient. That's awesome. Yeah. And so are there new hormones or biomarkers, hopefully like testosterone, that you're planning to include and expand their test?

Well, I'll answer that by saying that what we specialize in are things that need to be tracked more often than just once or even once a month.

Future of At-Home Hormone Tracking

And so if there's something that changes that would change how you live, such as testosterone or cortisol, those are things that would be in our wheelhouse.

But other things that you only check once in a while, like a TSH or an AMH or those are things that are infrequently tested. Yes, they're important. They give us tons of valuable data, but they don't need to be done on an ongoing basis.

That's what we're seeking to do is ongoing data that really changes how patients understand themselves and how their providers can then interpret that data to make better outcomes.

That's what we are seeking to do. That's awesome. That's great. Well, thank you so much. It's been really enlightening and super informative. Thank you so much for being on.

Yes, thank you. Happy to be here. Hopefully you can tell that I'm very passionate about women's self and really equipping them with the skills they need.

Yes. And if people want to learn more about the MIRA, what's the website? I mean, we'll have it in our show notes so people can go, but go ahead. Our general website is miracare.com for the public facing.

And hopefully you're going to, in the show notes, share your discount code for patients who are listening and providers who are listening. Then also go to miracare.com, but scroll to the bottom and click on the button that says healthcare professionals, where you can book a meeting with our team.

That's awesome. Thank you so much. And thank you everyone for joining me on the Functional Edge. I hope today's episode gave you fresh insights and practical tools to level up your life.

If you found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it, and leave a review. It's the best way to support our mission of bringing powerful health solutions to more people.

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