Real Talk About Bioidenticals, Breast Cancer, and Why It's Never Too Late Transcript

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Opening and mutual praise

Hello and welcome I'm your host, doctor Sharon Stills. And this is the conversation you don't want to miss. I have Doctor Lindsey Berkson in the house who is a dear friend, colleague and brilliant, who I have learned so much from.

So much of the good stuff I do in my practice is because she does the research and she brings it to the clinicians, and there's not a lot of people that I agree with in the hormone community.

I've been doing this a long time, 23 years. We both started with Doctor Jonathan, right, the father of bio hormone therapy, who so many people who claim to be hormone experts don't even know who he is.

And so when I bring someone on who when I find someone in the hormone world who I just agree with, it's like a beautiful gift. So she knows her stuff, she's brilliant.

And you are going to hear like, truth bomb after truth bomb after truth bomb. So I'm she she just finished lecturing to like 90 physicians. It's like probably. Well, I don't know.

She has the energy of a five year old, but she she came on late in the evening to do this with us. So I'm very grateful and we're very lucky to have her here.

So welcome to the summit. What a lovely opening. And I have to say back at you, gal, I respect you so much. And I was just talking about you to a dear friend this afternoon.

I know we have not much time, but I was saying what a human being she has. Both sons work with her. What a mother, what a statement of a mother, let alone a great doctor that she is so beloved by her own inner circle.

And I do agree, it's very rare that you find somebody that your world life viewpoint overlaps, and it gives such peace of heart and mind and soul to have that.

So honestly, I really respect you and love you. I, I you would be one if I ever moved back to Scottsdale. You would be one of the epicenters of why and I just back.

Asha, sweetheart. Really, truly. Thank you. All right. Well, okay. We're not going to spend the whole half hour love fasting, but we. So what I want to do because we don't have, like, an outline of what we want to do.

But what I want to do is really have you talk about all the chaos and all the noise out there, because so many women are so confused and they're hearing things from prominent doctors in the space and they're being misled, and then they come into my clinic and they're just like, I am so confused.

So I want to cut through the noise and the BS and kind of just give the truth to these listeners who deserve it so they can no longer be confused. And so I can't think of anyone better to do that than you.

Estriol vs estradiol and estrogen misinformation

And so what I'd like to do is start with one of these crazy things that's going around out there, that estriol is dangerous and you don't need estriol, and you should only take estradiol.

And so if you could speak to that, it would be such a great service and blessing for the listeners. So that is such a

horrific nonscientific statement to only use estradiol.

So these people that are saying that say so estradiol, we have three major estrogens, although we actually have 60 estrogen acting molecules in the body.

It's not as simple as that. But just if you think of the father, the son, and the Holy Ghost, we've got estrone, estriol and estradiol and they all have different actions.

And there's those out there saying, you should only take estradiol. That's it comes the patch. You should do this and you shouldn't. And if you need estriol, your body will convert estradiol to estriol.

So one of my dear colleagues, Doctor Daved Rosensweet, did a study for five years where he measured and he only did estradiol, and he measured estradiol and estriol.

And we know that estriol is important because it's the anti-cancer estrogen. It's the anti-inflammatory estrogen. And we know this I worked at an estrogen think tank at Tulane University called the center for Bio Environmental Research, where I worked with the scientists who discovered the receptor that estriol signals, and he writes papers.

This is the and whatever signals are beta and estriol is the main estrogen that signals the beta fights cancer from breast cancer to a varying cancer to even the real worst nasty brain cancer, glioblastoma.

You want estriol because it helps you fight cancer, it helps you fight inflammation. And when Daved Rosensweet did a study where he only gave women estradiol and looked to see, do they really convert?

Which is what people online are saying wrongly, they didn't convert. They don't convert. It sounds good. We'll do Mother Nature. You should convert, but you don't.

In a young, healthy woman. The original research was done by doctor, right? And he took a look at 60 nature path students that had normal menstruation.

And he got an idea that young young women have more estriol than even estradiol. And it used to protect them against breast cancer. We now have a lot of younger cases of breast cancer, but we want estriol on board and people on line are saying it's immunosuppressive.

It is not immunosuppressive. And in fact, because it fights cancer, it's immuno boosting. How could you fight cancer if you were immunosuppressive? And of course, what damages the immune system is chronic inflammation and lowers inflammation.

But the other thing that does is we all have heard about leaky gut. And, you know, the gut opens and closes and open and closes. You have these little columnar interest cells and they open, and then they should close with sticky little adhesive proteins like a little piece of bubble gum, stick us back together, sort of open after a meal.

So nutrients go into your blood. And then with like a little piece of bubble gum, this little sticky protein goes back together. Well, what makes those sticky proteins are hormones.

And estriol is one of the main hormones that helps keep your gut wall behaving and not misbehaving. So you want biased, which is a combination of estradiol and estriol.

And people online are making you crazy telling. In fact, I did a debate with one of these people online. I said, let's do a 90 minute debate on Karen Martel's podcast.

And she brought with her a surgeon, Janet Taguchi, and we said, where's your science? That estriol is immunosuppression. No science, no science. Whereas Doctor Rosa Sweet and I gave science, science, science, science.

We have 30 minutes here, but I could give like 25 papers that show. In fact, even with autoimmune diseases, they're now treating in men and women with multiple sclerosis.

They're giving estriol. And estriol shrinks the size of the brain lesions and helps people get off canes and wheelchairs. It's the good, good, good estrogen.

I hate when people say estrogen dominant. It makes her sound like a bad dominatrix. But estriol is the good, good, good. You want that? That's the good estrogen.

You want the good estrogen dominance. So please don't worry. You want both estrogens. And so are there things that estradiol does that estriol doesn't answer is estriol.

Because we all we hear about is estradiol is protective for bones. It's protective for Estelle protects your bones. In fact, I just had a patient the other day.

Her her neurologist told her that estriol has no air beta. Estriol has no action on the brain. Well, there's that's there's beta receptors all over the brain.

Most people know zit with DIT about hormones. It is the most polemic, controversial space in medicine. It's the most important because they're the only molecules that can signal your genes.

They run the physiologic wi fi of your body. They deliver emails to your cells to get the messages for you to be who you are. Hormones are the deal, but they don't teach it that way in med schools.

And most people in practice today were told hormones cause cancer don't have anything to do with them, so it's very hard to ask even well-intentioned doctors.

Am I a candidate for hormones seem to get an appropriate answer. Most of the time you get the wrong answer no matter who you ask. That's why this conversation and people like you are so important.

Because understand that most docs, even though they're well intentioned, don't know det. Whit about hormones. And that's why we're having these conversations to you to get on it.

We don't mean to say we're the end all, be all, and have so much bravado. But the truth of it is, is that there's more misinformation out there on hormones, and everyone's trying to make women scared.

And we're always we're hypochondriac society. And I've really thought about this a lot. Why would all these misinformed want to do this? And I think everyone wants to be an influencer and be famous these days.

That's the deal. I want to be famous and to be famous. You make people afraid and you've got the answer for them to protect them. And and unfortunately, there's only a small but hopefully growing group of doctors that are really smart.

You want both estradiol and estriol, but estradiol signals both the both estrogen receptors. And that's why maybe we thought that you don't need estriol, but estriol mostly signals the anti-cancer anti-inflammatory receptor.

We have more and more cancers today. And younger and younger women I mostly treat breast cancer. And most of my patients these days are in their young 30s.

It's just it's horrific. And they weren't getting any signals to that anti-cancer anti-inflammatory receptor. And you want that to keep yourself safer.

But let's talk about that because I had a patient just the other day who came in because she was diagnosed with breast cancer, and she wants to be on hormones.

So she came to see me and she was petrified, even though she's heard me speak and she actually follows you to and but she was still petrified because of everything she's hearing.

So let's talk about hormones and breast cancer. Let's just get that one out of the way. So why would Mother Nature make the very hormones that drive humanity B carcinogenic?

What the f? That doesn't make any sense at all. But we have heard that estrogen causes growth, growth, growth. And so cancer is growth out of control.

But if you also have estrogen signals going to the second estrogen receptor which cause controlled growth and anti-cancer signals. So it's not a simplistic deal, but there were 25 studies done from 1996 to 2013, 25 studies where they took women with estrogen profile, E-R positive breast cancer, and they gave them estrogen and they compared them to matched cohorts, which means women of similar age, tumor size tumor markers.

One of the studies was 36 years long, one was 30, one was 24. The shortest was two years. Most of them one was at MD Anderson, one was the University of Wisconsin.

I mean, these were like major American places. A few were offshore. Every single study. Women had less recurrence. Women had less death. If they did have recurrence.

If they did have recurrence, they'd smaller tumors. Everyone did better on estrogen. The only study that's made everybody say we shouldn't be on hormones is the habit study, because there was a group of women on estrogen who got cancer back, I think, in the opposite breast, but it was obvious.

But if you read the belly of the study, the only group of women that got cancer back were also on tamoxifen, so they were on a cancer blocker. So based on that one study, we're telling women you shouldn't be on hormones.

Hormones, breast cancer, and testosterone

But if there's the one thing that almost everyone will agree with is you should at least be on testosterone. Because of the exhaustive, amazing work of Rebecca Glasser and she's published in Peer Review, she has shown that women with lower levels of testosterone are the ones that are more vulnerable to getting breast cancer.

Maleness protects femaleness at the breast, and she's now using testosterone to treat. She even has a patient that didn't want to do chemo or radiation or anything, and she just gave them testosterone Palace and she published that case is called a case report and peer review.

I just had a woman come into me last week that's walking around with a tumor for three years because she was scared to death to do a biopsy and just paralyzed into action.

So I called Rebecca Glasser and said, Will you take her and do your testosterone pellets on her because she doesn't want to have surgery? And she said she would.

And I've tried to get her to lecture with me, but she's very frightened of estrogen. And I sent her those 24, 25 studies that she didn't comment on them.

So it doesn't, you know, it's the same exact thing with men, men. Testosterone protects the prostate against cancer. But if you're on it, you get prostate cancer.

They tell you it was the testosterone fault. And this the doctor. That's it's his mission. To try and bring testosterone to men's is exactly the same thing.

I had the honor of lecturing with him in Miami two years ago, in fact, at the Trump Doral hotel. And he he opened up his lecture saying, why would Mother Nature make the very hormones that drive humanity be carcinogenic?

And I've been saying this for years. It was music to my ears. So I had breast cancer 30 years ago and I had lost. I had many cancers because my mother was given a terrible drug when she was pregnant with me, and the daughters couldn't have children, so I books instead of children and and I got and they a lot of them got breast cancer as well as other cancers.

And I didn't want to become a ghost of a woman. I was a young woman when I got it, and I lost many organs, so I decided I read the literature, dove deep into it, and everybody told me not to go on hormones.

Even my functional colleagues said, don't go on hormones. You just don't know what this will do to you. And I've now been on bioidentical hormones, including estrogen, for 28 years, and I'm going to be 77 in about five months.

So not a lot of people, you know, you have you need hormones to keep you younger longer. Well and you have you have the energy of like a five year old.

I mean, first of all, look at her, 77. I mean, it looks like you're 45. Oh, bless you. Energy to go with the money is Venmo is self to you right as we speak.

And so I mean there's obviously something to this being a walking proof. So I'd like to talk about progesterone resistance because there are a lot of women.

You know I always say like forget diamonds like progesterone can be your best friend, you know, because if you're anxious, if you're not sleeping, progesterone can be such a game changer for you.

And so but there is a subset of women who take progesterone. And instead of them chilling out and getting the good night's sleep, they have this opposite paradoxical response where it makes them anxious, it makes them crazy.

They can't tolerate it. It makes them comatose. And so I'd love for you to speak to that, because I think it's very misunderstood. That's a great question.

So there's several components to the answer to that question. So first of all, progesterone resistance is when you have progesterone in your body but it can't signal the receptor or the cell membrane.

So hormone signal receptors and they also signal cell membranes. And progesterone resistance was first labeled in the late 1990s by a team that looked at 20, 25 or 30 breast cancer survivors compared to women who were not.

And when you make progesterone a lot of it in the middle of your cycle, your breasts should warm up and your whole body temperatures warm up. Because progesterone is a warming hormone and it helps thyroid work better, it nestles free T3 into its docking site, so your thyroid works a little bit better when progesterone is around.

So they took women who had a history of breast cancer, and they measured their progesterone in the blood. And it was normal. But they didn't get the raise in temperature of their body and the rays of temperature in their breast tissue.

So they called this progesterone resistance because they had progesterone. But it was it could their body couldn't receive the email that progesterone was sending.

It was resistant to getting that email or that signal. So that's progesterone resistance like endometriosis. Progesterone resistance or a lot of chemicals in the environment make us progesterone resistant, where we just can't respond to what progesterone is trying to tell us.

But progesterone sensitivity is when we take reactivity, you could call it reactivity or sensitivity is when you take it in and you have an adverse effect because it should be a calming hormone that makes you feel better, but it's making you feel like you want to tear your hair out.

That's progesterone reactivity or sensitivity. And progesterone is the most allergic hormone that we have. If you go into PubMed and put progesterone an allergy in the search bar of PubMed, gov, where we have all the abstracts of many of the scientific articles, are NIH arranged free access for all Americans.

To that 65 articles pop up on progesterone induced autoimmune dermatitis. It is the there's no other hormone that has that allergic syndrome named after progesterone.

And you can be allergic to anything. You can be allergic to chicken, to spinach, to progesterone, to a hormone. So in the olden days, I used to test all women before I put them on hormones to see if they were allergic to Esther dial, estriol, progesterone and bases and so forth and desensitize them.

And you can desensitize women through a variety of techniques. Doctor Wright used to have an energetic desensitization, but now that he just sold his clinic April 2nd.

So it's not available anymore. There's also the night the new. Allergy Elimination Treatment program, which is kind of an acupressure treatment program to identify reactivity and then desensitize you.

It's kind of acupressure to do that. And some people have been using my new products, Receptor Detox and Hormone Balance and Protect. There's a nurse practitioner in Minnesota who's come up with a way to use my products, and I don't even know how to repeat it.

I've been meaning to ask her exactly what it is. I've designed some products to keep your receptors clean and make your hormones more balanced, because I've been formulating products for years and I wanted in our dirty environment, pollution is that in competition with our hormones?

So you got to really clear yourself out, not take in more pollution and get rid of what you've already got.

Progesterone resistance and sensitivity

Because sometimes your hormones won't work because your receptors are so filled with chemicals, even though your blood level or saliva you're in whatever way you test it, the hormone can't get in to deliver its email.

So there are a number of ways to desensitize somebody to that reactivity, from energetics to net to my products, which I have not done that yet. And this one.

Her name is Carol Brinkman from Minnesota, and she's been repeating this, and she's taught it to some people and it's working for them. So I want to find out what that is so you can get.

The point is you can get someone over their reactivity to progesterone, but it's real. It is a potentially allergic hormone for some people. And you do want to get over your sensitivity because it has so many benefits when you make it your friend rather than your foe, but you can be allergic to anything.

Reactivity. You know, we move through a world that's very toxic and we're all individual. And a big part of being well is figuring out what your Kryptonite and what your you know, what's good for you, what's bad for you.

And at moments in time, a hormone can be bad til you make it good. But to make it good, you got to alter your response. And so in the interim, while someone is reactive to progesterone.

Now, I had someone I just taught a 16 hour course with David Brownstein, and I think you took it called Everything hormones for MDS and Nurse Practitioners and Nature Pass.

And we had Carol Peterson who claimed to get over progesterone reactivity. You should give more and more and more and just make the woman. I just that doesn't quite work for me, because most of the women feel so badly that they want to hit you over the head with a hammer, or never come back and see you.

So I'd like to use something to reduce that reactivity. And but in the interim, estriol helps oppose estrogen and testosterone helps oppose estrogen. Because progesterone is a policeman and an opposing estrogen does this.

And progesterone helps it do that in a balanced way. So if you've got to take progesterone out of the picture for a while, then you can add in estriol or testosterone to get that balance while you're desensitizing.

The patient. Does that. Is that helpful? Yeah. And I think, you know, it's it's a hard sell for a patient who's reacting on 100mg to go. Well, now we're going to give you 1000mg.

Yeah, I know I couldn't do it myself. I just couldn't do that. It is curious why of all the hormones, like, do you think women who are reactive to progesterone had problems when they were younger, had bad PMS or issues like that?

Like, you know, why would we be like like you say, like, you know, these hormones are life giving. Why would they cause cancer? So why would our body be so sensitive to to such a nice hormone in our body?

That is such a great question, because the reason it has its name is it's a pregnant. The major pregnancy hormone. So pro from progesterone means to support and just gestion is gestation.

So progesterone supports pregnancy. It's the major pregnancy hormone. I think it's because we live in a dirty toxic world. And we think of most endocrine disruptors as estrogen endocrine disruptors.

But there's androgen disruptors, male hormone disruptors. There's oxytocin disruptors. But there's huge a number of antiprotons, progesterone disruptors.

And I think it's secondary to the toxic world and weep. It's in our rain. It's in our air. We track it in on the bottom of our shoe. You know, I wrote one of the very first books on endocrine disruption.

And I think that endocrine disruption is making the hormone of life, be it opposite, opposing the human race. It's making it our enemy rather than it should be our major support because it helps evolution of mankind.

So I think detoxification really helps you handle your hormones better. And I think that detox must move mainstream. You must detox on a regular basis and then do heavy detox periodically.

I think that probably would also reduce reactivity. I think a lot of this comes as the soil and air and rain is dirty. Our cells get dirty and they don't respond in the way that nature intended.

But the everything's healing, everything is fixable. There is hope always. Yeah. Now that makes sense, I see. I've been doing toxicity testing for as long as I've been practicing 23 years, and I see all of a sudden over the last 4 or 5 years, high levels of cesium and thallium and uranium and things I didn't see 20 plus years ago.

And so and it is it's raining on us. It's it's from all over. And so we have to you know, what you're talking about with the receptor sites is so important.

But I want to tackle one more one more misnomer. Confusion about you have to take extremely, extremely high levels of estrogen and you must bleed. And if you don't do that, you're not producing growth hormones and you're not getting the benefits.

There's a book out that's saying this, and they all studied with the doctor that's saying this, and that is that, you know, in fact, they're saying you don't really get the best of hormone replacement unless you take hormones to the point where you have a monthly bleed.

And if you have a monthly bleed, that's when you're really getting your bang for your buck. And that is the opposite of what that is nuts. Because every time you have a buildup of of blood on the inside of your uterus and then you shed it, you have more growth and proliferation every time.

The more you have, the more growth and proliferation you have, the more your risk of cancer. So the women that want you to bleed for a great they're putting you more at risk of cancer.

I remember I studied with Doctor Myron Moorhead, who ran the laser clinic of Metairie, and he worked at Charity hospital, and we did research when I was at Tulane.

And he would go over the more you ovulate, the more you risk of cancer. You know, that's what you you want to really, really, you know, be able to put yourself at rest and get hormone replacement that doesn't cause a bleed because you want to not increase your risk of cancer.

And the other thing is that's really just using the Wiley protocol. It is the that is what's being used is the Wiley protocol. And it's just a theory.

It's this one woman, God bless her. TS Wiley, I think, is her name. I had a dinner with her one evening and it's her idea. And some of these gynecologists have run with it, and it's a very theoretical.

And in some days women are getting 25mg of estrogen, 17mg of estrogen. And usually what estrogen that level of estrogen turns off. Your system doesn't turn it on because the higher you go with a hormone, the more shut your system off.

It's not like a carcinogen, where the more you're exposed to, the more your risk. So hormones work best in a Goldilocks mid-range, they are too low to high, things don't work, and the doctor is trying to figure out what's your real Goldilocks mid-range.

And when you have to have a bleed, you're going to ranges which are really, really high in. Some are really, really low. So I think that's dangerous. I can they also say not to use testosterone.

Why would they say that? They say the testosterone causes plaque and heart disease and it's not needed by women. And testosterone helps you build muscle.

You know, you really want to have a lot of muscle, and muscle slows down aging. Muscle slows down aging. You have your most of your immune system lives in your gut.

Everybody's heard this by now. Testosterone is what helps promote your immune system and your gut, and testosterone protects your brain. I talk in my last book, Sexy Brain Because Sex Hormones Rule Your Brain.

I talk about the work in Japan where everyone's worried about dementia getting Alzheimer's disease. You know, ApoE4 gene carriers. That's a glitch in a gene that has brain activity.

Well, testosterone. If you keep your testosterone going as you age, it shuts up that nasty gene that puts you at risk of losing your wits. You know, the more and better your levels of testosterone, the slower you're aging, the better your immune system and the less your risk of dementia.

Why would you not want to be on testosterone now? Not everybody needs it. Some women make their own even as they age. So you've always got to be tested and all hormones must be individualized.

But these when people say these and, you know, look at the people delivering this message, Look at the messenger.

High-dose estrogen, bleeding, and testosterone myths

And really testosterone is a friend. If it's used wisely. It protects so many tissues. And so because people have been saying it causes heart disease, I spent about a month scouring the literature.

I only found one little Greek study in. The majority of studies show that testosterone protects the heart. The other

thing some people are saying is you can't take hormones once you're too old.

There's an estrogen window. And I've we've put women in their 90s on hormones. You just have to go to a literally hormone literate practitioner that knows how to do this carefully because it's a much more nuanced situation.

But it's never too late to go on hormones. Never too late. All that is, is, is a theory from an arrogant Harvard gynecologist thinks that he knows it all.

He did not publish that podcast interview. Thank you very much. It doesn't matter where people come from. It doesn't matter if they've written a book.

It's really hard to figure out who's got their had wrapped around some really solid science. And for many people, testosterone is an important hormone to age with because it will make your aging not so painful.

Yeah. Game changer. And it is. You know, when I check in 24 hour weight urine testing, you know, it is some women like I'm like, you're still producing it.

You know, we monitor because at some point they might not be. So you know, in some women I feel like they lose it before they even start to lose their estrogen in the progesterone.

So you really have to be looking and individualizing what a woman needs or a man needs. So. Exactly, exactly. So we're almost out of time, but I know you have a new book coming out and I would love for you.

That's a little sneak peek. This is my 22nd book. So, you know, I couldn't have kids because of that drug my mother took. So this is my family. I invite you to meet my my kids.

And this book is on is called Oxytocin Medicine and How to Use the Love hormone to heal many issues in many tissues. And oxytocin is the hormone where we when we orgasm, we squirt it out.

But it's the first hormone of life because it causes it's the pregnancy birthing hormone. It causes the uterus to contract for the baby to be born, and it causes the breast to contract for milk to be let down.

And the baby is a wash in it, awash in it, and it sets up the baby to be a communal, contributing, caring human being. But oxytocin is under attack by our dirty environment.

And I make a point or a case that a lot of school shootings and anxiety in our our love affair with, you know, anti-anxiety meds and things are because our oxytocin doesn't work right anymore.

And I go into how it can be used for weight loss, for pain, for diabetes. So many diabetic patients that will stabilize blood sugar, it won't totally make type one diabetes go away.

But it it really helps improve quality of life. And then at the last chapter of the book for practitioners, how do you write the script for a wide variety of situations for it?

So it's a I've been teaching oxytocin to practitioners for about 17 years and using it on patients all that time, and I thought it was time to have a book out on it. So I'm pretty.

I just got the inside interior and the cover today. So excited. It's just it's such a great job. Oh, and when is the publishing date? Do we have an exact date?

We were going to publish it in September. That seems like a better time to have a book come out early in September. Stay tuned for oxytocin medicine and, you know, Walmart cells that you can sell.

It comes in international units. It doesn't come in milligrams but in international units and the dose range which means how much do you use. Can be as little as 6 to 8 international units to 600 international units.

And the FDA allows us to buy up to 15 international units over the counter. So when I was lecturing in Calgary, I was a keynote speaker at a pharmaceutical conference in Calgary two years ago, and I was talking on oxytocin, and there were some gynecologists and midwives, and they came up to me and said, during Covid, we couldn't get Ahold of pitocin, which is a version of oxytocin, but not natural oxytocin in the same way that oxytocin works.

It's too much to go into right at the moment. And they said we didn't know what to do. So they said we saw that while Walmart was selling it and if we ordered it from Walmart.

And I said, well, how did it work? And they said it worked so good that we still use it now because it's we can pulse it. It's much cheaper. We use Walmart oxytocin.

I said shut the front door. So now if somebody wants to try it and they can't get a script, I tell them to go get it a Walmart. But you have to keep it in the refrigerator and it only lasts for three months.

After that, it's kind of lost its kapow. But you know, I invite you to read my book and see what you think, and I hope that it's an enjoyable read as well as an informative read.

And once again, these are my kids. So I invite you to kind of meet my family since I just I look at you and you have two sons working with you, and I think you just hit the lottery.

I mean, you you created it and you earned it. But I look at that, and it was a long time for me to come to peace with all that. But my books have helped me come to peace with that.

So anyway. And they do such a such a huge service. I am so excited for you. But I didn't because I compounded the pharmacy for patients. I did not know that you could get oxytocin over the counter at Walmart.

Actually, I opened an oxytocin company about 5 or 6 years ago because I thought I did it with a compounding pharmacy, like let's get standardized 15 I use because who knows what Walmart really has in that.

I didn't know at that point. So I formed a company with Broken Arrow Compounds in Oklahoma, because that's where I was practicing at the time, and really great guys.

But in three, four months, the FDA made it illegal for compounds to ship to other states where you didn't have a license. So we the business took off like gangbusters for the first four months, and then we had to shut it down.

It was terrible because I wanted people to be able to get compounded, you know? But, you know, the FDA is always trying to shut the compounds down and always, you know, because they're always trying to make the big pharma have more bucks than the people in alternative medicine have less bucks, but people are going to be clamoring for alternative medicine because medicine is sick.

You know, it can't heal itself. It's just as sick. And that's why we're trying to have these conversations to keep us. Well, well, this has been I told you all was going to be fantastic.

So thank you so much. So you have a Substack before we sign off. I just like everyone needs to follow you. You're always in the literature. You're always putting out amazing information, the truth of what you need to know about hormones.

So where should people go? What's their best options?

Oxytocin book and practical uses

Thank you for asking me about that. I appreciate that because I don't remember to kind of sell myself or market myself. Whatever that term is. I'm always my head is always in the I wake up every morning.

For the last 50 years I've been in practice 53 years, and I read the science for at least two hours just to start my day

with my cup of Joe, the most man in my life.

Okay, so I, I write about 4 or 5 mornings a week in a platform called substance. In the name of mine is agile Thinking. So all you have to put in is Bergson and Agile thinking.

It'll pop right up. And I also have a membership. If people want to hang out with me and hang with me once a month and you can ask me whatever you like, although it's not personal health questions at that level.

And then I have a pro level where I work with doctors, OB GYNs, pharmacist, nature pass nutritionists, and we meet once a month and we dive deep and we go over patient intakes and we have guest speakers.

Tomorrow we have Doctor Berger, the godfather of ozone, talking about using ozone one shot to treat endometriosis. And that's very exciting. And then anytime you join at any time, we've archived and saved all the other conversations.

So you have access to the last three and a half years of what we've done. And I basically have a company that I teach relicensing courses to practitioners, where I'm always trying to educate people to to really give them more tools in their tool bag to help patients, from hormones to the digestion to nutrition and the environment.

And I think that kind of my website is drlindseyberkson.com drlindseyberkson.com And you can go there and scroll down that first page. It'll just have the memberships, it'll have my courses, it'll have a lot on there to show you.

And I have stuff in the store, and I have my products that help hormones work better, receptor detox and hormone balance and protect. I have to tell you, you know, my products make your hormone receptors work better, and receptor functionality is all about happy hormones.

And one of the benefits really is thinking and is weight loss. And I just had a doctor the other day tell me one of their patients who could never lose weight, never lose weight, went on.

We have an easy detox where you do receptor detox for twice a day on Saturday and Sunday with a full stomach of food because there's full flush niacin and you could get a little bit of flushing, but it goes away.

But you want flushing because it breaks open your fat cells where the pollutants are stored. And just doing receptor detox weekends and going on my products.

This woman in one month was changing. Nothing else, lost 10 pounds. And I have another woman who was. Everyone in her family was in the 300 pound range, and she had only been 300 some pounds her whole life.

So I put her on hormones and I always work with the medical team, put her on hormones and did my new products. And she's been at 148 pounds for the last two years.

So there's a lot of use so you can learn about all that stuff. There's a video on all that at my site, and we just do a lot of fun things, because life should also be fun because there's so much angst and there's just a lot of not good feelings swirling around in life is still just such a gift.

So we try and make our delivery of the information always resonate with that tonality, because it still is such a gift, and we want to learn how to be well, so we can also enjoy life, not just be frightened of everything around us.

So I that's why I always love hanging with you, because we always seem to have a meeting of the hearth, you know, like we're sisters of the heart. And I always feel better just being in your presence.

That's a sign of a really dear friend and colleague, isn't it? Yeah. Well. Well, thank you for giving the gift of your wisdom. Please, please, please go. Follow her.

Go learn from her. You know, drag your doctor, make them learn like, you know, she's just doing God's work in the

hormone world of educating and teaching.

And, you know, she she's giving you good information. So do yourself a favor.

Where to follow Dr. Berkson and closing remarks

Go follow her, and you can get clear of the confusion so you can have your your own healthy, happy, hormonal journey and know what's what's correct and what's going to be safe and protect you. So.

And you don't have to feel old. At 40 or 50, you can be a young 70 and early 80 year old person. You can, you can. It's not the end of the world getting older, but you got to be healthy and have healthy hormones.

I swear to God, you can have a better older age without it. Even you can have a better younger, older age. And with thank you for having these conversations so people can not feel like it's.

And it's not the end. It's the beginning of an amazing I call it the sacred second act. I mean, it's just, you know, aging is a beautiful thing when you've got your hormones and your health and your movement and your diet and, you know, then you get to be 77 and look like that and have the energy and the wisdom.

And obviously, you know, there's no brain fog happening there. This is clear thinking, smart, smart heart, you know, everything. So we can all have this.

She's not like some weird person. She's just taking care of herself. She's been on hormones. She knows what she's doing. And so this is what I want for our for our future generations.

Because we were taught, you know, 77, you know, the 77 year olds in my life were hunched over. They were on the couch. I'm still dating. And some guys go, does it work?

Do you still work? And I go, I put the 20 year olds to shame. So, yeah, life. You know, we're biologically can, you know, set to go to 120. So to me, it's like you're just past your mid prime, right?

You're just like you're from passage. So from your lips to God's your. Yes. All right. Well, I love you I love everyone for being here. And this. I told you it's going to be a good one.

I did not lie. Blessings, honey. Thanks for having me, I appreciate it. Be well. See you soon.