Bioidentical Hormones: A Secret Weapon Against Cognitive Decline Transcript

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Introduction and Hormone Optimization Overview

Welcome back to the Reversing Alzheimer's Summit. I'm so excited for our next interview. She is one of the world's leading experts in hormone optimization for women.

Her name is Doctor Sharon Stone, and I've had the honor of interviewing her several times. On my on my Instagram and in social media. I've got interviews for other health summits as well.

She's a true expert in the field. Doctor Sharon Stills welcome. Thank you. It's wonderful to be here. I'm so excited. And so I just want to explain kind of what you do.

So that way people understand what to listen for. So you specialize in helping women over 50 optimize their hormones through, through perimenopause and menopause.

Is that correct? Yeah. And sometimes, you know, it's before 50, but it's certainly, you know, 45, 40, 50 beyond. That's when we really have to be paying close attention.

Because even if we've been lucky enough to have balanced hormones throughout our life, which most women don't, and that shows up as PMS, you know, we think it's normal because it's so common, but it's not normal.

So hormone imbalances can show as PMS. It can show us infertility, it can show is fibroids and so forth. But even if you haven't suffered with anything like that in your earlier years, by the time you are getting to be perimenopausal in your 40s, 50s beyond the ovaries are going to wind down.

It's not a disease menopause. It's a natural transition and we need to pay attention because if we don't pay attention and we don't do anything about our diminishing hormones, we suffer.

And this is a big deal for Alzheimer's disease. A lot of women don't know this. But for example, this is a study I read years ago, as in like two years ago, women who have a hysterectomy but don't have hormone replacement have a significant increased risk of dementia.

Hormones by. And women are two thirds of dementia cases. They are 66%, men are 33%. One theory is that hormones play a huge role. And that's that's why women are at increased risk for Alzheimer's disease compared to men.

So this is really, really important not only for overall health and your quality of life as you age, but also specifically for Alzheimer's disease. Absolutely. Yes.

It's one of the top reasons women come to me. Either they're already experiencing brain symptoms, whether it be brain fog or forgetfulness or mood changes.

And so they want help restoring their brain function, or they have a mother who had dementia or Alzheimer's, and they've seen what that can do. And they're like, I want to do whatever I can to prevent it.

That's a very smart thing.

Hormones, Menopause, and Alzheimeru2019s Risk

So if you have Alzheimer's and dementia in your family tree is a very good idea to start right now to do everything you can to reduce the risk, which is really optimize your health now.

So the good news is, if you do everything to prevent dementia, it means you're going to live a really good life now. So you get to start enjoying the benefits right now.

So let's talk about one of my favorite hormones. And this is one of the most important hormones for women that very few of them know about testosterone.

So women actually have more testosterone in their bodies than they do estrogen. It's just measured differently. And it's often not not talked about about how important it is.

Can you talk about the role of testosterone specifically for women and why this is so important? Sure. Yeah. We tend to think of testosterone is the male hormone, and we think estrogen is the female hormone.

And you know, there's there's some truth to that. But we both have you know, the men have estrogen and progesterone. The women have testosterone. And it is I see so many women going to even if it's like a holistic MD for hormone replacement.

And typically they get a estrogen patch and they get a progesterone capsule. And we can talk about why that's not actually what should be done, but they don't get testosterone.

I see women coming in all the time and they think they're on optimized hormone replacement. And that's all they're walking around with is an estrogen patch and an oral progesterone capsule.

And then I do 24 hour wet urine testing on them, because that is the gold standard way to actually look at hormones. I'm sorry I look like that because I've heard you say this many times in our interviews.

So if you're going to get your hormones measured and you're a woman, you got to do the 24 hour wet urine. That is how to measure it. The blood is not enough.

And that's a good way to know if the person you're working with is an expert. Because if they say, oh, we'll just do a blood, blood draw and measure hormones, you can say, thank you very much.

I'm going to go see somebody else, and you can go see an expert like like Doctor Sharon Stills. So the the way to measure hormones for women is 24 hour wet urine.

That's, that's the effective way to get a good measurement and emphasis on wet, because there are a lot of people out there doing dried urine testing.

And that is not taking four samples of dried urine throughout a 24 hour period is not an accurate way to measure the 24 hour circadian flow and excretion of your hormones.

So it has to be 24 hour wet urine collection. And so it's like all their urine throughout the day. Is that what it is? Yep. You get a big orange jug and that's your best friend for the 24 hours. No.

So all all in one all in one jug. That's what happens. Yes. And then we measure it off. And you you don't send the whole jug to the, to the lab. But yes, that is the gold standard way.

And I've been doing testing like this for close to 23 years now. So this is the way and going back to testosterone when we measure it's like always zero I see it.

So it's like you have zero testosterone if you're post-menopausal. I mean, I shouldn't say always, but most commonly there are few unicorns out there and they will have some testosterone they're still producing, but it's typically zero.

Like we can't find any testosterone. And testosterone is so important for our brain health. And you know, we think of testosterone as sex drive, right?

That's what we think about libido. But one, for women, it's much more complicated than just having testosterone. Our libido is controlled by our thyroid and our adrenals and our estrogen and our testosterone.

Men, you know, men or men are less complicated. So if you just with men are fed well and feel important and feel like we're doing good work and get attention from women, men are pretty happy where we're very simple creatures.

Yeah. We're not.

Testosteroneu2019s Role in Womenu2019s Brain Health

So anyway, but if you take out the word sex and you just say testosterone is important for drive, because without testosterone, we have apathy, we are lying on the couch.

We are not participating in our life. We are unmotivated. We don't have dopamine production. We can become anxious. We can become foggy and can't focus and have hard time concentrating.

And so it's really important that we not leave testosterone to the side. Now, if you go on testosterone, it is important to measure in your blood to measure DHT, which is dihydrotestosterone, which is a metabolite.

Because I see a lot of women go on testosterone, they never measure their DHT. And then they wonder why all their hair is falling out. So you have to make sure you're not elevating your DHT.

You have to look at your SPG, which is your sex hormone binding globulin. You want to look at your CBC, make sure your blood's not getting too thick and you don't want to take testosterone in a pellet like so.

When you say, how do you know there's a good doctor who can help you? They're using 24 hour wet urine testing, and they're not telling you they're going to overdose you with a testosterone pellet.

For women, I use cream to the external labia. Dosing can be anywhere from 1 to 5mg a day, and it could be every day five milligrams. That's a higher type dose.

It could be one milligram every day. It could be two milligrams every couple of days. You have to find what works for you. And if the cream, the cream works well for most women.

There are some women, though, who do do better with an injection, which is typically what I do for all my male patients. But a man is getting like a 100 milligram shot a week.

A woman is getting like five milligrams. So there's a big difference when you difference. That's interesting. Yeah, it's a big difference in the dosing.

But we have to do we have to remember that hormones are totally a symphony. It's a commonly used analogy because it really makes sense because if you just give testosterone but you don't give estrogen and progesterone and melatonin and pregnant alone and balance the thyroid and balance the adrenals, it's like if you just give testosterone, it's like you're just going to hear maybe the percussion just banging and that's going to get old.

And so you have to look at all the hormones because when you balance all the hormones, then everything is included in the symphony and the brain is like, thank you.

This is working well for me. So hormones are definitely, you know, a group activity. So testosterone hormones are a group activity. What sounds so nice.

So testosterone is one that often gets forgotten for women. And so I'm glad you brought it up first. But estrogen we know and there's a lot of confusion out there.

So let's just clear the confusion right now. Because if you just go to Doctor Google or listen to what your primary

care physician or ob gyn who's not really keeping up with the science, they will say, oh, if you take estrogen, but you take it too late and you take it with progesterone, it's going to worsen your chance of dementia.

So there's like this talk on the street, you know, you have to start your estrogen within five years of menopause. And you have to first remember they are talking about synthetic hormones.

They are not talking about bioidentical hormones. When they say estrogen with progesterone can worsen if you start it later in life. What they're really saying is synthetic estrogen with synthetic progesterone, which is progestin, which is one of the most harmful synthetic, molecules out there.

In my opinion, that might be a problem. But if you are using bioidentical hormones, yes, obviously, if you are listening and you are concerned about your brain health and the sooner you start, the better.

But I have women. I was just saying to Robert before we came live, you know, I've been seeing women coming in in their 70s, their 80s, their 90s, never been on hormones.

And I'm putting that on the hormones. And like, their lives are changing. And so you might not be able to replenish, but you can slow down progression and you can wake up the brain.

And so like progesterone, you know, when it declines it's linked with increased amyloid beta. It is a flag of the brain that's associated with Alzheimer's.

And so a decline in just around is associated with increased risk of dementia specifically. Yes. And impaired cognition increase neuronal death. And so it helps to increase the NF, which I'm sure you guys have talked about brain growth factor, you know, and that's going to help with neurogenesis, which is building new neurons with synaptic plasticity, being able to learn memory, mood, decreasing stress, cognition, sleep.

Because if you don't sleep your brain never gets to that deep sleep. And it's not able to clear through the lymphatics. And that's the lymphatic of the brain.

And that's how we detox our brains. And so, so many women come to me. They have brain fog, they have anxiety, they have mood disorders. They can't remember names.

They can't remember why they walked in a room. And when we get the hormones balanced and progesterone is a huge one, that doesn't get enough, like testosterone doesn't get enough air time.

We get them sleeping, we get the mood to balance, and we get memory coming back on. And it's literally I think I've had more men send me flowers.

Bioidentical vs Synthetic Hormones

Not that I was like, dating, but like husbands of patients because they are, like, so grateful. Like, thank you, doctor stills. Like, my wife was like my wife was like, cuckoo.

And now she's like, back to who she was. Your hormones. You really can feel like you're going crazy. You can feel like you need to check in to a psych ward, because that's the amount of power our hormones functioning have on our brain health.

Now, you mentioned something. And so so just to summarize what you shared that I have a question about bioidentical hormones. So basically if the symphony is not being played correctly or if the symphony symphony of hormones is silent, it's not it's not balanced.

And if it's not working correctly, basically risk of dementia increases. Whether it's increased risk of amyloid plaque, reduced BD and F brain derived neurotrophic factor, impaired sleep, you name it, it's low levels.

Low levels of these important hormones really increase the risk of Alzheimer's disease. And at some point, someone might actually feel crazy. They might feel like they are disturbed, demented.

Something's really off. If their hormones are off. So could you talk a little bit about the difference between synthetic hormones and bioidentical hormones?

These are terms that have been thrown around that, people may not have a full, full understanding of. Sure. Yeah. And just to drive it home, like I've been practicing for 23 years.

And so I have a group of patients that have been with me for like 23 years or 22 years or 21 years, and that are on hormones like so. I was in my early 30s when I started, but they were where I am now in their 50s and menopause, and so I've been able to watch over 20 years, you know, now they're in their 70s or their 80s and they are rocking it.

There's no dementia. There's no brain issues. And so like a lot of times we we have I believe, I mean, I can appreciate a good study, but a lot of the studies that are done around hormones were not well formulated studies, not well interpreted studies.

And so we get misled. And if we just go back to physiology, then we know what we need to do for our bodies. And we don't have to go externally to get approval from some study.

We can just go, yeah, this is how the body functions. And it just makes sense. If I'm now living into past my hundred, I want to have brain harmonizing, life giving hormones working in my brain so that I can feel like me and I can function and I can participate.

So to answer your question, synthetic hormones are good. The way my teacher initially described it to me many, many years ago was synthetic hormones look like space alien molecules, so they they look like this, let's say, and the hormone, the bioidentical hormone you make, you know, just looks like this.

So when it gets to the receptor site, in the cell, in the brain, the receptor site looks like this. So when you have this synthetic hormone and it tries to get it's like putting a round, you know, round peg in a square form, it doesn't fit.

And so it causes a lot of side effects. And you don't get the benefits and synthetic hormones, they are not identical in structure and also in form into what they do to what our body produces.

So for instance, a common one creamer in which comes from pregnant horse urine, doesn't even belong in any non pregnant horse, certainly doesn't belong in a woman's body.

Contains hormones, forms of estrogen that we have never seen in a female's body. So it has totally different forms because we have to remember estrogen is just an umbrella term.

I can give you estrogen, I can give you extra diol E2, I can give you estradiol E3, I can give you two methoxy astron dial, which is a metabolite. But I can't just give you estrogen.

It's just the umbrella term. And so a bioidentical hormone is just that. It's biologically identical. It's made in a lab. Right. So it's not like we went out in the field and picked it off a tree.

But it is identical to what your body makes. So your body recognizes it. And the the results that I see are sometimes like, I'll see a woman who has zero hormones.

Right. She's got we should talk about testosterone. She's got no estrogen. She's got no progesterone. She has no DHEA. We'll just stick with those for for right now.

And I give her hormones and it's not like, oh, now we have you know, you're so low. We have to wait five years for your brain to wake up. It can be. It can be overnight sometimes. Where?

Or in three days or, you know, certainly like when I put a woman on hormones, I see her 3 to 4 weeks later to do a clinical check in. And there's always improvement.

We might not be perfect yet, but there's. So it's a quick thing that happens because when you use the bioidentical, your body is like, oh, thank God I've been missing this for so much.

Like Doctor Lisa mosconi, who's that neuro scientist who wrote The Menopausal Brain and does a lot of research on estrogen in the brain, like she showed when a woman goes through menopause, her estrogen receptors in her brain start to go crazy.

They're like duplicating and growing because the brain is like, I need estrogen. Maybe if I have more receptors, I'll get some. But there is no estrogen unless we replace it.

And so I if you want to be natural and you want to get to the root cause when you are going through this natural menopausal transition, the root cause of your brain shutting down of dementia setting in is that the hormones are diminishing.

And so, yes, we can do all the things staying hydrated, taking good supplements, eating a healthy diet, moving, playing pseudocode, decreasing oxidative stress, getting rid of toxins, cleaning up our teeth, making sure we're getting our gland flowing.

This is all really important. Like it's never just one thing. It's like this and this and this and this. But to regulate, to not replace the hormones, you're missing a huge piece of it because the brain is depending upon those hormones, it's and depending upon it, you know, we think of estrogen like it is such an important regulator of neuro function.

And so we really when it when and it's not like, you know, like we just have a little less it's like estrogen cliff dives. So it's like you go from having lots of estrogen to now you have zero.

And so I'm all for I'm a perfect medical doctor. I'm all for root cause medicine. But the root cause is this diminishment of hormones. So it's such an important piece.

I really believe and hope that someday I get to be the nursing home hormone fairy. Like, I just think about, like, all these people sitting in nursing homes.

And if we could just go in and give them hormones, like, I think what we would see would just be a total mic drop, I think brains would wake up and it would just change the whole aging process, which right now we don't do a great job of in the United States.

We don't do a great job of a lot of things. The United States. That's my alarm to drink water before I go to bed. I'm so regimented now.

Lifestyle Factors That Support Hormones

I try to stop drinking water at 730 8:00 so I can sleep at 11 and, and not wake up in the middle of the night to use the bathroom. So we do terrible things.

The United States, you know, they add fluoride to the water, which amazing. The media is still defending that. Utah and Utah is getting rid of it. We have chemicals in our food and our water.

We got atrazine in our soil. In our water. It's ridiculous. So what can people do naturally? And then we'll talk about, we'll we'll talk a little bit how you work with patients.

What can people do naturally to help, protect their natural, hormone cycles or, how can they how can they maintain healthy hormones as they age? What are some things they can do or some things they can avoid?

For example, does does alcohol make a difference? Does, does sugary food make a difference? What impacts our hormones? Yeah. All of the above. So alcohol is a no no.

You know, on a special occasion. So funny, I was just telling my son because right now, as our clinic is being built, I work out of my kitchen, and that's where patients fly in and come sit at my kitchen table with me.

And it's really funny because I have, like, all these bottles of alcohol on my counter. And I was like, gosh, people must be judging me. But the truth is, when it was Hanukkah and Christmas, how many months ago we had family over and I thought, oh, they like to drink.

I bought all this alcohol and no one drink, and now it's just like sitting there and I don't know what to do. Family not drinking at all over the holiday.

It's good for them. All right. So. But I was like, we we shouldn't judge books by covers because it looks like I drink a lot, but I drink very infrequently.

We do have an empty bottle of champagne because when we signed our lease on our new clinic there, you toast. I had a little sip, but, you know. So I'm not saying, like, never, ever drink alcohol, but, you know, rare occasions, you know, might I have a pina colada if I'm lying on a beach somewhere?

Sure. But one. So moderation in all things. If you're drinking wine, you know it's full of sugar and sulfites and, you know, it's full of chemicals. So, like, at least think about what you are drinking, why you're drinking.

So alcohol is a big you know, it totally stresses the liver. And then the liver is like, well, this alcohol is poison. I better deal with this and not worry so much about processing your hormones.

So we have to really like think about our lifestyle. Like, are we eating high omega three foods? Are we eating, you know, a normal amount of, Oh no, no, no, it's probably not the right word.

Are we eating enough protein because we need protein to detox, and so are we. Omega three foods. I love sardines. Yes, I do love I love salmon, I love mackerel, I love nuts, I, you know, good fatty foods.

The brain needs fat. You know, think about I mean, I love good grass fed and finished beef. And you know, we think about cholesterol. We need cholesterol for brain function.

And we're so mixed up in our society, you know, I at a patient say to me yesterday, I have high cholesterol. And I was like, oh, how high? And she said, 212.

Oh my God. I was like, so low. And it's not high. I was lower than mine. I really couldn't I spend more time in my practice giving products to raise cholesterol than I ever do to lower and, and we have to remember, cholesterol is the building block of hormones.

So what is something you can do? You can make sure you have enough cholesterol and you're not being misled that you got to drive your cholesterol down to 120.

So do statins, impair performance? Yeah. I am not a fan of statins ever. I'm, you know, there are natural things like red light, red rice, yeast extract, panda thing.

There are things you can use to drive cholesterol down. But like I said, there's got to be a really good reason in my life to prescribe those for a patient because, Lester, all is is the flow.

It's it's the building block. It's how our cells can be. Every cell, almost every cell outside of red blood cells makes cholesterol. Yeah. It's, you know, every cell certainly makes cholesterol.

That says how important it is. Yeah. It's, you know, it's we've been given you know, it's kind of like cholesterol,

estrogen and stomach acid or like, so important.

And we've been like, sold a, you know, fear tactic against those, those molecules in our body. And so pregnant pregnant alone comes from cholesterol.

How to Choose the Right Hormone Doctor

And pregnant alone is the precursor to all our steroid hormones, to all these sex hormones we're talking about. And when we age, we see a steep decline in pregnant alone.

And pregnant alone can release acetylcholine in the brain. It helps with new nerve growth. So it's a really important hormone for memory. Whenever a woman comes in, she has brain issues, or she's experiencing beginning signs of dementia or has a strong family history.

I am definitely giving her pregnant alone along with all these other hormones. But we always have to be looking at where did this all come from? And it came from cholesterol.

So what's something you can do? You can make sure you're not being told by a doctor that your cholesterol is too high and drive it down. You know, healthy fats are super, super important.

And so you've worked with patients on this for the last for the last 30 years. How do you how do you work with patients? And then also in talking about this, what we talked about this a little bit, what should women look for in a doctor to help them optimize their hormones?

There's there's a couple of you know, we talked about you want to make sure that they're looking at the 24 hour wet urine to analyze it for example. And they're not just doing estrogen but also testosterone.

You know, testosterone is a cream is often of often really effective. So how how do you like to work with patients. What's been most effective. Yes. So what should you look for.

Like you want to have someone who listens to you, someone who looks at everything because obviously we're limited by time. But we didn't even talk about like melatonin or oxytocin or a thyroid hormone, like thyroid hormone is a huge one for brain function.

And so and it's so misunderstood. And thyroid hormone, we measure some levels in the 24 hour. What you're but you can actually get really good levels in the blood for thyroid.

You can so that's where, you know, so it's understanding you want a doctor who understands. I can look at thyroid in the blood. I can look at cortisol in the saliva.

I can look at the sex hormones in the 24 hour wet urine. You know, you want to be looking at stool tests because we have a whole part of our microbiome, which is called the astro Bloem.

And it's where estrogens get excreted. And we want to make sure we have good microbial balance so that we have a balance there, and we're excreting and we're pooping and all the things. So we don't have inflammation, and we don't have the wrong balance of hormones.

You want to work with someone who's not using pellets. You want to work with someone who? There's a whole train of thought out there that is saying, you know, you only need estradiol and you don't need astral.

And to me, that's like a really scary thing to be telling women because it's very confusing and all is very anti-inflammatory. And as we all, E3 is very important to be using with estradiol.

So you want to have a combination of estradiol. And also you want a doctor who's prescribing biased cream. I do not prescribe patches. It's very rare that when I see a woman coming in on a patch, that her 24 hour wet urine

looks good because the patch has to metabolize.

And often estradiol goes to estrogen, which is very inflammatory and not good for our brain health. We want estradiol to be in balance, and we want it all to be plentiful.

So we have that anti-inflammatory action in the brain. And so you really want someone who, like is like me and like eats, breathes, lives, hormones, like all do at night because it can be confusing and, it doesn't have to be. So, That so one.

So we want to learn more. And they wanted to be a patient. What is your patient intake process like? How do they get started. Well then come to my kitchen for now.

But they can read, you know, like we have a website, Dr.. Stills.com. They can reach out through the website. They can reach out by emailing Dr. Stone.

I think we'll put we'll put a link below this interview as well. So you can people can just I g-mail they can. Well probably easier to do supported Dr.

stills.com. We're pretty user friendly. We do have a huge clinic. We're opening up in Scottsdale in the fall of 2025 called Lasting Wellness Center. We're going to be doing a lot of stuff there, including hormones, but we're going to be doing, you know, regenerative therapies and cell therapies and different stem cells.

And we have photo bio modulation helmets for your brain. And we have neuro visors to increase neuroplasticity. And we have IBU to detox because toxins are a big part of declining brain health.

So we are going to have like all the fun stuff, all the things that I know work with patients and that's why I'm opening. I just couldn't do as much as I wanted to do for patients like working, you know, out of my house or online.

So we're we're going to a place to come and heal and look at things and check out your inflammation and get it all handled. And so if someone wanted to work with you and they don't live in Scottsdale, do you work with people remotely?

How does that work? So you have to fly in and see me to establish care so I can prescribe hormones for you. So we do do a test plus cancer, which you can see about on my website as a way to work with me, which is a second opinion.

So if it's not possible for you to fly in or that's, you know, you have a doctor you love and you want to stay with them, but you want to get my eyes on your hormones.

That's the thing you can do. So you can do your 24 hour wet urine test and hear what I have to say.

Patient Access, Clinic Plans, and Final Advice

And that's like what I was saying before, like, a lot of women will do that and they're on a patch. And then they come to me and I'm like, you can't be on this patch.

It's in inflammatory for you. If you don't have good metabolism like so, I can help them help themselves. And every once in a while just happens. This week, every once in a while, a woman is on a patch and I'm like, that's not broken.

We don't fix it. And your patch is your metabolizing well and your your, metabolizing, and you have estrogen production and things look good, but that's very rare.

So it's important to know because one of the saddest things is I see so many women who are on hormones and think they're protecting their brains. And maybe you went on hormones and your hot flashes went down a little, and

hot flashes, you know, the whole, oh, hot flashes are a power surge.

And I'm a wise woman. Like, that's a great attitude. But hot flashes are a sign that you're going to have problems with your brain later on. There is a sign of declining hormone, and so you want to take them seriously.

But if you go on hormones and your hot flashes get reduced, there's a difference between symptom reduction and adequate levels to make sure you're protected.

And so I hate when this happens, but I see it a lot. Women come and do this test plus consult with me sometimes. They've been on hormones for a year, sometimes they've been on hormones for ten years, and they feel a little better, but their levels are not optimized.

So all this time they think they're getting good protection and they're not. And so if you're going to give yourself the gift of hormones, you want to give yourself the gift of knowing you are doing them adequately and you are actually protecting your brain.

And of course, you know, this is an Alzheimer's summit. So we're talking about the brain, but these hormones are protecting your cardiovascular system.

They're protecting your bones. They're protecting your immune system. They're protecting your lungs. They're protecting your guts. They're protecting your muscles, your everything.

There's nothing that, like you were saying, cholesterol is from like, there's nothing that hormones don't affect. We we have grown up to think hormones for women are about libido, having a menstrual cycle and then getting hot flashes when we run out of them.

But our hormones are impacting everything in our body. Fantastic. Is there anything else you'd like you'd like to share? I know, you know, but by the way, those of you who watch this, we've been trying to schedule for about a month.

Because doctor sales is is so busy. And so I so appreciate you take the time to to join us here for the summit. Is there anything else you'd like women to know?

Before we sign off, I just like you all to know that there's hope, and it's never too early and it's never too late. And the best time is now to get a baseline on your hormones to really look in.

And so a lot of times, we think this is normal or this is okay or well, this is happening to all my friends. So it's just part of aging. And it doesn't have to be part of aging.

I am of the firm believe like I am. I just turned 57 and while most people are winding down, I'm opening up a brand new 7000 square foot clinic. Like, I've got lots of life left in me and I'm no special or, you know, than you are.

I just. I have been on my hormones since I was, you know, in my 40s. I pre game. So like if you're younger and listening pre game if you're in the throes of menopause great time to get on your hormones.

If you're listening and you're 70 it's still not too late. So don't let anyone mislead you like the best time is now, no matter where you are. I think that and there's hope.

I see it all the time. I see women report back to me that their brain is clearer, their memory is better, their sleep is better, their mood is better.

They're healthier. They're happier. They can function again. And so that can be you to some fantastic. And those of you who'd like more information from Doctor Stills, go doctor stills.com.

And there's more information there. Doctor stills. Thank you so much.