Introduction and Speaker Welcome

A little. Ladies, welcome back to MasteringYour Menopause Transition Summit 2.0. I'm your host, Dr. Sharon Stills. And I am excited. As always, I sound like a broken record. But I am.

But it's true because I have cultivated and curated amazing speakers for you. And today you ladies are just going to love this. Go grab a pencil, grab some paper pen because there's going to be a lot of information.

I have our super sponsor who was so grateful to of the summit Kashif Khan he isI was talking on before I'm like you are the DNA king so like we're crowned queen.

He's the DNA king he's the author of the new book. Can You See It The DNA Way, which is an amazing way. I was just complimenting him on how easy to read this book is and so thorough and so full of really digestible, important nuggets of information for your health.

And I know just from my patients and from past summit participants how important the DNA testing is and how it just is this beautiful marriage with menopause and understanding the foundation of your hormones.

As we know, your genetics loads the gun, but your lifestyle and your choices pulls the trigger. But it's nice to know what the gun is loaded with. So we are very honored and very happy to be spending the next little bit of time together.

Speaking and learning from Kashif Khan. So welcome back to the site. It's a pleasure. Amazing to be here with you. Yes. And I love the synergy. And I.

I love the work that you do. I think it's just so powerful and so enlightening. And I know my patients. I was like, I got my DNA test and they're all excited.

And I'm like, let me say it. And, you know, it just gives me such good. It's kind of like, oh, it just kills back the curtain and gives me this this foundational understanding of what's going on with them.

So I guess first question and typical question, just, you know, why why DNA and why is this why are you the DNA? KING How did you get on this journey?

I just found that out that I didn't know that I had been crowned officially. You know, it's me and Prince Charles. We both walk around. There you go. Well, you know, it came from a personal health journey, so I don't come from the industry.

And I think that a lot of great functional health and healing stories start that way. Even yourself. Like the amazing work that you do was because you you were disappointed with what the other options weren't right.

And you had to figure it out. And then when you figure it out, like everyone needs to know, that's the next step, you know? And so that's what happened to me.

I had five chronic conditions biologically five years older. The microbiological ages tested and that's all been reversed and put away because I learned the tool that I that really was an aha moment for me, although there was a lot that happened was that there was very specific parts of my genome that weren't suboptimal or not working.

They were entirely missing and there was these very key detox genes that I just didn't even have. And so my exposure is exactly what you just said. My exposures that my business partner and my friends and all these people didn't have a problem with, I did have a problem with and what ends up happening.

You start getting symptomatic. The people around you are not symptomatic. So you don't blame the environment or your nutrition or your stress or anything else.

You blame yourself and you, but you believe what you're told, that you have eczema, you have migraines, you have depression, you have gut issues, you have those are all the things I had, by the way, and psoriasis.

Um, and I was taking five pills for five different problems.

Kashif Khan's Personal Health Journey

And the aha moment for me was when I would ask why I was asking these doc why all of a sudden all these things at the same time I must be doing something wrong.

And I understood that that's not what they do. You know that their job is to figure out what it's called and tell you what to take and then just manage it and you now have this thing.

Good luck, right? So that's really the journey. I went down and I went from running a PR and marketing company helping technology companies grow. What I did to saying no thanks.

I found much deeper meaning and purpose here. This needs to be in everyone's hands, not just mine. And so we built what we did, which is a very easy way to access your genetic insights.

Wow. And how long ago was that? So I was sick in 2015 and 16. And in 2017 was when I discovered functional medicine and integrative medicine and my genome.

And that's when we formed the company like literally within months. And when I say form the company, it was me funding research. It was me saying, how do we make this easier for people to access?

And then there was no intention, there was no goal, there was no test for sale. That was more like, how do I get this figured out so that everyone, starting with my family and my friends, going to access it.

And it was literally scientists and doctors sitting at my dining room table for months that I was funding, like, let's figure this out. And then eventually it turned into, Oh wow, we have it.

And now we need to start working with clinics and we need to start letting people know. And now we have a thriving business around it. That's amazing because that's not that long ago.

And for you to ascend the throne so quickly, if you know your contribution, it it surprised me because I think you must you must be doing this for decades and decades.

And so it speaks to passion. It speaks to your brilliance. It speaks to having that that technical background really helping. And it just speaks to what a major contribution you are giving.

And and we're going to dove right into menopause. But I just before we go there, I just want to as you were talking, it just kind of it's not nothing I haven't heard before, but how you were just explaining that the doctors are just looking to name it, give you the pill for it and manage it.

And just the way you were saying it, it just like it still blows my mind, like in our society and how advanced we are that this is this is where mainstream medicine is still out after all these years and that we in the natural path back or functional alternative space it just so it just seems so backwards to me that.

It not it's not that they don't know it's just not in their toolkit. There's nothing they can do about it. Right. And this is not alternative. This is health care.

That's alternative. That's this, that's new. What you do or what healers do has been going on for centuries. This,

you know, chemical based medicine is that's the new stuff that just started recently right through.

True. All right. So before you and I go off on a cynical soapbox because I know we could both go there, let's talk about the ladies want to hear about menopause.

So let's yeah, let's talk about it. Obviously, at this point in time, there's there's lots of concerns. Let's start with the obvious hormones. What do the ladies listening need to know when they're in perimenopause, menopause?

What is the DNA testing and what are you looking at and how can that be of service to them? So I would say, number one is personalization, right? So when you get stuck, like not everyone has access to someone like you that has so much in your head that can kind of capture the crazy algorithm that's running that sees it.

All right. But so in the end of the day, we are not all the same. We're not all just estrogen. Right? The hormone cascade is it's complex, but it's also very easy once you look at the map and then you can very easily pinpoint here's where it's going wrong.

Right. What the estrogen dominance, what does that mean? Well, maybe I'm also estrogen toxic. Maybe I also don't clear those toxins so well. So there's a multitude of problems there.

And where do I actually intervene? Is it a hormone replacement? Is it a supplement to slow something down or speed something up? Right. So all we're saying is this pain that women go through of the trial and error and first of all, being told this, that you don't even have a problem.

You're supposed to have a horrible menopause. You're a woman, right? What are you talking about? What? What? What solution are you seeking? What's the miracle you're talking about?

No, that's all nonsense. The truth is, if you understood the black and white of your hormone cascade, everyone should feel good, right? Menopause is another phase, not a problem.

That's a put on your lap. It's just a different phase of your life. And if you understood where the problems come from, you can mitigate them and you can start as a five year old girl.

You, us better than anyone, start early, start working on an early, and then the problems don't happen. Right? So for anyone listening, if you've never had your DNA done, it's an amazing thing to do for yourself at any age.

But also thinking about the younger people in your life because your DNA doesn't change. So it's really this wonderful roadmap that you can just kind of have in your back pocket if things things aren't going right or you're you're responding, paradoxically, something that you take that should make you sleep, makes you stay awake or you're not clearing toxins.

It's just such a good resource to have that everyone should have. It should should kind of be mandatory. Like you're born, you go for your well check visit and it's like, well, let's get your DNA done. So we have.

This. So I mean, I'll give you a clear example. There was a lady I was talking to last night who's a friend and never told me she had this problem. Now, I know we tried to fix it.

So she has endometriosis and has had it for 20 years. Right. So now I warn her that we got to look at breast cancer. She's like, I don't have breast cancer.

I was like, No. But genetically, the stuff that's driving this, it's I can see it. I had her DNA, right?

Why DNA Testing Matters in Menopause

I think you've got to watch out for it. She's like, these are different, like the understanding of what do you how do these things connect? We're not saying the disease is correct.

We're saying that what causes them is the same thing. Which one you get? That's like Russian roulette, right? Which which hardware is failing is the one you're going to get.

But the driver, so she ultra fast converts her progesterone into testosterone. So she has too many too much hormone base to start with. Then she ultrafast to skip 191 gene converts her testosterone into estrogen.

So every once she's out has a massive, massive bucket of estrogen filled up. Right. That's step one. Step two is there's three potential estrogen metabolites, two, four and six hydroxy estrogen.

The genes that take your estrogen and decide which bucket you go into are very clear. And she was hyper fast in the four hydroxy pathway, which is a toxic version that you don't want.

So, first of all, too much estrogen genetically. We can see all that. She's putting it into the wrong bucket, four hydroxy estrogen. Now we then look at okay, let's look at the detox pathways that help you clear that stuff.

So there's clogged which is the tail end of methylation. She was really slow. So the thing that's supposed to help her get rid of it, she didn't do well.

There's the glutathione pathways that help you clear oxidants from the blood and toxins and your liver metabolizes them. She also didn't do that well, so she makes too much.

It's the worst possible version and she doesn't detoxify it. This is a woman for whom no wonder one. She had a few years of her cycle. She got into her late teens.

She started endometriosis. An inflammatory response to this constant toxic drip. So why then do I take that to breast cancer? She's now, 20 years later, perimenopausal right?

And I'm saying, okay, you're working towards menopause now. Your body's getting there, which is good. Another phase of your life. Why does that signal breast cancer?

Right now you have a menstrual cycle. So right now it is limited in jurisdiction to this location and you're getting endometriosis. You're not going to have a menstrual cycle. Menopause and this stuff that you make, you're not going to get rid of every month.

So what is your body going to do to respond? It's going to go stored, in fact, to protect you. It doesn't want your organs. Investments are getting inflamed and damaged, so it goes and tries to protect you.

And where do women have that right? Even the fittest woman has fat in her breasts and the breast. Unlike other tissue in your body. Those glands and ducts for milk were not at all designed to deal with toxins.

They were not at all designed to not be inflamed. They are very sensitive cellular structure, which is why it's so easy to get cellular damage, a mutation that leads to something like cancer.

So again, that root cause, here's a genetic map. Here's what you do with your hormones. Now, there's many stories we can tell of what that could lead to based on your habits.

Right, based on your environment, based on what supplements you take, based on are you taking birth control pills and loading that estrogen even more?

Are you not understanding hormone disruption and loading that estrogen even more? Are you not understanding when it comes to hormone therapy where to intervene specifically?

Are you just kind of throwing a dart and just picking whatever someone tells you to take? Right. So these are the areas where if you have that map, just like you said, you can keep going back to it to solve other problems because the map never changes.

Right. What you said someone who takes progesterone and that that answers why when a lot of women take progesterone, it's like, oh, you know, all of life's problems are solved.

And but then some women, like you said, are hyper converting it is taking progesterone that's going to testosterone. That's going to estrogen. And so, like, for me as a clinician, when I'm giving something and I look at either 24 hour urine results or just symptomatically a clinical picture, it's like, oh, if I have the DNA to look and go, okay, well, you know, it makes sense because you're acting like this, but that's probably because this is going on, because we see it in your DNA.

So now we know what we need to upregulate or Downregulate Yeah. You can be precise on day one. And it's not that, you know, trial and error is a problem.

It's it's the only option we've had. Right. So now, of course, working with someone like you, the trial there is going to be a little more reduced in its scope because you have the experience.

But in general, people go out there with these one size fits all answers hoping that whatever you just heard on a podcast or a YouTube video that worked for them also works for you.

It probably did work for them, and that's why they're talking about it. But if you really dig in to their story, it probably took them three or four or five years to figure out that thing that worked.

After all these failures and failures or failures, which is what we all go through. So all we're saying is if you can look at your genetic code which instructs every cellular process, you know exactly which job isn't happening properly in your body.

All these little biological functions that are constantly going on, which one do you not do? Well, that's what you need to prioritize and focus on. And then the trial and error is removed.

Now it's genius and it's just especially it's just so great to have there when things aren't going right. And yeah, I mean, I wish it was so easy that the one hit wonder that you change someone's life would change everyone's life.

But it just we are so complex from our genetics to our emotions, our energy flow to our to our exposures. It's just, it's, it's, it's so much more of a puzzle than just one little thing.

So what else you talked about the metabolites topic. Is there anything else before we move on off of hormones? Well, hormones in general, the cascade is mapped.

But when you think about the genome, functionally, this is what does my personal experience and what was broken and what I tried to fix for my own benefit and also for my mom and my niece and other people, was that when I really understood how the body worked?

Genetic tests don't make sense because there are a bunch of genes independently reported on and that's not what the body's doing. So first of all, their system does a hormone cascade.

So it's not a gene, it's a map. So you first have to map the map and then reverse engineer what genes instruct every little step. Then each system is not isolated.

They work together, right? So if you're looking at your hormones, you can't just look at your hormones. You also have to look at your neurochemicals and your cardiovascular health.

And so, for example, if I do see a woman that has a positive or aggressive four hydroxy numbers, then we immediately start to look at her endothelium.

So the genetics of your cardiovascular hardware, women are suffer much more in terms of negative outcome from cardiovascular events than men. Cardiovascular health is usually considered a men's problem, right?

66% of women will die on their first cardiovascular event with zero previous warning signs of symptoms. They don't even know that they're sick. They didn't know, right?

The symptomology is a little different. So usually doesn't trigger in the doctor's mind cardiovascular disease. So it doesn't get looked at. If you are that woman that has that estrogen toxicity.

So there's an internal source. So we looked at the hormones. We can determine with the 90 to 1 gene, here's your artery, the inner lining, the endothelium, which is where the blood actually flows.

What quality of hardware do you have? And if it's the paper thin, highly prone to inflammation, which is likely for a lot of people and you're making this inflammatory insult every month.

We're not only talking about hormone related problems of endometriosis and fibromyalgia and all that, we're talking about other problems that are also triggered by this.

And so by mapping, you can start to understand, you know, what else might be triggered. Why is it that 80% of Alzheimer's and dementia cases are in women?

Right. Unfortunately, the research dollars are spent on men, so we don't understand the problem properly. But 80% of the cases are women. Again, same thing.

The hormonal cascade as a whole factor to this other problem of whether it's amyloid plaque development in the brain, which genetically we can understand how you deal with that, whether it's the gut brain connection and leaky gut and leaky brain genetically, we can also deal with that, whether it's the today's reality of inhalation based toxins causing inflammation to the brain, another thing that we can understand genetically.

So it's also not just the system, it's also connecting the systems to see how they cause problems. When the Kneebone is connected to the hipbone. Right. It's it's all it's all connected.

And so that is you don't think about that the four hydroxy and the end of the ilium and we have an epidemic of endothelium disease currently. And so it's just there's so many it's the puzzle, it's putting it all together.

Hormone Cascades, Metabolites, and Detox Pathways

So let's talk a little bit about for in menopause the like big things that I see are neuroendocrine issues such as anxiety, depression and then also sleep.

So these things get exaggerated, right? So any if your body is not in a homeostatic state, then whatever you're feeling that may have been a one in a ten could become an eight out of ten.

So genetically, we map out neurochemicals and we understand your behavior here to the point where if I have your DNA, I don't ever need to talk to you to know who you are to a t, I'll describe your personality, whether you burn out, whether you should be an accountant.

You know, how what? What are your relationships look like? It's all driven by the neurochemicals that drive your behavior and the genes drive the neurochemical.

So this is where something like, for example, your serotonin response. So serotonin is this neurochemical that allows you to balance your mood as per the incoming stimulus.

So something funny, something mad, something jokey, whatever are you responding, aligned with what that thing is? Or are you kind of up and down, right?

Serotonin dysregulation and this dysregulation, if you know, and again, the inflammatory response to that hormone toxicity or if you now add that my mood regulation is off because of the fluctuation in hormones, that thing that you

were kind of dealing with gets us expressed a lot more aggressively.

So we can kind of predict, okay, we're getting into menopause. Here's the things you can expect with your mood, right? There's there's, what, 80 plus symptoms of menopause.

Now, I don't even know. You would know that better, but there's so many symptoms a lot of them have to do with mood. We cannot predict. Here's how you're going to feel.

And if you are feeling that we don't deal with that, that just means, again, you have it. The terrain is not healthy, right? We need to work on the terrain that it's not just masking this because you have in mass the route, there's something else going on which is causing this to exaggerate.

Same thing with sleep. You know, we find that same serotonin dysregulation, serotonin which allows your brain to prioritize stimulus and to know what to focus on, which is why you can cause irritability if there's too much stimulus like noises and whatever, you get bothered by it because you're disregulated.

So in your sleep, the first half of your sleep is like recovery. Let's make up for all the problems of the last day second half. I'm simplifying it a little bit, but second half is like getting ready for the next day.

Let's make my hormones, let's make my neurochemicals. Right. So that second half of your body knows at some point you're supposed to wake up and it's supposed to end.

And serotonin is a hormone and neurochemical that it uses. It binds, gets you out of bed, then you start making cortisol and you're truly awake. If you're disregulated, your brain doesn't know how to filter out.

Is that the sunlight that I'm sorceress born to in Wake Up or is it somebody's cold foot or is it somebody pulling my blanket or is it too hot or is it too cold?

Or did a dog bark three blocks down the road? Right. So now all of that stimulus in the second half causes this disruption because of your hypersensitivity to that stimulus.

And so taking a melatonin pill may not be the answer. A melatonin pill is to put you to sleep, not to keep you asleep. All right. So, again, you name a problem, a context, and we can now get hyper personalized on beyond.

I can't sleep. No, there's very specific forms of I can't sleep based on the genes that are supposed to help you sleep. Mm, exactly. That's why I'll see patients come in and they're taking a whole cocktail from lavender to melatonin to GABA that the Indian to magnesium, and they're still not sleeping.

So we got to figure out exactly why you're not sleeping and, you know, they're not bad things. They certainly can help with sleep. But that's kind of like listening in hearing.

Oh yeah GABA is the be all, end all and it'll put you to sleep. Well, not if that's what the reason you're not sleeping is that you're low income. But for the person for whom GABA works, it's going to be incredible.

Right? And then. Then you're also going to hear from people. GABA doesn't work because they don't work for them, but that was their problem. Another big one for sleep, which is a more current problem, is, again going back to the detox pathway.

So many of us don't have detox capacity. That's aligned to today's context. The Environmental Food, Chemical threat that we live among is not what we're wired for.

So in this modern industrialization is a couple centuries old, but the real prolific chemical usage is like 1970s and forward. So it's a very new phenomenon versus our tens of thousands of years of genetic wiring and habits that we're designed for.

We're designed for caveman and keep them in habits, right? So now if you take that context of there's chemicals on my desk that I clean things with in my laundry, my dry cleaning, in my air vents, my mattress is a memory foam mattress.

But every time I roll over, I'm pumping little air bubbles and off gassing and breathing it in, you know, and I have this pillow that has a foam that after all of that stuff, has chemical exposure.

Now, your sleep is when you're supposed to recover from the load of the day before. If you're experiencing a load during the time you're supposed to recover from the load, how are you supposed to recover?

And these are the people that wake up saying, you know, I slept 8 hours, but I still feel screwed up. I don't have energy. I feel sluggish. I don't want to get out of bed.

I feel like I need more sleep. You probably do. But that's not the real solution. The real solution is to get rid of those toxic threats and to supplement and add the ability to do the job that your body doesn't do, which is detoxify properly.

Right. That's a good point about the toxins. And I remember when my my eldest son was just going to start Naturopathy Medical School. He's graduated and out since then.

But I took him to an environmental medicine conference. I'm like, Let me get your feet wet. Come hang with me and the gang at the conference. And like one of the first lectures we sat in on was someone showing this very chronically ill person and doing their case history.

And what was the underlying cause? It was their mattress. It was the memory foam mattress that was just making them so sick and so that it is so important to have an organic mattress, to have organic pillows, and to not be sleeping in polyester and to sleep in organic cotton or silk and to have the right temperature in the darkness.

And that's such an important piece you have to it's doing it's it's learning your genetics, but it's also doing the lifestyle pieces to and that yes, we are not you know, when you said that, it's just like it's so true.

We are just and it's just getting worse and worse. It's not like we're being exposed. Like, yes, the seventies was a toxin boom that things are winding down now.

No, it's just getting more and more and more and how how does someone utilize their genetics to know like let's talk about gluten found and how do they understand and how can this be a helpful piece for them?

Just like anything that you do, whether it's going to the gym or changing your diet, you can do everything all at once. You're not going to be perfect on day one.

You have to make tiny changes. That's the easiest and best way to like find the low hanging fruit and change that first and feel better. And then do that and then and then get used to this new way of thinking.

Right? So what I believe is your genomic map tells you what to prioritize. Here's the thing. The red giant red flag that my body doesn't do. Now, the work is in the habits, the nutrition, the environment, the lifestyle, identifying the genome.

So what used to happen is genetic result. You have an 80% chance of Alzheimer's. Good luck. That was genetics and then you didn't know what to do about it.

I think there is often. A freak out. That's all that's going to happen is you just have anxiety and depression. You just caused the problem from reading your genetic results, right?

So now what we're saying is, forget about that. That's genetics that's obsolete. Functional genomics is here's the jobs that your body doesn't do well.

And this one could potentially lead to Alzheimer's if you don't address it, meaning, for example, you don't detoxify at the long, longest one, there's a gene called JDB.

What if you're not doing well there? The things that you're breathing in one hour of Los Angeles traffic is equivalent to a pack of Cigarets, if that's what you're driving in every day and you're breathing that in with low detox capacity, that may be your why.

That may be the thing that makes you sick. So what worse is not here's a gene and here's a disease. It's more like, here's a gene and here's a job. Here's a thing that your body's supposed to do and you don't do it.

Well, now you know, you need to start thinking about your inputs, your environmental inputs, your nutrition inputs, your lifestyle inputs. Some of them are obvious and intuitive.

Some of them are completely counter intuitive so that we might tell the person we talked about the endothelium, right? So the lady that has the low quality endothelium, we will probably tell her you should not be doing cardiovascular exercise because you are more prone to endothelium inflammation from the oxidation of breathing and all that oxygen.

Mood, Sleep, and Neurochemical Balance

Right. And that's completely counterintuitive because you think cardiovascular exercise is good for my cardiovascular system, that white car, cardiovascular disease.

There are some things that are you'll get on them like, yeah, that makes sense. Something like, wow, I would have never thought that. That's step one prioritizing.

What do I actually need to focus on? Because these drugs my body doesn't do. Step two is the work, which is the habit formation around the environment, nutrition and lifestyle inputs.

What to add in terms of supplementation, diet, etc. and what to remove the threats that your particular body is not aligned with. We got to do the work.

We got to do the work. Yeah. Our health care is self-care. Yeah, it's constant. It's you know, I just heard somebody say something that you may have heard before.

I was talking to this lady about menopause, actually, funny enough. And she said, health care is not something that happens to us. It's something that happens through us, meaning that getting sick is not a switch that got flipped and it caused it was because of your habits and the choice to not get sick is also because of your habits.

So whatever you do, every single thing you do is a step towards illness or a step away from illness. Was to me that I say that all the time. Yeah, it's going to be.

But it's so true from the thoughts we think the food we eat, the water we hydrate with the sunshine we do or don't get. What I just you know, from what we clean our desks with, from how we wash our clothes, it's and so if you're new to this journey, it can be like, whoa, you are so like Kash says, you know, you have to, like, start and pick one thing.

And if you have your genetics, it can be a very beautiful roadmap. Oh, like, look, you know, I'm pretty good in this area, but I'm really struggling and detox.

I'd better start there. I better start room by room and switching for my products and paying attention to my liver and my bile and my lymph and my bowels and all the ways we eliminate and sweating and all of these things that are so important in menopause.

If you're thinking, well, you know, I was given my genetics at birth and now I'm in my fifties. So is it too late? It's like,

no, it is never too late.

And menopause is a wonderful time because often maybe you've been able to get by and you're not feeling that ill and you can do things but then have menopause.

Your body is changing and what you did then may not work for you. What you did in your twenties or thirties is not. It's going to be different now. And so this is a wonderful time to pause and investigate and to have a new roadmap going forward into this sacred second act of your life.

And that includes it's a full picture of your emotions and your dreams and your activities. And it's certainly physical. You want it. We have to get the physical body, the physical vessel.

We have to be paying attention and have a good plan because it's not just about quantity, it's about the quality. I want you to live well past your hundreds, but I want you to do it feeling good and being active and producing what you want to produce in the world and in your family and in your relationships and in your own self journey.

And so it's never too late to find out what genetics you were given. And it could be like a holy moly like this. Me Like the loop of life. Oh, my gosh.

Like, no wonder I've struggled with that all this time or no wonder when I take this supplement, it doesn't act the way I expect it to and it really is.

It's like this web that helps weave everything together. We have these conversations all the time and stuff you just said around people that are trying. They're really trying.

I bought the supplements, I did the work, but I feel worse. You know, I don't why am I not getting the result? And so there's some people that are deleted for the GST, one gene and they're like, well, I'm going to detoxify, I'm going to do the work.

And then they take glutathione and they feel worse because they're missing the gene that instructs glutathione what to do. So it starts binding on their nutrition and their minerals and the things they actually need in their body alongside the toxins as well.

And we see people that are literally bedridden after that that can two, three weeks like struggling, you know, the B vitamins and, you know, with methylation, everyone's like, oh, that's let's get some folate, let's get some volunteer work.

What if you have the suboptimal version of the empty one gene and you actually need folic acid, not folate or folic acid, right. It's going to make you feel worse.

What if you over methylated already and you're being told, Oh, I need to support my methylation, it's a buzzword. And then you get over methylated and you feel horrible, right?

So there's you can you don't need to go through all that. You can just be specific and understand this is the gene that metabolizes B12. This is a gene immutable.

Lyse Is folic acid or prolific acid and I can just know what my body's doing the job again, here's about how my body does the job and be precise on day one and build the exact cocktail that my cells are asking for.

You know that my instruction manual is seeking and then you just feel incredible. I just want to go back and highlight what you said with methylation because it help is Goldilocks and I see that also too.

Like methylation is the buzzword and everyone wants to be methylated. But I have so many patients who come in and they're, they're over methylated and it's like, no, it's there's a whole set of issues that go along with that.

It's like just because something may be good, more did not necessarily mean better. And we need to know what you need it is totally Goldilocks chicken or porridge too warm to cold just right and so I love that about the DNA testing that it can really help you get your Goldilocks on without guessing.

So let's talk just a little bit more about the test. So when you do the test, it shows you your hormone cascade. If you could just kind of run through what you chose.

The test is saliva samples. You're spitting in a tube and then a few weeks later, you get invited to access your or your portal. It's your data and it's not presented.

Again, this was designed in the way I wished it was when I first needed it. So as opposed to Here is your DNA record, which is a bunch of gene results, I didn't need that.

I needed to know what's wrong and how do I fix it? That's it. Someone's got to interpret this from the report. It speaks to conditions, anxiety, depression, you know, inflammation, cardiovascular health.

So you can look up the things you want to work on and then understand how your body is doing those jobs. And then you don't. You now know what environment, nutrition and lifestyle habits to have.

And the seven big areas that we that you know after doing thousands of thousands of dollars of the research people, clients that we worked on in our research phase 7000 people we worked on during the research, these were the seven areas that everybody needs to know about.

Number one is hormones, as we said. So what does my body do about hormones? Number two is neurochemicals. How does my brain work? How do I perceive the world and how does the world perceive me?

So I know how I think. Three is chronic disease. So cardiovascular, diabetes, Alzheimer's, all the big ones, right? So and it's not a gene that equals the disease.

It's more like, how's my hardware doing? Right? What's my risk for hardware? Getting damage to that? Just as you are propped up or the studio propped up, then there's immunity in cellular health.

So everything around detoxification, inflammation, antioxidant, your immune system and how do you maintain that ideal immune state where disease can't flourish?

Right then there's sleep. So everything around I can't fall asleep, I can't stay asleep.

Toxins, Lifestyle, and Personalized Health Inputs

I sleep through the night, but I'm not rested like what's going on? My circadian rhythm doesn't work. All of the factors around sleep. And then we look at diet, nutrition.

So should you be good? Should you be, you know, how well do you metabolize starches? Is insulin actually problem for you? Then you should avoid it altogether or it really doesn't matter.

You don't need to cut out all the starches, right? So those are the six big areas. And then all of these six get reinterpreted into a seventh area, which is longevity.

So how do we take all of this information and tell you how to add 1015, 20 years to your life in a healthy manner? The thing that you said, it's not just about time, but it's also a quality of that time.

So we reinterpret this stuff for maintaining your bones and your skin and your hair and your cognition, you know, and your all of the things you need to have vitality at 101, right?

So that's all of what's in there. Yeah, pretty much covers it all. And the thing is, you don't have to like I do blood

work on patients and we're not I'm not saying this takes the place of regular testing because it doesn't.

But we have to rerun our blood work every three months, every six months, every year you do your DNA test, you have it. You have your roadmap. It's yours to keep.

You don't have to. It's not going to change. You don't have to recheck it. It's like it's a one time investment gift to yourself that, like, keeps on giving that you can always be referring back to because different things happen at different stages in life.

And so to me, on the Journey, it's, it's a no brainer. It's something that everyone can benefit from to really learning more about yourself. And it's kind of creepy because, you know, you're not a psychic, but how you connect with so much of that, it's like you have your crystal ball, but how you can tell someone their behaviors and so forth just by looking at the DNA.

That's it's always fascinating to me. Yeah you can it's mind blowing. Every time I talk to someone, I'm still learning. And I've done this hundreds and hundreds and hundreds of times because we're all different.

But what I do learn is that everybody really their aha moment like, oh, that's why now I get it. That's why that's why I was stuck. And getting stuck is a major, major problem in female hormone health.

Everyone, when I tell you, she feels stuck because you get to this place where like there's a plateau and what do I do next? The answers aren't there.

And of course, unless they find someone like to work with who has the experience, but the majority of women don't ever get there. They're just told, this is your plateau, this is as good as it's going to get, and it's what we can get unstuck.

Let's figure out why that's where you end and that's where the personalization is key. You know, you can you start working out. Everyone's going to lose weight in the first few weeks and then you plateau.

That's where the personalization is key read to tweak it and tailor to what you actually need. Exactly and hormones. Sure the the female hormonal journey.

I, I don't I haven't seen I mean, I've been practicing for over 20 years. So I can, you know, thousands and thousands and thousands of patients. And when I think about all the women I've seen, there's always a piece of the hormone imbalance in this story.

And is it because from an emotional perspective, we're out of sync with our cycle, with our rhythms, with the circadian, we're burning the candle at too many ends.

So is it that? Is it all the toxins and all the xeno estrogens clogging up receptor sites, not letting our own innate estrogen do its job? Is it that our are congested, our bowels are in excrete?

I mean, there's so many different pieces to it but it always I've never really met a woman who was just like my period started and it's been a dream. I've never I've never had PMS as I bleed every 28 days for 3 to 4 days.

No cramps, no nothing. I got pregnant very easily. I've never had fibroids or PCOS yes or endometriosis or breasts. It's always in there. And so it's such an important piece.

We I think it's one of the reasons I became a hormone specialist because I saw it was just the central issue. Women need attention to really heal. And I always say I do terrain based medicine and our our hormones.

And it's not just the hormones. It's like you said, it's the the whole body. And so I want hormones to be in a happy, healthy container vessel terrain.

And so we have to we have to look at the microbiome and the lymphatic flow in our oxygenation and our mineralization. And so it's all these pieces and we want to put them all together so the hormones can flow, can be balanced, can attach to the correct receptor sites and do what they need to do.

And the DNA piece is just an important it's just the roadmap. It really. It's like the owner's manual, right? Like you should be born to be handed to the, you know, at the first baby checkup.

It's like, here's your roadmap of your baby's health just so you have it. We know your baby's happy and healthy, but hold on to it. It's going to come in handy at some point.

Yeah. And everything you just said is exactly what everyone needs hear. Even if you just take that last three or 4 minutes and that's all you hear in this entire, you know, summit these few days are going to be here.

That's exactly what you need to know. There's all these threats that our ancestors didn't have to deal with. It's a very different reality today. The context has changed and you're also dealing with it's not just the toxins, it's emotions, it's lack of grounding.

You're not walking outside, it's lack of sun, it's your lifestyles. So there's been a major shift in who we are, and we haven't yet understood how to make that part of our health care journey.

Right. There are this contextual reality. We're living longer. Our environment, nutrition, lifestyle has changed and our health care system doesn't address any of that.

Right. It's just pressing problems from pre 1950s. And that's what I mean. That's before we got on here, I was taking my medicine. I was barefoot in my yard, getting my sunshine back.

And so we have to just learn ways to to put it into our daily life before we as I was getting ready to do our interview, I was in my sauna sweating. And so it's just kind of we have to make room for it because it's not it's not like, oh, I'm going to do once a year.

It's something because of what we're faced with, we have to have a plan to, to balance it out. So it's not to be a Debbie Downer, it's just to be a realist and to empower you that we can do this. So how do you people learn more?

And I know that you your test is a huge hit among my patients and my followers. And for all of the new ladies that I am so grateful are here. How to how to.

Because I know if I was listening and I didn't have my I'd be like, how do I get that report? I want? Yeah, well, one thing I would say is don't go to the website and pay retail.

We'll set up a code for everybody to get to, just to honor everybody being here and your time that's invested in this community. We love your community, too, because everybody has the right mindset right.

And they can you're they're ready to absorb the information. And there's some people like aren't ready. They're not there yet. Right. They're smart. Yeah. Yeah.

So yeah. So I would say go to thednacompany.com forward slash Sharon we can say right and we'll make sure that at your checkout you'll see a discount for you.

The other thing we're doing now is we're allowing people to attend a series of events and webinars that allow you to get more value out of the reports of whatever requests you have, whatever your context is, which may be unique.

How the DNA Test Works and What It Reveals

There's these live group events where you can come in, no charge, just show up and you learn and you can also ask questions. I'm there often, sometimes our clinical director.

So you'll be notified of that after you get your reports. Ask them and I'll tell you a little secret yet, but we're going to do once this. Summit is over.

We're going to host I'm going to host again and we're going to dove deeper. And we're going to have slides and we're going to do a whole nother webinar just for the summit communities.

So keep your eyes and ears open for that. I know and I am looking forward to it. I always learn something so much when I'm honored to be in your presence and be chatting with you.

And so you truly are such a vast amount of information help for so many women on the journey. I can't tell you how many women in my community are just I get feedback.

So grateful the DNA report put togetheryou know a connected A to B for me and so so I am just really passionate about sharing it again and again and again because it is it is that roadmap.

We all we all need a road. Maybe you know how to get there, but it's nice to have the map just in case you don't. So any last any last nuggets of wisdom you want to share before we wrap. It up, I guess I would say that the experience we've been having specifically with your community is that the answers are there.

You don't need to be stuck. Disease is a choice. And as a clear example of how our thinking needs to shift, before we started this call, we were just talking about, Hey, we're going to talk about this.

And then and I said, Yeah, menopause sucks, right? And then I caught myself and like, oh, I just fell into the trap of what we are taught. We're supposed to believe.

I was like, No, no, it doesn't know. It's not true. It's not true. It doesn't. It's just another part of your life. It's the next phase. And all it is, it's a it's not a problem.

It's a phase. But if you're doing everything wrong, it can be a problem. Just like anything else. Your heart going to be a problem. Your your palate can be a problem.

Your anxiety can be a problem if you're not doing things to maintain. So we'll try and help everybody with that. That's what we're here for. Mm. Yeah, that, that is a good point.

And when we do we have this conditioning. Oh I'm getting. Oh oh it's getting older. Oh my back hurts. So we just, and we have to like consciously say no when I make good choices, when I make a conscious effort that that is not getting older, that's old paradigm and here summit we are a community of menopause is our sacred second act.

I always say like menopause, I'm coming for you. I mean, I love I love being postmenopausal. I've never felt better in my life. And every year it just seems to get better because like you said, every I learn something, there's so much to learn.

So and I just have to give a shout out. I love following you on Instagram. You get into it if you if you like if you're on Instagram, go follow him. Because he does I'm like he has all these great studies and he cares everything apart and he's just spewing truth on there.

And it's not just focused on menopause, but it's just focused on sane thinking about health and wellness. So that's where I go to vent. Yeah. Yeah. It's good stuff.

So, ladies, get your tests, get informed, you know, get that, get that road map for yourself. As I said, stay tuned for another webinar that we're going to be doing shortly after the summit ends.

And thanks for being here. Thanks for caring about you. And, you know, I find that my patients who are doing their DNA, they just they they learn so much.

They just become so much more educated about their own bodies. And I'm all about empowering you to I may be the doctor, but you're the you're the owner operator.

This is your body in it. 24 seven. And I want you to be the guru of your body. I'm happy to help you along the way. But this empowers you. This test empowers you to really be your own guru of your own body and to understand it at a deeper level.

So I just really is great chatting with you. You're, you're so intelligent and just contributing so much and every time I learn more. So thanks for being here.

Thanks, everyone, for being here. And we'll be back with another talk for you real soon. Thank you. It's a pleasure.