Discover Menopause's Impact On Your Heart Transcript

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Introduction and Guest Background

Hello, everybody. Welcome. This is reversing heart disease. Naturally Summit 2.0. And we've got our incredible guest, one that we did not have an opportunity to talk to last year.

So get out your notepads and your pens and get ready to learn a lot. Sharon Stills is a naturopathic medical doctor. She's in Scottsdale, Arizona. She helps perimenopausal menopausal women to pause and evaluate their life and get a second act in the menopausal period.

Stronger, healthier, sexier. Over 20 years of experience in training European biological medicine, pro aging therapies, we're going to talk a lot about bioidentical hormone replacement, a topic so many people are interested in.

She's helped thousands and thousands of women. You do want to check out and let's just say right now, Sharon, people want to look for your practice in your Web site.

What is the proper place to look? So the website is drstills.com and for the last 12 years I've had mainly a telemedicine practice, but I am actually in the process of opening up a new 5000 square foot clinic in Scottsdale, to be of more service and bring all my diagnostics and my therapeutics.

So stay tuned for that coming soon. You're not like cutting back and slowing down your. Down the other way. Yeah, you really are. A brick and mortar practice is wonderful and Scottsdale is a vibrant community.

Where's it going to be in Scottsdale? What kind of relative area? Right off the 101 in 90th Street so pretty centrally located. Oh, great, because a lot of people, you know, either live there, went through there, some are there, not too many people.

WHI, Synthetic Hormones, and Bioidentical Basics

Somewhere in Scottsdale. We can get out of there and they do want to look for you. I've had the opportunity to work with Dr. Stills. She has her own DrTalks summit that I was able to participate in.

She's a force. She's got a lot of knowledge. And this topic, like we're talking about reversing heart disease, we spend a lot of time talking about nutrition.

We've talked about various testing. We've talked about supplements. We're going to talk about perimenopausal evaluation and probably mainly focused on the female members of this summit audience, of which there's a lot.

And we'll talk about, you know, a bioidentical hormone therapy and post-menopausal hormone therapy. So that sounds like a good plan you share with her.

And we you know, we can we could speak for the men, too, and talk a little bit about testosterone. So you. Should. Well, you know, what I'm always intrigued by is until about 1992, hormone replacement therapy was recommended by multiple, multiple metal medical organizations as a strategy to help reduce heart disease, develop and death may mean if we were doing this and again, it seems like so long ago, 40 years ago, 35 years ago, we'd be talking about the overall consensus.

It was a good idea to take a perimenopausal woman and put her on hormones. But everything changed in the early 1990s with the Women's Health Initiative and the Hirsch study.

So tell us a little bit about that. You know, your spin on, you know, it took about 20 years to have dug out of it. But

your spin on that whole period.

Yeah, I think and that was, you know, before I was practicing medicine. So I started practicing in 2002. I graduated in 2001, but had to really go back and look at that because it really did change things.

And so many women had their hormones just stripped from them. And I think that's study was really improperly evaluated. Since then it has been gone back and debunked and shown that it wasn't really accurately reported.

And the thing that sticks out to me is that they were using synthetic hormones. And when I'm talking about hormones, I'm talking about bioidentical hormones.

So to me, it's really comparing like not even apples and oranges. It's comparing like apples and monkeys because there's such a difference in what bioidentical hormones do in your body.

And so let me stop and define what that is for those who don't know. So bioidentical is is biologically identical? So these are hormones that are being compounded and we're only using reputable, respectable pharmacies.

I work with a pharmacy here in town and I'm always on them making sure. So, you know, you hear a lot people are tried to be dissuaded from using bioidentical hormones because they say they're not regulated.

But that's not true. When you're working with good pharmacies, they actually are regulated. And so these hormones are identical to the hormones that your body produces.

And so when you're taking synthetic hormones, they they don't fit in the receptor sites. They're, you know, say a synthetic hormone is shaped like a diamond and your regular hormones are shaped like circles.

So when a diamond comes to try and fit into a circular receptor site, there's a problem. And we end up getting a lot of side effects. And so you want to only be using bioidentical hormones.

And then there is a lot of nuances in using them. You want to be using them. And I'll get into and I'll talk about some of the things you should be looking for and asking your doctor.

And so when we talk about bioidentical hormones, we right away, when we think perimenopause and menopause, we think estrogen, progesterone, testosterone.

And that is true. Those are the biggies. And estrogen specifically has a lot of benefits for cardiovascular disease. But I'm going to kind of take you through each hormone because hormones are a symphony and you wouldn't want to go to the symphony and just see the woodwind section.

You want to make sure the brass section is there and the percussion session is there. Section is there in the wind section are there because they all work together.

And just to give you an idea, when you are taking synthetic estrogens, those are big are being given orally. And when you take a synthetic estrogen, it's typically just estradiol, which is E2.

So estrogen is just a word, it's like an umbrella. And then we have E1, E2, E3 Those are the big break down components of estrogen, estrone, estradiol estriol.

Then from there we have a lot of estrogen metabolites, some really beneficial and helpful, some not as beneficial and more inflammatory. So we have to really look at the whole cascade.

And when you're taking synthetic estrogens, you're taking them by mouth.

Hormones and Cardiovascular Protection

And as far as cardiovascular disease goes, we know that oral estrogens can raise your inflammatory markers, can raise your C-reactive protein, can raise your triglycerides, can raise your blood pressure, can raise your sex hormone binding globulin, can elevate your liver enzymes.

So there's a lot of nasty negative side effects. And those are not the things we see when we're giving bioidentical hormones. And so we you know, if you're watching this and you've never thought of hormones and cardiovascular disease and you're like, wait, I just thought hormones were to get rid of my hot flashes or to make me not so cranky.

You know, one of the reasons why I'm such a passionate believer in proper bioidentical hormone replacement is not just for the symptom reduction. And of course, I love helping women get rid of their symptoms and having a good night's sleep and having nice skin and nice hair and all of these things.

But it's really about the preventative aspects and cardiovascular disease, heart health falls into there in a very large way, as does bone health, as does breast health, as does immune health, as does your genital urinary tract.

You know, the hormones affect all of the systems in our body, but we know that proper estrogen replace semen is really important in helping to increase the healthy cholesterol, decrease the LDL.

So I remember back in med school, they were like HDL, healthy LDL, lousy. So, you know, you want to decrease those and of course, you want to break down the components, which I know Dr.

Kahn has gone into because he is an expert in that. But they helped to reduce triglycerides. They helped to reduce coagulation of platelets and stickiness, which is a problem I see way to more frequently than I would like to see these days.

And so we're getting all of these benefits in addition to getting rid of the hot flashes and so on and so forth. Okay. That was a brilliant, brilliant and exciting introduction to the topic.

So it sounds like one. A key component is the proper pharmacy, a pharmacy that's got high quality, that's called a compounding pharmacy that will provide these natural not synthetic hormones to is obviously a doctor that has experience like you has been trained maybe is certified by one of the organizations.

I mean it's not just every gynecologist. It's not just every female an endocrinologist, is it? No, unfortunately, it is not. And I'm probably in the minority at this point and doing what I can to change that.

But you do have to be careful, and I'm sure a lot of you listening have have gone through this where you go to your OB-GYN or you go to your primary care and they tell you you don't need hormones or hormones or dangerous or you've already passed menopause and it's too late to start hormones.

And and so it's a huge topic where women are really misled, not given the proper information and even really gaslit about what is important for them. And so, you know, there's I always say there's kind of like some things you can just ask a doctor just even off the bat just to kind of go, okay, do they understand hormones?

Are they do they not understand hormones? Because a lot of people like to say they're a hormone doctor. But I can tell you from as long as I've been doing this and from the patients I see coming in, I see horror stories of how women are or aren't prescribed hormones.

And so I just want to go back a second to the to the breakdowns, because E2, which is estradiol, is a really important key factor when we're we're looking at the cardiovascular benefits and decreasing the inflammation and, you know, reducing the risk of heart attacks and strokes and lowering the blood pressure and all of these important things changing the ratios.

And so a lot of doctors out there just give it to they might give it in a patch or they give it orally and what I am really a proponent of is by estrogen, which has e two in it.

So you get the benefits, but also it contains E3, which is estriol. And estriol is not really appreciated or acknowledged in mainstream medicine, but estriol is anti inflammatory, it's breast cancer protected that doesn't have those proliferative values that estrogen does.

So we always hear about, you know, you can't take estrogen if it's going to cause cancer. But that's just such a vague, broad statement. And the truth is, when you break it down and look at your estrogens and look at your ratio of estrogens, estrogen is actually a key player in preventing cancer.

And so you want to find someone who is working with estriol and estradiol.

Who Should Seek Hormone Evaluation

And my experience and I can talk about how we monitor it and how we test in a second. But my experience is you need about 80%, sometimes 70%, sometimes 60% of estriol as opposed to the estradiol, because estradiol is like 80 times stronger than estriol and they have different actions on the estrogen receptor sites, estradiol hits more of the alpha and estriol hits more of the beta and comes things down.

So you don't actually need to take just estradiol and large amounts of it. You can accomplish what we need to accomplish for the cardiovascular benefit benefits by doing this combination therapy.

Okay, so that was powerful. People are listening and I want to ask a question. At what age should a woman start to consider searching for a expert to work with and going through testing and the rest?

What is too old? How far past menopause do you say? You know, the train's out of the station and we can't, you know, have a program for you? What's the what's what's the beginning age and the end age.

So searching you want to think about just historically what your what your experience is with hormone related issues. So if you are someone who struggled with premenstrual syndrome where you don't feel good before your period, if you have history of high blood pressure, if you have history of cardiovascular disease in your family, if you have fibroids, if you have endometrial ptosis, if you have been infertile or had a really hard time with infertility and had to go through IVF, I think I said fibroids.

PCOS. Like if you have any of these hormone related issues, when you're younger, you want to find someone to help you then because you want, you know that is just showing that when you do get to perimenopause, menopause, you're going to have a much rougher time.

And they have shown that women who suffer with more symptoms, more hot flashes, tend to have worsening of cardiovascular disease. And so there's a correlation with symptomology and what you experience as far as disease progression or just disease showing up in the first place.

So if you're have, you know, I think in this society, we've kind of I see it all the time with patients where we've just kind of come to accept that imbalances or struggles or cramping or breast tenderness or mood swings are normal.

I don't have PMS, you know, it's normal that I get migraines or it's normal that I have water retention and it's normal that my blood pressure goes up and it might be common, but it's not normal.

Our cycles should be rhythmic, they should be smooth. We shouldn't have all of these symptoms. When we have symptoms, it's our bodies way of saying, you know, knock, knock, something's out of balance and I want you to pay attention to me.

So if you're having, you know, acne, migraines, there's so many things, weight gain that won't go away. There's so many things that are correlated with a hormonal imbalance.

So if this you know, I work with children sometimes, you know, early teens, late teens, young adults, because they're having and usually they're brought to me by a very educated mother or they're a patient.

The mother is a patient of mine. And they say, can you help my daughter? And it it makes me so happy that I get to intervene and help them at a young age, because I know it's setting them up for more of a hormonal, harmonious journey throughout their lives.

And so if you don't have any of those symptoms and you don't have any of those diagnoses and you're just, you know, cycling regularly and not having any problems, you've been able to get pregnant.

If you chose to get pregnant, then, you know, around the age of 35, 40, you just kind of want to find someone who is educated, who's open minded, who understands bioidentical hormones so that you can kind of just come in and get your baselines and get some testing done and just see where you are.

It's kind of like getting that thumbprint and then to be followed every year, if you don't have any problem, you know, there's nothing broken. I don't want to fix it.

But just so that you're starting to be followed, so that levels can be checked, so we can start to see because estrogen will often drop in that perimenopausal period and waiting till your menopausal post-menopausal, you're losing a lot of protective value there.

So you want to really be paying attention so someone can be supporting you at the right times and then as far as is it ever too late? So in my opinion, in my experience, it's never too late.

There's it's obviously more optimal if you get on the train when the train's leaving the station and everything is kind of flowing properly from the get go.

Testing, Dosing, and Transmucosal Delivery

But I have had women because let's face it, a lot of the education and the summits and the podcasts, this wasn't always available when and I know you've been practicing longer than me, but you know, when I started practicing, there was no computer, there was just books.

And you went to a live lecture and you tried to learn. And so we didn't have the amount of information we have coming at us. And of course, the information coming at us, a lot of it is really good and helpful.

And then of course, we can have over information and improper information that can get us really confused. So we have to be discerning on who and what we listen to.

But I've had women who heard me on my summit or heard me on the podcast and they're like, I'm 70 and is it too late? And I'm like, No, it's never too late.

And so just from my clinical experience, since women benefit no matter when they start the hormones, but it's always better to start earlier. And, you know, you we obviously could spend hours and we only can have the orders tonight.

We can't do the seven course meal. But let's just focus on cardiovascular benefits, you know, the aging woman, peri and postmenopausal. And what are some of the benefits that properly done and properly balanced by identical hormones might offer that woman?

So one of the things is that it's going to help reduce blood clots. And what we hear is, oh, estrogen is going to cause blood clots. You can't take it.

So it's actually going to help your blood flow. It's going to help your arteries be stronger, be cleaner, be cleaned out. It's going to decrease your cholesterol.

It's going to decrease your blood pressure. And obviously, you know, these are benefits. It doesn't mean you're going to take some estrogen and voila, you know, this is in the context of doing other things.

But what my experience has shown is that it's like a big player. When we do these things, it's a lot easier to then tweak the other things that, you know, the diet and the nutrients and things.

But without the hormones we're missing, like there's just this big void. And of course, we're talking about estrogen, we're talking about e to and a combination of E three.

But I also want to shout out to progesterone and testosterone. Progesterone helps with fluid balance also helps to lower the blood pressure. I call it like in nature a chill pill that's like nature's Valium or Xanax and non-addictive.

But all the good side effect, all the good benefits side effects are good benefits and we want to think about thyroid hormone because when when your TSA is high, I mean, when you're when your cholesterol is high.

Before we had a TSA cholesterol being high was a sign that the thyroid was under functioning. And so there's an intimate relationship with your thyroid and cholesterol that needs to be paid attention to.

And when you're working with your thyroid. So, you know, what I'm trying to say in this quick little order of is that you want someone who's going to be looking at all of your hormones, your thyroid hormone, your DHEA.

DHEA helps to increase the sensitivity of insulin. And as your estrogen drops, you can become more insulin resistance. And so we we really need to always pay attention.

You don't want to go to someone who just says, here's some estrogen and you don't have a uterus, so you don't even need progesterone. We always need all of the hormones and we need them.

We didn't talk about it in the in the preview, but we're talking about now with you premium people. You know, you need to be monitored properly. So you need to be doing 24 hour urine testing that's actually showing all the estrogens.

It's showing the metabolites of estrogens. It's showing how your estrogen is breaking down because that is a key important factor. And so hormones, you know, I love them.

I think they're very safe. But that's with the caveat that they're being monitored properly, that you're not being overdosed, that you're not taking them orally.

You actually want to apply your estrogen trans mucosal. So that's to the external labia, that's mucosal tissue. A lot of doctors will tell you to apply your hormones to your belly, to your wrists.

But what happens then is we get dermal fatigue, we get receptor site DOWNREGULATION and we have to either start using more and more of the hormones we have to overdose or the hormone just stops working and the liver gets overloaded and the bile stops flowing.

So we want to apply trans mucosal because we can use lower doses and get better absorption and we don't get a fatigue of the route of administration. Wow, I was great.

So another topic related to that is so many women are concerned about their sleep. Menopause is a big disruptor and the sleep heart health cycle is a very tight one.

What can you tell women that they and we're talking to men, too, that they might anticipate from getting the proper evaluation and the proper biogenic hormone program going in terms of their sleep.

And I just want to shout out for men because, you know, I love men, too.

Sleep, Cortisol, and Menopause Symptoms

And I treat men in my practice like, you know, you need to have your testosterone. That's the biggie evaluated. And

you can actually evaluate your testosterone and blood work.

You can do a total testosterone with a free testosterone with S-H. BG, which is sex hormone binding globulin, which a date with a DHT, which is DI Hydro testosterone and an extra dial.

And that kind of gives you a big picture of what your testosterone levels are at and how you're metabolizing it and why they may or may not be low. And as far as sleep, yeah, we can't heal if we're not sleeping.

And so we really need to prioritize sleep. Some of the big things that I see in practice is low progesterone. And so if women don't have enough progesterone, they don't sleep, and that is one of the hormones that you can take orally, because when you take progesterone orally, it actually crosses the blood brain barrier and has an effect on the Gaba receptors.

And Gaba is the inhibitory neurotransmitter. So, you know, getting the right amount of progesterone is usually like an 80 to 85%. Knock it out of the park and you get a good night's sleep.

But there are some women that's that's not enough. And also with progesterone, that is the one hormone that I gave orally. But I also give transmucosally because the oral gives you those inhibitory benefits in the brain for not only sleep, but anxiety.

But when you take it transmucosally then it's going more systemic and supporting the cardiovascular system as well as the brain and the breast and the bones and so forth.

So I like to do that one both ways. The other thing I see interfering with sleep is high cortisol levels, and so you have to be looking at what your circadian rhythm is and really having a circadian rhythm practice to get in tune with Sunrise and sunset.

I will break into song, although I want to. And so it's really important that you're looking and making sure that your cortisol is not too high at night, which is what I often see with patients who are having a hard time sleeping.

And of course, back to, you know, almighty queen estrogen. If your estrogen levels have plummeted, you're going to have these motor symptoms, you're going to have hot flashes.

And that's a big thing that wakes women up in the middle of the night, as well as you're going to have incontinence if you don't have enough estrogen for your genital urinary system.

And so that can wake you up at night. And so we really, again, need to dial in the estrogen. So you're not having hot flashes, you know? And that's another thing, too.

Like, I've seen patients who come in from another physician's office. They've been on bioidentical hormones and maybe they've been on them for like nine months and they're still having hot flashes.

And that's just not okay. If you're working with a doctor who doesn't get your hot flashes under control and at least start significantly reducing them within 4 to 6 weeks, they probably don't under really understand hormone replacement.

And you might want to look for someone else to put on your team. Wow. Well, how much does Lifestyle play a role along with what you're doing with the hormones now?

Huge, huge huge huge You know, in my practice, like, everyone wants hormones and, you know, hormones.

Lifestyle, Joy, and Closing Remarks

They do all this protection and they make you feel good. They give you back your libido, they give you back your shape. They make you look younger. They help with weight loss.

You know, they do a lot of fun stuff, but I'm very strict if you're not doing the other stuff, you know, and that includes supporting, you're eliminatory organs, supporting your gut and your lymphatic flow and your bile flow and your liver while you're on the hormones, we take them away.

If you're not doing your testing, we take them away. And you've got to be doing lifestyle. You've got to be moving your body, you've got to be feeding your body.

You've got to be hydrating your body. You've got to be prioritizing sleep. And you know, we're talking about heart and cardiovascular. And so you have to be chasing joy.

You have to be you know, the heart is this huge electrical field. It's its own brain. It has what is it like 60 times greater, the electrical activity than the brain?

It has its own electromagnetic field. And so I'm really passionate about women and men, you know, finding joy, finding their heart, finding what makes them sing.

I talk about, you know, you read in my bio, like finding your sacred second act. And so this is an opportunity to really pause and connect with who you are as a human being and what brings you joy and how you want to share joy and contribute to the world.

Oh, well, and that really, really wonderful note. Why don't we shut this down? And again drstills.com right D R S T I L L S.com If you're in Scottsdale you can see her and her new brick and mortar coming soon.

And of course, you do some telemedicine. Yes, I do. Okay. And I know you run great programs. People just got to check out your website and get more information.

The key is find an expert. And we obviously are talking to a real expert that has helped so many people that are challenged by a convention that says hormones are bad or hormones are not for you, hormones are for the younger ones or for the older.

So you've blown apart a whole lot of misconceptions and helped a lot of people. Thank you very much. Thank you. Thanks for having me. All right.