Introduction to Hormones and Longevity

They look the same to your body as the hormone that your body would make. Why are we replacing them? We go through menopause, perimenopause, and repause, and we're looking for longevity.

We're looking to keep the function up that we had with optimal hormones. And this is also not overshooting it and doing you know, super therapeutic doses.

This is getting the right dose, kind of like Goldilocks and the three bears. I just read that story to one of my kids and we want it to be just right.

We don't want too little and we don't want too much, which is super therapeutic dosing and could cause harm. So it's that sweet spot. If you're overwhelmed with chronic health symptoms and still don't have answers, you're not alone.

I'm Dr. Javin, and on redefining wellness with Dr. Javin, we'll be exploring root causes like Lyme disease, mold, and parasites, and I'll guide you with simple and practical steps towards real healing.

Well, welcome back to redefining wellness podcast. I am your host, Dr. Jayvon Moore, and I'm really excited today because I get to work with Dr. Jenny when we go out to conferences and we talk about peptides, we talk about hormones and she has a ton of knowledge in this area and she's really deep diving how to use these things, but not in the way that so many other people are using them.

She's not using them as this cookie cutter approach where you get something and you're stuck on it for a year and you see your doctor once. We've been actually talking about this over and over and over.

She wants to make sure people are having the most optimal outcomes. And she's even used to working with people with complex chronic illness like mold, which is really rare for somebody to have hormones and mold as a understanding.

So Ginny, thanks for joining me today. Thank you. So nice to see you, Jamin. Nice to see you too. And, you know, The topic that I want to dive into here first is for people that are just, you know, they're not feeling well, they're aging.

Are Bioidentical Hormones Safe?

The huge topic right now is peptides. It's hormones and bioidentical hormones. Like are these things safe? Are these things dangerous? So what I want to ask you as, as an expert in this topic is are bioidentical hormones safe?

Yes. Yes, they are. And when we look at the whole hormone debate, positives and negatives with what the government kind of came out with in that statement, they rolled out saying that we should change the narrative and talk more about bioidentical hormones.

But then they kind of continued down the path that, but these bioidentical hormones should be from the pharmaceutical company. And then also the pharmaceutical company is coming out with a new medication for hot flashes.

So from me coming from conventional medicine where we were just fed the nonsense of every pharmaceutical is good, you have a symptom, here's a pharmaceutical, don't worry about the side effects.

When we look at bioidentical hormones, I think this should also be precision medicine, precision care. So I use FDA

approved compounding pharmacies. It's not like this is snake oil.

We're getting these bioidentical hormones from a compounding pharmacy. Now, the talk from government officials about this is it's not as standardized, you know, you're not getting what you should be, and that's not really true with good compounding pharmacies.

This could be true from, you know, hormones that you're maybe buying some yam cream online, that for sure you could be getting different amounts of progesterone when you squirt that tube out, and I've had compounding pharmacists explain this to me.

Now bioidentical hormones, they're made in a lab, but they look the same. They look the same to your body as the hormone that your body would make. Why are we replacing them?

We go through menopause, perimenopause, and repause, and we're looking for longevity. We're looking to keep the function up that we had with optimal hormones.

And this is also not overshooting it and doing you know, super therapeutic doses. This is getting the right dose, kind of like Goldilocks and the three bears.

You know, I just read that story to one of my kids and we want it to be just right. We don't want too little, which is nothing. And we don't want too much, which is super therapeutic dosing and could cause harm.

So it's that sweet spot, which, you know, we're going to test and not guess for. The other thing I think I find interesting is we see this big push for bioidentical estrogen through estradiol, which is just one of the estrogens our body makes, and the patch.

You know, we're seeing it everywhere. Show me your patch picture. And I always take a step back when I see an agenda being pushed and, you know, influencers being paid to do these things that, you know, we think they won't admit.

In that patch, the ingredients in the patch is petroleum-based substances. So you're getting your hormone topically, which is a great way to get estrogen.

I prescribe topical cream a lot. And you're also getting that absorption of petroleum, which if you are a chronically ill patient, you're going to get a response to this.

It's going to be negative. And petroleum is pretty toxic. But this goes back to just how medicine was created in the first place if you look at the Flexner Report and the Rockefellers and petroleum and all of that.

If you want to get your tin hat on, you could dive into that. But yeah, bioidentical hormones are so important. The contrast of that is what was used in the studies for the Women's Health Initiative, which were conjugated equine estrogen CEEs and progestins, which don't look the same to the body.

They do bind to the receptor, but they work a little different. It would be like if you were trying to get into your house, and instead of using your key, you were using a crowbar.

You're still getting into your house, but you have consequences and damage, and I'm sure your spouse wouldn't be happy with that. So when we look at hormones, you know, I was terrified actually.

I went to a conference, I spoke at the conference, and they had an OB-GYN who was board certified talking about hormones, and she told this room of practitioners, you know, nurse practitioners, physician assistants, doctors, that progestins and CEEs were the same, they were bioidentical.

And I was like, looking at this, it was a nurse practitioner, I was sitting next to her and she was taking notes and I'm like, stop taking notes. Like, that's not right.

That is not right. They are not the same from a physiological standpoint, what they do in the body. So lots of misinformation out there on hormones in general.

Why Women Lose Hormone Balance Early

You know, we also look at the bodies, you know, with fellowships in OB-GYN and their board that oversees them, and they're still recommending to give estradiol not to add on progesterone if they had their uterus out.

So then we're having unopposed estradiol. And that is also wrong, in my opinion, if you look at how hormones in the body work. We want to replace them all and make sure that the patient is getting that balance.

So just, I feel honestly bad for women right now because I feel like the noise is amplified with hormones and it's good we're talking about them, but then there's even more misinformation out there.

So what I just learned is women are being prescribed petroleum to rub all over their body, told it's a hormone, told they're going to be okay. It's a patch.

And so what you're saying is make sure you figure out what you're being prescribed, read the label, understand if that's actually bioidentical so that your body can properly use it, absorb it, and get the proper outcome up from it.

You know, as a physician myself, as I've gone through and learned about hormones, I've I've dove into complex chronic illness in my practice so much. And a lot of these women are coming into me at 27 years old and their cycles stopping.

And it's not because they're going through menopause. And that's what they're told when they go to the regular clinic. Why would women's hormones be shutting down earlier in life?

What's causing that? Yeah, a lot of things, chronic stress, chronic toxic burden, you know, we're seeing EMF exposure, they're not getting treated for gut health issues and that's causing a big stress.

So what happens too with these women is if they don't have any ovulation, and they lose their cycle, so they're anovulatory. It doesn't mean that their body is just shut down and in menopause.

That is very rare, actually, to have premature ovarian failure. It's more rare. More likely, they just need to regulate their hormones again, and so they're ovulating again.

Because ovulation is a sign of good health, and fertility, as we know, is also a sign of good health. So what we're seeing a lot with those Women is polycystic ovarian syndrome, which is more of a metabolic syndrome that is causing these anovulatory states and high androgen, and usually this is high insulin.

So that is a common problem I see. And high insulin can be caused by, yes, eating lots of sugar, not taking care of your body in a nutrition standpoint, but it can also be caused by chronic stress.

And a chronic stressor can also be a complex medical illness like you deal with. It could be Lyme. It could be mold. So we need to look at stressors as just not, oh, I'm stressed out.

You know, things are going on. It could also be something going on inside the body. And then that could definitely cause your body to stop ovulating or to a short luteal phase where that progesterone is just not, the corpus luteum is not getting sustained and not secreting more progesterone.

So we see that a lot and that's pretty common. You might see warning signs as a female, as really heavy cramping, really heavy periods where you're going through multiple, multiple paths.

like cramps that you can't even go to school that day. None of that is normal. That's a warning sign for what is to come. You're in an estrogen dominant place.

Your luteal phase progesterone is low compared to your estrogen. So I would tell those listening that are younger that are having cycle problems or they were told it was PMS, they were told to go on birth control.

These are signs and symptoms that the Lord gave us to let us know something's wrong. It's kind of like the smoke before the fire gets worse. It's a warning sign.

infertility and cycle disruptions are a sign from your body screaming for help is what you're saying. So, you know, I've seen the same thing and I completely agree.

Women will come in and they're like, Doc, I ran a Dutch test and my estrogen and progesterone both are just not nearly high enough. They're bottomed out.

I need hormones. And I'm like, well, I can't disagree that you need more estrogen and progesterone, but The bigger question I always want to ask from what I do is why?

Why do you need more hormones? You're 27 years old. Your body should be producing normally. You have all the organs intact. We need to now go look at the reason why the body is self-selecting to prioritize other processes over, let's call them, even though they do a lot more than this, the reproductive hormones, right?

The women's sex hormones, which we all think of as progesterone. and estrogen as far as like the lay population, even myself still, I still think of them somewhat in that way.

We need to figure out why they're low. And I know you mentioned a lot of these things, but when I see somebody with that, with those bottomed out, I immediately go like, what's in the air you're breathing?

What's in the food you're eating? What are you rubbing all over your skin? And more often than not, when I see somebody with a different process, so PCOS, high estrogen, polycystic ovarian, a lot of times we see super high estrogens.

I'm like, well, why is your liver not removing all this estrogen from your body? mold, radon, uranium, Lyme disease, parasites. You get rid of that and all of a sudden they're like, yeah, I'm, I'm back to normal.

Awesome. We found out the reason why that doesn't mean that they shouldn't do hormones into that time period, which is where I want to go now. So many people right now today, when I post on Instagram, um, signs of histamine or histamine symptoms.

Um, what I want to say here is. From what I've learned, estrogen and progesterone have a major impact on the presence of histamine symptoms. What are you finding?

Yeah, well progesterone is going to be protective against mast cells.

Hormones, Histamine, and Mast Cell Reactivity

And I'll never forget this patient when I first opened up my brick and mortar clinic about a decade ago. Just started seeing integrative patients fresh out of my fellowship.

And, you know, we figured out finally like what it was. It was mold in their closet bedroom. But I remember she was so reactive. She would react to everything.

She was bound to basically a walker and she could barely get into my office this one day when her husband wanted an emergency appointment. She was on Cromulan, she was on all the stuff already and we had gotten back her hormone labs and her progesterone was tanked and she was like early perimenopause and I'm like, let's do a luteal phase progesterone, it will help you sleep, it will calm down the mast cells because she had a deficiency and that was the turning point for her.

she was able to function and she was then able to tolerate things better. So sometimes we over hormones when we're dealing with these really reactive people.

And also during perimenopause, so say you're dealing with chronic Lyme or chronic mold and it was never really a problem because your body was compensating.

and then all of a sudden you hit perimenopause you know your late 30s early 40s and you start reacting to everything you have that histamine response well progesterone is on a decline during perimenopause so that's a steady decline but then guess what super fun your estradiol is erratic so you get these really big spikes up and down it's not how it used to be because your Your ovaries are starting to, you know, putter out a little bit, right?

You're coming to an end of your fertility. So those, those estradiol big spikes, you're going to have, that's going to activate more mast cells and the progesterone is lower.

So you have like no coverage like you used to. So super frustrating because it seems like it's out of nowhere. But because it is, but it's not because your body has been so good at compensating.

And Javen, you see this, right? Like we are so good at compensating for things until we're not. And then our body's like done. So something I took away from that that, you know, I'm just thinking to myself like, oh man, that's a heck of an Instagram tagline right there.

Stop taking your hormones every day of the month. You just said like you have to be so particular with the patients you're working with. You give them progesterone during luteal phase, not all month.

You give potentially an estrogen or testosterone different parts of the month so that their bodies start to regulate themselves. Because one thing I've seen is Let's say with these hormones or even thyroid, the benefit to your body working appropriately is it will modulate up and down hormones were supposed to be if your body's healthy and fully operational.

When you start giving a prescription, There's no modification. It just is what it is. And a lot of times when you're going to the dock in a box and they're on a five minute schedule, they're not looking at you as an individual, giving you a custom program for you based off of a monthly cycle that all women have.

So I love that you're talking about that as being specific and You know, I want to tie in peptides to this conversation now because we've talked a bit about hormones and histamine and getting into that.

But when we're bringing in peptides, you know, something I've seen is a woman takes, let's say, Rituitide or takes a semiglutide and they lose a little bit of weight.

It brings the inflammation down in their body. It stabilizes muscles in their gut. But then now, because of that decreased insulin spike, decreased cortisol response to the stress, now their progesterone and estrogen starts operating better.

What are you seeing with this? Yeah, well, inflammation. I mean, inflammation is the root of disease. So if you're modulating that inflammation with a lower dose GLP-1, then yes, the hormone, the body can calm down and self-regulate better.

And also the GLP-1s are also mood regulating too. So I see this with a lot of women where they just their mood is better and we're not overdosing glp1s and we're taking breaks okay and this is what's different from like what we do versus conventional medicine or a med spa that's gonna blast you to have you look skinny because heroin skinny i guess is in again it's not though by the way it is It is not, muscle is in.

So no thigh gaps, right? But seriously, it's a good tool. If you are not metabolically flexible and healthy, that is going to run downstream to hormone disaster.

What I mean by that is if you have high insulin, that is going to put stress on the body because it's excess cortisol.

Using GLP-1s and Peptides for Metabolic Support

And vice versa, if you have high stress, high cortisol, that can affect your insulin. So they play together. And then downstream, that's gonna affect your progesterone, which will affect your progesterone-estradiol balance.

And like I said, during midlife or perimenopause, that all gets worse. And we know that insulin and estradiol play a role too. So during that first half of the cycle, the follicular phase, we are more insulin sensitive.

So we do better eating food, like we're gonna process it better and we're gonna do better with it, but we're also more resilient to stress. So this is when I have my patients fast more during that first half of the cycle.

But estradiol by itself, it makes you more insulin sensitive. So when that declines as we age, that's when we get the belly fat and we get more insulin resistant.

So this is why GLP-1s are such a beautiful thing. For those women that have tried everything, they're literally in a state of starvation and they're not eating enough protein, they're losing muscle.

We put a little GLP-1 in there in the mix. It calms down inflammation and makes them more insulin sensitive. They can get back to eating good because they don't have the food noise.

And then we can wean them off of it. Talking about cycles for women that are cycling, one thing that I've done over the past year with my patients is that when we are kind of happy where they're at and we're weaning down on the GLP-1, we'll just use it during their luteal phase.

So that's that second half of the cycle. So think about why this is so beautiful. We're doing a low dose GLP-1 during the luteal phase. The luteal phase progesterone is more dominant.

Because of that, we're a little bit more insulin resistant, meaning we are going to have more fluctuating blood glucose levels, even if you're eating the same thing.

Your cravings are worse. Think about when you want to binge on food we shouldn't eat lots of, refined sugar. It's during that second half of the cycle.

We all know that for the ladies listening out there, and I'm sure Javen and the men listening, we know that, you know, our spouses do this, our girlfriends do this.

So a little bit of GLP-1 during those two weeks, you're kind of cycling and making it even more specific for you. Cuts down on the food noise, cuts down on the cravings.

You make better choices. Therefore your mood and your, your insulin is more stable. You're not hangry. You're not as irritable and anxious. Let's pair that with a little luteal phase progesterone and You know, this is just, it's the sweet spot.

So yeah, GLP-1s, I think they're overprescribed and mismanaged so much, you know, have to be eating your protein 20 grams with each meal, have to be building muscle, maybe throw in some other peptides that support muscle.

like PeptiStrong, which is an oral plant-derived peptide, or something like Ceramorlin, Epimorlin, CJC1295. So one of those growth hormone secretagogues will also help support muscle.

So we always want to look at, when we are looking at GLP-1, the specific peptide It is a great peptide. Some people are saying that it is replacing rapamycin and metformin in the longevity world, but we want to use it correctly and intelligently.

We do not want to lose muscle that we will never gain back, especially if we're older, or if we are in the chronic illness world and we overdo it and we lose that muscle that, you know, if we're chronically ill, it's even harder to work out.

So we just want to be very careful, especially my females listening out there, where it's just a little bit harder for us to gain that skeletal muscle, lean muscle also.

Yeah. You know, one of the things I saw was it was a trisepid side. I believe the common dosing it released six months ago was roughly about five milligrams somewhere in there a week was it was a common dosing.

And then I see people getting on 10 milligrams. I'm like, how do you take that much? Cause everybody I talked to on five is not hungry. They might have a little bit of a headache.

They have nausea, but. We've got to lose weight faster, so we crank it up. That's the American way. More is better. And what I'm seeing for, especially for people that are just trying to regulate hormones, decrease inflammation, which by the way, causes weight loss on its own without the major muscle wasting.

I mean, look at the lawsuits going on now from the people that are overdosing it. You know, you could do a fifth of that dose. You could do one milligram.

You can do a half of a milligram for some people, and you're starting to see some really positive impacts. And I think that's what the precision medicine that you're talking about is.

It's being precise to the person, using it in a way where you're looking at real outcomes, not necessarily just, well, we can get off 40 pounds the next three months because you won't eat.

That's not going to go well for anybody. Now, as we keep talking about this, GLP-1 is an easy one to bring in with hormones because it's really popular.

But as a woman and a doctor that's worked with a lot of women, for you, is there a difference between men and women and their ability to tolerate stress and toxins?

And what peptides are you using to help that? Because what I'm seeing is in the studies, women have to sleep longer. They have to avoid toxins seemingly a little bit more than what I see of some men.

And peptides are a really useful tool in this. Yeah. Well, it's a good point you bring up about the ability to deal with toxins better and even increased risk of autoimmunity with women.

And this all goes back to our hormones and in estrogen. So men do make some estrogen and they should have some estradiol for their bone health, but Women, because we can have babies, which is such a blessing from the Lord, this comes with, we have to detox that estrogen and it's through the liver.

So a couple years ago, they came out with one of the cancer societies that women can now have zero alcoholic beverages a day. It was, I think it was one to two when I was growing up and then it went to one and now it's zero.

Women, Toxins, and Detox Support

because you can't have one drink a day without increasing your cancer risk. And mainly that is the cancer that most women get, which are breasts. Yeah, I know you're like, but those are the recommendations.

And the reason why is because when the liver sees alcohol, it's a toxin, it's a poison. It's like, hey, I'm done. I can't do anything else until this is taken care of.

So it does affect our estrogen metabolism and pair that with mold and all the other toxins going around. Now, you know, if you're supporting your liver and taking NAC, glutathione, milk thistle, dandelion, you know, on and on the

cofactors, then yeah, I mean, you're better off than your friend over there that's doing nothing, right, and still slatting on fragrance body lotion.

So I think this is also individual. I like to, as Javen knows, enjoy a nice bourbon every once in a while, a nice old-fashioned with a big cube, but I also negate that risk sometimes, and I make sure that I'm aware.

So yes, women, it's a little harder for us, but also we get to carry babies and breastfeed, and that's amazing. So yeah, so back to some peptides that we can help with that.

I do like KPV a lot for inflammation and this is something that you can take orally. It's great for, I use it a lot in my mold patients that are very sensitive and also very good for gut health.

So that's an easy one because sometimes we just don't want to inject ourselves anymore. Right? So I like that one. Also, when we're working on gut health, BPC-157 is also one that is pretty popular now.

So oral BPC-157 to help calm down the inflammation in the gut. We also know as women how we detoxify you know, toxins and estrogen byproducts is through gut.

So if we don't have a healthy gut health, we're also going to slow that up and that will just make all our problems worse, especially if we're dealing with chronic disease.

And then BPC 157, we need to talk about what else that can do. It can also be injected, which helps with ligaments and soft tissues and all of that. So that's more bony ligaments when we're injecting it, you can pair that with TB, which is going to help like they call it the Wolverine with muscle and repair.

So that might be good if someone is trying to get back to the gym and doesn't want to get injured. And then I've used BPC 157 in eyes before. I've gotten the drops compounded for the eyes specifically, wound care, rashes.

So pretty cool when you look at all that these peptides can do. I love the medical recommendations you said a minute ago, don't drink alcohol, but lather your skin and petroleum, put parabens in your hair, drink water that has radioactive elements and arsenic in it.

And we're cool with all of that at the government level, but don't drink alcohol, which by no means am I defending alcohol. That's not what I want people to hear, but I'm just saying like, I could give you a laundry list of we shouldn't do is that probably are worse than alcohol.

Again, not defending alcohol. It absolutely is a toxin. There's no question. It also causes you to be more estrogenic and any number of other problems.

I just always think it's funny that we're avoiding the the other things in the room that we could be looking at and teaching people about that, you know, you and I will talk about every single day.

I mean, shoot, I just found radon in my basement after I sealed some floors, it trapped the guesswork coming in at. So I got a system going in for that now.

And that'll be a whole podcast for me of what I've learned and how to test for it now. Cause I have really deep deal of it before I knew before I told people now I'm like, Got it.

So yeah, when it happens to you, it becomes personal and you don't want anyone else to suffer for sure. Sure. Well, and peptides for you, you know, you, you mentioned BPC TB 500 KVP.

What about women and the effect that things like MOTC or epithelon, or was it SS 31? What about the effect of mitochondrial health on women's hormones?

Yeah, well, we have mitochondria everywhere except our red blood cells. So I think that we really need to focus on

when we are having disease on a healthy mitochondria.

And this could be just like working out and getting good sleep.

Mitochondrial Peptides and Closing Remarks

you know, maybe throw in a red light there. But if we want to up it, or if we have some chronic disease going on, or if you're really into longevity, definitely look at these mitochondrial peptides such as MOTC and then SS31.

So MOTC you would want to use first and then SS31 when I dig into all the research about that. So that would be the order you'd want to use them in. And Matzi, I've seen amazing results with patients with chronic kidney disease, like reversing it.

She was on her way to dialysis because the kidney is so mitochondrial dense. And so are the ovaries too. So this would be something that you might want to look into for fertility also.

You know, congestive heart failure, all of these things, all these organs that are mitochondrial rich, we want to kind of hit it where it matters. And a lot of the things we do in conventional medicine, they don't even look at the root cause or improving that.

We just look at the heart instead as a pump and not as cells that make up the heart that have mitochondria. This would be an example when people are put on statin, which depletes the body of CoQ10.

CoQ10 is needed for the heart for energy. It goes back to making sure the things you're doing to your body makes sense, what you're putting in your body or on your body makes sense.

So mod C would be great. And then SS31 is another mitochondrial derived peptide that can help. And once again, peptides work with your body. They're like a lock and key.

They're working at the cellular process. They're working at the cell. They're not working like medications, which really affect the whole body, specific.

You're getting side effects from it because the body, you're pushing the body to do something. Peptides is working with your body. And that's why it's really helpful to look at the mitochondria when we look at aging, women aging and chronic disease.

So, I mean, MOTC might even be helpful for mast cell. You know, you would think it would help because a lot of these patients, their mitochondria are trash, they're fatigued.

But you know, that one's tough because I get a localized, a lot of people get a localized reaction to MOTC. It's my least favorite peptide to inject, honestly.

But that would be, in theory, that would be something I would try with my mast cell patients. Yeah. Well, I've loved this conversation because we've talked about bioidentical hormones.

We've talked about peptides and these are both topics that are, I mean, they're really popular. Shoot. I post a peptide story and on Instagram, it's like, boom, everybody's interested.

So everybody wants to know more about how to feel good, what to do, where to get it. And for that question, how do they find you? Because there's not many docs out there right now that are one just as forward educated and knowledgeable and wanting to do precision medicine.

There's plenty of people like, yeah, I'll give that to you. But there's very few that are like, let's actually do it right. So how do they find you? Yeah, thank you.

I hang out on Instagram a lot at Integrative Dr Mom, Integrative DR Mom. I have a YouTube that's the same and my website where there's links to work with me is Healthy by Dr.

Jen. Love it. Go find her, go get some support from her. I probably need to go to Nashville and just have her do a workup on me because I'm always curious about what's going on.

Thank you so much for this today. Thank you for tuning in to redefining wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

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