## Guest Introduction and Hormone Balance Overview

I am really delighted to have our next guest She is a really special person who has just a really vast knowledge base and she comes by it very honestly through her own experience.

She suffered for years with exhaustion and irritability that prevented her from being the wife she wanted to be, the mom she wanted to be, the doctor she wanted to be.

And her quest to be well led her to integrative medicine. And in the world of integrative medicine, she has truly flourished. And she is an example to the thousands and thousands and thousands of women who she has helped over the years get their hormones back in balance.

She is a bestselling author, an international speaker, a wife, a mother of four boys. God bless you. I have two I don't know how to do more than that.

She is a frequent guest on podcast, radio, TV news, talk shows, and she has had more than 60 appearances on NBC, ABC, CBS and FOX. And today she's going to break down the hormone blockade wall that most doctors have practiced behind for the last 20 years.

Deb Matthew, welcome. Thank you. It's so great to be back here talking to you. I'm so happy to have you here. In fact, it was on my last summit just about a year ago that we first spoke and talked about all of this hormone stuff.

And you know what what the real truth is? Because it's it's hard to find the truth. It's hard to figure out what's true and what's not true. Because we've been painted a very contrived picture.

Right. And it takes a true someone, a true truth seeker to find the truth. So I want to start off by you telling your story, because I think it's one that so many women relate to.

Sure. Well, I used to be tired all the time. Napping was my favorite hobby and I was freezing cold all the time, even though I live in North Carolina.

I would still take a sweater with me in July because when I'd go into the air conditioned movie theaters and restaurants, I would just shiver and I would freeze.

And I struggled with my weight like I had been going through this so for so long that I just thought that I was a cold natured person who just needed more sleep than everybody else.

And I started to become really irritable, and I would be shrieking at my kids over stupid little things. And then I felt so guilty because that's not the kind of mom that I wanted to be.

And my poor husband kind of bore the brunt of my Wicked Witch of the West impersonation, and he would call me from the car on his way home to hear the tone of my voice, because that kind of gave him a warning.

Was it safe to come home or did he need to suit up with some armor before he stepped in the door? Because, you know, I wasn't always on my best behavior.

And it was so confusing to me because nothing in my medical training helped me understand what was going on and what finally changed everything is I read a book that was written by Suzanne Somers.

You know, Chrissy Snow from Three's Company. Now, I know you know that as doctors, we do not want to get our medical information from celebrities and Chrissy Snow, like you remember the ThighMaster?

Oh, yes, I owned the ThighMaster. A lot of us did. Right. But I read the book because I didn't know what else to do. And when I read the book, I read all these stories of these women and they felt bad just like me.

And then I read about how much better they felt when they got the hormones and balance. And it allowed me to open my mind. And I learned what was really wrong because I had I had Hashimoto's, which is an autoimmune condition that causes hypothyroidism.

## Deb Matthewu2019s Personal Health Journey

I had been on thyroid replacement medication at this point already for ten years. Now it took ten years for me to even get diagnosed, but for ten years I'd been on the medicine and my lab tests were normal, but the medicine wasn't making me feel normal.

And so medical doctors will just tell you if your lab test is normal, that it's your age, maybe you're depressed, maybe you should get your lazy butt off the couch and go exercise and that's why you can't lose weight.

But all of a sudden, I realize there's more going on with my hormones. Right? And so it's not me. It's you. Yeah, right. Once I understood good and I could get things back into balance, I got my energy back.

My kids got their mom back, my husband got his wife back, and I got my life back. But I couldn't go back to being the old kind of doctor. I just wrote prescriptions all day long because I just didn't make any sense to me anymore.

So I completely retired and retrained. And so now for the last 16 years, I've been helping men and women get their hormones back in balance so that they can get well, get off a lot of those prescription drugs and love the way they feel.

That is amazing. And I'm sure for the thousands of women that you helped doing that, I mean, that's life changing, right? Like you, they probably got their life back.

Now, I do want to go into it a little bit because you use the term hormone balance and I use the term hormone balance, but what does that even mean? You know, that is such an important question, because if anybody listening today goes and marches into their doctor's office to say, you know what, I think my hormones are out of balance.

That's not really terminology that a lot of doctors use or believe in. And so if you march in the door and you talk about I don't the number one thing that women complain to me about when they come in is I just don't feel like myself.

Like, this isn't me. I don't feel normal. But if you go into your doctor and you say, I don't feel like myself, I don't feel normal, this isn't me. That's just got Prozac written all over it, right?

That's exactly right. That that SSRI is being written right for you. Yeah. Or you say I don't sleep or I can't lose weight or I'm bloated. Like they're all of these are nonspecific symptoms, right?

There could be lots of things that are causing these symptoms. And what happens to so many women is they are. Told. You know, it's your age. This is just that time in your life or it's just menopause and, you know, you just get through it or they'll say it's normal or, you know, sometimes women will say, like, could you measure my hormones?

Like, could I get tested? And they're told, no, we don't do that. Or You're too young to have a hormone problem like a lot of it gets dismissed. And so there are so many women out there who are feeling like they are not being heard.

Nobody is listening. They are not being taken seriously. It is so frustrating. And, you know, if you trust your doctor and you you walked into the doctor's office, office, you were looking for hope and answers and solutions.

And what you got was either the prescription or the everything is normal. Like, then you lose hope and then what are you left with, right? Like, is this what's going to be for me?

Like, you know. But the reality is that our hormones are really important. They are chemical messengers. That means they float through our bloodstream and they tell you parts of your body what to do.

So if you don't have the right amount of hormones in the right balance, then the instruction is that your body gets out of kilter. And these hormones are so important for who we are on the inside, how we relate to the world around us, how we react to other people.

I have a theory which is completely unscientific and unproven, but, you know, we have all these Karens out there, right, who are saying silly things and getting themselves into trouble and misbehaving.

And if you look, it is mostly women in their kind of forties and fifties. And I think they just need to get the hormones back in balance so they can zip their lips and not say those silly things and do those silly things that they shouldn't be doing.

But hormones are so important, and when we are in our forties, our hormones are starting to change. We call that perimenopause that time in our life, and it's kind of like puberty in reverse.

So you know that when you go through puberty, we know that hormones are changing and moody teenagers and all of that. But but it's kind of the same thing just going backwards as our ovaries are cutting down and and our hormone levels are declining and it doesn't always feel good.

We can get more irritable and anxious and we don't sleep soundly. We can get night sweats, we can start to have trouble with our weight. And all of these things are hormonal, but you may have no idea that they're connected to your hormones.

If your periods are getting messed up and they're getting either heavier or irregular, like you kind of have a clue that probably there's something hormonal there.

But if you're just ready to like bop your husband over the head because he's breathing too loud, you may not realize that the hormones are playing at all. So.

So the right. I agree. And what I want to bring up is the thing that most people aren't thinking about. And that's that, you know, the average age of menopause in this country is 52, which means that some people are going to go through menopause at 42.

And some people are going to go through menopause at 62. And menopause, that perimenopausal period is about ten years. So if you're someone that's going to go through menopause at 42, that means you're in your thirties with perimenopausal symptoms.

But the problem is your doctor is not going to recognize it. And that's why they're apt to they're far more apt to prescribe you a sleeping pill because you can't sleep at night or an anxiety pill because you're anxious or an SSRI, an antidepressant, because you're depressed or tired or do you know what I'm saying?

And so there's just like not enough recognition of this process. Because we're. Talking about it as. Yeah, we're not taught this at medical school. What we are trained is how to treat diseases with drugs or with surgeries.

## What Hormone Balance Means in Midlife

And this isn't a disease, first of all. And that makes it hard because you're not exactly sick, but you don't feel good and there's no prescription drug for this.

I mean, we've got hormones and we can talk about that. But you know, the anti-depressant, the sleeping pill, etc.,

they're kind of putting a Band-Aid over your symptoms.

And maybe they do make you feel a little bit better, but they're not really going to get you all the way well, because they're not fixing the root of the problem.

But I think you may have actually been the one to say, I don't know. Somebody that I was talking to said, I feel like I should ask for a partial refund from medical school because they left out a whole bunch of important stuff that we made sure did.

It wasn't me that said it, but I wish I did. Yeah, they. They do leave a whole lot of stuff out. Yeah. So in in saying that your hormones are balanced, what you mean is that you feel like you, right?

You have the energy that the patients, the tolerance, the joy. You are able to sleep, you're able to move, you're not achy, you're not this that you're able to maintain your weight ever so effortlessly.

So that's what you mean by hormone balance? Yes. Just feel great. You feel healthy and well. So is this possible, this state that you're describing, is this possible in the postmenopausal population?

It is possible. Now, there are a whole bunch of factors that go into what happens with your hormones when you go through menopause. But estrogen and progesterone go down because they're made in your ovaries and your ovaries stop working when you go through menopause.

And estrogen is really important for your heart and your brain and your bones. So when estrogen goes down, we can't remember why we walked in the room in that word. That's right on the tip of our tongue.

And we get the vaginal dryness and and we are more prone to osteoporosis and hip fractures and and heart disease and things like that as the time goes on it.

Estrogen also keeps moisture in our body, so we get more dry, dry eyes, dry skin, etc.. Progesterone is the calming hormone, so it helps us sleep soundly through the night so we can feel refreshed the next morning.

It helps us feel just calm and cool as opposed to irritated, impatient, critical and negative. They know this was me with my suit of armor on or my husband meeting his suit of armor on progesterone is is coming.

So it helps a lot with anxiety. So for me, I was waking up in the middle of the night with anxiety attacks for no apparent reason. There was nothing going on, but it was because my progesterone was going down at that point in my life. So another one to talk about for just a moment here is testosterone.

And we think about that for men. But women need testosterone, too. And this one is motivating. It is your get up and go and get things done. It's your self-esteem, your decisiveness, your confidence.

And so when testosterone goes down, a lot of women just feel kind of flat, kind of blah. You kind of put one foot in front of the other and make your way through the day.

And if there's something that really has to get done so you'll find the strength to make it happen. But if it doesn't really have to happen today, you kind of just push it to the side and procrastinate.

So all of these things impact how you feel, how you behave, how you you know, how successful you are in your career, how you show up to your family. So when they change, they do so too.

It's different for everybody. We all we all don't have every one of these symptoms were all very unique. There are factors that impact how these hormonal changes affect you.

And one really important one to talk about is stress. When we have more stress in our lives, it makes cortisol go up. That's our stress hormone. And cortisol regulates all the other hormones.

And so when you have a problem with cortisol because of chronic stress, you will likely have a bumpier ride through menopause and you will have more hormone imbalance.

And if we can help calm the stress, then we can actually help to even out hormonal symptoms to some degree. There's actually a study that took women who were, you know, menopausal women who are having hot flashes, sent them to the spa for a week and measured their cortisol level and saw that it was high in the beginning of a week and got less at the end of the week and their hot flashes got less by the end of the week.

So I think Blue Cross Blue Shield should pay for all of us to go spend a week at the spa if we're having problems with menopausal symptoms. So they're not coming back, in my opinion, but nonetheless, that's what I would say.

So I think that's brilliant advice. So managing stress is one of the ways that we can help improve hormonal balance after menopause. There are other lifestyle factors that help to improve, like eating a healthy diet, getting the vitamins and minerals that your body needs in order to be able to make some of these hormones moving your body, physical exercise, getting enough sleep.

So leading a healthy lifestyle is actually very important at all ages for having balanced hormones. But the reality is, once we go through menopause and our ovaries stop making estrogen, progesterone and testosterone, we are only able to make very tiny amounts of these hormones in other parts of our body.

So the hormone levels are going to go down and they're going to stay down unless we use hormone replacement therapy. There are herbs and other natural things that can help minimize the symptoms of menopause so they can dampen the hot flashes, like they can dampen the symptoms, but they're not giving all of the true benefits of the hormones on your brain, on your skin, on your heart, on your bones, etc..

And can we talk about what those side effects are? Because for some people, they're very real, right? So once you go through menopause, there is a rapid deterioration of the health of a number of your organ systems.

So can you touch on that a little bit? Yeah. So that when the first 5 to 10 years after menopause, so once your periods stop that next sort of 5 to 10 years is a time in our lives that is very inflammatory.

We get even more inflammation in our bodies and the aging process is kind of accelerated. So a lot of negative changes are happening in that time frame right after menopause.

Is is that because our hormones, estrogen and progesterone, testosterone, is that because they are anti-inflammatory? They are especially while all of them have positive benefits.

Estrogen is an antioxidant. It's anti-inflammatory. It helps to keep tissues elastic, so therefore less wrinkles because our skin stays elastic, but also our blood vessels are more elastic.

So when you lose estrogen, we get more hardening of the arteries. You're more likely to get high blood pressure over time and that impacts heart health.

So and progesterone also has a lot of great benefits. It is a neuro steroid, which means it's a hormone that helps to protect your brain. Testosterone is very anti-inflammatory.

So, yes, all of these hormones are very important to maintain health. They also help to stimulate and nurture stem cells, which are our cells of youth and regeneration.

And so as your hormones drop, there's a lot of things that change. After ten years or so, things kind of level off and the rate of decline kind of slows.

But that first chunk of time right after menopause is a really important time in a woman's life.

## Menopause, Symptoms, and Lifestyle Factors

So, you know, you alluded to this a little bit about endogenous estrogen, our own estrogen being anti-inflammatory, as are progesterone and testosterone.

But we have a common perception in the breast cancer world that estrogen causes breast cancer. So what do you think that's all about? Okay. I'm going to take a deep breath before I start.

It's so frustrating, isn't it? So, yes. So we're going to bust this myth. Estrogen does not cause breast cancer. Radiation can cause. Frenzy or heresy.

Radiation can cause breast cancer. Toxins in the environment can cause chemical changes that trigger breast cancer. Some other cancers can be caused by viruses, but hormones don't cause cancer.

So why do people think this? And one of the reasons is because women, when they get diagnosed with breast cancer, are told if they're breast cancer cells or estrogen receptor positive or estrogen receptor negative.

And often it's described that the cancer cells are estrogen fed or if they're not estrogen fed. And the implication is that your estrogen caused your breast cancer.

And that is not true. What that means is that your cells are closer to normal. It's a good thing if your cells are estrogen receptor positive or estrogen fed normal breast cells have estrogen receptors.

They're supposed to have estrogen receptors. There are supposed to be estrogen fed. It just means that estrogen nurtures those cells. If you have a kind of cancer cell that is more changed and it's it looks less and less and less like the normal cell that it started from.

Now it loses the estrogen receptor. So that's actually a worse prognosis. So it's not that estrogen caused the cancer. It's telling your doctor whether estrogen, whether your cells are still closed, are closer to normal or farther from normal.

Does that make sense? Yes. And I also think that a part of that is that that's a very kind of simplistic explanation that people can understand. Right.

Like all your cell has has estrogen receptors on it. So we're going to use that as the target of therapy. And really all they hear is, oh, well, estrogen must have caused my cancer if I have cells that have estrogen receptors on them.

But like you said, normal breast cells have estrogen receptors on them and progesterone receptors on them. And interestingly, the reason that we don't talk about progesterone so much is because no one came up with an anti progesterone drug.

Right. We we talk about estrogen a lot because we have synthetic compounds that work on the estrogen receptor. And I think one of the most misunderstood sort things is Tamoxifen, because people think Tamoxifen is an estrogen blocker, but tamoxifen is a synthetic estrogen.

That's that's what it is. It just attaches differently to it has different effects on the receptors than regular. But yeah. Yes, well, but in so for instance in the breast it's non stimulatory.

But you know, you could argue that that our endogenous estrogen is not stimulatory. I mean, it is doing hormone signaling and balance by progesterone, but it's it it does it is protective.

And we and we I want to get to how we know that estrogen is protective. But when you look at Tamoxifen effects in other areas of the body, it's actually inflammatory, right?

In that we see an increase in uterine cancer and in in and material cancer with Tamoxifen users. So and I don't know if it's because it's synthetic. And so it's having, you know, that adverse effect because it doesn't look just like estrogen, it doesn't bind it just like estrogen.

And so, you know, that that is perhaps the reason, but it's so funny that people think, oh my God, I would never take hormone replacement. I've had estrogen receptor positive breast cancer and then they go on Tamoxifen well.

And they're following their doctor's advice, right? That's true. That's true. So many doctors are afraid of estrogen. And, you know, I work with lots of other practitioners, practitioners who believe in the benefits of hormones and they're learning how to prescribe, you know, hormone replacement therapy and bioidentical hormone replacement, which is the natural form.

And they're still scared of estrogen like we it has just been beaten into us to be afraid of us. Now, we're not afraid of prescribing antidepressants and, you know, muscle relaxants like we prescribe antibiotics.

We prescribe medicines all day long, every day. And we're okay with that. But yet we're so scared of estrogen. And the reason is pretty clear because we didn't used to be scared of estrogen.

When I was in medical school in the nineties, I was taught all women need to go on hormone replacement therapy at menopause because it's going to protect your heart, your brain and your bones.

It's like the greatest thing since sliced bread. And in fact, if we told you you needed to be on hormone replacement therapy and you didn't take it, that we thought you were a bad patient, and the problem was and.

We would write that in the chart. You know, non noncompliant. But the problem was we were giving everybody the same dose. And, you know, we're all unique, right?

So some women just need a little bit and some women need a little more. So lots of women had side effects and it wasn't the right way to do it. But we weren't scared of it until in 2002, this big study came out.

It's called the Women's Health Initiative Trial, and it said that the women on the hormone therapy had an increase in the risk for breast cancer. And overnight it became this huge thing.

And all the gynecologists phones are ringing off the hook and women are freaking out and it's on the news. And as doctors, we were horrified because we were thinking we're helping people and oh my gosh, we're causing breast cancer.

Like it just got seared into our psyche. And it has been so, so difficult to unsere and to get people to realize the truth. And so Peter Attia is a doctor who has a podcast and he said that in his opinion, this thing, this scaring women off of hormones is probably the biggest, most bad mistake that we have made in our lifetime in terms.

Of men and women. Yeah. So the reality. Well until three years ago but well, that's. The reality of, of this hormone myth is that in this study there were two groups of women.

One of the groups of women had a hysterectomy and the other women had their uterus. So the women who had their uterus, they got a pill with estrogen and progesterone.

The combo pill, the women who had a hysterectomy, they weren't given the progesterone part of the combo pill because the thinking at the time was that the progesterone was there to protect your uterus from the effects of estrogen.

Well, if you don't have a uterus, you don't need it. So they just got estrogen. These women who just got estrogen did not have an increase in the risk for breast cancer.

In fact, they had a slight decrease in the risk for breast cancer. And if we look at studies, I even wrote down a quote, I'm going to read you the quote.

## Hormones, Inflammation, and Long-Term Health

It said, In younger women receiving estrogen only, not the combo pill, there is a great consistency between all randomized trials, including the Women's Health Initiative, one that scared everybody showing coronary benefit.

So protecting heart disease and a decrease in all cause mortality and including a decrease in breast cancer in all ages of women who took this, there was no increase in the risk for breast cancer.

And that is consistent across studies. The problem came in the combo pill. These hormonal hormones that we were giving are not the natural form of hormones in a woman's body.

And specifically the progesterone was a manmade synthetic chemical that's never found on earth before. It was made in a lab. And it was that synthetic, manmade chemical one that was associated with an increase in the risk for breast cancer.

Now, in the study, there were eight extra cases of breast cancer per 10,000 women. So that's less than 1%. But it was when we compare it to how many women would have gotten breast cancer if they weren't on hormones, compared with how many women did get it.

If they took the hormones, it was counted as a 24% increase because I don't know, I can't do the math in my head. It was like 30 women who weren't on hormones versus 38 women per 10,000 who were on hormones.

And so the difference there comes out to 24% or I don't know, don't double my math. But yeah, but so when when it says 24% increase in the risk for breast cancer, it sounds like 24% of women are getting breast cancer themselves, supposedly like flies.

Right. Know that in reality your chance of getting it, you have like a 99.9% chance of not, you know, having breast cancer when you're on it. It sounds very different and it wasn't statistically significant, meaning like it might have just been chance you know how you throw the dice enough times you can get some numbers that are a little skewed.

So it was a very tiny thing, but it caused such an enormous response and an enormous fear scared an entire generation of women, also of hormones. And now those women have osteoporosis and dementia and heart disease, and it hurts to have sex and their skin is all wrinkly and, you know, they don't feel good.

And it was so unnecessary. But the fear is just so persistent and, you know, could quadruple or ten times more once we talk to women who've actually had breast cancer.

Yeah, absolutely. And you know, I think from my perspective, it's two generations of women because we still have not recovered from that. Things are changing, but they're only changing slowly.

And a lot of those women, because they didn't go on hormone replacement, they died of cardiac disease because that is that is a major factor on who does it, who does not develop cardiac disease.

Yes. We only see the difference between men and women up until menopause and then after when women in you said yourself there is a rapid deceleration of the health of the blood vessels, the heart, the tissues, the elasticity of the tissues.

I mean, the heart depends on having healthy blood vessels and those elastic, muscular walls. So if you lose that function and lose cardiac function, that this is not a survivable thing.

And so thousands, if not millions of women have died prematurely of heart disease. When we have a solution right there. Yeah. There wouldn't. And we continue to suffer.

Underneath this fallacy. There was a study that was done back in 2011. So this is, you know, more than ten years ago now, but about ten years after that study and what they concluded, they kind of crunched the numbers and they predicted that about 90,000 extra women died because they stopped their hormone replacement therapy.

So it's really it gets me very upset. And understandably so. And even. Though. I still see women coming in and they're coming to me saying, I think my hormones are out of whack, I don't feel good.

Like I really feel like I want to try some kind of hormone replacement therapy. And my doctor says, no, they're warning me often or they've been on hormones.

Their doctor says, you have to come off of them. Now, look, there's this isn't just the public. This is the medical community that is still in you know, there's lots of doctors that are good with hormones because even the North American Menopause Society, like the Academy of Obstetrics and Gynecology, like they all agree that hormones, work, hormone replacement therapy works great for hot flushes.

It works great for vaginal dryness and urinary symptoms. You know, it's good for bone health that for the majority of women, especially if they're within ten years of menopause, the benefits far outweigh the risks, like the tide has turned and even the powers that be recognize the really important benefits of hormones.

It's just so hard to get that through, you know, because everybody got just so ingrained. Yeah, yeah. So let's talk about who needs hormone replacement.

Women who are over the age of 35 may start to have changes, especially in their forties, lower progesterone and lower testosterone, and sometimes really don't feel good.

And so if that's if that's where you are, if you are in your, you know, late thirties and in your forties, and you especially if you have heavy periods, periods that are coming more frequent, more PMS, you're not sleeping at night, you're having night sweats.

If you have cyclic changes like your good one week of the month and then it goes downhill and then you start to feel better when you're on your period again.

Like if you've got those changes, you know, that's a hormonal thing.

## Breast Cancer Myths and the WHI Fallout

And balancing out your hormones by replacing the progesterone and the testosterone can make a big difference for anybody at any age. If cortisol is out of whack, cortisol regulates your other hormones, so it messes up your other hormones.

So all of us should be trying to deal with stress in a healthy way for women who are a part of the approximate average age of menopause is about 5152.

So somewhere in that ballpark are estrogen drops. And once the estrogen drops, the symptoms change a little bit more. And, you know, the hot flushes are annoying.

But to be honest, if hot flushes were the only thing that we had to deal with, like we would put up with it. It's, you know, it's not the greatest thing.

But, you know, we would make do it's that our brain doesn't work like you can't remember why you walked in the room and where you left the car keys and you got to put sticky notes everywhere you go to write everything down so you can remember it.

And we get sometimes more tired or more depressed or we can't focus and we're not as creative. Like we just don't feel right. And sex can be painful. We can start to leak urine.

You know, there's all these things that go on and a lot of them aren't measurable. Like we can measure how many people have a heart attack and we can measure, you know, who, what your blood pressure is.

But we can't really measure, like the quality of your marriage and whether you can't get along with people and whether you're able to enjoy intimacy and whether you're thriving in your career or whether you're kind of hiding in your office on the computer, hoping nobody's going to notice that you're not being very productive because you just can't think straight and, you know, just don't feel like it.

Yeah. Yeah. So let's talk about the people who really don't have symptoms that they can quantify. So I have plenty of people who say to me, like, I feel I feel fine, I'm fine.

I'm not having problems with sex and I'm not having problems with sleep. And I'm not having hot flashes. What about them? You know, is there a benefit for hormone replacement for people who are seemingly saying, I.

Mean, that there is because there's sometimes like a honeymoon period. So some people have a really bumpy ride when they go through menopause, they get lots of hot flashes and then sometimes the hot flushes die off and they're sort of okay.

But eventually the, you know, being without hormones is going to increase your risk for heart disease, dementia, osteoporosis, the wrinkles, the, you know, painful sex, etc., it creeps up on you and we get the best results as if you started early.

And it can be preventive going forward. That's where it really works the best. If you wait until you're 70 and then you decide, Oh, well, now I want to start the hormones.

We can't go back and erase all of the aging that happened over the last 20 years. So in my opinion, there are so much benefits to the hormones that even if you don't feel terrible, I still feel that the benefits of the hormones to keep you feeling well over time are really well worth it.

So this ends up being a really controversial topic in the breast cancer population because what happens with most breast cancer patients is that they have hormone positive disease because it is the most the disease that most resembles normal tissue.

Right. So by the time we talked about this a little bit before, like for those that are triple negative, that is a far departure from the normal cells.

And so that is going to be a more aggressive process. The more it looks like normal tissue, the less aggressive a process it is, the more it departs from normal tissue, the more aggressive a process.

So the vast majority of women are going to have hormone positive disease. And because they have estrogen receptors, they're there. They're told that their estrogen is bad.

Estrogen is bad. We got to get rid of the estrogen. And so there they're made post-menopausal either themselves or drugs. Or have hormones right now. Should never, ever, ever have hormones.

And so they in quite a spot and especially, you know, if we're talking about a woman in her forties and we're going to make her menopausal and the and the truth is that the vast majority of women are going to survive their breast cancer.

And we are kind of condemning them to a quality of life that is less than and a shorter life as a result. Because if we're going to give them heart disease because we're taking away their estrogen, then you know that that is a far bigger problem.

So what about what about in the in the postmenopausal breast cancer population or in the premenopausal breast cancer population that is rendered menopausal by the treatment?

Yeah. So it's really hard because no matter what I believe to be true, no matter what I see written in the medical literature, my medical board is going to agree with all of those doctors who say you should never have hormones.

So it's actually very difficult for doctors to give women who've had a history of breast cancer hormone replacement therapy. But the studies don't support that.

Giving women hormone replacement therapy after breast cancer increases their no rate of recurrence or dying from their breast cancer. In fact, the opposite ever looming is an oncologist who has written a whole book about what the studies actually say about hormone replacement therapy and breast cancer.

So when women have active breast cancer, you know, that's one scenario that, you know, that's probably not the best time. But once they've been past breast cancer for about five years, that's sort of the line that most doctors who are willing to even entertain this would sort of use as a time to think about offering the option of hormone therapy.

Most doctors are actually okay now with using vaginal hormone therapy, so there's no need to have the vaginal dryness, the painful sex, the leaking urine.

I mean, that's something that can be really helpful. Testosterone can be really helpful because most doctors are afraid of estrogens specifically. But testosterone has lots.

In there and they're unaware that testosterone gets personalized, intense estrogen. But estrogen can help to keep your muscles and your bone strong. It's energizing.

It motivate. I mean, it makes women feel a lot better. And so even if someone's going to choose to stay away from estrogen and progesterone or your doctor is not willing to go there, testosterone is not a bad option.

So what I do is I have women go back to their oncology just to let them know we're thinking of giving them some testosterone. And I'm finding more and more that the oncologists are saying that that's okay. No, you're right.

They probably don't realize that the testosterone keeps going to a little bit of estrogen. But nonetheless, we can we can have a you know, it makes a difference.

Yeah. Yeah, of course. So and and as you said, I think it's important for everyone to know that there is no reason to not have vaginal estrogen in that the studies have shown that you do not get significant systemic levels.

And so there's no reason to suffer through that part. And, you know, that part is really hard. Right. I often hear people discount that. But guess what?

Like, if you are having painful sex, you don't want to have painful sex. You don't want to have burning when you urinate, you don't want to have leaking when you urinate, you don't want to have thinning of the of the vaginal walls.

You don't want to be under pins right. Yeah. And, you know, it's it's hard to stay in a relationship if you despise intimacy. Right. And that is one surefire way to despise intimacy.

So I think it should be offered across the board to everyone who has had her words been treated for breast cancer or is postmenopausal, because there's no reason to suffer that way. You know.

Just really, really quickly, some of the other things that we can do to help with that besides moans because there's some over-the-counter creams like Java is one example, which is a cream that has some DHEA and some other natural things in it that really can help with vaginal dryness.

So that's one option.

## Options After Breast Cancer and Vaginal Health

But there are also vaginal laser rejuvenation procedures, PRP, which is platelet rich plasma, where we draw your blood and use your own growth factors to help regenerate tissues.

This is part of regenerative medicine, which is kind of the future of medicine. These are new hormonal treatments. Well, the jewel that has stoma. Is the one.

But but the vaginal lasers and the PRP, these are non-hormonal treatments that can really make a big difference. So whether you're going to choose hormones, not hormones, you do not have to suffer with painful sex and leaking urine because we have we even can do sound wave therapy.

There's things that are available. It's just that they're not usually covered by health insurance. So your regular doctor is unlikely to have these available, but they are out there.

You do not have to put up with it. Yeah, I agree. And the book that you were referring to is Estrogen Matters by Abraham Blooming and Karen Carol Travis. And I think that that is an important book for any I think any woman should be reading it, but especially women going through breast cancer.

And I think what's so interesting is after blooming as a medical oncologist or a surgical oncologist who specialized in breast cancer or his entire career, and when his wife got breast cancer, she said, like, what am I going to do?

Am I going to go on hormone replace? Then afterwards and he said, You know, you've been listening to me talk for years and years and years. The decision is yours.

And she went on and I think it's interesting to note from certainly from the Women's Health Initiative, from from the other studies that we see, you know, women who are on hormone replacement are going to get breast cancer, just like women who are not on hormone replacement were going to get breast cancer because there are other environ mental factors in play and it is not solely built around who is and who's not on hormone replacement, but the women who are on hormone replacement and get breast cancer prognostic lead do better.

Likely to die. Yes. Than the women who aren't. And I think that that is part and parcel to the fact that women on hormone replacement are healthy. Yeah, they.

Are. Eager. Dr. Deb Matthew, this has been an amazing conversation. We went over so much we I'm just going to try to review a little bit. We talked about what hormone balance really means and it means that you feel great, you feel well, you feel like you and that is something that starts to change for women in their thirties, forties.

And if that is happening for you, you don't have to put up with that. We talked about the benefits of estrogen, what estrogen does about progesterone, what progesterone does, what testosterone does in terms of motivation and getting it on and self-esteem, confidence.

And all the while, with all of this before you would even consider a hormone replacement, but you have to effectively manage your stress. You have to work on your lifestyle.

Being on a healthy, nourishing diet using vitamins and supplements, but making sure that you're getting as much as you can, vitamin and mineral wise from your diet, having exercise or movement, joyous movement in your life, prioritizing sleep.

There are some herbs that can minimize the symptoms of menopause, but really the only way to maintain the health of your heart, your brain, your bones, your skin is to go on hormone replacement, because that is the only thing that is going to continue to protect those organs.

We talk we definitively said that estrogen does not cause breast cancer. And you and I will say it again and again and again and again till everyone has heard it.

And that breast cancer is actually an environmental disease caused by radiation and toxins and viruses and and all of these other things that surround us.

But it's not the estrogen that is being made in your body that is causing breast cancer. That is a fictional simp,

simplistic explanation. And I didn't know about that 90,000 extra women dying as a result of not having hormone replacement.

So. Well, that was. Yeah, yeah. So that's that is a scary, scary statistic. And I really hope that the medical establishment reads, you know, all of that study has been the findings of that study have been retracted.

And I hope that they read that retraction. I hope that they start to understand and change their practice paradigms because women should not suffer out because of the fear that was created 20 years ago.

That was just false. And and there are some methods that you can use to help with vaginal health. But at the end of the day, the only thing that is really going to protect all the organs that we talked about is hormone replacement.

And if you are someone who has had breast cancer or you are in remission, you have done all of those things. Dr.

## Key Takeaways and Where to Find Deb Matthew

Deb talked about working with diet, managing stress, exercising, sleeping, and you have no evidence of disease. After five years, it is perfectly appropriate for you to be on hormone replacement.

Did I miss anything. I think that's great. And I think the message that I would love to make sure that everybody hears is that if you're not feeling your best, your doctor doesn't really have a pill to fix you.

You know, it's not a Prozac deficiency or an Ambien deficiency could be a hormone imbalance. There's so much in your own power to make it better, and living well is the best medicine it is.

Dr. Deb Matthew Where can people find you? The office website is signaturewellness.org and there's lots of information on the website. And I have a book that I think that you guys are going to offer to give away to this.

Yes, that will be wonderful. What's the title of the book? The book is called This Is Not Normal is a Busy Women's Guide to Symptoms of Hormone Imbalance, and it has a lot of checklists to figure out.

Could your symptoms be from a hormone imbalance? And it also has some resource guides for first of all, what can you do to help get yourself better But also, how can you find a doctor who can help you Wonderful, wonderful Dr.

Deb Matthew, it was such a pleasure to talk to you today, as always. And I really hope that your message, which is so well articulated, is heard by our our fellow physicians, so that practice can change and women can stop suffering because it's so important to give people the right tools to really feel the way that everyone deserves, to feel.