Introduction to Terri DeNeui and Hormone Therapy

Welcome to the Parkinson's Solutions Summit. I'm your host, Dr. Ken Sharlin. I hope you've been enjoying the interviews we've shared with you so far. I'm very excited today to introduce Terri DeNeui.

She and I have known each other for several years. She's going to tell you a little bit about who she is and all that she has accomplished. But she is an expert in the arena of bioidentical hormone replacement therapy.

The founder of the EVEXIAS Health Solutions and the chief medical officer for that company as well. We've been using their hormone system for several years at Sharlin Health in neurology.

If someone asked me, is there one thing that you have done in your clinic in all these years that really transforms people's lives and in a very sort of immediate way.

In other words, folks, if you're going to make changes in lifestyle, diet and exercise, and believe me, we are 110% all over that, it's going to pay off for you.

A lot of folks want to know, you know, they want to see results quickly. They want to know, is this whole approach overall going to work for me? And when we start with hormone optimization, what I find is that this approach does give them that assurance that things besides the drugs, not that they aren't important, but what can we do besides the drugs?

Can make a real difference in their lives. Right. So with that being said, welcome to the Parkinson's Solutions Summit. Terri DeNeui, so pleased to have you.

Thank you. Very honored to be here and been invited and a lot of great speakers in your lineup. So I feel really honored to be here and I love what you're saying about the life change.

You know, we I have two clinics in the DFW Metroplex, and this is the cornerstone and it is completely life changing. My background is in hospital medicine and acute care medicine and hospitalist work.

I worked as a hospital for many years with a hospital group and I kind of just really became very disenchanted with, I call it our sick care system, a lot of mandating of things.

And I just remember thinking after a three day stretch, I do a better job. These are all preventable diseases. Everything, every patient I've seen, you know, from Alzheimer's disease to cardiovascular disease to diabetes is everybody.

So it's preventative in many cases. So so I, I love what we do because just based on the literature and everything we're finding, not only can we help patients feel good, but really have a great opportunity to prevent a lot of disease and improve quality of life.

So it's a lot of fun. How did you find out about hormone replacement therapy and what it could do for folks? Well, you know, I think I was probably divinely placed somewhere where I didn't really I had no intention of really getting into the hormone space.

But I actually was invited to a hormone conference by a compounding pharmacy owner.

How Terri Entered the Hormone Space

That was next door to my very new clinic. I had started the clinic originally with another practitioner who was

focusing on weight loss, and he came over and said, you know, hormones go right hand-in-hand with weight loss, you know.

And so he said, How about you? I give you a first class paid all expenses paid trip to this big conference in Las Vegas and maybe learn about hormones.

And so I was really interested in that first class trip to Vegas. But in sitting in those lectures, I remember a specific moment when one of the doctors that was speaking was talking about the change in her patients.

And I really had a moment of this is this is this is what I'm supposed to be doing. So I just started getting out there and going to different conferences and learning as much as I could, because, as you know, hormones really aren't taught in our primary clinical training, whether it's medical school or nurse practitioners or Vas.

And so you really have to providers have to go outside of their normal curriculum to learn about these things. So I've just learned as much as I could and and brought it back to to my clinic and just it just started growing exponentially because it was really providing a lot of positive changes for patients and it just grew and grew.

And I really became really interested in, well, how can we impact more lives than just in my little metroplex, right? So my now husband, Dan and I, we we started with another physician, a company that's focus was training other physicians and health care providers on was really life changing therapy.

So it's kind of been about 15 years. We're on our 15th year in the space, so it's grown and grown and and I think it's grown because it works. You mentioned bioidentical, earlier biosimilar, and a lot of people are confused about what that is.

Maybe we'll talk about that. But that's kind of how I got into the space. Not I wasn't looking for it, but I was always there. So and it's definitely my passion.

So there are definitely some different directions that we can go with this. And I hope we get to explore sort of all of them. We should set the stage a little bit for folks and one of the things that, you know, I come from a background, of course, in traditional neurology as board certified neurologist, but then also trained in functional medicine.

But there's another dimension that sort of overlaps with functional medicine, and that is regenerative medicine. I think of it as similar but different.

And one of the distinctions is that, you know, when we're a little bit younger, I'm almost 60. I'm not going to ask you how old you are, but I know now the day of your travel.

A lot of 55, I have no problem sharing my age. Hormones were. Absolutely. So there is a perfect example of why you should be using hormones. But at any rate, in functional medicine, a lot of the focus is there's been some disruption of hormones, environment and lifestyle play major roles sometimes, you know, infections, things like that.

And restoring hormones naturally in the sense that, you know, if you're a 35 year old woman who for all intents and purposes should be having normal menstrual cycles, but you're not and maybe you're even struggling with fertility, why is that?

What do we need to identify and correct? Right. But I say, you know, particularly with women and we're going to talk about men, too, but 100% of women will go through menopause, right?

100%. Now, you might go through menopause at the hands of a surgeon who removes your ovaries, but eventually something's going to happen in your life.

And whether that's natural or surgical, you're going to go through menopause.

Hormones, Regenerative Medicine, and Chronic Disease

And so that's kind of where I see a lot of regenerative medicine stepping in, because we need to have that dialog of, you know, okay, I understand that, you know, you're not really thinking about your reproductive health right now, but taking a step back from that, what is the bigger picture on what do hormones do for the body?

And we might even need to define hormones there. And then even for men, we do see a trend of progressively lower testosterone as men get older. And, you know, unfortunately, tragically, we see some very young men with extremely low testosterone for a variety of reasons.

So although there may not be the traditional menopause equivalent, there is the term Andrew Pozzi gets thrown around that's a little less distinct as opposed to maybe, I might say most women generally go through menopause somewhere between their very late forties and early fifties.

That's not necessarily the same for men, but just having an awareness that men can very definitely get low testosterone. And there are some extreme and I'm not understating it extreme consequences of low testosterone to the point that the symptoms that they may come in with may be blamed on a whole variety of things.

And it often involved ends up with pharmacological interventions. And then some of the bothers to check the testosterone. And, you know, it's 192 and we put them on testosterone and they're like all the, you know, everything, right?

And then I don't need that Prozac. I don't need that, you know. So but let's go back to regenerative, that sort of framework of, hey, you know, I'm too old to have babies.

Why not? My doctor tells me I don't need hormones anymore. In fact, I've even heard that hormones may be dangerous. So we need to dispel a few myths and and help people understand what is the role in general of hormones and why should they care?

Oh, right. You've said so much. Great there. Well, let's just start with what does the word hormone mean? It's Greek. The Greek definition is I arouse to activity or something that impels or urges activity.

And so hormone receptors are present in every single body system as you know, from head to toe. So not only are there some really interesting, vague complaints that the post reproductive person, but premenopausal and a puzzle male might present with.

A lot of times most practitioners, many practitioners don't think of hormones. You said that. So like depression and mood alterations, you know, anxiety, irritability, difficulty sleeping, fatigue, hitting a wall, you know, about 2 to 4 in the afternoon, difficulty staying asleep through the night, Joint pain, belly weight gain.

Chronic pain syndromes are highly linked to hormone insufficiencies, and those are just the tangible things. And then, of course, what we know and what we teach and what you've experienced in in a lot of our lectures is the link between hormone decline and chronic disease processes like cardiovascular disease, Alzheimer's disease, even Parkinson's, osteoporosis, even breast cancer, even prostate cancer.

So there's a lot of myths around these hormones that do need to be dispelled that have just started with the the misinformation, I guess, or misrepresentation of information from some for women key clinical trial, Women's Health Initiative.

And but there's there's a lot of reason for people to have a lot of these issues and then they go to their primary care provider and they're given, to your point, a Prozac or Ambien for their sleep or something for their anxiety like Xanax.

And and I'm always trying to teach people that, you know, you're not deficient in Xanax or an SSRI, which is Prozac and those other medications. Let's try to get to the root cause.

And another thing that people don't understand is that many of those most all of those medications, most all of

medications in general, except for maybe some in your world and even cardiovascular, but they weren't ever meant to be used long term.

They were really meant as a stopgap solution to manage your symptoms while you figured out what the root cause of the symptoms are and what what you and I know is a lot of times the root cause of the symptoms is some sort of hormone deficiency or insufficiency, I should say.

Yeah. Now, correct me if I'm wrong, but there's a little history here, as I understand it, that there is a period of time in sort of you I'll just call it U. S.

health care, where prescribing hormones in particular to women, again, thinking about menopause in those post menopause years, which we want to be, I don't know at least half of our lives.

In other words. Correct. I want to live to be 100, even if I'm going through menopause at age 50. Right. That it was very common and quote, normal to prescribe hormones to women.

And then there was a shift. There was a major, major shift. And that came about, as I understand it, from a paper that was published that probably did and I'm editorializing, but I want you to expound on this or correct me again if I'm wrong, but probably did more damage to women and how we deliver health care than the paper ever intended.

You know, I don't think in general that research, as it's published, is intended to hurt people. But arguably, in this particular case it did because it changed the way we practice medicine.

Yeah. So you're talking about the Women's Health Initiative trial in prior to the trial.

The Women's Health Initiative and Hormone Myths

So so synthetic estrogen for women came on market in about the 1940s and before that bioidentical estrogen and testosterone was actually being studied and utilized in the form of pellet therapy, which you and I like to use a lot.

But when that magic little pill came out in the forties, kind of a lot of these other natural modalities fell by the wayside. And what doctors were seeing.

And then and then later on in the fifties and sixties, that the progestin arm of that medication, women were having a lot of endometrial cancer and then they were like, Oh, we need progesterone to protect the uterine lining from cancer.

So the prime pro So Premarin and Provera came on market and that was the progestin arm of the trial. I mean, of the of the the progestins came on market.

But what what doctors were seeing across the country was women on these estrogen based hormones had a significant reduction in cardiovascular disease and also in reductions in osteoporosis.

So the trial, the Women's Health Initiative trial, which is the large EST study on women to date, you know, started in the late nineties and was stopped early in 2002 and then the other arms 2004.

But what the intention of that trial was to actually prove that estrogen based hormones actually did protect the heart and did protect the bones. And also they were looking at safety data as it related to breast cancer.

And what happened in 2002, the progestin arm of the trial. So that so the trial was the women were placed in two groups. If they had a hysterectomy, they went into the estrogen only arm of the trial.

And if they had a uterus, they went into the progestin arm of the trial that had the synthetic estrogen and progestin. So in 2002, there was overwhelming data that was coming back that the women in the progestin arm had much higher rates of Alzheimer's disease, heart attacks, strokes and breast cancer.

But unfortunately, what happened is the media extrapolated or took that negative information that was coming out on the progestin arm and applied it to all hormonal modalities.

So now no one was looking at until very recently until 2017, in fact, the benefits of the estrogen only arm, they just threw the baby out with the bathwater.

And unfortunately, the media reported it in such a way that and advised doctors to stop prescribing these hormones. Women were throwing them away, flushing them down.

The toilet. To your point, whole clinical guidelines for women's hormones completely changed because of this one arm of the trial. And to this day, unfortunately, we are still unraveling from the misinformation.

Now we're at 20, 20 years later, more than 20 years later since the trial started. So but what's happened and the other thing that happened in in 2000 and probably six, Time magazine just plastered this big cover that says hormones might be riskier than a woman thought.

You know, what's a woman to do? So it's plastered all over Time magazine that they're bad. And so all of this information that's come out since then is actually refuted.

Everything in the estrogen arm. We know that estrogen protects the brain against Alzheimer's disease, protects against cardiovascular disease. And in fact, I just was talking to you earlier about this this 2020 paper that came out that said, oh, sorry, we had it all wrong.

Estrogen actually protects a woman against breast cancer, doesn't cause it, but can protect a woman in it. And it also they said it can protect a woman against death from breast cancer if she got breast cancer.

But unfortunately, that's not been plastered all over Time magazine. Right. So when you think about the hormones, you know, in all of these chronic disease processes, you mentioned it previously with menopause and intercourse, you don't see young women in their twenties when their estrogen levels are at their highest with breast cancers and heart attacks and strokes and all these bad things, that hormones are.

Very rarely. Experienced. Very rarely. And then, you know, another really great paper came out in 2023, and we were talking about this earlier that I love because they actually these authors actually say, you know, it's actually the type of hormone that you're getting and taking that produces the positive or negative outcomes in a body.

So we've kind of lumped hormones all under this one umbrella. We've thrown them all out with, you know, together and everybody's confused. And again, it's one of the reasons why I was so excited about coming onto this and dispelling a lot of these myths, because people do need to understand the truth for health and longevity and regenerative medicine.

To your point, so long answer to your question. Oh, that's. Perfect. And oftentimes in the papers that we do spend time reading and learning from, they'll just say estrogen.

And then you have to say, well, why was the form of estrogen? Right? I understand from the Women's Health Initiative there were some distinctions between women who were on Premarin or what's called conjugated equine estrogen versus estradiol, which is the main human female, you know, estrogen form that I think conjugated equine estrogens, which I tell people like, you know, trans come from all different places.

But no, this comes from the urine of pregnant horses. Yep. But and then it has about 15%. Is that correct, at that sort of estradiol and has a variety of estrogens that are not even human astronauts?

Right. By the human body. Correct. So we do sort of throw a hook in all of this when we begin to introduce these synthetic estrogens. I'm not necessarily saying they're all always all that bad.

And in fact, I know one of our mutual mentors, Dr. Rouzier, talks a little a bit about some of the very early signal in

the Women's Health Initiative versus when you get past that one year that even some of the issues related to that, related to Premarin really didn't play out as we took the longer view of that.

But we are primarily folks talking about bioidentical. So now we're talking about the hormones that your body actually makes, and we're talking about restoring them primarily in adults who are no longer able to produce them themselves or in men who for a variety of reasons, are not producing levels that they should be.

And in that situation, we can certainly work with those men and, you know, improve the died, improve the slave, do some mindfulness based meditation, all of that, you know, exercise, lift heavy things that stimulate testosterone release.

But getting that extra testosterone and even what we might talk about is optimizing. All right, So what levels are even appropriate? Because, you know, I'm sure you've seen it.

People come to me, they're already on testosterone. They're still they're frustrated, said, well, my doctor told me it's in normal range. Right. And they're not getting the benefit.

So we even want to think about that as well. But we're talking about bioidentical hormones here.

What Hormones Do in the Body

Again, the exact same hormones that your body makes and restoring your hormones to youthful levels. And believe me, as Terry is saying from the symptoms perspective as well as in an investment in your future health perspective, folks are really reaping the benefits.

Was a paper from the University of Arizona just a couple of years ago suggested a 57% reduction across the board for women starting hormones early in terms of absolute Alzheimer's.

Parkinson's, M. S. ALS. Yes, absolutely. There there is that there is a timing and I always get this question. Well, is there an age that's too late to start hormones?

Well, there's a lot of good data now that says no. Obviously, the closer you can start for women menopausal hormones to that transition, the better. But now we know that with with regards to all cause mortality, which means any cause of death or cardiovascular disease and some of the like Alzheimer's, some of the other things even starting later in life can have benefit and it certainly isn't a negative.

So that old guideline that used to be out there, that was the lowest dose for the shortest amount of time possible has now been reversed actually in 2017.

A lot of practitioners don't know that if that guideline was actually reversed in 2017 to basically you really should look at the patient as an individual and ascertain based on their health history, the risks.

Then if that's what modality of hormones is best for them, which is lovely because that's what we do as clinicians anyway, right? Absolutely. So, well, let's kind of start to bring that lens a little closer to Parkinson's to as we round out the interview will really get into the Parkinson's stuff. But what are hormones doing in the body?

I mean, why do we need them all the way down to the cellular level? Terry, Can you talk a little bit more about their role and different processes that really govern how our body works?

Oh, yes. So one of my favorite terms is homeostasis, right? And that's where the body's just in perfect sync and balance. And when we're talking about hormones, we're talking about for for women, primarily estrogen, for breast room and testosterone.

A lot of people don't understand or know that women make testosterone and need testosterone as well. And also the thyroid hormones. And then, you know, DHEA and melatonin, I mean, they all play a role.

But if we're just talking about the sex hormones, which is for women, estrogen, testosterone, progesterone, and for men, testosterone and estrogen, men do make a certain amount, as you know, of estrogen, and it's really beneficial.

And in fact, a lot of the studies that have come out on men and the benefits with Alzheimer's disease protection and some other things, what we're really finding is it's the conversion from testosterone to estrogen.

It's actually the estradiol that's that's doing the work. That's what we're finding in more recent studies. But but hormones elicit whatever action they're going to have in the cell and that there are hormone receptors for estrogen and testosterone.

Testosterone is the most abundant active hormone in men and women, especially as women age. But we have more receptors for testosterone in our body, actually, than even estrogen.

And even more than testosterone, we have more receptors for thyroid, which is thyroid plays a huge role in the brain as well. But those receptors are there on that particular cell waiting for a hormone or some substance to make something happen inside the cell.

And when those hormones aren't there, those cells don't function fully to their capacity, don't turn on and do the things that it's designed to do at or at least as well, because it's like a piece of the cell.

The puzzle in the cell is is missing. Right. And when we're talking about brain function, I mean, there's so many ways that estrogen impacts the brain.

We're just talking about estrogen. We now know that estrogen is powerfully anti-inflammatory. And what we are learning is that inflammation is really the root of all chronic disease processes.

Right. So this is why we see estrogen hormones play such a huge role in why even in this conversation, Parkinson's women get Parkinson's disease one and a half to two times less than men, I believe is the statistic I read.

This is more your area, but a lot of the thinking around that is because of estrogen, obviously. And then so so that's kind of the hormones have listed all kinds of different actions in different cells depending on what the cell is.

But it does that through a hormone receptor. And you mentioned something earlier about normal testosterone ranges. Absolute blood levels are good to know and understand, but often times don't really give you the whole picture about that person because, again, number one, reference ranges are based on a bell curve average of, frankly, sick, unhealthy American population.

Right. So we teach patients and providers that we want we want for optimal hormones. We want you on that right side of the bell curve, you know, the higher end of the bell curve, much like you might have in school, wanted to get on your test grades.

You wanted to be on the right side of the bell curve. Well, it's the same with certain lab averages, and especially when we're talking about hormones in women.

Some testosterone labs have zero as part of the normal range, which, you know, all the way up to. It's all over the place. So, you know, so that's one part of the conversation.

What might be good for you with your testosterone level as a male might not be near enough for a male or might be too much for another male. Right. So everyone's different.

But a lot of that has to do with hormone receptor activity and and how healthy are your hormone receptors? And that leads to the conversation with you coming from a functional world, as you know, diet and nutrition, maybe certain nutrients, you're missing like a vitamin D or even maybe certain types of B vitamins.

Maybe you a patient might have an issue with what we call methylation, and that's getting the the form of the B vitamin B12 and folate that is exerts a positive action on the cell.

So it's so multifactorial. So when you're talking about hormones, looking at the hormone and the hormone receptor and those deficiencies, but you also have to look at the receptors and what's happening in the body.

You got to look at the soil. I love to say the soil in which all of this stuff grows and is planted so I can get off on a rabbit trail and all that. But I think that the the answer to your question about why is it important?

What do hormones do is is it turns on until it turns on that cell, do what it's supposed to do. If it has a receptor and that hormone has a role inside that cell, and without that hormone turning on that cell, it's it's not going to do its job.

Now, when you talk about synthetic hormones, the reason synthetic hormones have a issue is because they might turn on negative things in a cell if they are able to attach to receptor or block it.

That's where Dustin's caused an increased risk of breast cancer because they actually block the androgen receptor. And we know testosterone is very protective against breast cancer.

So hormone medications are either designed to activate a receptor or block a receptor. That's that's what synthetic drugs do. And so if it's if it's a synthetic hormone, it very well can block a beneficial action of a cell which can cause negative outcomes.

So that's why modality matters as well. So I don't know if I answered your question, I might have to answer that. We can think of the role of these hormones in terms of things like inflammation, oxidative stress.

We can think of them as being growth factors. So when we're dealing with now, yes, yes. So we're thinking about things like neurodegenerative diseases.

Bioidentical Hormone Options and Pellet Therapy

We want to regrow brain, we want to make connections, and we certainly don't want to block that from occurring right now. It has been noted, as you mentioned, there is a somewhat of a male predominance in Parkinson's disease.

There is, however, a female predominance about 2 to 1 in Alzheimer's disease and people like Lisa Moscone, she is up in New York City. I think she's with Cornell, has done a lot of work looking at the difference in the female brain and hormones and how can we use hormones to maybe prevent or slow the progression.

In her case, she's studying Alzheimer's specifically, but we definitely are looking at testosterone levels. We're looking at all hormones. And I see a man come in again.

They're not in to actively thinking this is Parkinson's. Check my testosterone. Right. But that's what we need to be doing. We need to yes, we're treating with leave a dopa.

Yes, we're doing other things. But as part of a comprehensive evaluation, we're looking at your testosterone level. And by the way, we're not saying, hey, you're below that reference range.

Cutoffs are therefore you have deficiency because maybe you have a level of 400 which a lot of doctors will say is normal. Right? But then we get your level to a thousand or 1200.

And again, it's kind of like all the lights come on the gates that have been open, you know, Oh, no, I'm here. I've arrived. So it does really make a huge difference.

Now, there are different forms of hormones, and you and I have a lot of interest in hormone pellets, but we probably I'm sure you use other forms as well to talk a little bit about some of these different forms and why pellets

might have some advantage for some folks.

Yes. So, you know, we've talked about bioidentical or biosimilar. You'll hear that word being thrown around versus synthetic. So we've probably belabored that conversation.

So let's just focus on the different bioidentical options. My my favorite the top of my list is always hormone therapy. And the reason is, is I'm always trying to and we teach our our providers, our doctors and providers in our network like yourself, as close as possible to hormone mimicry.

So how can we get the body, the hormone levels, as close as possible to where how the body was designed and when everything was coming on all cylinders and hormone mimicry is a is a constant, steady state of hormones released in the body with pulses in times of increased production and increased release in times of energy and stress and things like that, and hormone pellet therapy of all the modalities of natural hormone therapy that does the best it it is the closest to hormone mimicry that we've found so far.

And the reason is, is because after they're dosed and there's as you know, a lot that goes into the dosing, you really want a provider that knows what they're doing.

But once those are dosed, they're placed under the fatty tissue in the skin where it's very vascular in women that's usually below the belt and then that's usually above the belt where they have a little more fatty tissue.

And then we love them because the levels are slow to rise and they're slow to come down. And so once they get up to their peak levels and you mentioned a thousand 1100 and male, well, that's the right side of the bell curve.

That's about the average that you're healthy 19 year old 20 year old males run in and that correlates with symptom relief and feeling good. Right in some some people need to be some men need to be that high because maybe their hormone receptor activity is lower.

It just takes that much to get their free testosterone, which is the most important number to look at. But then levels are steady state and then they slowly start to decline.

And then you get another form of intelligence searching and they come back up. So, you know, for women, that's about 3 to 4 times a year. For men, it's about four times a year, maybe five, depending on his activity level.

But but the hormone pellets are great because their dosing is individualized. There's not a rollercoaster effect with other modalities I'll talk about in a minute.

And also there that they kind of mirror the body's response to physical and emotional stress. So whenever your body is under stress, whether it's good stress, working out, exercising or bad stress or stressful events in your life, your your heart rate goes up and your things are happening in the body and hormone surges happen when you when you're young and you're everything's firing on all cylinders.

Well, with hormone pellets because they're place in the fatty tissue, there are around all these little micro vessels. Whenever you're under stress, think about when you're working out your veins, your vessels are dilated, your heart rate's up.

I give the analogy of like it's like in a lollipop. You know, the faster you like a lollipop, the faster dissolves. Well, the same thing. These little pellets are embedded in the fatty tissue that has a lot of blood flow around it.

And when your heart rate's faster and you're vasodilator, your vessels are dilated, you're licking the lollipop. So. Right. So you have a little more surge of hormone in those times of stress.

So I like hormone pellets for those reasons. Now, my next favorite modality would be an oral dissolvable tablet of testosterone or even estrogen. And we'll talk about progesterone in a minute.

And that's because it goes right into the bloodstream and it avoids what we call this first pass metabolism through the liver. And in in a lot of oral medications, it's going through the digestive tract.

And being metabolized through liver can cause other side effects that we don't really like or other metabolites that we don't really want in our body.

And with hormones, we find that when you do take them orally, whether it's testosterone or even estrogen, you could have some increase in some of the metabolites that are not favorable, but rapid dissolve tablets go right into the bloodstream.

Your hormone levels are good. The thing I don't like about them is your levels are up and then then it wears off and they come down and then they go up and they come down.

So you're kind of on this roller coaster. You can get natural estrogen via commercially via a patch like the Bell dot, that's 17 beta style. It's not a synthetic estrogen.

Those are nice because they last for about three days. So your levels can come up and they stay good for three days and then you switch out your patch and they come up.

So your roller coaster is just a little dip. It's not the big dip of taking a pill every day. There's other modalities for testosterone injections. A lot of men are on injections.

I don't really like injections for women. Injections are synthetic typically. So that part I don't really love, but they're widely used and studied in men.

But again, you have a you have a big bolus of a guy gives itself a shot, there's a huge bolus of hormone, his hormone levels shoot up and they last for a couple of days and then they come crashing down.

Right? Right. So that all of that up and down, up and down has some problems associated with it, as you can imagine. So So creams are another modality.

They're not my favorite. They're a little bit harder to dial in, but they can be beneficial for some some patients. I don't have too many patients on creams because usually people prefer creams can be messy and absorption is variable depending on your skin receptors.

And there's a lot of things that go in, but there are bioidentical things that are available as well. And now you have a particular solution with pellets.

Your company is a EVEXIAS Health Solutions The pellets of we use are called EvexiPel and they're actually a proprietary formulation that makes them especially attractive because you embed just a very tiny bit of a corticosteroid called Triamcinolone in the Pellet that made sure that those pellets, when placed, don't trigger a big inflammatory response and then ultimately get sort of pushed out of the body like a rejection of something foreign.

Right? Yeah. So, yeah, go ahead. Well, I was going to say that when we combine that with the convenience of pellets for women about four times a year where the pellets are place, and by the way, this is like a five minute omer, I won't promise you is painless, but it's a minor pinch and that's it.

Process in twice a year. Generally for the men, sometimes they're getting them a little more often they're very, very active. But we're kind of doing it about twice a year.

You know, in an age where everybody's on pills and creams and injection and this and that and the other thing just getting your pellets and being done with it, that's that's a huge relief for us.

Now, the convenience factor is another big plus for pellet therapy. So EvexiPel. It is is our method of hormone replacement therapy that has to do with the proprietary pellet that we get from our pharmacy with triamcinolone.

So the pharmacy we used worked with a pharmacy in Australia who had been using this try and similar in intelligence in really great results with decreasing inflammation and injections, as you say, and even scar tissue formation.

So we actually have a patent on that pellet. Now that's very exciting. So our pharmacy is the only one that can use that. But and then next, we're working on some FDA stuff, so we're really excited in the future for clinical trials.

But the EvexiPel method is doing the pellet procedure with that particular pellet.

EvexiPel Training, Provider Access, and New Book

But also addressing some other nutrient based deficiencies, possibly like vitamin D, really paying attention to gut health because how your body metabolizes hormones and excrete smaller metabolites is a huge part of the equation.

So part of the EvexiPel method is not only the pellets, but addressing maybe gut issues, looking at probiotics, making sure you have the gut health, and also some nutrient deficiencies like vitamin D and iodine and things like that.

So it's kind of a a several pronged approach to really optimize your hormones. And there's a lot of hormone providers that do pellets out there that might just put the pellets in and say good luck.

And but know, we've learned through the years that we've got to pay attention again to that, to the receptors in the gut and. All of that as you know. Yes.

Well, Terri, one of the things that you do that is just transformative is train many many providers in the EvexiPel method. And that means that whether you live in Minnesota, New Jersey, Missouri or California, you can go to a website and you can get on the EvexiPel provider, you know, find a provider database and find someone near you who uses that approach where you have train them, your team has trained them.

And folks can be very confident that they're they're really getting the total care that they need. So can you talk how the people who tell people are viewers more, how can they find this?

Yeah, so they can either go to a EvexiPel.com, EvexiPel.com or evexias.com evexias.com, they'll get you to the same place. And there is a find a provider locator we train.

Gosh, we've trained thousands of providers across the country. We just had geneticist at our training last weekend. So more and more people are understanding the value that we're bringing in.

But they, they it is an expensive two day training and we have ongoing education. We teach providers all the time. You know, you're not going to become a hormone expert in two days.

You need to continue to stay engaged with us. So we've really committed a lot of resources to creating continuing education platforms for adopters and our providers just to stay in the loop. You know, things change.

And so you really want a provider that does a lot of them and understands and has been trained in a really robust training training approach. And that's I think, you know, there's always room for improvement of that.

I think we do a pretty good job. To encourage folks who've enjoyed this interview and found it valuable. And I hope you've all found it valuableto check EvexiPel.com, find a practitioner, find someone near you.

Include bioidentical hormone replacement in your toolbox. And again, we're not saying this is the only solution. We're saying it's part of a bigger solution that includes gut health, nutrients, exercise the whole nine yards where you can really change the trajectory of your Parkinson's and other neurodegenerative disorders.

And as we wrap up, I'm going to mention something I know we didn't talk about before we started our interview today, but you have a new book coming out. Yes.

And really, I have had the pleasure of reading your book and I'm going to recommend it to folks. Would you let everybody know what it's titled? It's called Hormone Havoc: Understanding the vital role of Hormone Optimization and Chronic Disease Prevention.

Cancer prevention, and overall health and Well-Being. It is going to set to be on Amazon on September 1st of this year. So we'll have it all ready to go whenever reasonably is there life.

So we're excited about it. Lots of good. It's dispelling all the myths. A lot of what we talked about today, I really get into the nitty gritty of the different hormones and the different hormonal realities.

I get a lot into thyroid and I get a lot into gut health and food and things like that. So thanks for bringing that up. Absolutely. Terri DeNeui thank you so much for joining us today on the Parkinson's Solutions Summit.

Folks, look up, EvexiPel.com, find a provider near you, get on some hormone replacement therapy, read Terri's book. When it comes out beginning of September, you will not regret it.

Thank you. Absolutely. It's been great to visit with you today.