Perimenopause Basics and Whatu2019s Normal

does anything goes in perimenopause and it's considered normal? Irregular periods, irregular emotions, regular, you know, hot flashes. And he's like, anything, goes and is considered a normal, but that doesn't mean you have to like it.

We have ways to override those issues because it is frankly, 10 years of peri-menopausal before your menopasal. Metapause is actually defined one year, no period.

Okay. So that's the true definition that doctors go by. That's one of the things that it's like, okay, how am I going to make it without killing somebody or killing myself?

And seriously, it is so possible to get your life into a normal balanced way. Hey everybody, it's Dr. Rimka and we have a functional medicine OBGYN, women's hormones, Women's Health Specialist.

She also does say some men. So she's a dude OB-Gyn as well. When Cindy and I met a few years ago, we were both kind of like the onboarding, the primary panel with scientific advisory board.

I was the only non-physician. Imma toot my fucking horn on that one. Three MDs and me. for a nutraceutical firm based around hormone optimization and kind of longevity anti-aging.

And that's how we met. One of the vice presidents was like, you're gonna love her. You two are gonna really hit it off. We did, and we've been like this ever since.

It's been great professionally, how you have taught each other things. All right, you guys. She has a functional OBGYN. So she has been catching babies and then sometimes having to operate to get them babies out.

Is it like a year now that you've stopped catching the babies? Two years. It'll be two years in March, right as the lockdown happened. Yeah. Okay. So she was working towards, cause you're a little bit older than me, right?

Are you like 60? 62. I just had a birthday. Alright. Just to give, I say that in context cause people were talking about perimenopause and menopausal and the changes and you are a woman and then you've been through things.

You've birthed a baby, you help women birth babies and help them transition to all parts of life. And right now she kind of specializes. She has a private practice.

Tell them where your practice is. I live and work in Glenwood Springs, Colorado. So it's about halfway between Aspen and Vale. Yes, there's a bunch of us that live here to take care of all the richie riches.

People are having babies still. Yeah, I'm just not doing the baby thing. I'm doing all GYN, hormones, and I do the surgeries. Yeah, but all women's health.

Okay. Tell them a little couple things about your office that are unique, like one that I've been dying to tell people about is the photobiomodulation bed.

Some things that they might find at your Well, first off, I'm a doctor who won't give you a hard time about being vaccinated or unvaccinated. How does that sound?

That's a rare bird in this day and age, okay? Most people come to me and they're so afraid and their like, oh I don't

know, are you going to give me a harder time?

I am like heck no, no I just going take care of you. So that's one thing. So if people need to know, I'm very open minded. The other thing is I'll go into the photobiomodulation.

I have a near infrared light bed. Near infrared is the light that you cannot see. It's not in the visible spectrum. But this bed, it looks like a tanning bed and it's got red light and green light, and then the near infrared.

So it has a lot of different healing modalities all wrapped up into one bed. People look at it first. It's like brilliant orange. I got it this like amazing color because it was custom to pick the color.

They walk in, they go, wow, that's pretty racy. And they say, can I get a tannin? I'm like, absolutely not. There's no tan. But there's over 50,000 peer-reviewed articles about the healing properties of infrared light.

And the interesting thing is there are like 500,00 articles that have been written, not all peer reviewed, but very important stuff. Every single NFL And cause we're going in the Superbowl and we are in Olympics, okay?

The Olympic training facility in Colorado Springs here in colorado has one of these beds to help people recover.

Meet Dr. Hall and Her Functional Womenu2019s Health Practice

It also has been suggested that this be called performance enhancing. So they're trying to make sure, oh yeah, they are trying shut it down for athletes before competition, which I don't know how to do it.

Is that crazy? That is crazy. You can't detect it though. That's how potent it is. It's bad enough they do that with peptides. Oh, I know. So she does bioidentical hormone replacement.

She uses this bed that is pain modulation, anti-aging. What I love about this is that you are this type of surgeon that was thinking, how can I provide faster healing and pain relief without a drug?

I don't want to prescribe some of these things, but I am cutting people open sometimes. Well, and that really was the push is how do we take care of pain with post-op pain?

And so I specialize in doing what's called ERAS, that's early treatment. We do a lot of things to make sure that people have less pain post op. But then it was like opioids.

I don't want to do opioids for people. Period. Bottom line, I think they work. What they do is make people not care about their pain. because they're so loopy on them.

So it doesn't really take care of the etiology of pain. And I think that the red lightbed helps with that. Now let me tell you, the interesting thing too is I've had my regular people who come and use the Red Lightbed, near infrared light bed, I just call it the RED bed.

Anyway, they come in and they are like COVID free or getting over COVID. I had somebody who had long COVID, After one session in the bed, oh my God, he was like so much better.

After three sessions, He was, like, I'm back to normal, which was good. You know, it was really great. Yeah. And no meds involved. So you guys who follow me, you see me always packed in these light panels.

These beds are like the light panels on steroids, OK? Like, I'm just giving you an idea because I am looking at buying the same bed. And I top up the prices.

I was like, look, if you're thinking of a $400 panel or an $800 panel as a thing, these things cost $70,000, $100, 000, 150. You know, like these beds have a huge, there's a variance, but typically you are going to be in the $50,00 to $150,0000 for a photo bed, And they're incredible and they have a tremendous amount of, even though let's say

you don't specialize in mental health, the mental benefits are through the roof.

Neurotransmitter upgrades, people with Parkinson's, depression, all kinds, MS get tremendous benefits from this. So if you're local to Dr. Hall, Uh, you know, people need good care.

So let's talk about the fact that women often don't get good. Care as they age. All right. Okay. Let's. Talk about this because I'm 49. I just kind of recently had a birthday.

You and I both here. And, you know, I will say a full disclosure, guys, Dr. Hall is the first one to ever prescribe me progesterone. We were just having some conversations and I was like, so can you just call me some and she's like yes, girl, because I can tell you right now you need it.

Okay. So that's what some people she said, been doing this long enough. I know exactly what's going on. And here, let me tell you why what's good, what we're going to do.

Now, again, she's my friend and we are, you know, professional courtesy and that kind of stuff. But that's what a lot of women are struggling with. Like a lotta the questions is like, but they're saying is, like nobody talks about the transition.

And so it's hard for women to know what normal, and what not normal. And what I was going through was just my sleep was disrupted. My mood wasn't the same.

I think we were just kind of talking about it. And I go, Stephanie, get your progesterone. Oh, right, I am getting to be that age. Things could be changing.

It was like, let's just try it! And I was like, oh, praise the sleeping gods that that all made the difference, right? So I had labs, you guys, I did run the lab stuff like that.

But a good doc like her typically is like look, it's let me tell you what I know. So by seeing good physicians or good clinicians in any way that you actually work with is spend more than five minutes.

They can figure things out often without even seeing labs because a lot of people want to know about the labs. So some of it is like, what's normal? What's not normal, right?

Or whatever, like what are the signs? I think what some people will want know because like there's things, people talk about adrenal fatigue, insulin resistance.

If they're already dealing with thyroid or adrenal issues, it's it won't be good for you, mama. or if they're already dealing with insulin resistance, why does everything get so bad?

What happens? I think there's that first to go with, and then we can maybe talk about the mental health piece, like why people get anxious and depressed, right?

So whatever you wanna go, based on your experience of doing this for decades and seeing tens of thousands of women go through this, how can we help the women?

I'm going to go back a little bit and just a couple of sentences about residency. When I was in residency, I worked with a really smart doctor. He was amazing.

We're talking about perimenopause. He says, anything goes in perimenopause, and it's considered normal. Irregular periods, irregular motions, or irregular hot flashes.

And he's like, Anything goes and is considered Normal, but that doesn't mean you have to like it. We have ways to override those issues. It is frankly 10 years of perimenopause before your menopausal.

And menopsis is actually defined one year no period. Okay. So that's the true definition that doctors go by. That's one of the things that it's like, okay, how am I going to make it without, you know, killing somebody or killing myself?

And seriously, it is so… It's so possible to get your life into a normal balanced way. And this is how it relates to women and where they are on the continuum of hormones.

So when you're born, you are born with X amount of eggs. You don't make anymore, get anymore. you have them and they start to age right away. What happens is you're allowed only so many ovulations during your lifetime, and ovulation is when the egg comes out of the ovary.

And once that happens, that ovaries is pre-programmed to involute and create something called a corpus luteum. This is a lot of medical jargon, but what it does is the corpus lutium makes progesterone.

So you can see when you stop ovulating, or if you are ovulating irregularly, you aren't going to make progesterone because that corpos luterium can't be made.

So the first hormone that leaves women is progesterone. It's not estrogen. Most of us are estrogen dominant. If you're packing a couple extra pounds, you are probably estrogen dominate, right?

If your testosterone dominate you've probably had irregular periods all your life and you probably PCOS.

Photobiomodulation and the Red Light Bed

Well you also progesterone load too because you're not ovulating. Testosterone will override that. So there's a couple of instances where maybe if you are a normal menstruating woman, you have a monthly period, your probably fine, but it can still fake you out.

You can have those cycles and not be ovulating or not creating a corpus luteum. I think that's the one women don't know. They think whenever they have period they ovulated.

Yeah, I think that's an interesting thing. I know. They don't know that. It can, it doesn't have to be joined like that now. Let me tell you what is joined as hormones are joined.

So if you are missing a hormone or overactive on one hormone, the other ones are going to suffer. is the important part. Remember I said, you know, most women, when they get into peri-menopause, they'll pack on a few pounds.

And it's for whatever reason, okay? Because that's a coping mechanism, I don't know. But you pack a couple of pounds and all of a sudden it is like, OK, now I'm estrogen dominant.

It's the chicken or the egg phenomenon. I am not exactly sure how it happens. Once you are estrogen-dominant, we have to get that under control and we balance it with the progesterone.

What's really interesting is I've been a huge proponent of oral progesterone and the reason is, is because it has one side effect and it makes you sleepy.

And you already talked about that a little bit, that it's like, okay, I can't sleep. I'm waking up at two, three, four o'clock in the morning. Like it gets time to get up or maybe I think I have to pee and you don't have the pee.

You just get and go pee, and that's, like oh, well that didn't work. And everybody knows they all think they'll think it's cortisol. That's the first everyone's kind of gotten used to a cortisol is an adrenal fatigue.

So they're all I know my cortisol's wacky. I'm like, and you test her like your cortisol spine pumpkin. It's your progesterone. Your cortisol in your sleep is supposed to go high.

It's what keeps you alive while you're asleep. That steroid is what keep you live. So your highest cortisol should be in the morning anyway. When you get cortisol tested by serum, you'll get a morning one and an afternoon one.

and your afternoon should be the lowest one, okay? So that's what I know about, you know, adrenal. But I tell you what, your adrenals can be taxed because your progesterone is out of whack, so you're not sleeping.

they're kind of hyper-focused on cortisol. Everybody talks about it, and I can do a 24-hour cortisol, I'm like, your cortisol is perfect, honey. You know, you really can have a beautiful, like it's doing what it supposed to do, but they are really committed to this.

And I think it is just, are they just resistant to hormone replacement? You, know I, think I am wondering if that's what is is. Like if, that is like a psychological, don't want to replace hormones because it means I' old or something.

I don' know if you run into this? Yeah, I think it could be. But by the time someone gets to my office, they're to the point where they are pulling their hair out and they want something to help them.

I have very few people who don't try the progesterone and the Progesteron actually works really quickly. And I don t know what your response was, but within a couple of days, you're like, wow, i slept through the night.

Wow, and waking up refreshed instead of waking tired. and see that goes hand-in-hand with that whole cortisol thing. I'm waking up tired, maybe it's my cortisol, or maybe its my thyroid, and maybe all of that.

It really does take some evaluation and a good listening doctor to sift through this. When I was in medical school, I told the patient is going to tell you what's wrong with them.

If you listen, just listen to them! Then you're telling me you wake up at night, you throw off the covers because you are hot. But you're not having hot flashes during the day.

Yeah, I wasn't having any hot flushes, but I'm like, unusually cold. I like I am not cold at night. It's kind of weird. Not a hot flash, just I warm. Thermal regulation.

So it's one of those things that people can have that whole continuum of different issues going on, right? I think a trial of progesterone is the most benign thing you can do because proesteroin is so safe.

Progesteroine and estrogen got a really bad rap in 2002. There was research that came out that said that estrogen caused heart attacks and pro testosterone caused breast cancer.

It wasn't the natural ones that did. They had used PremPro in this study. PremRen is a horse urine. estrogen. It's got 11 extra estrogens that humans don't need.

Provera is a progestin. it is not a Progesterone, it has an extra methyl group. They're synthetics, they're not real, you guys. So when they study something that's not exactly, yeah, that didn't work out because that It's like saying fat is bad for you.

Well, if they're giving you soybean oil, or they are giving butter, then you're going to have that. But you know what I mean? They conflated it incorrectly.

So let's stick with progesterone for a second, because I'm seeing questions. I see that too. Progesteron, right? So they were asking cream. There's topical creams, topicle oils, and there's oral.

OK? You're asking questions, like I will tell you, Because I am a chiropractor. prescribe any, like I can't do the power, I cannot prescribe progesterone.

So have I suggested topical projesterones to my patients for decades? Yes I have. It's easy to get. You can get it on Fullscript, Relevate, it's over the counter, you know, so we use topically oils or we, well no, okay that's 40

milligrams or that 100, but I know how much I'm getting.

In general, most of us are taking like 200 milligrams oral a night. That's kind of a common dose, right? So we know what these doses are. We can see and we can try.

I have 25 year olds with completely obliterated progesterone. So I'm using a topical and changing diet and change behaviors and trying to get rid of the PCOS.

You know, that kind of thing. Would I be opposed to oral for her? No. And I know we're gonna heal and get things off. So I would probably agree with Dr.

Cindy. Gold standard. Me as a 49-year-old woman, I do take oral. Okay? But I did topical for a while. Why don't you talk about the differences of absorption, how it's irregular, you know that kinda thing?

Yeah, I mean if you put, you could put some on this part of your arm and it'd be absorbed, but if put it like under here, it may not be adsorbed. And plus in the container, it may not be completely mixed and you might have it stronger on the right side than the left side.

And you may be taking a bigger spoon one night and a smaller spoon another night. So there's these inconsistencies and tend to have less success when the hormones are bumping around like this.

The idea is let's keep the hormone nice and steady and level because nobody likes to be like that, right? Okay. I think it's a good solution. It's decent solution when we have a minor problem or transitioning, but I me or whatever getting, you know, and you're looking to longevity really kind of whether you got to call it anti age, whatever I'm trying to get ahead of this.

My mother went through what I thought was a horrific, horrible gained 50 pounds depressed, she was just not the same person. I didn't understand what was happening to her.

And I like my sister and I both I know I not that I am not having that happen. So I no more, I can do more. And I suffered, she suffered. She was locked in the bedroom, depressed, eating cake.

And then that was unlike anything I'd ever seen in her. You know, then everything hurt and she was food craving, and then she couldn't work out anymore.

Then now she's a diabetic and it's all harder than it needed to be. Right. So I'm trying to like, stay ahead of it before it gets to all that. Good for you.

It's the downward spiral and you just named all those things and that just goes down and down. you know, kind of turn it around and bring it back up. You know it's hard to gain the ground once it has been lost, but it isn't impossible.

Exactly. So let's talk about the, what? So the progesterone for women. Let's say, one, I think a lot of the messages I get, they want to know how to do all, like just go to a good doctor.

I don't know why they're trying to this themselves. Like, I go to somebody for this. Yeah. Don't try to do it yourself. I think that the cream, if you're messing around with that, you may have mixed results with it, and that would be unfortunate.

That would a turn off in some ways. Like oh, it worked for two weeks and now it's not working. And I've heard that story before, because I can't tell you why it didn't continue to work, but I'll tell ya, when I get it from compounding pharmacies, made with cellulose, progesterone, and a gelatin capsule, they can even do vegetarian capsules.

Why Progesterone Helps Sleep and Mood

They'll make these for you and they're consistent between capsuls up to a certain percentage, so you want to have a good compounding pharmacy and doctor who understands how to dose this.

The place that I'm going, the place where I get my progesterone, I've been using for over a dozen years. They're consistent as the day is long. Sometimes the mom and pop places aren't because they're not, they don't have the oversight by, you know, whatever, triple checking their potency of their raw ingredients that come in because their making it right there and encapsulating it, right, there.

But I'll tell you doses will shift on some people but not as often as you think okay. You know 200 is kind of the big standard at the top of The Bell Curve and I have a couple a little higher and a Couple a Little Smaller and i probably have over a thousand patients on on progesterone right.

And these couple of people one of, the weird ones I was going to mention to you is I've somebody who's got something called catamenial seizures. Did I ever tell you about this?

No. Oh my gosh. Every time she'd have a period, she start having up to 40 seizures a day. So guess what happens when your period starts? Your progesterone drops.

I was looking at this, trying to figure this out. Let's try birth control pills. No, that didn't work. Then we went and we started doing this same progesterone that I'm using on my pyramid apostles.

This girl is 18 years old. 18 years old and she's got these seizures. She was trying to be on a volleyball scholarship to college. And she was in a wheelchair.

It was awful. Her life was off. So she is taking 600 milligrams a day. Oh, and he's using the red light bed too. Yeah, that can help with that. Do you think it's related to the GABA?

Do you think that's related to like, it's cause her, is her Gabba taking some, I mean, that I'm really, we'll have to talk about that one off another time.

You and I may have pick that apart, but she's down to one or none. seizures in a week. Okay. So she may break through, you know, on occasion, but not 40 a day like she was having.

Wow. And that's not even during a brain therapy, right? Not even doing anything. That's impressive. No. Do you hear that huge thing? So people are asking a couple of things, Right?

You think the cream would be as good? The cream will get you some results. It's Not as Good as an oral capsule, she just said. Now here's an interesting is the oral progesterone natural?

I'm not really sure what natural actually means because that word is a loaded word. So why don't you tell them with how they make progesterone. It's bio identical, which means it matches the molecule in our body.

They can't pull it out of a person, you guys. They're not pulling for just a lot of humans. No. And what they're doing is they are getting it from soy or they getting from yams.

You have some power in that. Sometimes you can have it put with cellulose so that it slows down the absorption or you could have without celluloids. you know if 200 doesn't work maybe 250 does or maybe 100 works and I give people a lot of leeway to play around with what that what's the dose how do you feel about taking you now capsule and Do you have a preference for soy?

They're doing organic soy. If you do organic soya, you're getting rid of a lot of problems that way. Soy's had a bad rap, and I don't always feel like it deserves what it gets.

This is actually a very small dose of this, but most people go from it. It's where there's some streaming it from you guys. Yeah, it's just the subject of where you are getting it Um, it's interesting somebody they're saying like what is

the minimum maximum dose for progesterone on average?

I just kind of said it to it. It's hard to say like, but it, like you guys start with 200 very commonly and you kind just see, you just said 18 year olds got a 600 milligram as a dose to stop seizures.

I mean, it's, why you should work with a clinician to see what works for you. Like when I started taking it, what I discovered is if I take it too late at night, I'm groggy the next day.

So I, best to take at around 8pm. And then that works out well for the way I sleep and I don't wake up, you know. But what it has done is actually I used to wake at like 4.30 or 5. 30 all the time.

Like that's when I start my day. I Don't do that anymore. sleep much longer. And on the one hand, I could say, Oh, that kind of sucks, but I really wasn't getting enough sleep.

And you're supposed to get seven to nine hours of sleep and it's supposed be good quality sleep, you know, and you can have really crappy quality too.

Yeah. So average dose like you guys, it really comes down to you. I saw a comment on here was interesting. Somebody says I'm 47 and my OB is recommending the pill for perimenopause.

Is that an old school way? No, it's a valid way to do it. You can safely take the pill up until menopause, but at menopsis when the progestin is more likely to cause a breast cancer.

Okay, so if you're childbearing years, which 47 is kind of borderline on that, put it this way, I wouldn't want a kid at 47. That'd be pretty hard. But the thing is, it's bad enough having one at the normal age.

The idea is that yes, you can do the pill and what the pills going to do is it is going regulate your cycle. Progesterone doesn't regulate you cycle You have to have an estrogen component in there to regulate the cycle.

So the birth control pill, or even better yet, the NuvaRing. which is the lowest dose you can get, will regulate the cycle so that you're not bleeding every week or whatever it is.

You know, the lucky women are the ones who spread their periods out. Unfortunately, there's people who their period's come closer together and that's never great, never.

And then if the hormones fail, then I'm going on and doing procedures on them like an ablation or we might even entertain doing a hysterectomy if we have to.

But, you know, generally we try to do something with medicines first, hormones. Yeah. All right. Somebody asked how long do you take it? Yeah, I see that you would take until we die, 80 or 90 or, blah, and this is funny.

I interviewed Dr. Greg Brand and he's an OBGYN and I'll be curious to see your answer. So I've had two teachers that taught me hormones. The first one was Dr.

Leon Spiroff. He's the professor who wrote our book on hormones for our residency. And we asked him, when should women stop their hormones? And he said about three years before they die.

Okay, so that was his, who knows when they're going to die, right? Right. It was kind of a nerdy eggheadish comment. So then fast forward and I'm doing my peer review hormonal work and working with Neil Rosier out of California.

And he was asked when should women stop their hormones. He said, Oh, at about 120 years old. I agree. That's what I'm saying. Like I more of the Greg Brandon, like, why would you stop?

Like, I don't understand why you would stop keeping your hormone. I think I Don't necessarily even buy or believe

the whole perimenopause menopausal normal, because there are tribes where women are getting pregnant at 60.

They're living to 120. And they have to keep Putians and Yakutians in Russia, their average age is 120. Some of them are going older. They're living five times longer than the centenarians and through the rest of Russia.

Women are pregnant at 60. And there are plenty of anthropologists that have traveled around and said they've seen in these tribes. civilized women are going through.

So I think we're destroying and obliterating our hormonal systems much sooner than we are. We're aging much soon. Or we depleting, you know. I mean, look at what's happened to testosterone around the country.

If those levels are getting to women, everything is getting tanked. so I don't necessarily, I remember reading some interesting theories around like maybe menopause isn't normal anyway.

Like, wouldn't that, you know, like we have so many eggs, eventually there's gonna be, we're done with that. But this whole process, a lot of primal women don't go through 10 years of hot flashes and shit at all.

Yeah, no, I never did. So we are comparing, what I mean? We're living our Western civilized lives very unnaturally, very disconnected to nature, Very disconnected from the earth, to the sun, crazy chronic stress, adrenal stress thyroid issues.

And all those hormones work together, okay? They all work. So when something's out of balance and we're stressed, that's going to screw up the whole system and it's gonna affect others.

I must stay on it as long as you can, kind of gal. And I am too. You know, people ask me, when am I going to get off of them? And no, I doubt I ever will.

I have patients who are like 75 and they've been on this stuff. And you would think they're 50. No plastic surgeries. It's just their hormones are banging.

So they never aged. Their skin never got super saggy. The bone density never collapsed. They're like, what? And they just go and get their stuff monitored, and they get this stuff handled.

I have an 80-year-old patient who's got a 55- year- old boyfriend. And he has a hard time keeping up with her. OK. Damn! OK! She is adorable. Oh, my goodness.

She's one of those ones that looks like she's 55. There's been some interesting questions. See whatever you want to answer. Well, one of them was, I'm 54 and I am having periods closer together.

Is this perimenopause? Yes, because menopausal is one year, no period. So you're peri-menoposal if you are still bleeding, okay? You guys, let me give you, you know, kind of a public service announcement.

If you have menopsal for a year and you start bleeding again, that's a problem. That's huge problem, we have to look at that and make sure that is not cancer.

All right. So if you have been menopausal for a year and you start bleeding again, you must see a doctor because that is a curable cancer with an easy surgery if we catch it early.

Okay. Done with that one. My friend just had it. tumor taken out of her uterus. I was just with her Saturday night. It was like the largest benign mass that they've ever seen.

it was kicking off so much hormone. The pregnancy test said she was pregnant. HCG was so high. So she'd gained all this weight. She's been trying to lose weight, but basically her body was growing, you know, a baby tumor and kicking of estrogen and HCGs.

Of course she gaining weight and she's 60 years old. Right? Yeah. So she chose to go ahead and have a hysterectomy because there was uterine cancer in her family, and it wasn't cancer.

We're stunned. The surgeons were like, oncologists, like I can't believe that this isn't. But it was weird bleeding symptoms is how she knew like something's not right.

Right. It's OK. That's good. Good PSA. Yeah, so yeah, you guys, menopause means you haven't had a period in a year. If you're essence 55, your in perimenopaus.

I mean, come on now. Okay. You know, like I don't, you know what I mean? Like it's like, Oh, peri-menopausal denial. It's either and what? Yeah. Like, it a, It a like am I, am i not like my last lab?

I'm like okay, I might, i'm still ovulating. My estrogen is so high, but it was my progesterone and my testosterone were retained. Could be the carnivore diet, people wanted to know.

It could be, because I've been carniving for three or four years and there wasn't enough carbs in the system. I picked up eating a little bit of fruit and a bit avocado and olives because that's why the cold plunging.

What am I able to do to activate? But then I did have that moment of like, oh right, I am 48. You know, like, I watched my mother go through this younger.

Let me ask what you think about this. When I was taught, my old wives tale, you're gonna follow your mother. How old was your mom when she did it and how old is this?

But I didn't start my period until I 16, right? So like I got more eggs than people who start their period at 10, probably. I don't know. So, but is it similarly kind of like well what your mama did or your grandma did you probably gonna to follow?

Yes, it is similar. And we can draw direct connections between older sisters, mothers, grandmothers. Here's the interesting thing. If your dad has a sister, that's like a mom on that lineage.

So she would act like mother on the other side. Interesting. Yeah, yeah, let's see what else we're saying here. Yeah. Laurie, you need progesterone baby.

I told you this already, because that's these people who aren't sleeping and I just don't get getting to people tell me they're 5556 are not sleeping.

They're having hot flashes. Why haven't you seen somebody? I don't understand. But I hope it's because they go to their like regular gynecologist and they're just not good.

Testing Hormones and Choosing the Right Doctor

I think I'm no offense into you know, a lot of gynaecologists suck. Is that my niece? Is Alison my nice on here? Because she called me and Cindy, I started my menopause at 55 Alison.

Okay. And my mom had a hysterectomy because she had heavy bleeding that they couldn't control because they thought she couldn t take hormones. Okay, I think my niece is on here.

Oh, there. Allison B 314. I wait a minute i'm reading this somebody wrote what oh 30 i thought you said 73 year old i was like i though okay what about a 37 year that lost her period due to carnivore diet then you should not be eating that diet and you need to see somebody because you Need your period back that is not okay one of the worst things for women when you're of ovulating fertile age to lose a period is Not okay that's a very serious you can maybe talk to that cindy Yeah, you know, we see early period changes in women who are super active.

So gymnasts notorious for losing their periods. They're amenorrheic because they're working out so much and they

have low body fat. And low-body fat is sort of the player here because it has to do with our circadian rhythms and how this all plays together.

If you get below, I don't know 18% bodyfat, I think you start looking at a little bit where you are. Yeah. It can be. And how much exercise you're actually doing.

Okay. So that's part of it with you. I would say at least see somebody, get some labs, you get a good consult with somebody and see what's going on. Could you be one of these rare early impairment?

Yeah, but I wouldn't. If you can tie something to a major lifestyle change. You know, it's probably something around that. And your system might need something a little bit different, okay?

So I would say contact, you know a good functional. How would somebody find a OB-GYN, Cindy, would you say it? Because they can't see you, right? I mean, I've been begging her for me to refer people to her, guys.

You have no idea. But she can see people. I see a lot of people all over the place. So if they're in Colorado and stuff, Most of the time people advertise that they do bio-identical hormones.

And if you go to their website, so it's pretty much a search going through whoever your local doctors are, see if they take your insurance. I take insurance, So people are thrilled that I can at least do the office visit using their insurance but the problem is most of hormones are not paid for by insurance Women have always been treated as a second class citizen.

So our hormones are not really helping us. A lot of the good stuff. Another good therapy, we'll begin to talk about it because I talk low-dose naltrexone a lot, which is a medication, and how that can be used for a number of conditions.

And I think it's very helpful for perimenopause as well. It is. So LDN is medication. Again, out of pocket, the FDA hasn't approved it for very many conditions, it is affordable.

And I think you get a very big return on investment. But some of these things, unfortunately, you know, we do have to pay out of pocket. Um, but it's worth it.

I just can't imagine going through 10 years of hot flashes and misery and depression. i've noticed my mood change and that definitely you guys progesterone also makes GABA.

So and GAB is the most calming soothing neurotransmitter you have is called the peacemaker. And so there's there are two different pathways. Some people are really sensitive.

So when they lose their progesterone, they are screwed. They aren't making hardly enough GABA and they're very anxious and very irritable and can't relax and cant sleep.

It's horrible. Um, and you replace them and it's like, when you see that, right, like which I think it is the beta pathway. I forget. Yeah. You know what I'm talking about?

Yeah, so yes. And you give them that, they're like, oh, then they'll like oh my God, but they are usually the women that go progesterone changed my life.

I mean they like almost gonna cry if you know. And potentially some of those women are the ones who take the 25 and 50 milligrams if they were super sensitive.

Okay. Yeah. So there is some adjustment. It may be the people that would be given Zoloft. Or Xanax, you know, their doctor is going to put them on an antidepressant or something.

And that's not what they need. They need the progesterone. So they needed to be able to making the GABA to

have that peacemaking signal in the brain. I can give them some GABAA too.

But I go, why don't we go to the root, which is the Progesteron. Talk about that. People know period of the year and then pop up one. Yeah, you know, that's one of those things where you have to have a, um, a rapport with your doctor and say, Hey, this is what happened.

This is, what it looked like for that year. Now I'm bleeding again. You know? What could this be now? I'll tell you personally, in my practice, I've seen a lot of women after they got the vaccination, the COVID shots, juicy juice.

Yeah. Yeah, it's been bad. We've seen people with irregular periods. I had a woman who was in her 60s start her period again, and we did a hysterectomy on her because she didn't want to deal with it at all.

And we went ahead and made sure it wasn't cancer. Now that's pretty drastic, but once it's in you, it is in and now we have to deal with the issue at hand.

So let's talk about how do we test or measure progesterone, estrogen, testosterone. We haven't even talked about testosterone, I think testosterone is one that gets ignored and should be talked.

But if you want to know how to measure, what's the best? Urine, blood, saliva, you know, What do you like? Okay, so talk Um, doctors are weird creatures.

I'm laughing because none of us agree on it. Okay. None of the best test. OK, I test solely with serum because the serum is what bathes your cells. Ok, so your spit is not bathing yourselves and your urine is now bathing in yourselves, but your urin is actually what is metabolized.

So there's a metabolic testing for that. Okay. Whereas spit, I really can't. I know people love the spit test and I have not been able to draw conclusions about that Dr.

Rosier brought forth research that said, yeah, it's just not as strong as doing the serum testing. So I found the majority of functional that I know that do longevity, prefer serum.

I have found the majority of you go with that. And I think a good functional clinician that knows how to read labs, that's all you need. Things like the Dutch test are amazing.

It's what I use. They're actually better for clinicians that aren't that good at reading labs. I find Dutch too many things to read. Like, my patient is going to tell me when I got her at the right level.

My ear and my brain are telling me more than what on a stupid piece of paper. Because you're 62, and you are an osteopath, you actually had a little bit more natural route and were trained to listen.

You understand the new young guns are just coming out following guidelines and protocols and they don't know how to think. So there's a difference here.

So I'm going to tell you, if you're going put me up against the wall, I've not seen a 30-year-old hormone doctor. I am not doing it. No, i think that's the bad idea.

When you've got somebody who's already gone through it, they're gonna have that personal touch. Because they'll be like, yeah, this is what I did. And this what my sister did, or this was what cousin did or, This is 100 of my patients have done.

Somebody who is older, who has been in practice for a while is probably going have a better understanding of this. Yeah. And right now they're just not teaching it fully in residency because hormones have such a bad rap and they don't deserve it.

They don' deserve one bit. We had 50 years of great research that showed that they were safe and beneficial and

at, they threw out the baby with the bath water with that 2002 research.

That was about the horse urine and the. Yeah, yeah. How many peas going on? Yeah I know. Yeah, so all right. So now that we've talked about some of that, like again, a good clinician, it doesn't always have to be a functional gynecologist.

There's lots of natural paths that have gone, you know, longevity. If you look up longevity or anti-aging, regenerative doctors near you, those are the kind of catch phrases.

A great guy I work with here, Dr. Frank Manilon, many of you have seen different videos of him. He's an ozone doctor, does a lot of ozone. nutrient IVs, but he's a naturopath.

And so he does do bioidentical hormone replacement. He does to LDN and he has the power of the script, he is trying to go with oxygen and ozone and that kind of stuff and nutrients and vitamin C bags and Myers cocktails.

Those are the people who are taking time with you on appointments and are interested in the bigger picture root cause and they're typically going to do One route is the pellet route.

Not everybody has to do routes, but that's a bio-tea provider. So you can look up a Bio-Tea Provider and find one near you. If you're looking, people are asking, what kind of doctor?

How do I find somebody? Just know most of those will be out of pocket. Some insurance may be paying, But you are going to be pay for some of this out-of-pocket.

It is not a 10-minute visit. This is a not co-pay visit, they will spend an hour with you and talk to you, and stuff like that. Depending on what state you're in, too, naturopaths in some states cannot write scripts.

Okay. Well, most natupathists, they're MDs. Many of these people, like he was an ER physician. So a lot of people that are ER physicians or they are a surgeon, then they get functional.

They get anti-aging. We get into peptides. You get in the new things. I don't like what I'm doing exactly, so they look over here and they find different root cause functional medicine, regenerative medicine.

Let's say that's kind of like the anti-aging term, right? Yeah, exactly. So that what needs to be looking for you guys. There's a website that is out on the internet now and it's related to the place where I did my seminars, how I was taught and they actually list by state doctors who are doing this type of work.

So it's MedQuest Pharmacy. It's medquestpharmacy and it mqrx.com. And I'm not sure I ever talked to you about that stuff, but it is a really good place to start.

I can't tell you that they practice exactly like I do, we all have the same instruction because you develop your practice as you go along. What works for you and what doesn't work for I will tell you what doesn't work for me is to give people six things at once and expect to figure out which one's working and which One isn't okay.

I start out with one or two things and then I re-evaluate and that's when I'm doing the testing is six to eight weeks out because it takes that long for your body to sort of get used to a new hormonal type of balance.

And so then I will have people come in anywhere from six to eight hours after they've taken their dose. So if you're a progesterone person, you know, and that's all you are taking, I'll have you come first thing in the morning and we'll draw your level, okay?

So I check menopausal women. six to eight weeks out after changing some kind of dose. If you're perimenopausal, you don't need to be checked. You dont need any blood work.

you just need take the progesterone until you feel better and are sleeping better. They're my easiest patients. I can

make peri-menopause people women so happy so fast.

So that's interesting people to say because people like I find people are obsessed with testing. Patients come to me and they want to or I'm like, I don't need that.

And they're always like spend like deep. I mean, why do you want To spend $3,000? I Don't understand. Well, shouldn't we get a doctor? Shouldn't be like?

Like, no, we can do it if you Want, but I really find it fascinating to look at well I want a GI map or like Yeah, you don't need it. I'm telling you right because we often like you see the history, the situation, I know you do not have candida.

You don t have SIBO. So you're a hormone specialist and like what she said a million times, if you you tell them through what you're saying, what's happening.

They're like, yeah, I got it. And then you can just kind of, you probably need this, come back in six to eight weeks, maybe we test it or like what, because that's an every hormone person I've said has said the same thing.

Like some of them, even if they, they do some testing, but it's like it the patient that will tell you it an art based upon their symptoms and based on us finding it right, not a lab.

right? It's not the lab that matters, it's the person that matter. And I think hormones are one of those that are tricky. I want to make sure I'm in this optimal range, but again, optimal is going to be how you're feeling.

That's very different than blood glucose or insulin where we know what that is, right? And we have an optimal, you know, I mean, so it's hormones are interesting with the aging, with that, the process.

Yeah. It's been interesting. A rich addition to me being an OB-GYN. I didn't know in residency that there was any of this stuff. I thought it was, oh, give them Prem Pro.

Oh, and then don't give him Prem pro. So it's a lot of bitchy old women running around her bleeding irregularly. Then we had to come up with, well, what can we do that's relatively safe based on the literature?

And in reality, they're all safe as long as it's tailored to your needs, okay?

Testosterone, Libido, and Long-Term Hormone Support

Yeah, I have to say I found many people because I want to basically I'm gonna I'll have this website in there. I've a couple websites or her website you guys so you can try to find providers.

i'm ultimately surprised sometimes like I I Have a list of questions like that people sent in. Like it sent us. It's like, oh, iI'm going to do this and some of these like are so complicated that iIm like Why would you want?

To know this? This is what why you go to the doctor? I don't understand like You know what I mean? What's the optimal level of this? And what is this in blood, saliva, urine?

and what about this and I'm like, what's best matrix of testing? Why don't you just go to a doctor? It's like somebody coming to me for neurofeedback and they don' need to understand every brainwave and whats the best location and why do you need know that?

That's my job. You're not here to learn how to be a clinician. Every lab is different. Yeah, every lab is different to the baselines and and the ranges in each lab are different lab cores different than quest and it's different then life extension.

It's Different than you know that what I'm using in my office and what you need is a doctor who knows what they're

doing and can tell from the labs that they are evaluating.

And the story that the patients telling and knitting those two things together to make you healthier. Okay. Yeah. Um, that's what I like. So when do you think somebody should start to go into somebody, right?

Like, you know, because for me, I didn't know I needed it. Let me just say, okay, guys, i'm 49. so it was like, this last two years has been hard. It's the COVID.

I mean, the last 2 years I have a teenage child. You know what i mean? So I'm a mother, a business owner. The COVID happened. Oh Lord. you Know, like I got stressed.

i've known stuff in my own life and stuff. And I like got tired. I'm gained a little bit of weight and I just don't feel right. It was subtle. I don't feel like a bad ass.

You know what I mean? I'm kind of like, eh. So I called up a buddy who's a physician, and I thought I needed growth hormone peptides. And I though, you know, what?

It's time. Let me do a little injectables. We're going to do HGH stack. Yeah. Probably going do CJC EPA blend, right? Yeah, I think that's what we need.

But let me ask Michael, because he's the physiatrist and my shoulder was hurting. Oh, my God. Like this rotator cuff problem. What the hell's happening to me?

You're like nothing's working. Shit, right? So I say, Michael, I just want to double check. Since you do this all the time, he's a vasiatrist. So he is a pain specialist, joint.

And I was like, this is what I think I'm going to do. Can you help me stack that? And then he asked me like three or four questions. Yeah. He goes, actually, Stephanie, don't think that's your problem at all.

I bet your testosterone is gone. We need to check your hormones. I think you're tanked." And I went, what? I was like, really? So I didn't even think about it, right?

But he, listening as a physician outside of myself, I want, oh, OK. He's like yeah, we don't need to start those peptides if we have that ready. I'm like let's just see.

And sure enough, my testosterone came at zero, fucking zero. That was, like what are you talking about? He was girl, no wonder you feel like shit. I was like, Oh, okay.

And progesterone. I said, cause I had yours and I wasn't taking it. Like, I, wasn' sure if I still need these. Oh yeah, you need it, so. Okay. But see, 120. Yeah.

Didn't know I didn't understand, like it was starting. So like. You know, what are some of the cardinal signs, maybe? Because I was lucky to have a friend to be like, you need to go.

I'm like this is a problem. Oh. And I go, my god, your right. So that's the start. Like, I met a process. You what I mean? I like OK, things have changed.

It sneaks up on you, okay? But it really is what I would call bad PMS. Bad Pms is the first sign that you're not doing well. And maybe it's irritability with the family members.

Maybe you shut yourself away when you know, when your P. M. S.ing. Or you don't go to work. But you are right. I was having a couple of weird periods. Like I don' have cramps.

And I had a few like I'm like, I don't know what's happening, but I have cramps. I didn't even make that connection yet. Okay. Yeah, yeah. Good. weird TMS stuff.

Things are maybe clotting. Clotting I hear is a you know, it's a common thing women start having more like the menstrual cycle like others are more clots.

Is that like a comment perimenopausal sign? Okay, It is and it isn't. It can be other things too, but that's why you go see a gynecologist. Okay. So clots could be something like, you know, adenomyosis.

You need a hysterectomy in 95% of those cases. But if you're having clot, and we can control them with something else, we try that, okay? But generally, it is more that emotional component and the weird cycling component.

That's when you know, oh, I'm not really ovulating and I may not be making progesterone. Here's the thing about progeterones too. When we're pregnant, you have super high levels of it, OK?

It's a thing in our pregnancies that keeps us from freaking out that we have to push a watermelon-sized thing out of a small hole. Okay? Yeah, I was freaking out.

And you wanted to segue into some of the depression anxiety stuff. So here's our segue. Okay. This is really interesting because progesterone has a protective brain type of activity.

It works like an anxiolytic antidepressant. When you're pregnant and you've got high levels of that, it really keeps you from freaking Yeah. Yeah, I mean, that's it.

I had I've had so many women patients will tell me when they get on homework, they will say progesterone saved my life and it might be because like they were so emotionally not doing well and that overwhelmed panic, misery and It was like, like on back to myself.

Now again, this I say see a professional you guys you need to stack things and replace as necessary as your body goes through as you see fit. I personally do think we're being aged and poisoned to that sooner than we should be so it's not about trying to act like I'm 25 but I think the process is artificially induced and accelerated more than it needs to be.

And maybe my grandmother didn't need to do this, but in the lifestyle that I'm living, I am going to it. So I m a fan of bioidentical hormone replacement.

I think it makes sense for muscle mass, which is a marker of longevity and capability and bone density. Both of those things, if you start losing muscle and muscle density, and that happens when that estrogen drops, Uh, that becomes when things are dangerous.

You know, Cindy was 62. She spent all day skiing today, snow, downhill snow skiing. Okay. That's what you want. you can't do that with fragile weak bones and that, you know this, this hormone replacement, actually the numbers are it saves more lives because of bone density and you lost your perosis and stopping it from hip from falls and fractures and things like that.

Now somebody had mentioned something about breast cancer and I wanted to put this in. You can do hormones. Generally it's accepted by most oncologists that if you are five years out from your diagnosis, you can go back and start doing some hormones, The other thing is, you know, I'm not going to get into the ERPR breast cancer thing.

But guess what? We have testosterone. And testosterone will help your bone density, it'll help you muscle mass, and it will give you more oxygen. It's considered an enhancing hormone, right?

The bike riders, what's his name? Armstrong did. But not replacement therapy. I don't think TRT is considered. We're not going that high, but it is highly controlled.

So you need to understand if you're going to do testosterone, it's got to be by prescription. It's gotta be signed for by somebody over 18. You can only get six months at a time because it so highly regulated.

What's interesting is we saw men with low T starting to have osteoporosis and osteopenia. And when we gave them the testosterone back, their bones got strong again.

Yeah, much stronger. It's huge in mood and depression, actually, and the correlation with testosterone replacement and even PTSD improvement is extraordinary.

I'm a huge proponent of testosterone placement for men and women. Uh, I think it gets forgotten by too many women, it's important. Um, if somebody sent a message, how can I increase my sex drive?

I am like testosterone pumpkin or Yeah. Find a new person. Sometimes- More sex equals better sex. Okay? Yeah, I'm like, you know, like maybe who you're with isn't a good choice.

You know? I mean, sometimes. Just saying. But often it's testosterone. It's inflammation. We've got to look at what the whole system is, right? What's really going on.

Yeah there's a balance that has to be struck. That's complex. But there are options for women who have had cancer and, you know, are interested in doing it.

And some people who are just like, You know what? My quality of life sucks so bad because it got me on this, that and the other and now I can't have sex with my husband or I, my hair fell out and I don't feel good about how I look.

So we have ways of helping women get past those things and hormones can help with that. Hormones can help. There's other medications, there's peptide therapy, which Dr.

Holm knows about. That's another conversation. But there are lots of things. Some of them are a little pricey. I'm not going to lie. You can create a cycle like it's a therapy and you're done with it.

It corrects the problem. We don't stay on it forever. Okay, this is what we're doing. to get things back and there are peptides even to bring sex drive back.

But you want to make sure you have the foundation covered first. You don't go up to the third story in a house, you guys, and pick out the paint color of the bathroom until the foundations built, the first floor is built out.

That's how you'll have to do. Hormones are really one of those foundational first floor type of concepts that people want to know about all this stuff.

I'm like, that doesn't matter. You need to do this first. Great analogy. Neurofeedback. If all the problem is this, fix this. We might not even need do any of that.

because this is the bigger issue, right? So like you said, you don't need, why do we need CJC? Get your hormones first, oh, didn't think of that. Well, on that note, is there any last little message for the ladies?

We can't cover everything about perimenopause and menopaus you guys. Is there like a good book or anything that you like? They say, Oh women, this was a great book.

But if you want to know more, Is anything like that? No, it's okay. They all come with their little nuggets of wisdom. So if you have time to read, go ahead and read whatever you can find.

Because there's some great practitioners out there that have written about this. But you really should just spend the money and go find a good practitioner and work with them.

And that's what it takes. Because the book's not going to give it all to you. I know. And we'll have another conversation, maybe another time, because this is what I found.

So a lot of my following is going be a meat-heavy group. You're going have carnivores or keto, low-carb, AIP,

paleo, stuff like that, GAPS diet. This is the stuff that I deal with, with brain work and mental health work.

Most of people are going there. A vegan or a vegetarian really isn't going follow me unless they're sending me death threats, which that happens. It's fun.

But that being said, I do find a lot of people will be frustrated why they come to me as they've gone to a clinician and they try to take them like vegetarian or plant based.

And they're like, i'm not doing that. I'm like they want you to do what? No. So I don't know. Is that like a right? Like I m going like no, you don t need to not eat meat because you're project because your estrogen dominant you need progesterone or you I don't understand that whole thinking.

So is there anything about diet or nutrition that you want to add to this? Is there any foods or suggestions or what you do, things that are big return on investment, small hinges moving a big door?

I have my suggestions I give to people, but this is what specialize in. Yeah, I don't necessarily, well I tell people, if I fix your hormones, it's gonna make it easier for you to move, which movement leads to a healthier person, okay?

You know, frozen shoulder, hormones will help with frozen shoulders and that's an aging process. And if we can get people to start moving more, we're gonna see better longevity with them.

and less people going in for sick care and moving outside, preferably. So I'm more in that. You eat what works for you. And seriously, we're meant to be meat eaters.

We're supposed to eat meat. That's the way it was. We're made that's the way we're mean the plant thing that that all has to do with heart attacks and cholesterol and whatever and I'm not sure that whole yeah Yeah, it's big in this field.

I have to say there's some pretty famous like women's menopause experts and they're spouting a lot of that. And so I'm like, oh, like I really like what she says here, but man, that's this.

So women think they have 18 pounds of broccoli for the sulforaphane to get the, you know, to like detox estrogen. Like, no, I think you really don't need to do that, Yeah, but yeah, okay, cool.

I just didn't you know, because people gonna ask but in general, I like that right you get things balanced because it's hard once it starts to happen.

Finding Care and Final Advice for Women

It's to dig yourself out of the exhaustion or the low mood or lack of sleep chronically because of course we all know you don't have any sleep then of you want the cake the next day.

We all have a hard time. That's a proven fact. Studies have proven this over and over again. You're craving for junk food, for carbs, increased through the roof, just missing a few hours of sleep.

So that's to me, I think, what happens to women with this. They start not sleeping well. And then the next day, they are using food and caffeine and stuff to stimulate, to try and keep going, because they have to keep doing, cause they run the house and the kids and everything.

So they can't, mama can be tired, you know? So then it just keeps compounding on top of each other. It's a downward spiral. So then the more cortisol has to rise belly fats there, you know, we just we don't make growth hormone at night.

It just keeps going down and down, and you just before you no, it's five pounds, 10 pounds. That's 20 pounds it. Oh, I'm drinking more wine, because I can't relax.

I have no other way to relax, You know? And it just goes, It gets worse and worse. And worse, so I started noticing that about myself. Like I think I drink a little too much wine.

I mean, I'm like, what's going on? Yeah, that's wrong. Yeah. Coping mechanisms. But it's like at all. It really does all start with sleep. If we can get people sleeping better, everything is going to be better.

Yeah. And then you go that next step of then, you can start do some walking outside this and that, then there's the cold plunging and all these extra layers we're starting to do to get the system healing itself.

But there comes a point, I'm like, mama, your 55, i'm not sure what your why you're waiting, replacing these hormones, because your, every time a woman does it, she's like Oh, my God, I feel a thousand times better.

I cannot believe I waited this long." I'm like, yeah. And I have some women now at 70 that have gone back, like they tried it and I said, and then they're back on.

They're like oh my God, I felt so much better, because they are still married, their husbands still want sex and like 70 now is like you know, we're doing things.

My ex-husband is 70. So like, he's skiing and doing, He's got a 16 year old son. He cannot slow down. I'm gonna need you to keep it together. Get on your testosterone, get on stuff, keep together, you know what I mean?

So 70 now is like you better be, You should be. Isn't Julian like 70? Yeah, and he is in phenomenal shape. Crazy shape! We have a doctor friend. Yeah, out there.

And when I saw him, I'm like, you're what? This dude is way more fit than me. He has a few little gray hairs and not much. I know. Skis all the time, right?

Oh, yeah. But he stays that way because he's stays on it and he does form over place and exosomes and stem cells and everything else. But you have to keep moving and you keep thinking and moving like you're young, basically.

And the body keeps responding in your field that way. Hormones are a really important foundation. So please see a professional. Please, women, do not go through this yourself.

I've seen too many women call it the dark night of the soul. Why the fuck did you sit around depressed for seven years? Why? Gets that's a you want to be a martyr or victim.

I don't get it. Go get a handle. Yeah, I'll see somebody and if you the first one you see doesn't help you go to another one. If your OB doesn' know how to do this find a new one they aren't there's about a hundred thousand of you right.

Find a new one. Somewhere around that. Yeah, there's a whole lot and like there are some good dentists. There's some bad dentist. Some good lawyers. Just some Bad lawyers like go find somebody who will listen to you who's in private practice.

If they work for a hospital. Us talking is just helping people because we're educating women that there is something that can be done. And yeah, I thought everybody knew that.

It's funny that you that they said they just don't know. I'm like, really, they don' know? Yeah. Well, i want you all to know, please, you do not need to suffer.

And I wish I knew this at 20. You know what I said to my mother? We will find I mean, we didn't have any kind of money. So I am sure she didn' t know how she was going to do it.

She was this bartender, right? Like I went to college because we got full scholarships. If I wasn't smart, Like, you

know what I mean? Like I'd be in the ghetto like everybody else in my family, right?

So, she, whatever little pennies she would have had, if somebody would've told her, Teresa, If you go do this, it'll solve all these problems. She would be like, somebody, I'll sell a suit.

I will sell one of my dresses because I can't handle this. She was on fire all the time, sweating all of time miserable all time. I didn't, I'm like, what the hell's the matter with her?

You know, nobody has to suffer. Nobody's really don't need to be afraid. You don' need. To be a friend. And if somebody's putting fear into you about hormones, you're at the wrong place, the right place.

That's, that's. The best message you said. Don't be. Afraid. It was actually weird. What do you mean afraid? I went, Oh, Get women are afraid of this because I don't listen to that dogma.

I'm not in the world of normal. They're told they can cause breast cancer. No. Meanwhile, they're slapping on fucking self tanner. I mean, come on. Perfume, yeah, they put on perfume, fucking makeup, skin.

Nail polish. Yeah. Horrible. Cindy knows, you guys, she's into natural skin care, natural hair. She understands all of this Poison Studio. she understands homeopathy. She understands things from a bigger picture.

So that's the kind of doctor you want to find who's prescribing drugs. If they're looking at the whole picture, like she was like, look, I'll take out, do a hysterectomy if I have to.

I know how to do it and I'll put them in my light bed after, but I don't want to have to that if I do not have too. So if can get you at 40 to make sure by the time you're 60 you don t need it, what a difference that would make, right?

Yeah. All right. On that note, Cindy, thank you so much. I knew this was your first one and appreciate it. Um, I would love to you another one another time.

We'll just talk about maybe the lightbed or whatever. Okay. We're good. You know, free-floating sometimes. We'll see. I love you. Thank you so much. thank you for caring.

And thank for being a good physician. You know, you guys get a really bad name because there's a bunch of shitty ones out there and the good ones like you I am deeply grateful.

i appreciate you busting your ass and and taking the burden of putting people under surgery when you need to and life in their hands and I appreciate it.

So it's a privilege. Thank you, my friend. It's an honor and a privileged and thank you for appreciating me and all of you guys. Thanks for joining us.

I have never, let me tell you Cindy, I'm gonna tell that I had never met a surgeon with less ego than you in my life. Okay. You're a certain half the time because all you are so arrogant.

And I was like, Oh my God, Cindy Hall is the least arrogant surgeon I've ever, it was mind boggling to me how little ego you have. You are an astonishing person.

Thank you. I don't think ego belongs anywhere in this picture of taking care of women. No, thank you for doing the work. Yeah. You guys, I love her. If you live there, go see her, because I wish I was in Colorado.

All right, guys. See you later. Bye.