Introduction and Guest Welcome

Welcome back. We're continuing our conversation on reversing chronic gut conditions. I'm your host, Sinclair Kennally. And today I am joined by my wonderful friend and dear colleague because quite the luminaryin the bioregulatory medicine space and many other circles of medicine as well, because she's so multi-talented.

This is Dr. Sharon Stills. Welcome, Sharon. Thank you. Thank you. My sister, my redheaded sister. My getting a degree here. So before we dove into all of our questions, because I know we want to cover a lot together today, I want people to know why it was so important to me to get you on this event.

So not only is Sharon a you know, an M. D., of course, and, you know, bioregulatory luminary, as I mentioned before. But she's actually a pioneer in the space as well, and which is best known for is really pulling all of these principles together in the bio regulatory space.

And actually not just functional medicine, not just naturopathic, and also not just bioregulatory, but also homeopathic TCM and ayurveda and really pulling all this together and cherry picking what other tools might be needed within Western medicine to create a fully fledged, deeply healing experience for some of the most complex and challenging conditions today.

And one of my favorite things about you is your advocacy for women in this space and how you really made it your mission to demystify menopause and help women make the most of the special time in their lives and take charge again and feel like themselves.

So we're going to touch on that today, of course. But I also want to pick your brain about reversing chronic conditions, because you are a verified expert in this as well, and how this really interacts with the reproductive system for women.

Right. So we're going to talk about fertility today as it relates to chronic conditions. We're going to talk about chronic conditions as it relates to hormones in general.

And then a little bit about peri and menopause and good. Sounds fantastic.

What Goes Wrong in Gut Health

That's a lot of ground to cover. Let's dive in. I love it. I love it. Yes. And I thank you for that beautiful intro. And I do think it's important. And I think, you know, for those listening that it's really important that you find someone to work with who thinks globally and outside the box, and that you do that for yourself as well.

Because I can tell you, after 21 years now in clinical practice and feeling like I'm just getting started, you know, what you see in the labs and we could talk about some things and what we know, you know, doesn't always play down to what's going on in your physical body and your emotional body and your mental, spiritual body.

So it's like you need to really, you know, I often tease I can put on my Sherlock Holmes cap because we really need to sometimes be detectives and figure out what plane of the playing field in the human experience that the imbalance is occurring on.

Us so beautifully said. Thank you. I know we both think of it in terms of this, and that's why it's so fun to work with you. So let's touch on some of those pieces together today.

So let's let's start by looking at what has gone wrong in the gut health and the, you know, female reproductive space, because we have just an explosion of disease.

Right. And so why don't we talk about that from the perspective of the biochemical, the bioelectrical, and then some of those more subtle levels that you and I love to work in as well.

What how can you like let's summarize what's going on here in your mind. So what has gone wrong? I mean, I like to focus on what's gone right, but a lot has gone wrong from biochemically, from toxicity, from the the unseen and the seen.

Toxins are really clogging up our health system. They're clogging up the communication of the fossil network, which really is like, you know, a relay for what's going on in the external terrain, what's going on in our internal terrain.

They're slugging up the lymphatic system where breathing in toxins, we're being exposed to them with the EMFs. I mean, we're we're it's a time in in society where in some ways we're swimming upstream.

And I don't mean that to start off on a Debbie Downer, because I'm not a Debbie Downer, but there's a lot that's gone wrong. And then even just like biochemically, we see. A.

You know, no one has healthy vitamin D levels, no one has hydrochloric acid levels that are sufficient and just a simple thing like hydrochloric acid kicks off our whole digestion.

It kicks off we, you know, we're all we want to be alkaline, right? We want to have this beautiful alkaline space. We don't want to be too acidic, but there are areas in the body where acid acid is the alkaline.

We want to be acid because that's the proper balance and that's in the vagina and the vaginal canal and that's certainly in the stomach. And if we don't have the hydrochloric acid to acidify the bolus of food, that's coming in, then one that bolus of food can purify and it could backwash.

And then we think we have too much acid. So then we take and two acid is and then we further complicate the situation. And if we don't have that acidification, it doesn't trigger the bolus of food in the small intestines to release the pancreatic enzymes to release this just a canin.

And so it really it it stops us from absorbing things. It leaves us open to H. Pylori and other bacterias and parasites. So it's like sometimes health is really profound and sometimes there are really simple things.

So like, just first, just for kicks, for starters, like, do you have enough hydrochloric acid? And, you know, has your doctor checked that? And there are different ways to check it.

Some of them are just symptomatic. If you're belching and bloating, if you're constipated, if you have acid reflux and it's not too much, it's hypo clearheaded diarrhea, you can look at it.

I see it on blood work looking at. So in a comprehensive metabolic panel which is everyone runs that you know, when you go to the doctor who doesn't run much, they run that.

So you can look at your globulin levels, which is a protein from the liver and the optimal range is 2.4 to 2.8. If you're too low or too high, good sign you don't have enough stomach acid.

If your phosphorus is really low. Another sign if your gas strain is really low, another sign. And I see this like repeatedly all day long in the clinic.

It's so common. And then what else I see is a lot of mechanistic anemia, so very large red blood cells which would be looked at in your MCV and your MCHN you know, from functional perspective.

So not necessarily a lot of doctors just go down and if something's out of range, they flag it. And if not, but we're looking at we want optimal. We don't want to just get by. We want to thrive.

And so I'll see a high homocysteine. We'll start to see other signs of B12 deficiency. And so that's because we're not absorbing our B12. We start to see iron anemia or calcium issues or osteoporosis issues.

And so like a lot, just for starters can go back to a low hydrochloric acid and all these things. Like I just find myself sometimes and I'm sure you find this too, like just feeling like a broken record when I see a new patient and I'm just getting started with them, you know, because we're just handling stuff like, let's look at the playing field even.

I'm not saying hydrochloric acid is going to change your life, although it very well could maybe. You know what? I'm not saying that it might not. You know, it's not the only thing you need.

But I like to find, like big factors that help a lot of issues. And so that's a big one for your gut. And we, you know, we just like now we're, you know, studying by regulatory medicine.

I mean, I can remember being over in Switzerland 20 years ago and them talking about, you know, we are big bags of bacteria and we have some human cells stuck on them that, you know, were really more bacteria.

And now we've come a long way in. The microbiome is is very popular, which is fantastic. I'm glad that they've caught up. And so but we have to really think about like what's going on in other places as well that affect the microbiome, that affect the bacteria that's there.

And so hydrochloric acid is a simple one. You can get some hydrochloric acid capsules. So I like biotics, but in plus this one I use nice high dose and you can test yourself in the middle of meals with protein and see, you know, use your body as a laboratory and you can get feedback.

If you take one in the middle of a meal with protein and right away you get burning, it might mean you have enough to it might mean you have enough acid, but more likely it means your mucosa is really hurting.

And so what I do then is I go in with Jamaal since Slippery Elm and Marshmallow and Okra and really sue the lining for a month and then we try again and usually then they can tolerate and you know, you won't feel burning at one the next meal you go to to the next meal you go to three.

You know, you just keep challenging the body, the body if you listen and get in relationship with the body and start listening, then it will tell you and it acts as a wonderful laboratory.

And so that's like an easy way at home to just even start figuring out, wow, how deficient and I and you know, if you're lucky, maybe you get to three and you feel that warming sensation, that burning sensation, and then, you know, you can take a little baking powder, organize yourself, you can eat more protein to get rid of that.

But then like you would step that back, just like if you're doing a magnesium challenge to make your poop at night, you know, so then you would take two if three made you burn and then you would take that with your meals.

You know, unfortunately, I see patients, you know, they're like, oh, that's still. So I keep going, you know, in the ten capsules and, you know, they're just a chlorhydric. They're not producing any stomach acid.

So that's number one. You're really set. And I love the book. So let's look at other factors for persistent gut issues.

Oral Health, Tonsils, and the Gut Connection

So they're also related to our lovely reproductive system systems. So I want to go back to the mouse and not that we're in the mouse and the stomach, but I'm thinking of the mouse. I'm thinking you chew your food.

But the oral microbiome and our tonsils are so related to our gut. And so I like to the you know, yes, we'll talk about the actual gut and the actual microbiome and what's going on there with hormones and so forth.

But to me, I like to be like, you know, the arm, you know, part of the same body, part of the same ecosystem. So

things can be going on in different places.

And so our you know, this is bio regulatory medicine. This is like we have to pay attention to the teeth. We have to pay attention to the mouth. And if we look at it, the tonsils, the the lymphatic, the gateway to the lymphatic system and a reflection of what's going on in the Pires patches, which is the lymphatic, it's part of the immune system, it's part of the gut associated lymphatic tissue.

So when the tonsils swell we think, oh, pull them out, then you get to eat ice cream or you know, like we don't think, well, why are they swelling? Well, they're swelling because the pyres patches, the immune system is overloaded and it can't handle.

And so it's backing up and we see this expression in swollen tonsils. And so I run CRT is which is contact regulation thermography, which is a beautiful diagnostic tool.

And so a lot of things I see commonly in it. And one of the things is tonsil blockages, tonsils that are not regulated. And this could be if you have your tonsils or it could be if you've had them removed and there's a scar there and that scar needs to be opened up.

And so I just you know, for those of you that are listening, that have children, that it's a common thing. Oh, yeah. You know, kissing tonsils. The tonsils are so big, they're like, you know, they come together, they're smooching in the back there.

And that is a sign to look at the gut, that the gut is in trouble and is screaming and asking for help. We also want to be thinking about our teeth and the connection.

You know, we have colon teeth on the lower here that are affected to the gut. And so this is a huge thing. And to me, it's about removing the blockages.

So when we want to get rid of chronic issues, when we want to get rid of gut issues, we're like, why is the gut not happy? And we want to remove the big issues because a lot of times when we remove these big issues, the problems go away.

And so we remove the root canal or we remove the mercury or we get rid of the gum disease, we clean up the oral microbiome, and it starts to affect the gut microbiome because, you know, this is the beginning of the digestive tract. Yes.

So we have to just change the way we think. We can't treat differently if we don't think differently. And we want to like take you know, what probiotic do I need if, you know, we want to just like take something and fix it, but it's really okay.

And, you know, and then there's just other things like what are you eating and how are you eating and when are you eating and why are you eating and are you chewing and are you sitting down and are you actually in the parasympathetic zone before you start to have a meal?

So are you digesting and so, you know, gas, bloating, constipation, all you know, all these gut issues, irritable bowel, Crohn's, you know, autoimmune issues, you know, they all like I said in the beginning, there's all this multifactorial.

So we have to really like look at all of these things, you know, am I eating the right foods for myself? And I think, you know, what you eat obviously is important.

But I really like to focus, especially when I'm talking to like a large group of people, because what food is medicine for me may be poison for you, like we're all biochemically individual.

We have different needs, we have different constitutions, we have different blood types, you know, so many

different factors. And so it really needs to be independently and individually figured out.

But like, are you eating in a good rhythm? Are you eliminating in a good rhythm? Are you in circadian? Are you in tune with the flow of the acupuncture meridians?

Are you stopping eating 3 hours before bed or are you eating so late? And then you have chronic issues and then, you know, like so this is like one of those simple things too.

It's like then you're like, Oh my God, I have all these issues and you go all over the place. No one can figure out what's wrong with you. And it's like, Well, maybe you're not chewing your food well enough.

You know, we try our food till it's liquefied. We should not be eating on the go and on the run and stressed out, you know, just be mindful moment and sitting down and breaking bread with those you love or mindfully and appreciating your food.

So there's so many different pieces then go into it. So the mouth is a is a crucial, crucial piece. I totally agree. And I'm so grateful that you're helping people to unpack this because as we right now and by regulatory medicine, it's so crucial that we understand the role of the world microbiome and our dental health in our bodies, health systemically, right.

It's this gorgeous human kulas, which for those of you don't know that word, it just means that every part of the body is represented within this area.

The ear is a human, clueless mouth. You know, the teeth are, you know, there are a minute your hands or feet. That clean colon like, you know, Irene then.

So before I became a physician, I the first thing I did this is back in like 1990. I don't know, 92, 93. It's a long time ago. I went and studied with Bernard Jensen of Colon Cleansing Fame.

You know, he's he's no longer with us on the physical plane and, you know, I became a column head your therapist. And that was how I got introduced to natural medicine was through a colon hydrotherapy.

So like the first thing I was doing was cleaning my butt. But. Was like that was how I learned. To insert. I mean, it starts from the bottom up. I was like, coffee enemas. Yeah.

No, that was like my introduction to I'm getting on a healthy path. I'm doing my the girl that I lived next door to had a colon hydrotherapy table in her basement.

Her brother was a colon Hydrox therapist. So talk about being in the right place that they're in. So I just lost my train of thought. Oh, so I noticing.

So I started with now. Yeah. So, and I remember, you know, being a colon had a therapist and Bernard Jensen had that like beautiful colon and it was like each little ridge and pouch was like related to a organ, related to your body.

And, you know, made me think about like when I was in medical school, Naturopathy Medical School and taking like one of the first classes we took was embryology.

And we learned about like, you know, there was the ectoderm and the mesoderm and the and the germ and like the end a germ was where it gave rise. Like as this fetus is turning into a human being came rise to like the for gut and the mid gut and the hunger and like these all gave rise to the adult gastrointestinal tract.

And we I remember studying like in the forgot like this is where the lung pouched out from and this is where the stomach pouch down from and the liver and the gall bladder.

And so like from the beginning, the gut was intimately related to all of these organs in our body. And so a giant we

are just one big reflection, you know, homunculus everywhere of what's going on.

And so, you know, it drives me crazy as I'm sure it drives you and the listeners. You know, you go to the g. I doc and they're like, oh no, your diet has nothing to do with it, you know?

Here, take your mirror and how in your labs look fine. And it's just like, you know, it's just like, how could you think that diet has? I mean, all right, I'll give it a stretch.

Like, Oh, your diet has nothing to do with your lungs because your lungs are not, you know? But how could you say your diet has nothing to do with your gut?

Like, you know, that just makes, you know, things that make you go, hmm. Yeah.

Hormones, Estrogen, and the Microbiome

Well, I mean, it's such a the aphorism really rings true, but, you know, the more specialized, you know, the medical professional, the less they tend to be aware of the whole human body or even the whole human sitting in front of them, you know, unfortunately, that was the case for me in my experience as a patient.

And we hear that from so many people. There are wonderful specialists out there. And of course, we're not, you know, disparaging them. We love our colleagues in all stripes.

We're just questioning the system itself. You know. The system is the system is broken, that is for sure. It's not a system of health. And it's you know, I as a neutropenic physician, one of the hardest things for me to do was to nish everyone saying, you got to find a niche, you got to find a niche.

And I'm like, my niece is that I don't have any because Dutch medicine treats the whole body. So that's why I kind of came out, you know, for many reasons, but with menopause, because I was like, well, menopause and this good segue into talking about some hormones and things, but, you know, menopause, I was like, oh, it's just like this beautiful umbrella.

It's just like this transition. It's not a disease, but it's something we're very conscious of because a lot of us are so imbalanced that we have a lot of disease like activity at the time.

And I was like, It's just such a beautiful time to then like kind of be like, Hey, don't forget your lymph, don't forget your liver, don't forget your bile, don't forget you got it.

So that's kind of. How you get to be all over the place. So, you know, hormones, you know, when women come to me and they come because they want hormones and they want their hormones balanced and they want to feel good, I'm like.

So. You know, but we've got to move your lymph and your liver and your bile and your gut. And, you know, these are some of the basic things we start with and they're like, but I'm pooping, you know, twice a week.

Like, I'm fine. And, you know, so and even if you're pooping like every day, it still doesn't mean that your gut and your microbiome are are okay. Like, you know, there's so many things going on.

And so when we think about hormones, so we can start, you know, when women think about hormones, they think about progesterone and estrogen. So we can we can start there even though, like, you know, there are some more master hormones like insulin and cortisol that to me kind of umbrella over.

But cycling woman and postmenopausal women wherever, you know, progesterone and estrogen are really big. And so we'll just, you know, many of you. So there's the astro bloom in the microbiome.

And basically this is an area where, you know, if you've had good delivered drainage and detox and your bile is

actually flowing, you know, the estrogen gets to this part of the microbiome called the Strobel.

And finally and if you're lucky, you know, it's going to get packaged and it's going to get excreted in your poop. If you have a lot of dysbiosis, there's going to be an uprise of beta beta glucan around two days and you're going to unwrap the package and you're going to send the estrogen back into the body and you're going to get another pass.

And so estrogen is really interesting. And there is you know, there is some studies that show like even estrogen production is influenced by the microbiome.

There's what is it called estrogen sulfate, which is like a precursor to Aster Diol. So the microbiome, you know, what I will say is, you know what I'm talking about now you know, I think we know like this much about what's actually going on in the microbiome.

And I'm you know, I'm not a researcher. I mean, I can you know, I can hang and I love to go to a good conference. And here's some research. You know, I'm a clinician.

That's that's my passion, that's my gift. And so I'm not studying the microbiome. I am I'm studying human beings and I'm seeing what I'm seeing in practice.

So, you know, sometimes I don't see an upgraded beta glucan around a day, but I still see estrogen issues in a cycling woman. I still see that there's an estrogen dominance and we have all these issues and, you know, maybe they're constipated, maybe it's because they're stressed and we can talk about that.

And so that's why we're saying, like in the beginning, like there's facts and figures and then there's real life. And so I'm all about real life. I like knowing the facts and figures, but then when it comes to it, you know, it's the art and practice of medicine.

And so when it comes down to it, you have to really look at the person who's in front of you. And, you know, I had a patient just last night, my last patient of the day yesterday, and she's got some things going on.

She got some toxic levels and some muscle issues. But she said, you know, I really think there's something going on with my kidneys. And she really doesn't have anything like going on with her kidneys.

Like it's, you know, all her labs look good and so on and so forth. But I'm like, I take note of that. Like, you live in your body. You know, I get the honor of like having an appointment with you once a month, once a week, once every three months, whatever it is, like you're 24, seven inhabitants.

So when a patient says something to me like that, I'm like, Oh, okay, well, let's explore that more. You know, let's really talk about that. Let's maybe just give you some drainage.

You know, I'm having her put castor oil on her kidneys now, and we're giving her some kidney milieu and some solid dango and some things to just drain the kidneys because why not?

Can't hurt and whose kidneys can't use a little love. And so I really you know, when I work with a patient, it's really this back and forth, which I kind of went off on a tangent, but it's because of Beta.

Glick You're on a dates because everyone thinks that's the problem. And I run gut tests all the time. And, you know, it's a problem like this much of the time and the other time.

It's not because there's other problems going on. It's not the only smoking gun and it doesn't have. No, but it's like the one that's really well known in the you know, if you read about the Astro. Bloom.

Pretty much you read about beta glucan. It's like, well, this is kind of boring. Like there, you know, is there, you know, I do these gut tests and it really breaks down like all the different genus and species and then like what it's

potentially correlated to.

And you know, SIBO has like 12 different and then you get to estrogen, it's like a two little bit look, you're on a base, you know, it's important and it's good to rule in or rule out because if it is high, we need to address it.

But I'm I'm just trying to drive home the point that like, there's so much we don't know and even what we do know is not always, you know, the smoking gun that we need to go after.

But the microbiome, you know, it's it's this knowledgeable community of bacteria that we, you know, we shouldn't be trying to kill our bacteria that is within us.

And symbiotic. And so it goes back to a terrain based way of thinking. Thank you. So, you know, I was born and bred as a doctor in polymorphic terrain based thinking.

And so there is no killing of germs. There is communicating and dancing and living with. And when our terrain is happy and balanced and flowing and there's no adhesions and we are alkaline in the right places and acidic in the right places, and there's no focal infections then these bacteria are doing like, you know, they're producing vitamins and they're helping detox and they're supporting our immune system and they're producing happy hormones.

And, you know, they're doing all sorts of fantastic stuff for us. And when things get a little crazy, you know, rather than be mad at the bacteria and try and wipe them out, we need to, like, take responsibility and say, well, what am I doing?

What's going on in my life? And my diet and my sleep and my love and whatever? You know that my terrain is going out of balance and the bacteria are not happy.

And so, you know, we need to like love our bacteria and realize just like symptoms when bacteria are out of balance, they're just trying to tell us, hey, we need a reset here.

So I'm wrong. Yeah, I love the way you say that because I don't want people to be afraid of their bodies, especially not of germs or bugs. And if you understand what the body's response is, then you can have total control over the quality of your life, which is nobody really wants anyway.

Anybody just wants to feel like themselves. And I mean, think of one woman who came to me last year, so for a year now, and she was sleeping maybe once every ten days.

And it was extremely painful, scary experience for her, lots of food sensitivities. And she was obsessed with the food piece, blaming the foods going on and off the food wagon.

You know, I'm on this cleanse. I'm on this protocol. I'm on the, you know, the medical media and blah, blah, blah. And it just was getting worse and worse and and come to find out, of course, immediately looking at her medical history, she had a lot of serious issues in her teeth right along.

You know, the gastrointestinal right arms in the call, in the liver and all the things. And she had had a lot of dental dysfunction ever since. She'd had trauma as a kid and some bad dentistry right on top of it.

It's like this is going to resolve at the rate that you're willing to deal with that center and to get the 3D comm beam scan. Sure enough for cavitation, you know, so like we could be vilifying bugs downstream.

Of course she had Zebo, of course she had those things. But what are we doing if we're ignoring the terrain that we have? We set this all up in the first place, right?

Exactly. And it's, you know, food is this. You know. Most people have some kind of trigger trauma around food, you know, unless you've done your work with it.

You know, I'm not saying everyone, but it's very easy to just, like, go down that addictive pathway and even what is it called, Ortho or Vecchia or, you know, where you're like.

It's like a addiction. Yeah. Yeah. When ortho. Right. Or orthorexia right away, it's like an addiction to eating, you know, eating clean and eating organic and not eating this and not eating that.

And, like, it's all about balance. Like, when I had my clinic open, you know, my byline and maybe it'll be in the one I'm opening again was, you know, the Center for Balanced Living, because it really is about balance.

And, you know, speaking from experience, like when I first, you know, after my colons and my coffee and maybe I did one too many coffee enema at one point getting started, you know, I kind of was in that and it was like, you know, I know I can possibly go out to eat with you.

You're going to eat non-organic, you know, like I swung all the way. This is in my early twenties, so this is 30 years ago, you know. So I was like way out here, a little judgy, a little zealous.

And I swang and found, oh, like I'm so much healthier being balanced. And yes, I have a good consciousness and eat a healthy diet and you know, but when you get too far out and like food becomes the enemy, then, you know, you need to look at that as well.

So that was kind of estrogen. I want to talk about progesterone. Yeah, let's so let's do it. Why don't you do a one liner recap for estrogen? Since we went to stray, what have we covered so far about it?

How is it related to progesterone? So what you will see. So let me clear some estrogen myths here. So what you will typically see when you are younger, when you are cycling that commonly the most common diagnosis is that of an estrogen dominance.

And so you now why do you have an estrogen dominance? It's not cut and dry. Are you producing too much estrogen? Maybe. Are you getting all the xeno estrogens, all the toxic astronauts?

I mean, even just, you know, touching the receipt at the grocery store? You know, there is estrogenic. I'm always like, no, thank you. You can keep the receipt.

Progesterone, Fertility, and Stress

You should put gloves on, you know, like so you know, the beauty care that there's so many ways. I remember one of my teachers saying, you know, we're just swimming in a sea of estrogens and like that stuck with me.

So estrogen gets vilified. Now, you can also have an excess of estrogen because of what we talked about in the microbiome where you're not clearing it.

And that can go back up to making sure your bile is draining, making sure your liver is detox, eating, making sure you have hydrochloric acid and ample pancreatic enzymes.

So it's like this whole little choo choo train. So you might just you might have too much because you're not getting rid of it properly and you might have too much because it's a relationship.

So it's kind of like the yin and yang. If you think about from traditional Chinese medicine, it's like we can't know, like if we don't know dark, you know, we can't know if we don't know, sure, we have to have something to compare to.

And so sometimes estrogen dominance doesn't mean you have too much estrogen. It just means in relationship to your progesterone, you have too much because you have no estrogen, no progesterone.

So hormones are always a dance. They're always a concert, they're always a symphony. They're always interacting with each other. And they always are like this, you know, need to be balanced.

And in some ways when you're menopausal, postmenopausal, it's a lot easier because, you know, there's not that cycle happening in that rhythm. And so it's easier to to be balanced, to have hormonal balance.

So it kind of shifts like I don't really give bioidentical estrogen, you know, sometimes, but on the whole, it's usually not something you need before menopause now.

So we all are like, oh, estrogen dominance and estrogen is bad. And, you know, but estrogen is like your female hormone, like she's the queen, she makes you curvy, she makes you feminine.

She does a lot of beautiful things in your body. And so I don't want it to be vilified because, you know, if estrogen was bad when we went through puberty, we'd start having breast cancers, God forbid.

And, you know, it's going to say teenagers. But now with the exodus hormones, kids are going into puberty a lot younger than they should be. So, you know, but we don't see these kinds of things.

We don't see problems like that. We see it after estrogen levels drop. And so post-menopausal estrogen is like your bestie. You know, I sleep with my estrogen.

She read on Monday night my nightstand, my my bioidentical biased. You know, I love her and she loves me and I need it because estrogen, you know, we are so stuck on the dominance.

But estrogen feeds our brain. There's a high incidence of Alzheimer's, post-menopausal. When estrogen drops, there's a high incidence of osteoporosis when estrogen drops.

And also progesterone and testosterone, there is a high incidence of breast cancer. When estrogen drops, you know, they got the whole women's health study totally skewed. What a big surprise.

So, you know, it even even when even with the synthetic estrogens which like, you know so take you know, I said take home the scale but like take home this like never, never, never use synthetic estrogens in your body.

No birth control pills, no premarin, no, no nothing. Because, you know, you don't want pregnant horse urine, estrogen metabolites in your human body. They they don't even work in non-pregnant horses.

So they're certainly not going to work. And you you want bioidentical and, you know, while you're cycling, you want to make sure, you know, it's normal for estrogen, progesterone, testosterone, etc., to decline when you go through menopause, which is why I like to replace it gently.

But before that, you know, your body should be producing it. And so if you're not producing it or you're producing it in the wrong letter levels, then we need to look at why.

And so so take home from estrogen. There's a lot of things there. But as a cycling woman, you know, fibroids, endometriosis, you know, all of these inflammatory cycling diseases are often this estrogen dominance.

So then you have to go in and figure out why. Why is there the dominance is, you know, and usually it's not just one thing. Usually it's like you're getting too much oxygen.

This influence your your guts not you know you're not pooping you're not draining. So you have to work and really, you know, fix the whole thing. And being healthy in the modern day takes some time and attention.

But you know, what better thing to put your time and you know what better thing to invest in than your actual health because your health is everything.

You know, you could have everything you dreamed of, but if you feel like crap, then you're not going to enjoy it. You can't participate in it. And so it really is, you know.

So sometimes I think when we don't feel good, it's the body's way of calling us home to what's really important. So. Oh, I. You bet. Absolutely. I mean, of course, fixed price for you do.

I don't believe it. You I mean, this is so interesting to me because the first thing that I became aware of, you know, really was my difficulty losing weight and my extreme fatigue, my anxiety, my depression, because I was so dissociated from my body that I didn't really notice how dysregulated my digestion was.

We're so used to, Oh, that's just me, that's just my body. This is how we do it in my family. Oh, I've always been this way because it's so common. But that doesn't mean it's normal, right? So.

And that's so that is what I see so often coming into our practice, which is part of why I wanted you to speak about this today, because people come and say, Well, I think I have a hormone problem.

Why do you think that? Well, because, you know, Oprah talks about it a lot. And I'm really fatigued and I don't feel good and nothing works. And like, okay, well, let's unpack that.

And maybe you do, but that would be on the other side of all of this dysfunction that we have developed that would create those expressions, right? Yeah.

I mean, a hormone, you know, a hormone problem before menopause is a global problem in your ecosystem. You know, there are cases, you know, maybe you're going into premature ovarian failure, you know, but even that like why is that happens?

So when we look at fertility, you know, that's a big one. And, you know, it breaks my heart that like so many women, you know, if you want to have a baby and can that could be like one of the most stressful situations.

And what do I see? Because that's one of the things I love to do is help women, you know, get their fertility on and get little neutropenic babies out there. And, you know, one of the things we see like is the stress of going through these cycles and trying.

And sometimes women will just give up and then lo and behold, they end up pregnant a month or two later because the stress levels are down. But those high fertility drugs, these fake estrogen and progestins, you know, unfortunately, I see the effects of them years down the road.

So we really need to be thinking, you know, even like I'm so happy that a new patient the other day, just Brendan of my practice came for good as she is and but then she like was like, I have a sinus infection and they want to give, you know, they want to give me an antibiotic and a steroid.

And she's like, I don't want to do it. And I was like, hallelujah, you know, because it it could be, you know, sometimes you're like, Oh, I'm just got to get, you know, I just can take this antibiotic.

But you don't think about like what that's going to mean down the road or what that's doing to your microbiome or what kind of cell wall deficient forms, you know, bacteria that's creating and what kind of autoimmune is brewing.

And so, like, we really have to think, you know, it's kind of like when you take a fever reducer and, you know, you're not really thinking about like what you're like, Yeah, it's a quick fix, but what's going on with your immune system long term? So, so fertility, you know, often some of the big things that I see missed are stress levels.

And, you know, we haven't talked about cortisol and you know, like cortisol will decrease prostaglandins will which will decrease hydrochloric acid back to that from the beginning.

You know, it's also going to weaken your gut barrier. It's also going to create a higher visceral hypersensitivity. So going to have a lot pain. It's going to reduce mucus in the gastrointestinal tract where you need it.

It's, you know, so stress like stress is 99.99999% of all of all issues. You know, you can really start stepping things

back. And the more I the longer I do this, you know, the more I just keep drilling down to that.

It's like we have these toxic loads that we can't, you know, till we find a detoxified planet and go set up shop on it. That's something we have to deal with.

And we have all the stresses and some of the, you know, the subconscious stresses, the transgenerational stresses, the why PHI and the MF stresses the, you know, the infection stresses the, the structural stresses in our spine, the bio energetic stresses.

And so, you know, increased cortisol is going to decrease progesterone. We need our progesterone progess just, you know, it's in the word we needed to carry a baby.

So it breaks my heart, you know, because I work with people of all shapes, sizes, gender, premenopausal. I'm postmenopausal, ten years old, 90 years old, you know, and it's sad.

Like I had a woman just the other day, you know, she was like, Yeah, I had a hysterectomy. And she's like, you know, I regret it because knowing what, you know, she had fibroids and like, if she would have came to see me or you, we could have helped her and shouldn't have had to have a hysterectomy.

But hindsight is often 2020 and we're on a journey and we don't always learn things, you know, that we need to know it's time. So, you know, I we've talked her through that.

Like we have to just love ourselves where we are and that we arrived where we are. But I see that so much with like, you know, had constant miscarriages.

And it's like when I get the history, it's like I just weren't producing enough progesterone to carry to term. And so, you know, managing the cortisol levels, managing the progesterone which links into the thyroid, which you also need an active, healthy thyroid to conceive.

So infertility, like, you know, like any other diagnosis is disease process. It all starts going back to just the organism that you are and the terrain.

And there's different tweaks for each thing, but it doesn't really matter whether you're, you're listening and you're looking to get pregnant or you have an autoimmune disease or you're constipated, like a lot of the things are going to apply to all of you.

And yes, there'll be some certain tweaks, but infertility doesn't need to be as rampant as it is. And it certainly isn't a deficiency of, you know, these fertility drugs that just are you know, too harsh.

Yeah. Harsh as. Yeah. And, you know, and progesterone, when we're talking about it affecting the gut, you know it can slow down motility, too much progesterone can increase it.

So it just depends. But like it can affect your gut and how things are moving through and whether you're constipated or whether you're bloated. It's, you know, a lot of hormones are like the Goldilocks thing.

So too much progesterone can constipation too not enough progesterone can comes after you like it's like you need just the right amount. Thank you for clarifying that because people will have to talk about one side of that coin or the other and they don't has to discuss that.

So is there anything else that would be really helpful for the audience to know, especially if they're female, because we're progesterone and progesterone and estrogen and different gut symptoms, what other connections can we draw between the these factors that we've already brought up today?

Well, I think, you know, bloating, constipation, SIBO, nausea, you know, nausea like, you know, is your bile moving? Is your gallbladder happy? You know, it's not.

Am I missing Zofran? Do I need a medication? You know, it's not even in my missing ginger like ginger, you know.

Practical Guidance for Gut and Hormone Health

Yes. Can help soothe your nausea, but it is you know, it's green allopathic medicine. Then it's using something natural to treat a symptom. And, you know, sometimes that's okay as we're figuring things out, but it's really about looking at you know, how things are working and how they're in concert with each other.

So if you are having hormone issues and again, there's definitely a differentiation and I just want to reiterate that like if you're postmenopausal, your hormone issues are going to be different because now all your hormones have like skydives and they've jumped off a cliff and that is a natural progression.

So when you're cycling, it's very different. And so the treatments become very different. So just keep that in mind no matter where you're at. But to just look at your hormones and just say, Oh yeah, I have some symptoms that sound like I have low progesterone, so I'm just going to take some bioidentical progesterone is just mandating, you know, because why is your progesterone low?

Why is your microbiome not balancing and sending the signals for hormone production? Why are you constipated or why are you bloated or why are you belching?

Or Why do you have IBS? Or Why do you have food sensitivities or why do you have I mean, every patient I see pretty much has leaky gut off the bat. It's just, you know, rampant inflammatory markers, parasites, bacteria, viruses.

It's it's something that you want to be addressing on your hormonal journey because they're all connected. So you don't want to you know, you don't want to.

Just. Signal in an, oh, I have this symptom. And like I didn't talk about, I know we're probably running out of time, but like castor oil, like one of the reasons I love, you know, I use castor oil packs for ovarian cysts, for constipation, for uterine fibroids, for breast cysts, like for everything.

Like, you know, it's not the only thing I do, but you know why, if you're constipated or bloating or having gut pain and you put a castor oil pack, you know what is it doing?

It's detoxifying, it's draining and moving the lymphatic system. So you need to be thinking about your lymph. There's all this lymph in the gut and above it and below it, and it's a system.

And so moving your lymphatic system and that's how hormones travel, it's how we get good things in, we get bad things out. So we need to again be thinking about our lymphatic system.

Progesterone loves to travel through the lymphatic system. So do you have low progesterone or do you have a congested lymphatic tract? Yeah, so many good points and so many.

So I would love to give you the opportunity as we're wrapping up to that, to impart any last pieces of wisdom, especially tips for taking action for three different viewers.

So we have our beloved people who are just getting started on taking on their own health advocacy. Right. And I'm going to become an expert on my own body, maybe for the first time, who have been struggling with gut health issues for years.

And of course, if you're watching this interview, you also are aware of stuff going on or you're very curious about it. And then, of course, we have our beloved gluten free yogis stuck like crap who are doing everything right in this desert while yet.

And then, of course, we have our beloved practitioners who are on the hunt for new tools to support people in this

very complex day and age. So what would your gems parting thoughts be for each one of our lovely audience members?

Well, that's such a good question. Let me think about that. Okay. So for let's start with the first group you're here and you're wanting to learn. I mean, first of all, bravo for being here.

And, you know, choosing choosing someone who's amazing like Sinclair to be your guide. You are you are attracted to the so the right information. That's for sure.

You know, so even just like we talked about the hydrochloric acid, just some of the basics eating your largest meal, like from an eye or Vedic perspect of eating your largest meal in the middle of the day and stopping eating 3 hours before you go to bed.

Hopefully you're going to bed at nine, 10:00. One of our our friends is teasing Nique exists. She's like, she knows how early I go to bed. She's like, Well, you go to bed at 8:00.

And I was like, Actually, I'm a night owl now. I go to bed at 915 So so for me, you know, I'm done with dinner by six and that's it. It's like kitchen is closed.

That's it. And that helps your digestion, helps allow you to really regenerate and repair while you're sleeping and be in the parasympathetic mode, not eating while you're stressed, really, you know, seeing your food as an act of kindness and nourishment to yourself and really carving out the space for it.

You know, I remember when I first got into practice, I see visions of me like eating at the back, you know, in between patients and like, you know, I was and I was like, all right.

I am a big believer in practicing what I preach, and this has got to stop. And, you know, I'm going to sit down. It might not be for a glorious hour. When I sit down for 20 minutes and I'm going to chew my food and I'm going to liquefy it and I'm going to have a meal and I'm going to give thanks, you know, blessing your food, giving thanks.

You know, we haven't we don't really get into the emotions and the oh, I doubt. But you know, how you how you perceive is how you will digest. So there is a lot to be said for, you know, if you have swung like yours truly did in the beginning, you know, if you're if you're zealous in your whatever and you're eating your organic broccoli because you're on your little high horse, and, you know, that's not going to get integrated very well and absorbed into your cells as loving kindness and nourishment.

So, you know, if you're going to have, you know, 8020 rule, you know, maybe 9010 and we say 8020, but maybe 9010, you know, but if you're going to do something, then do it mindfully and enjoy it and don't beat yourself up like love what you're doing because that really changes the energy, you know, making sure you're chewing and liquefying your food, making sure you know something, take a drink of water, you know, making sure you're hydrated.

I can't tell you. Like, I think I was just watching on I saw like some little video and they were saying like 95% of the population is sub clinically dehydrated.

And I talk about this and I see this all the time. And, you know, we could do a whole nother talk on water intake and proper water and so forth. But, you know, really learning about hydration and getting hydrated because again, like one of those simple things that could be profound.

I mean, I've had patients who, you know, move their bowels once a week and then I, you know, before I start, I'm like, well, let's just get you hydrated.

Like, let's just get you hydrated and see how your energy, your headaches, your bowel movements, your joint pain, your energy, your brain fog, you know, let's see what happens at the end of 45, 60 days of proper hydration.

You might not be, you know, often like at least half of those symptoms are gone. Sometimes all especially if it's clean water. Yes. Yes. Got clean water.

So that's what I would say, for lack of more time, to see the newbies to the people here just getting on their journey. Then the second group, what was I already forgot what the second group was.

Grad students are yogis. Oh right. The glute. How could I forget the gluten free yogis? Like I'm a gluten free yogi, so I've been gluten free. I used to say 25 years, but I keep getting older, so I don't know.

I might be closer to like 30 years now because I'm 55, not 50 anymore. Being gluten free for ever. It was one of the first things I learned about and discovered for myself before there was a gluten free movement.

So I would get like crazy looks in restaurants when I just wanted a burger on the plate. They didn't know what to do with themselves. And I just take the bun and leave it in the kitchen.

Just give me the burger on the plate. So, but there's a whole thing with molecular mimicry. And so eating free is not often enough. It's a great place to start.

But first of all, there's like different variations if you're going gluten free, but you are just eating gluten free bread and gluten free cookie. English are for donuts and gluten free pizza.

Like, you know, you're still getting. And they put, you know, some of that stuff. They put a lot of, you know, things that aren't so healthy for your body into the ingredients.

So if you're going gluten free and now it's so much easier to be gluten free because you can go pick up a green tea pasta or, you know, or like, sure, turkey noodles or yam noodles or lentil noodles or like every time I go to store, there's a new kind of noodle.

It's very exciting. But even that, you know, I don't I don't even eat a lot of that. It's like, so you have, you know, what are you eating? Are you getting your high quality source of protein, are you getting your variety of fruits and veggies and things of that nature?

And then there's the molecular mimicry and this is a huge one. So I see this way more often than I would like to. I have patients who say they're gluten free and then they're glitched and antibodies come back like off the charts.

And I'm like, my love, you know, either you're not telling me the full truth or you are, you know, you're getting exposed. And so rice this what happened with me, I went gluten free and I became a rice aholic and I still was bloated and not pooping.

And I'm like, what the heck, you know? But rice Cross-Reactive reacted just like gluten in my body. Dairy can cross react, eggs can crossreact, corn can cross react.

So sometimes you have to look at like what's cross reacting and then, you know, you've got to look at, well, why am I sensitive to these things in the first place?

What's going on at my gut barrier, what's going on with my immune system? And so digging deeper and yeah, for, you know, when I go to Europe eat some gluten because I know glyphosate in it and it's tolerating the gluten here in the states it's pretty toxic and that's why a lot of people are suffering from it's very inflammatory can inflame the brain so I'm not saying not to be gluten free.

I mean, I'm gluten free and my patients are. Based off of it. Right. But I just love how you're unpacking this because, you know, I did the same thing.

I went through a stage of that. And then I, you know, became very dependent on almonds and processed things that were, quote unquote, gluten free. And we start relying on these ancient grains and seeds that are actually

super inflammatory and cost the body a lot of energy to digest.

So if your gut lining is already really on the back foot, you're kind of hunting it all day long with the stuff. Exactly. So that's what I would say, you know, and I would just say to the the gluten free yogis, you know, remember what I said about stress and so high cortisol and we don't have time to get into it.

But that's another like fallacy that your cortisol is always high like half time, your cortisol is done being high and it's been like, screw you and now it's flatlined.

So that's, you know, I see that more than I see the other honestly in practice. And but you know, the stress and like alcohol and antibiotics and you know what's inflaming the gut lining and how are so you know we have to be thinking about that as well.

And then for the for the practitioners a Sinclair's training. Now. That's the first thing that comes to mind. You know I think for the for the practitioners, you know, you have to keep a note like if you're here like yes, like I've been practicing for almost over I say almost over 21 years, like not a long time.

You know, I'm for legal adult 21 years. You know, that's a long time to be doing something. And I still study learn something every day. The most I learn is from my patients.

God bless them. You know, they teach me so much because I listen and I have an open mind and so, you know, have an open mind explore. And of course, I have to put in a plug like for bio regulatory medicine, like if you're here and you're a functional medicine practitioner, like that's great.

You know, you've come a little to the dark side, but meet us, meet us in the lights that meet us in the real dark, the light, you know, and learn about via regulatory medicine, because it really is the overarching of how to think and how to help someone heal.

And it's not just about, you know, replacing, oh, my lactobacillus plantarum, you know, is low and I need to raise it up or, you know, it's the way we think and the way we view the body and the extracellular space.

Don't be so focused on the cells, be focused on the space where the cells live, because that is truly where health begins and where health ends. So that's what I would say.

And you know, and Sinclair does have amazing training programs, so. Used to that. You know, it's funny about how we talk about this. We really tightly screen applicants for our program as practitioners and they go through almost two months of unlearning like, okay, here's some, some stuff that's no longer working.

Let's unpack that and then let's continually, forevermore be in a space of learning and curiosity and what is the beginner's mind? Take know. In this day and age, it gets more and more complicated.

It doesn't mean that health is unavailable to us, though, you know, it's a really important thing. Yeah, it's really a balancing of like, you know, if you think about like all the things we've just talked about, you know, some are like more detailed and biochemical and testing and others are like lifestyle and simple things.

And that's really what I have found is health is it's really, you know, sometimes it needs to be a little more complicated and sometimes it's just very simple and sometimes it's the mixing of the two.

Yeah. Sort of this being held and witnessed as we heal in community. So yes, so good. Well, I hope, you know, if you're listening to us and you've made it through our wonderful journey today that you are in our community and you are in communion with us and both Dr.

Sharon Stills and our our practice here at detox rejuvenation. So we're rooting for you or cheering you on in the healing process we've both been through.

It's a very intense multi chapter health history and we're here on the other side of it. And nothing is more amazing than, you know, becoming the expert at your own body, your home.

So you're so lucky to have. Sinclair is your guide. She's just so beautiful. Thank you. I miss you. Thank you for having me. Be a part of this. And for, you know, you know how much I love and appreciate you.

So you do such beautiful, powerful work. So I mean that, you know, those that were attracted to this like follow your sense because if you were attracted to Sinclair's summit, like you have good sense, you're attracted to the right things.

So trust yourselves. Trust your gut. Trust your gut. There you go. Trust your gut. You.