Premarin, Women's Health Initiative, and Hormone Risks

So for years and years, we were putting women on it without symptoms just for bone protection. I remember my mom being on. Which makes total sense. That was the one good thing that Premarin did have.

So in the positives, it was decreasing the risk of osteoporosis and decreasing fractures, but then it doing all these bad things with heart disease, stroke, and breast cancer.

Women were dying. You didn't build your clinic to feel like an employee in your own business. I'm Matthew Calogli, and on Out of the System, hosted by Doctor Talks, we challenge the broken rules holding healthcare entrepreneurs back.

Hear from clinic owners, rebels and builders who are creating bold, profitable patient center practices and doing it their way. Okay. So you're having Topo Chico on the way to the airport?

In the Airport. Oh, in the Airports. You put a little salt on it. Yeah. Do you care like a tin of salt? You go, you know, any kind of fast food place or whatever has a you know, your little white thing with the red salt label on it.

So you can put a little bit on the edge and get your margarita right there. Well, in case you're listening, you might be wondering, are we talking about drinking margheritas?

Sort of, but actually I'm here with Dr. Amy Duffy, and she's in beautiful Clemson, South Carolina. Longtime client alum and tell everybody what you do.

I am a functional medicine integrative medicine doctor family practice by trade Sorry, I'm just kidding. Yeah, i'm, just joking. Like iI'm glad that I did that actually Yeah, sometimes I actually will tell a patient I'm embarrassed to be a doctor sometimes, but at least I have some credibility behind my name, I think.

And, you know, appreciate having the science behind what I do so I can more understand. How long have you been in the functional space? 15 years. So my practice is Carolina Integrative Medicine in Clemson and in October we'll be celebrating 15 And it's been a piece of cake, right?

Oh, yeah. Yeah, no problems at all? Never ever, ever. Never any financial challenges? Yeah. It was a mess. Well, okay. So explain what do you mean by that?

One, and I feel lucky in a lot of ways. I did family practice, but I a rural residency program in Seneca, South Carolina, which is six miles down the road from Clemson.

And we did a ton of OB, so by the time I finished my practice, and the four other residents that were in this program didn't like OB at all, So I got to do all of their baby students.

You were pregnant at the times, weren't you? I've had two babies. One in med school. Third year of med-school was baby number one. First year residency, baby, number two.

So you're just a really keep it simple kind of gal, right? No complexity. Nothing can be easy. When you tell me those stories, I'm like, First of all, how do you make it through residency?

Second, How do make a residency pregnant with already in a little one at home already? Yeah. Yeah, at that time, their dad would bring both of them to the call room and just sleep in the car room so I could go breastfeed the baby, you know, in between the ER or whatever I was doing at the time.

And then I got in trouble for doing that. So they had to not come anymore. Whoops. Apparently, nobody was dying while I was breastfeeding my baby, but it wasn't kosher because other people weren't taking breaks like that.

Right when I in residency is when they did the 80-hour work week rule, so I like a third year resident when that came out. if we were in the hospital after midnight, then you got to go home at noon the next day kind of thing.

So prior to that, we didn't. How can you create a great doctor without working 120 hour work weeks? Isn't that crazy? So when I did family practice, it was interesting.

I'll go way back when i was little, little little girl, I loved babies. i wanted to play with all the babies, i had 12 cabbage patch kids, and one of the ladies that babysat me was a seamstress, so she made all cabbage-patch doll clothes and I had all these accessories with strollers and high chairs and little food packets and all this stuff and so I was real into babies.

And when I 11 we went to a pancake breakfast at a park and there was this like Michelin baby. I mean he was like bald and just chubby everywhere like wrinkles everywhere and i was just in love with him.

His name was Alan and I just walked up and started playing with him on the playground and he was in the sand or something. He was about eight, nine months old.

And the mom was like, oh, he loves you. Like, can you babysit for us? And I was, like I'm 11. I don't think I am allowed to babysat. But that was my first job.

So I went over and just was mom's helper. and then turned into babysitting once I was old enough. And then she had a baby and her sister had babies, and so I just was all in the family.

That was my job. My whole, you know, from 12 years old through even college, I'd go back home in summertime and babysit for them. So when I as a senior in high school, The sister was having baby number two and invited me to be in the delivery room with them.

And so that was my first like real medical experience. Have you thought about being a doctor prior to that? I think I was, because I loved kids so much and babies, I thought, about pediatrician or a teacher, but I hadn't really made a decision.

I played softball and I just knew I'm going to go to college and play soft ball. didn't really have a plan, but I was a good student. And so, you know, doctoring was definitely something that was suggested.

So when I saw this baby be born, then I thought, this is really cool. Like, I want to deliver babies. That was the first time you'd seen a baby delivered?

Yeah. First time ever. Yeah, like I had never seen a delivery. I'd never really been in the hospital. Like my mom had a hysterectomy when I was like in middle school and I remember going to the Hospital room for like two minutes, saw her pushing her little button.

That's all I remembered and then left. Give me more morphine. Yeah. And then I didn't spend very much time there just to visit. So I did have a whole lot of hospital medical stuff.

so I don't have the story about, you know, I knew I'm going be a doctor because of whatever. Mom and dad were not doctors, not in medical field. Didn't even have an aunt or an uncle.

My dad was a Lewston minister and my Mom was in software. She's a software engineer, computer geek. Nothing like that. So then I grew up in Boulder, Colorado, so I would say it was rather granola.

And so it's like, well, maybe I'll be a midwife. Right. Then I was just going to be cool and deliver babies at home and stuff. My chemistry professor was like no, you're not.

You're smart enough. Like you should go to med school. So I did, I went to med school. I actually took five years in college just because I played softball and I redshirted one year due to an injury.

And so I just took a lot of ceramics. Well, of course. Where'd you go to college? Were you in Boulder? Texas Lutheran University. Okay, Texas. Is that West Texas Street?

No, it's right outside of San Antonio and Seguin. Just west of, no, east of san Antonio. Then I went to med school and, you know, first two years normal.

I mean, whatever normal med. school is, but lots of studying, lots to figuring it out. And then you start doing your rotations while I got pregnant the July of my third year of medical school.

So like the very first rotation. found out I was pregnant and so I had to make some adjustments. And so, I did all of my hospital stuff at one time so that I wasn't stuck in the hospital when I super pregnant.

So basically, like I remember going to BAMC, which is Brook Harvey Medical Center in San Antonio and walk in, find the bathroom puke and then go do my rounds.

It was August, you know, it's the middle of summer in San Antonio. Which is like being right next to the pizza oven at home. Our air conditioner went out in the house that we were renting for a while and we ended up going and staying in a hotel for like a week because I just couldn't, I was dying like I could be in room, in house.

you know, when when you're in the hospital and it was back to it because the medicine and surgery are both 12 week rotations. So it's basically six months of the beginning of my pregnancy was all just in hospital.

And when your in these hospital rotations, I mean, there's no time like I don't even know if their clocks existed, right? Like you are in a casino. Yeah, you finish what you're doing.

You round at four in the morning, then you round again at six and then around again and eight and you are in OR all day and it just never ends. And so I got to family medicine when I was super pregnant.

And it was like, first patient starts at nine, or I don't know what time, maybe it eight, but it seemed like it the latest of all the times. And then they were like what are we going to do for lunch today?

And they would have drug rep lunches or they'd all go out to eat somewhere from the clinic. Last patient's at four, 4.30. Where are going? It wasn't all about drinking.

What's the plan for after? They would still be on call. I mean, I want to say it you know, rainbows and cookies or whatever. But I mean, it was just cush compared to the hardcore hospital system.

And so I thought I was going to do OB because I wanted to deliver babies, but they were all so mean and miserable. It was such an unpleasant experience to be in the hospital and watch these people in residency.

They're sleeping three hours and 48 hours. Sleep is just super hardcore. I don't even know that there's a movie or a show that you could watch that was realistic enough, you know.

ER doesn't, they bring some stress to it, but in terms of just like the hierarchy, it's like, if the chief does this, and it was just so, ugh, So then that turned me way off, but then I realized that family doctors were delivering babies too.

And so when I was like, you could deliver babies and then you get to be the pediatrician, so you're going to take care of babies, which is kind of what I wanted to do anyway.

So I got the best of both worlds. I'm like I am going do family practice, then, I can do all the things. But was it more of like a specialty where you weren't doing peds though?

You weren' t doing pediatrics? You were just family medicine. Well, in my residency. Okay. In the residency, yeah. Residency, we were taught everything.

So in residency was a lot like med school because for family practice, you do rotations and everything, so you'd have a month in surgery, do a months of cardiology, a you know, month on the ER.

You would do urology. We did, I think we got two weeks of GYN. That'll come back in a minute. a couple weeks of orthopedics, but then you kind of in your third year, you have a little, some more elective time and whatnot.

So you specialize if you want to call it. A lot of family doctors will lean towards dermatology or they'll lean toward sports medicine. I just leaned more into the obstetric part.

Any time that I could, I was on labor and delivery. You know, we were a very small hospital and there was only four residents. There was two a year. And we did our first internship year at a bigger hospital in Anderson.

So by the time the second and third year were there, there's four residence in the entire hospital. you could do whatever you want. Right. If you liked cardiology, you can say, hey, call me when you're doing a cath.

I'll run down from wherever I'm at. Or you like doing surgery. Hey, Call me, when have a surgery, so I'd be like, called me. When you do C-sections. I'll get there.

I will do the schedules section every day at 7 a.m. and then I'd go off to whatever my rotation was. So I just did tons of deliveries and just absolutely loved it.

When it was time to graduate, they invited me to stay on at the family practice residency program as an attending position. At that time I was like, absolutely, I'm loving what I am doing.

who wants to go interview and try to find a job and move and, you know, all the things again, three years after you just barely got there. This time I had two babies, so I…

Yeah, I mean, You've got two kids. You're married. Yeah. Your husband had a… Your… job at the time that was fine. And so, it's just… Husband like really confirming or must have been very satisfying or relieving, that you didn't have to worry about all that.

good enough if you want to call it to say, hey, we trust you to teach these guys coming up. And so I stayed and then just months after that, like six, seven months, the OBGYN guy next door takes me out to dinner and says, We have an opportunity for you.

One of our Partners is leaving, moving to North Carolina or something, and we'd like you to join our practice. And, you know, we would share the OB calls, so you get to do a whole lot of OB and then you would just do women's health.

You know you could be primary care. So many women come to us for their primary. What year is this? This is 2006-ish, 2007. Okay. Were you familiar with like the functional medicine space or hormones or anything like that?

Not at all. This was like I'm hardcore, normal family medicine, insurance driven, everything. had two weeks of GYN, not even OB, but just Gyn rotation.

I remember having some lecture about birth control and like, here's a chart of like the different types of birth controls you might use. Here's where everything's located.

Yeah. And it's like, you know, really what I joke about is I think that two weeks of GYN was what, I learned is how to do a pap smear, number one, and then what was in the closet was basically like what the choice of the day was whatever was on the sample closet to choose for, either birth control or hormone replacement.

Like there was very little conversation about it. There was little science of of this, it was very trial and error, you know, just give them this one.

And if they, come back in three months and they're complaining about something, and you just switch them to something else and like, this chart was supposed to be like trying to, help guide you as to if somebody had more acne, choose this or somebody who had whatever, I don't know choose, one and so, but it, was nothing related to the science or physiology of what was going on.

So I joined this OBGYN office and loved it. I'm delivering babies. You know, there's three of us who are on call, Q3, three weekends a month, you know.

We're just delivering tons of babies… I was curious, what did you love about delivering baby? I think it was just so happy. Like it I think sometimes in medicine, especially being in the hospital, you know, was scary because people don't want to be in hospital.

They're scared because they think it's going to end. they're having a heart attack. Chronic disease was just frustrating. I mean, post-surgical complications.

geriatric people who don't do normal things, you know, it was just, ugh. And then you go into labor and delivery and it's like, woo, we're having fun every year.

Now, were there times when it freaking scary and babies died and moms died, and that was not cool. But I think for me, the good far outweighed, some people that one event would turn them off completely and they'd say, that is just too scary for like I want nothing to do with that.

you know, that didn't bother me, I felt. How did you handle that the first time? And we'll go more into the, but I'm curious about this. Yeah. how did she handle it?

The first you lost a patient like that in delivery, either a child or a mother. And I know you can't talk about particulars, right? I can tell stories.

I mean, nobody, no names are going to be said. Right. So I I am trying to think about first-time, you definitely like in residency, probably I think the whether it affected me, I don't know, because I was tired and I had my own babies to deal with.

And I remember somewhat being scared of my baby and like the concern about were they going to be okay, as opposed to anything else and not to say that I wasn't.

I mean, sometimes you have to emotionally connect or else you would go insane. I think because I was a resident, it wasn't my fault. I wasn' there. You weren't calling the shots.

So I could feel sad for the situation, but I just wasn''t feeling terrible because i did something wrong. But there was a time, I remember first year of residency, it was doing OB and the attending physician, this is a small hospital still.

The attending position was at another delivery. And so I'm in the room pushing with this other mom, and they started having where their heart rate decelerates.

You know, you got to make a decision and do something. This is, you know, beyond forceps time. So we had the suction cup thing, basically, that you could put on.

And so, I had done several deliveries with this suction cups. I was like, well, it's right there. The head's, right, there I can put this section cup on and help the mom get this baby out.

You could see the heart rate going down. so I did it without the attending in the room. He had some words for me after that because I just an intern and I should not be doing those things, but the outcome was good, you know, so

I'm like, what else should we do?

I mean, they were paging you and you couldn't leave because you were in the middle of delivering this other baby. Like, should I just have let the baby die or try to do something, right?

They didn't like me arguing that way, but… Yeah, God forbid you should speak up. No. And I think I was just really good at it. Like, so I liked it because it was, you know, that's what I wanted to do, right?

I want it to be a midwife. I wanna deliver babies. It was very calm, and that was my personality anyway. Super calm. And wanted things to happen as natural as possible.

If they wanted come and bring woohoo stuff and, hey, can you olive oil my perineum? Absolutely. Sage does that? Everybody should have their update should I'll bring olive oil and put it on the perineum.

Yeah, we didn't have Bathtubs are all well. I would have been happy to deliver babies in the bathtub for them, you know, so We did have scary moments.

Sorry, but there was just a video that came across. It was talking about clitoral stimulation during labor. Like, okay, sure, why not? Let's see what happens.

I don't know. What could possibly go wrong? The best one was a mom who named their kid Charles and they called him Chuck because she literally vomited him out.

So vomiting is a really great, huge abdominal pressure when you're vomiting and the baby just came flying out and she's vomiting. All this science and this is what we get down to is puking the child out?

Amy Duffy's Background and Path Into Medicine

She called him Chuck. So I'll tell you, one of the scariest ones was, you know, this is when I was in attending and the small hospital we had, the anesthesiologists were not in-house.

So we have to call them in if we were going to do a C-section. Well, that's really stupid if you're doing an emergency C section and they're not there.

And so, You know this was definitely an Emergency. I mean like things were Going downhill fast and so literally I'm like you guys tell me what to Do. Like this Is the first time this has ever happened to me so I didn't have experience I mean, I've done tons of C-sections.

I have done, you know, plenty of deliveries, but we literally had to just use, like, lidocaine. You know? And we put, loads of lidocrine to numb up this mom's stomach.

Are you shitting me? Cut in, and then, basically, she passed out at some point. Yeah, no shit. I'm about ready to pass out. But I'll tell you that, you know, I saw her after, after the fact, so the baby had to go to the NICU, like this was definitely not a good, had we waited even 10 more minutes, this baby would have lived.

And the mom's life was not in danger, she was just in a lot of pain, but there wasn't bleeding, there was nothing going on. So basically doing a C-section with no pain meds and I don't think they'll come back and sue me because I didn't do anything wrong.

said, you know, like you could, now we're using ketamine for everything, right? He's like, You could have used ketamine that would have been safe for the baby where you have knocked her out without respiratory concerns or anything like that.

I'm like I don't know anything about that, I am not in anesthesia, we didn't learn that stuff. So then I have a whole conversation with him, teach me what I need to do.

Like I write this down so that if this ever happened again, then we dont have to go through that but saw the mom of this baby and then her parents came for their two-week follow-up or whatever and I mean they were just super grateful like they knew what I did and that it saved their baby's life and she said she doesn't remember.

So I means her body did what it's supposed to do and check out of that trauma so she don't' remember anything. I would say that was more dramatic than any other experience you know.

Yeah, Sarah was having her second, Andrew, and we had Megan's daughter and then there was a C-section. And then we know that we're having a boy. So we were like, girl, boy, we are going to be done, right?

We're in Pensacola, Florida. Sarah's like I want to use a midwife because I wanted to have the baby vaginally. We are not going any more children after this.

Girl, Boy, We will be Done, Right? They go through like a couple of days of like trying to do inducement with the toast doesn't, you know, she'd get up to a certain point and would stop and have to go home to start all over again.

So she's going through the delivery and all of a sudden Andrea gets stuck in the canal and they had to cut her stem to stern. Sorry, Sarah. You're never going to hear this, but sorry.

Anyway. Um, yeah. And, uh, like I just remember her passing out kind of. They cut her, she passed out, blood splattering everywhere. My son comes out and he looks dead.

Like he was not breathing, they had to resuscitate him. And you know, he's been fine, right? Theoretically, it's fine. He's a 28-year-old boy, who the heck knows?

Young man, I should say. But I find it, we take, birth and delivery for granted. Yeah. I mean, nature is amazing. And that's what, you know, when everybody says, can you do home deliveries and all that kind of stuff.

You can do whatever you want. But I'll tell you that one moment and that you don't have time to call 911 or get in the car and get there. Like it can happen.

as fast as what you experienced, right? I mean, if they didn't, and they did that type of C-section because they don't have time to go through the layers and do it the normal way.

They pulled out a pair of scissors about this big and cut her from her ass to her vagina. Yeah. We got to get it out. And so at that point, there's no time on the clock.

How quickly can we move? So those are the scary moments for sure. When you were doing that, when you're delivering babies, and did you ever feel slighted that people didn't respect you when they'd be like, hey, we're going to do a home delivery?

And you'd like that's fine, but we need to have a backup plan. And they didn't, did you ever feel slighted? I mean, well, we didn' have, midwives and stuff in our practice or at the hospital.

So we were not involved in any home deliveries or I didn"t have any patients who were telling me that they were doing a home delivery. Now being on call in the hosptial we would get people who are doing home deliver with a midwife where things weren"'t going as planned or whatever and then the baby would come.

or the mom would come and we would have to intervene. So I do remember that scenario at one point where, I mean, it wasn't necessarily a bad outcome, but they had been at home with the midwife, like pushing for hours and hours, and no progress.

And the baby was fine. I think we probably did some either forceps or you know, some intervention that helped, right? And then the baby's born, but it was having some respiratory distress.

Like we didn't have to resuscitate or anything, we were like, We need to take him to the NICU. Well, they were just, you now, because their birth plan is home delivery, like you, know baby is going to bond.

No, he's gone. I mean, They fought. fought and fought, and they were so mad that the baby was in the nursery, you know, on oxygen and whatever. They're like, he's fine, when are we going to be able to put him chest to chest and he has got a breast feed at some point.

We're, like he needs to breathe for, I mean, it was just, this is family practice, so now I'm the peed in a nursery just after I delivered baby in labor and delivery.

That was just one time that I remember somewhat being involved in somebody like that where they were just mad at us. I find the whole OBGYN lifestyle incredibly You know, they'd make fun of people who had a birth plan.

Because they're just like, the second you have a birthday plan, you're asking for a C-section, right? And they want cookie cut, just, like we talk about cookie cutter medicine, They want obstetrics to be cookie-cutter, too.

Like, one of my partners, if the baby wasn't out by dinnertime, he was doing a c- section. It didn't matter. whether they were progressing or not progressing, it's like, you know, he'd come and check them at lunchtime and he literally walk away and say, set up the C-section room, call anesthesia at 5 p.m.

I'll be back if they hadn't delivered yet. You know, that's not nice. No, That's no nice, but in a way I understand it. I mean, they work insane hours.

We have a new client, her husband just was on call for the weekend. She goes, I don't talk to him for 72 hours, he might sleep five hours the entire weekend, to some degree like you chose to go to a position.

where you knew you were going to be on call. It's not like you work banking hours eight to five and then people know you're closed, right? You can't close.

Sorry, it's Friday at five. Cross your legs. We'll see you Monday at eight. But he did a lot, you know, and you talk about the C-section raid and all that kind of stuff.

So, so another time. It's not that much more. That drove me absolutely insane. This is where you can really get into the common sense of staff, right?

So we'll do a C section for nothing, just absolutely nothing. And they're very safe now. They used to be not safe, but they are super safe. There's no issue there.

Then we get mom who has you know, bad, insulin-dependent diabetic, very, you, know she was five foot zero and 300 pounds. And so very unhealthy mom to begin with.

We sent her off to what they call maternal fetal medicine, which is like the specialists of OB, so they could monitor her. They actually recommended that she terminate the pregnancy.

Really? I can't remember if there was some… Some other language….genetic, you know, chromosomal defect or something. There was something wrong, not just her health.

I mean, something else was wrong. And she chose not to, and that's fine. We went through, well, the baby had what we call a fetal demise at like 32 weeks.

So, she comes in for her regular checkup and there's no heartbeat. She has to deliver. Yeah. Cut it out. Why are we going to put her through hour at 32 weeks, her cervix is closed.

So we go through the same process that we would for an induction, right? So, we're trying to, you know, pitocin and we do vaginal cytotech is what it's called, where you're tying to soften the cervics up.

And, I mean, this is like three days of her in the hospital, like with a dead baby inside her. trying to deliver this baby vaginally. So by the time it comes out, it's peeling, you know, I mean it was awful.

And I'm over here like, we could have done a C-section on day one, been done in less than an hour and she recovers and everything's fine. Well, and the argument is that the risk to the mom of that surgery is too high.

Right. The thing to me about that because I had partner that cheat her second child died in utero. Same thing. She had to deliver the baby. And all I could think of is there has to be a chemical thing that is going on.

I'm sure there is you'll probably tell me that that process of what the mom is going through what? the woman is Going through of? The stress or not the stress but like the energetic to push the baby you know to go through labor and delivery And then there's that excitement right of like oh my god, and then There's a dopamine hit right And then there's that bonding moment, but you go through all that, and then, there is none of that.

It's got to be incredibly, I know that this former girlfriend of mine, or partner of my, she just like, it was, It was very traumatic. it's unbelievably traumatic!

I mean, luckily, I've not experienced that personally, so I don't know, you know. The difference between that, like, a miscarriage at an early age, it's all exciting and fun, right, or exciting to be pregnant.

And then, if you mis-carry it eight weeks or mis carry it 11 weeks, It's painful. traumatic and, but I think that would be awful. My sister lost one at like 30 weeks or whatever, you know, like 28 to 30 week or something like that and had to deliver it.

I just couldn't imagine. Once I, and granted Sarah just had, Sarah had three C-sections So we never experienced a vaginal delivery, but that, that joy, like even when the baby comes out, you know, even though you're fricking, your uterus is sitting over here.

But the babies still on you. Definitely, the down times for sure. Yeah. So how did you then, so I'm really curious. So when did the lightbulbs start to go on for you about women's hormone health?

So you're in this space in 2006. When did this start kind of kick in? So I mean, I did it because I loved obstetrics, right? And then it was like, okay, by the way, when you're not delivering babies, you have GYN day.

And so Gyn day for me was all pap smears and you know, nothing better than nothing passes a day like 20 pap smear. Lots of annual exams and then an occasional.

I didn't get the complicated GYN stuff that needed surgery, those went to the surgeons. I got the teenagers, the irregular bleeding, you know, that kind of stuff.

The menopausal women either on hormones and I'm like, You need to come off. So this is Women's Health Initiative, right? How many times did you have that conversation?

Do you ever want to call them all up and just be like, I'm sorry? Well, it was right in that Premrin was causing a lot of problems. And so we definitely get to pull off PremRin and PremPro, but you know, the whole just all hormones are bad thing was a little over the top for sure.

So the Women's Health Initiative was like in 2000, 2002, somewhere in there. I was in medical school at the time. You know I remember being in some auditorium where this announcement came out.

And tell everybody what the Women's Health Initiative is. The Women Health initiative basically was a study that the women's health initiative was doing with regards to women health and hormone replacement.

And they were studying Premrin and Prempro, which Premarin stands for Pregnant Mayor's Urine. So it was the hormone replacements we were using at the time that went way back into like the 1950s was when Premrine first

was introduced as hormone replace.

It's funny if you go back to the history of the marketing of that and how they got away with being patented forever and ever and never went generic. It was very political and money involved and stuff like that.

Maybe that's why the Women's Health Initiative was studying them. I don't know, but anyway. So, what happened is they actually stopped the study earlier than the planned.

I think it was supposed to be seven to 10 years, and they stopped it like three to four years because what they were finding is that in their research of women that had been on Premrin or Prem happened, you know, 2002, basically, I was in medical school.

And so, Women's Health Initiative was studying Premarin, which is pregnant mare's urine, Which is what we were using for hormone replacement, And there's some really interesting marketing.

There's articles that show if your woman's having menopause, we have the cure for it or something like that. It was all directed to men because women were at home.

Women weren't making medical decisions. The man's like, why don't you go do this, honey? You're being a bitch. No, like my grandma was 89 when she passed away several years ago, 10 years now, but she was on Premarin for a long time and they said it was just for her bones.

So for years and years, we were putting women on it without symptoms just- My mom was…. for bone protection. I remember my mom being on. Which makes total sense.

That was the one good thing that Premrin did have. In the positives, it is decreasing the risk of osteoporosis and decreasing you know, fractures, but then it was doing all these bad things with heart disease, stroke, and breast cancer, women were dying.

And so, the Women's Health Initiative came out and said, you, know this should be stopped, like you need to take women off of it. ACOG, which is American College of Obstetrics and Gynecology says, use the lowest dose possible for the shortest period of time to get women through the menopause Get through.

So, you know, two years maybe, some flashes like we'll just, well, if you put them on it and you take them off of it, then they're just going through menopause again.

You got to do something, right? And so nobody was really looking deeper outside of that one statement that, okay, Premarin is helping with osteoporosis, but they weren't really look at any other you know, sort of benefits.

And it's like, when you start, I'll go back in a second to, you, know when I started really looking at hormones differently, but now, like literally, what's today?

Thursday? On Sunday I'm presenting. We're both presenting at the same conference. Are you on the five? I get to go before you. Okay. Good. Warm them up.

So I am presenting actually on the chronic diseases associated with hormone decline. And so, you know, this is not just about I'm having a hot flash symptom or I am having vaginal dryness or, I know I was emotionally crazy when I went through menopause or whatever the case is, but literally talking about as hormones go away, the risk of bad things happening goes way up.

And, you know, it's like at age 50, what do we celebrate? You know I'm in family practice, so we're all about preventative health. So our job when you turn 50 is to say, have you had your colonoscopy?

Have you your mammograms yet? Are you getting, whatever the screening that was supposed to happen at the age of 50? Right? Well what happens at 50 that's when our hormones go away.

Like for both men and women really at or around age fifty is when menopause and andropause happens for men. And so nobody's putting two and two together that like these risks are going up because our hormones are Going away and we're not doing anything about it So it was driven for a long time as just symptom, you know symptom control if we can't know correlation give you Between the fact that my hormones were dropping in my health risk, right?

My cholesterol goes up. Okay, here's where we can get fun. And I've experienced that. Keep going. This is what I think is the funniest thing. So I'm in college and you have to take biochemistry.

If you're going to go to med school, you got to Take bio chemistry. I got a C in biochem one and bio chem two in College and that was devastating because I am trying to get into med School and getting a c on your report card is worst thing ever.

Just seen mine. Anyway. Whatever. I survived. And then go to med school, got a C in biochemistry. Then every day, all day long, I'm doing is bio chemistry.

Because hormones are all bio-chemistry and not everybody might picture that and see that.

OB/GYN Practice, Deliveries, and Early Hormone Work

when I didn't have something practical to put it into, I couldn't do it. You know, over here, like I don't know what these letters and sticks and all this stuff is, but now I picture it, you know.

I've got the steroid hormone cascade on my screen in my office and I'm explaining this to patients all the time. And so at the top of this hormone, cascade is cholesterol.

And then it goes into two places. It goes in to progesterone and it go into DHEA, which then filters into estrogen and testosterone. And the progeterones and cortisol are on the same side over here.

What's fascinating is that as your hormones start to go away, your body goes, hey, those were really cool. Can we have some of those back? And so it sends signals to make more.

So what does it need to do? It needs to increase your cholesterol. You could get high cholesterol because your lifestyle sucks and you're eating McDonald's and pizza, but you could also start getting high-cholesterol around age 50, 45, somewhere in there, because you hormones are going away and your bodies going, And then the signal, because we don't then have the signals from our ovaries or testes to turn that cholesterol into actual hormones, it just stays up there for a while, so we now have high cholesterol.

So we can actually treat high-cholesterol by putting people on bioidentical hormone replace, and I see it all the time, in men it is perfect and beautiful.

Women are a little bit more complicated. No shit, really? Yeah, geez. Newsflash. Well, I tell you a funny, interesting story about that. So I was 42, 43, and, you know, we had survived the Great Recession and Sarah got a job working in the hospital.

So we'd healthcare, right? So, I'm like, well, You know I am going to go get my annual physical, Right? And I go to get annual my physical and they do the blood work and everything and it comes back and I'am 43 years old and have high triglycerides and high cholesterol.

I can't remember the number, but maybe my cholesterol was 225. Yeah, my tries are always has always been starting in my 40s have always And so, of course, you know, he wants to put me on a statin and I'm like, I don't want to do a satin.

I just didn't wanna, didn' know what statins were horrible at that time. This was whatever, 19, whatever it was, 2000. You had some intuition. Just intuition, like this doesn't make sense.

Kills rats. So I, He's like go eat low fat. Of course I eat a low-fat, which then makes the number go up even higher. Right. Because you're eating high carb.

Cause I am eating a high-carb. Duh. Anyway, then I wind up owning the clinics. Okay. And he puts me out of staten. So I'm like 45, right? And I go to the gym and like my legs hurt and all this stuff.

So then I own the clinics, 47. We do, we decide we're going to start offering testosterone there, HRT. I clinic have been open six months. Patients zero, do my blood panel.

My cholesterol is like, I swear to God, my cholesterol's like… three something, something stupid like that. My triglycerides like four something and my testosterone level is 92. Yeah.

And my DHEA is like no vitamin D, like my vitamin is nine existent and DHA is all nonexistent. Things that regular doctors still don't look for. Oh, and this was 2014, so like back then HRT was like, you know, take some D HEA and do like a shot once a week kind of thing, right?

So, and you know, take some, you're pregnant alone, I think. And anyway, testosterone and DHEA and vitamin D. I come back and get my blood work done four weeks later.

My testosterone level is 750, my cholesterol is 215, it was like 190, whatever the number was. It was a significant drop. And all I did was vitamin D, DHEA, and testosterone.

And I start reading the literature then. So I'm not anywhere near where I am today, like in understanding all this. Yeah. and so I started reading literature.

I was like, son of a bitch. D HEA is like the magic. It's like a magic drug to a certain degree. The cock that fills in the crack. yeah, I called it the sticky.

i wrote marketing pieces around it. Because this is back in the day when like, oh, testosterone is bad, men shouldn't do it. That's just the natural progression.

I'm like if you got a 67 Mustang, and it needs a new carburetor, you're going to get a carb in it, like come on, let's do this. So I start writing marketing pieces about it and what I did was I called DHEA is the magic Elixir and what it does is it makes the cells sticky so it can receive the testosterone that is floating in your body now I know that's not 100% medically correct, right?

They all work together though, but that that thing right there guys went Okay, that makes sense right and we saw the same thing because we would check we were do the lipid profiles and We saw It's just, isn't it, does it piss you off?

Yes. How bad is it? This is when I say I'm embarrassed to be a doctor because it's like, I mean, some of this stuff is just common sense. Well, you know what Mark Twain said, the problem with common senses is that it is not that common.

So, anyway, interrupted you. You just start thinking about, like in hormones, it's like, okay, we can talk about bioidentical in just a second. It's bio identical, you can't control that, so we're just going to put somebody on this for the shortest period of time.

Well-known things that we know cause harm to people, but we are okay with saying yes to that. But saying no to this that also has plenty of studies that say it is actually way better.

So let's go backwards for a second. So 2008, so I've been in this practice two years, trying to deliver all these babies and do whatever kind of women's health I can make up at the time.

I had partners down the road and down in the hallway, I go ask them, what do we do? I remember having drug reps

come for lunch. This was back when they brought really good food.

And we had lunch and we would have our sample closet and it's just like Eva Mist. Do you ever remember Eva mist was this pump estrogen estrogen replacement pump.

So we started getting all this right here on your arm. Wait, you would have a pump right there in your arms? Well, not a pumpkin. It was like a little device where you stick it on and you'd push the button and it would dump an appropriate amount of estradiol.

So, when the Women's Health Initiative came out, you know, of course, the premon reps coming in, like, it still helps with osteoporosis. They're just dying.

Nobody wants to use it anymore. But, all these other reps then are coming out with all the healthy ways to, use hormone replacement. And so, Eva Mist came and it's still dosed.

Like, androgel for men is doused way high and Eva mist is probably four or five times higher than what Actual estradiol because what they just want you to get like a bump and then if you have a decline then you the peak the palette so This is where we can get into the science if your putting topical hormones on You can't really measure them in the bloodstream because they don't show up like they're going into your blood I mean they are going in to your skin They're gonna go where they need to go and they they Don't Show up in your veins, which is the leftover blood after it's already gone somewhere and so they dosing based on blood levels and so you have to get the dose really really high in order to actually see it kick up in the blood.

So like testosterone and men, if you're doing injections, it's fine because you know you are going to measure it in the bloodstream. But if your doing anything topical, you have to either measure in saliva or urine.

So blood testing for topically hormones is not accurate. You are gonna way overdose somebody. Okay. That's what I was seeing. Well, I didn't know it at the time until I started figuring it out and learning.

I call this divine intervention of whatever sort, universe, whoever. So my sister, my half sister I guess you call it, was in San Diego at the time. And she was getting married in October of 2008. This was way back when we actually had magazines that we read.

There was an article for this conference was called Practical CME and it was a GYN, interestingly lives about an hour and a half from me, but we met in San Diego.

And he was GYN who was teaching about bioidentical hormones and hormone replacement. So he had a conference in san Diego the same week, weekend that my sister was getting married in sandiego and so I said perfect timing.

I'm going to go to this conference. The thing was Wednesday, Thursday, Friday, something like that. I missed whatever day was happening on Saturday to get to the wedding and then And that was on natural hormone balancing, natural weight loss solutions.

That's back when HCG was very popular. I learned all about HCGs, came home, put everybody on HCJ diets. So that's my first introduction to saliva testing for hormones, adrenal, looking at thyroid in a different way than just TSH.

Like I had never been taught any of that stuff. The only conversation I remember having about anything to do with adrenal was something about Addison's, you know, like in medical school, I had personally never seen a patient with any severe either Cushing's or Addisons disease or something like that, which was like textbook adrenal dysfunction.

But I had never, never heard about testing for cortisol levels, you know, actually measuring hormones. Like, and I remember kind of asking, like, why don't we measure hormones?

Well, we're just going to put them on birth control or whatever. You dont really have to measure them, just go by their symptoms. Just put it on something and if they're good, fine.

If not, increase the dose. That was literally the brain. One of the guys that taught me how to do hormone pellets. So I did pellet for a while in my practice in the OB-GYN office.

We were doing pelletes. And I mean, it was like, we didn't even measure blood level. It was just like did one work for you? How long did it take? Oh my God.

That's how I was taught. Oh, my god. You weren't measuring at all. Let's start with two pellete and see how it goes. Give them one. The first one was give them.

This was estradiol. give them one and literally he would be like, if they come back around three to four months, wait for them to make their appointment.

If they came back three or four month, one was good. if the call it two months then one is not enough and they need two. They go all the way to six months they can decide.

Do they want them last for six month or do you want to decrease the dose to get them into the three, four-month cycle? That was the conversation. That's how I was trained to hormone replacement when I'm in residency.

So we're driving to the airport today, right? We're traveling from LA to Santa Monica airport, flying here today. And I was like, where does the phrase blow smoke up your ass come from?

Okay. So of course I've got to go over to perplexity and look it up. Right? So it comes from England in the 1700s and the 1800s, and people would apparently fall into the Thames river and drown all the time.

All right. In so what they would do is they had all these things along the thames. and they were these cones with tobacco, and what you would do is you'd light the tobacco and you'll blow smoke up people's ass and the thought was the nicotine would revive them.

This was a practice that went on for like a hundred years. Somebody that's already dead and they would try to… Now you think after like 100 times of not working, you would have been like, maybe this isn't a good idea.

Like, I just get cracked up at the things, even today. Let's just put one in and see how it goes. The shit that we come up with about how we're going to like…

It's just, it's such bullshit. It like leeches. Let's, let's let them, blood let him get better. Yeah. Kill the president of the United States. There was literally.

I mean, and hormone replacement was like, you know, this is the algorithm was, do you have a uterus? Yes or no? You know? So, if you had a Uterus, then you should get estrogen and progesterone, which was really a protestance, the opposite of protestorone.

We can get into that science. Or, If you don't have uterus anymore, than you just need estrogen, nothing else. And then really, testosterone was rare.

Just give the guy estrogen. No, this is for women. Oh, for woman if they had a… Okay, I'm sorry. I was in the GYN world. Yeah, sorry, you got to leave breadcrumbs for me.

So I started having man clinic on Friday afternoons. We closed the office on Fridays. In the OBGYN office I had man-clinic. because I started seeing men for hormone replacement.

Because I was doing hormone replacements on all these women and they'd be like, do you do this for men too? Or the HCG, I doing a lot of weight loss and HCGs.

And then people were sending in their husbands to get HCGS or to hormone replace. So I opened up Mann Clinic on Friday afternoons in the OBGYN office.

Anyway, no, this is women's health. And so it was uterus yes or no meaning they had a hysterectomy. I just had to make sure I was clear. That's why they Had Premrin and then they have PremPro.

So Prempro is the one that, you know, technically… So here's the theory behind this, is that you need this progesterone to protect the uterine lining from overstimulation of estrogen so the estrogen doesn't cause endometrial cancer.

So, what happened is that it was doing that job. So the progestin, which is a synthetic pro gesturone that we were getting, sits in the receptor, but doesn't allow regular pro-gesturones to get in.

And so it's basically blocking all the good pro gesturine receptors. It's also blocking estrogen. causing endometrial cancer. But by the way, this is the study that showed increased risk of strokes and breast cancer, so it's not protecting the breast tissue from the overestrogen and it is not protect the cardiovascular system.

Progesterone is fabulous. It's anti-inflammatory. Does all kinds of good stuff for your brain, for heart, your skin, hair, mood, sleep. I mean, it just the magic hormone really.

know, we were depriving women basically of that because we're giving them anti-progesterone basically when we are doing that. And so, you know that's kind of the theory is, do you have a uterus?

Yes or no. So this is the drug I'm going to choose. We don't need to test for anything because I mean we could test you but your hormones are going be low.

If you're menopausal, what's the point of testing? It was completely just driven by symptom control and nothing else. So, you know, then you would say, well, hormones are good for your bones, so you should just be on it whether you have symptoms or not.

So what was happening is I was seeing a lot of women that were having like what we might consider non-traditional hormone symptoms. A lot sleep issues, a lotta fatigue, weight gain, depression, mood-type stuff, that sort of thing.

And so these band-aids for sleep aids and antidepressants weren't working. I mean, that's what happened is like women were going to the nuthouse when they went menopausal back in the 50s, 60s whatever.

I was just, you know, your mom went crazy. Like there was no… I remember. And they didn't have antidepressants back then, so they really didn' have a whole lot of good support for these symptoms.

So literally, like in the OB-GYN world, I mean I make fun of it now, but it's like our two drugs were birth control and antidespressant. What a combination.

Yeah. You know, then it was new vigil came out or provigil. So if somebody was tired, you know that those were drugs for narcolepsy, but they started being, they're amphetamines.

And so they start being used for just to help people with energy and to get through the day. This is kind of before ADD and Adderall kind came as adults.

In kids, we were using focalin and ADD and whatever all the time, but not in adults. We just use NuVigil, which was the same thing. So you're just kind of making this shit up.

Yeah. Like, so when did you start to be like… There's no rhyme or reason. Maybe we should do like a urine test, maybe we do a blood test. When did that start kicking in?

This was October of 2008. I go to this conference and I was introduced to saliva testing. And I literally talk about

this all the time. It felt like this Alice in Wonderland experience of going through this tiny little hole into this entire world of I don't know, like I just picture the jungle, blues and reds and I dunno, just gorgeous.

And you didn't even take psychedelics and you got all that. Yeah, that's great. That's my description, this visual of like this aha moment of wait, we could actually see what's going on with people.

So I come back and, I remember a patient, Teresa, her name I mean, I had given her everything under the sun. And so I sat down with her and said, hey, just I just learned this new thing, like, bear with me, but will you do this test?

You take it home, you collect these samples. People that are starting now, we teach a lot, BHRT training academy, whatever, and they're like I still feel like i don't know what to do.

I said I called that lab every day for nine months. I mean, if I did a test on somebody, I called the lab and said, here's my patient. Here's their lab.

What do I do, right? I didn't have BHRT Training Academy. I don't anything. Sometimes I might have emailed the guy that was there. But I self-taught, basically, because the labs taught me, but I like, did the test and then I call and say, how do you do this?

And I remember using one lab, there were a couple different labs that were doing this at the time. And one, what would happen is that the doctors that worked for them, I think they were just spread out all over the place.

And so they are very inconsistent in their responses. They were all different in what they we're saying and some of them could prescribe and so, they would tell me the prescription, but some were like naturopaths or, not that natua-paths are bad, like they where in a place where they couldn't prescribe.

So, then they're giving me all these supplements to try and I was just like all the over place and then I started again, kind of not really scientifically beta testing, but then I would do a different lab to see what was going on.

And when I called this lab, they were very consistent, you know, like it wasn't cookie cutter necessarily, it was like they had a protocol when they said, when this do this, right, and it just kind, of it fit my brain, I could visually see, what they're talking about.

So then they have a conference probably that following spring, and I ended up going to that one. I think they called it Advanced Hormone Workshop or something like that.

And so I end up, going that that for Labrix was the name of that company. They're now bought out by Doctors Data. If they had a conference, I was there.

That's the way you are too. Once you get something, you consume it. Yeah, they started doing neurotransmitter testing and then they would talk about gut health and all this stuff.

So I got to the point where I went to their conference so many times that they invited me to speak because I was doing, I mean, sounds familiar. I see the pattern.

You know, the highest customer. Yeah. Everybody used to be little brown boxes. And so I said, nobody walks out of my office without a brown box. So I'm just like, everybody needs a saliva test.

Like you can't function without like everything revolved around. This was 2008 up to like nine, 10. Yep. And they were receptive to it. Like they would send, you know, even my partners were like, Hey, I did this saliva test on my patient.

You know? Can we look at it together and whatever? So like they, they weren't picking up on what I was doing. Was all this covered by insurance back then?

Yes. Oh God. So we could bill, yeah, we can bill saliva tests because. Well, until the insurance figured out, so what happened is that the code for an assay for estradiol, it didn't matter whether it was saliva or blood.

Functional Medicine Breakthrough and Practice Transition

They didn' know. You know, I mean it's just one code that says what's the level of estrdiol. So what happen though is when we started charging for four cortisol because when we measure adrenal function, we measured four cortisols a day.

And then the insurance would go, why are you doing this four times? Is that a typo? is that an error? We need to know why. Then they had to say, oh, well, that's a saliva testing.

Oh, but we don't cover saliva-testing. You didn't even know it was saliva test until we told you. So that took a few years for them to kind of figure things out a little bit.

When I opened my practice in 2011, so this was 2008 when I started doing this, I was doing a lot of hormone stuff, delivering babies, living the dream.

Then the OBGYN office brought in a consultant. to evaluate the practice and just say, where are we? We need some help with our numbers and whatnot. And the consultant was also there to help value whether the hospital could come buy out the practices or not.

I didn't really know that when they first came in, but it wasn't a secret or anything, that I realized later. When they came and they said, okay, well, here's what we're seeing.

your accounts receivable is whatever percent. All these numbers I didn't really care about at the time. I don't know anything about the business of medicine back then.

And so they were like, I think it makes sense for you to get bought out by the hospital. So the partner, the main partner was responsible for that. And so he's like, I think this is what we're going to do.

That consultant, and I worked a lot with him because we were in the office together for whatever couple of weeks that he was there. And we went out for Mexican that night and he said, and I was just like, I'm not doing that.

Like, this is… I don't know where they're going to put me on family practice in OBG. Are they going put in the family-practice place? Are going even keep me?

That was not my thing. And I doing all this alternative stuff at this point. So, three years I've been doing saliva tests and now we have supplements in the office for DHEA and adrenals and gut health stuff.

I'm doing stool testing now, things like that. So this is like me dabbling in functional medicine stuff and so I've got literally a shelf in my office with supplements that I buying with my own credit card and selling them to patients.

Because this office didn't have any money, so we didn' have a credit card that I could buy. I mean, the OBGYN office is going downhill anyway, which is why they're going to get bought out by the hospital system.

And so he said, well, you can do it. Why don't you open your own practice? And I was like, are you kidding? So were you still in Anderson then? I'm in Seneca.

Okay. Seven miles south of where you are now. So that was just this crazy idea. And how do I even do that? He says, Well, hire me. It was $25,000 to hire him to get accredited and He opened my practice, you know, he had the checklist of here's all the things you do if you're going to start up your practice.

You know, we started looking for locations and had to, he did it all. I mean, I didn't do anything, but, you know I had a business plan, went to Wells Fargo, got a $300,000 loan, announced to my partner that this is what my plan is,

and I'm not going to be bought up by the hospital, i'm going open my own practice.

And it was amicable, like he didn' care. He cared but like, whatever. So that was my practice, gonna open October of 2011. My plan was that, It was a five-day work week, so I was like, I'm gonna work one day a week in my practice over here and keep working for you and call for month one.

Month two, i'm going to do two and two. And then month three, up going be one- day-a-week here, and three days a- week-in-my-practice. I guess it was four days.

That was the plan. So I said, go, we're going open everything up. What was scariest thing for when you opened the practice? Like, you know, there's the honeymoon stage, right?

Like I have my own place, this is great, I write my paycheck. And then like, week six, like there is no money in the bank. Like what? Yeah. I mean, it was definitely because here's, here is the scariest, well, scary, the scary part is that my husband at the time was my office manager.

Don't do that, number one. I mean, you know, there are couples that work well together that did not work for us. It's rare. But, he was actually a stay-at-home dad, so by this point we have four babies.

Baby number four was one years old. So she was born in 2009. In 2010, when I'm having this conversation about I am going to think about opening this practice, or she's one and a half years-old while I m doing this, because I have nothing better to do, right?

The oldest is what, eight or something like that? Yeah. And you were insurance with a little bit of cash? No cash at all. All insurance. Literally family practice with hormones on the side.

When did the hormones become like the primary thing? I mean, it was the primary thing. I opened it and the name was Carolina Integrative Medicine. Like I'm doing integrative stuff with hormones, whatever, but I primary care, you know, I am doing all the sick visits, all of the annual exams, and then I thought I'll still deliver babies too.

So I added that onto my malpractice on top of that thinking I could still do this, so I had like eight patients. You were making all classic mistakes, right?

Well I will do it just in case because I can make a little bit of money and I love babies. Well no, no I just wanted to deliver baby. So that turned into a problem with my marriage because it was, you know, my job at the OB-GYN office to be on call and deliver babies.

Once I opened my own practice, that was fun and that volunteer. Like I didn't have to deliver baby, I just wanted to, but yet I still had to on-call. So the agreement or the arrangement that I made with the family practice residency program that i left was that, i would take call with them.

So, I left the OBGYN office, you know, shut burned bridges there because, this can just keep going on forever. Like, how much time do we have? So I opened my own practice.

I had this whole plan for like three, four months. This is how I made my exit strategy to kind of support, you know, I still needed a paycheck from the OB-GYN office until my practice gets up and running.

And so that, that was the verbal agreement that I have with my partner, who is the owner of the office. So when I went to the lawyer and I this written up, and we need a decision about how I'm going to get paid.

Do you want to pay me by the day? Do want pay by, you know, patient revenue? You know? However. And so, I went to the lawyer, our accountant that we used and said, tell me how we would divide this up.

So I had paperwork ready to go. I just need you to sign this because it's time for me to, and he wouldn't sign it. So, two weeks I, you know, went by.

I'm like, okay, it's time. Did you look at it? Did look it. No, I am not sure that this is fair. You know whatever, whatever. And so I just… You just went cold turkey?

I went. Friday afternoon I got all my shit and I said I was done. And so I had to call the hospital. You know, I'm no longer on call for OB-GYN. I left and he had different story about how I abandoned and whatever, whatever.

And, you know so, had I to have lunch with the other partner because she was pissed off at me because now, she's having to do every other day call instead of every three because I am not taking call from you guys.

Like, if you're not going to pay me, yeah, it's not I can't do this. So, he did not follow up with our original agreement. So that was scary because, I mean, either just.

Your husband's a stay-at-home dad. You got four kids ages eight to one or whatever. And now you've got no paycheck. Yep. $300,000 alone. Which you can't pay yourself with that.

I, mean there's significant rules about like you had I didn't know anything, right? You have to go ask the bank for, I need money for this and I money money, for that.

I mean, it wasn't like you just got $300 given to you. You got a $ 300 line of credit, basically, and you had to ask for payouts. Did you make the full move and completely get rid of all insurance and just go full cash?

That was 2021, 2020. So you did it for a better part of 10 years. And did you try to do hybrid? A little bit. Then I learned 2017, One of the drug reps actually from Zymogen kept telling me, he's like, you need to do like these wellness programs.

You know, there's people out there doing these things. Like, You probably know Michael from zymagen. Oh, yeah. Yeah. He lives in Charlotte. Yep. So he been telling and I'm like I don't know what that is.

I just like in my own bubble of like crazy and i don' have time to d anything else. Right. They take you to Texas and they tell you everything about it Like you should just go to texas and check it out right and like he just kept telling me about It because all these charlotte doctors were doing it.

Was Deb doing then too? Yep. Yeah, so she's probably two years ahead of me. Okay, and so You know finally I went and So basically it was the another eye-opening experience of packaging your services.

You didn't exist at the time and it You know sort of coming to what what I was already doing trying to piecemeal it with you know visits every six weeks and I Was always behind because I have so much to talk about I couldn't do a 20-minute visit, right?

And so I'd be and you're still trying get all this paid for by insurance try to pay by Insurance you get you no $38 for whatever I had two practitioners at the time.

I 13 employees. I had three people at the front desk just answering the phones. We had 3,000 patients. So, I mean, it was, you know, from that it looks very special.

The perspective, but little did they know you're like sweating. Yeah, sweat and payroll, using this credit card to pay this card, to move this stuff around, it was awful.

So then, from that OB-GYN office, what I didn't know, so he never got bought out by the hospital system. 18 months after I left, he shut the doors and just moved to Kentucky or took one of the OBGY and recruiting jobs in Kentucky.

So, while I was there as a partner, we got a loan for the practice. So when he shut the business down, when the building went into foreclosure, there were multiple loans throughout the history of that practice, so when building when in fore closure, they got, you know, pennies on the dollar for it, went through and paid the oldest loan off first

and the loan that we had left had $109,000. They came after me for, and I'm like, I don't have $100,9000, where are you going to find that?

We had a personal guarantee on that loan. He's in Kentucky. They don't come after him. So they're coming after me. I get a lawyer. What am I supposed to do?

They're like, you know, You don' have any assets. Like they can't do anything. You know? Well, they hire a forensic attorney, start going through our credit card records.

And so this is the biggest mistake you can make in your business is to mix your Business credit cards and your personal credit because we did it. I didn't know we were doing it, but my really smart office manager husband was just using whatever credit card that we had money for to pay the bills and pay whatever.

And so they said, if you're doing this, then now we have now availability or ability to have access to your office records because you were using your Office for your personal card and we looked at your Personal stuff, which means now an avenue to look at your office stuff.

And they decided that the office was profitable enough that I had to pay $109,000 in two weeks. So we went to court and they said, you owe this money and you own it in 2 weeks." And he, my lawyer at the time, said you could file for bankruptcy.

And I was like, I don't know what that is. That's scary. Right. I'm not doing that. So I go get some stupid ass loan for 35 or whatever. Mafia money. You know, you can have money in the bank and whatever days, that sounded amazing and fun.

and so I got this huge loan to pay off the $109,000 lawsuit, basically. And I mean, we barely met. That was 2018, 2019. We hardly, you know, We couldn't function after that.

Like we were so far in debt. So every amount, I mean, we had 3,000 patients, were billing insurance, money's coming in and it's just going out, you know, like crazy.

So was this the impetus then to say we got to get out of the insurance system? Somewhat. Um, so all this is happening and its 2000 whatever time, eight, 17, 18, somewhere in there.

Yeah. but I was trying to hybrid. So it's like, we still have insurance going on. Hybrid is just a nightmare. You know, this, but then we have these wellness programs.

And so I started doing talks in the office, bringing in our current patients. My first four programs were our own patients who were like yes, I'll do this.

Do you remember what you were charging? $3,000, $35, something like that. Probably barely covering all your costs. If you did an individual program, it was $7,00 if you work just with me and not with the health coach or whatever.

I don't even know what it is. Only one patient paid that once. That's statistically what would happen, but that's good. So then COVID hit. Oh, God. 2019, back to, so I'm in this coaching program, we're doing wellness programs, whatever, and I need help.

I am doing these programs but I can't afford the marketing that you're recommending for us to go get dinner talks. We had to spend ads and pay $1,000 a week to do a dinner talk.

And I'm like, I don't have the money to do that, like I've got to something else. And then so finally I am just crying to the coach, crying all the time and middle of going through a divorce at the same time, got divorced in 2018. So kicked him out, we bought a nine round gym so that he would just have something to go do.

We spent another, probably $40,000 of our own money, to buy a 9 round gyms so he could go to that and then get out of the business. And so finally the financial guy from this coaching company sat down with me and looked at my numbers.

This was in like October, November of 2019. And he just said, I don't think there's any way for you to get out of this. Like you have to file for bankruptcy.

So when, you know, December of 20, 2019, the bankruptcy lawyer started the whole process. and filed March 6th of 2020, signed the papers for bankruptcy.

And, you know, at the time… You find that freeing… Yes. Oh, 100%. When I signed my paperwork in 2010, phone stopped ringing. Like, my cortisol levels dropped through.

It was like… It was like, what a relief. All that debt away, all the bills went away. And I think what I resisted for so long is that I thought I was going to have to announce it to the world.

I though I would have shut my business down. You know, I didn't know. Like, you did seven? Chapter seven. Yeah. But I don't the difference. Before I educated about it, that was the end of it.

So I finally go to a lawyer, he gives me an explanation. He's like no, it's just refinancing, basically. You keep your business name, you keep doing business as normal, everything's normal.

We just take all these loans and go after, go ask them, what would they take instead? And so we had to have some negotiation, obviously, and stuff like that.

But yeah, I mean, whatever I was paying in debt, like I don't even know what that number is to like $3,600 a month was what I paying off. Yeah. And you were never making up, it was all interest.

And the only one that was secured was the Wells Fargo loan, so I had to finish paying that off, which was fine. I mean, that's the one I got for the practice to begin with.

So yeah, filed for bankruptcy 2020, March of 2020 and then COVID hit March No, I think it was 21. It was October 21 anymore. Yeah. Well, North Carolina, South Carolina we weren't in COVID.

California, New York, they still were. The South were like, you know, because we were 20, there were still like we, we we're gathering in groups even back Remember, you remember, I lived on the North Carolina, South Carolina border.

And so Scarlett was draconian, like shut down and stay in your house. Like, we're all going to die. You drive like three miles south, all the gyms are open.

People are like hanging out at the park drinking. We're Georgia, south Carolina. So we drive to Georgia just so we could go out to eat. Yeah. They were open in Georgia but not in South Carolinas.

It was hilarious. So that, you know, COVID was crazy. I mean, for everybody, but I, mean we were… So what? So by that time, so we meet in 21. You're all cash at the time or you still do a little insurance?

Yes. So 2019, I should go backwards. 2019… January of 2019 is when we sent the letter to 3,000 patients saying by May 1st you need to be, and in a membership.

We were doing the membership thing. And that was… probably worse than the bankruptcy, I would say, from a stress perspective. So that's why I always tell people, rip the Band-Aid off, just get it over with.

How many people of this 3,000 joined, do you remember? 150, 174, like less than 10% that they said that you would get. It's a great pitch, by the way.

It's a great, so I've got one of these days I'm going to do a podcast on this topic, a solo podcast, of the math never works in the membership model.

Bankruptcy, Membership Model, and Pricing Changes

Because it's great pitch. All you need is 200 people paying you $200 a month. It is $40,000 a months. Who can't cover all their bills in 40? You deal with all the patients on the phone.

You have like two staff members. The problem is you never get to the 200. Because there's always a 3% to 5% turn every single month from non-payments, people dying, they give up, whatever it is, right?

Yeah. Or they do it for a little bit and then they quit. That's why you got to have the transactional business. And they're constantly marketing the new ones.

So yeah, we're dabbling in the program. I had started doing the programs already and we were wanting post-program membership opportunity and so we had to create the membership, which means everybody else had you know, traditional way of doing it.

So that was kind of the transition is programs first, then we made this membership, and then got rid of insurance. That was so stressful and I'll tell you, looking back on it what I would coach people is the biggest mistake I made was not giving good scripting to my team.

And so I was the one having to have all the conversations of why we're doing membership, what, you know, that's about and whatever. So I said, I broke up with 2,900 people in the course of five months.

Also, January would have made, was just way too long, like make it, Yeah, 21 days. Yeah. Next month. If I'd been coaching you then, it would have been a 21-day pitch.

I didn't have you back then. It would've been 21 day pitch and we would of had some kind of teaser rate to get them in. And I was figuring all this out on my own.

We had coaching to help with the programs, but they did not do any coaching on membership and anything else to do with practice management stuff. So I would say between bankruptcy, divorce, COVID, you know, like 2017, 2018, 2019, 2020 bad, bad bad.

Yeah. Well, they go in cycles, right? Like, I mean, now at 58, You really do see the patterns in life. You know, there really is something to the whole seven day cycle, like, or seven year cycle.

I mean, yeah. Like, you know the, whole thing that they talked about in the Old Testament of like seven days and, seven years, I should say, not seven.

It's really fascinating to me. There is a real cycle to it. Yeah. So the thing for me is, I thought I was thinking about this as I flying out here today, like when we met, so it was like November I think of 21. It was October of 2021. October 21 and I did a half day or a full day in Charlotte.

And I remember I talking about raising prices and you said to me, if I don't know if got this right, you were charging what 6,000 at the time? 8160 or something like that.

81 60. I had this perfect number of, And it was like we needed to do about $8,000 like when we started raising the prices from the $5, 000, whatever. This was a six-month program and it 8160. And so what I did with my office manager at the time is like, okay, let's just play with the numbers.

Do we want 79, da-da-dah? And I just like it, it's like looking in a mirror and we just… Is it $81.59? Is that $8,000? Whatever, whatever. And so we hit $ 81.60. It was like, it just rolled off my tongue.

I could smile while saying it. So that's how we decided what our pricing was. How do you enunciate the word instead of what number it needed to be? So we were $81.60 for a really long time.

And I was so proud of it. I remember walking up to you and I'm like, my close rate is like 90%. You're like you need to raise your prices. Yeah, if your close rates 90%, you're not charging enough.

You are amazing, Amy. Your fucking amazing. So what you told me, so one of my questions during that day was I said, you know, we we're doing $8,160 and then crediting people $2,000 for their lab appointment.

And so we were giving them a credit back or I was saying, what should I do? Cause people keep asking for that. And you said, well, just raise your price, you know, $2,000. I think I told you raise, raise the price 2000. and so he goes, we'll make it 10, then you, and then he went, no, now you mean make 12, actually make at 14. So it's 14 and you subtract the 2000 and literally that was on a Saturday.

We were there and Monday, like my, my office manager at the time was there, Kimberly. Thank God she was with me and we literally came back Monday morning.

For the same package for the six month program. We'd give them the credit of $2,000. So we felt good about that. And then, so we raised our price from $8,00 to $12,0000. What happened?

Basically, and we sold the amount, but of course got $6, 000 more. I mean, from that… What was that like for you? What, what was, because remember you called me, I think you emailed me on Tuesday, said I'm in.

If that's the free advice, what's that fake advice going to be like? You know, anything like that is scary, but I think having a support system, you know where somebody who has experience with this is giving you that advice.

You you just got to try it and see what happened. I mean, surely if it didn't work, we could always go back to the 8,000s. You can always drop it back down.

Nobody ever does that. So we did. And then, I, mean yeah, We were selling them and you know, it was all, It was almost like, and that, you look back on it, And we'll say this now, the higher your prices, The more people buy them.

It was ridiculous. It's ridiculous, isn't it? It is the hardest thing for people to understand. So now, from there, the six-month program was $8,000 at the time, we went to $12, and then $14, now it's $18,500. And what's your business like now?

I don't know because I'm not there. No, I do not know. Well, you aren't there! I am not. No, I mean, so it was slow, slow moving at the time. And I can just tell you from gross revenue was less than a million in 2020 to 1.2 to 2.4 to two point, whatever we did point six this year.

Yeah. But the interesting thing about that is you do 2 point 6, but you don't see that many patients anymore. So 2.6 actually had to pay $40,000 in taxes this year.

So to me… Congratulations. Thank you. That's a profitable business. We always look at the revenue and think, oh, I didn't grow enough. I went from 2 point 2 to 2.4 to.6, that wasn't very much, but now we're profitable, we are paying taxes, and I only work like four to six days a month.

You spent a lot of time in Cabo. We're here in Scottsdale. Every time I see your Insta Facebook feed, you are somewhere. So the other thing that's happening is that my side gig, I just started this second, third, fourth business.

I don't know. But I started, just created an LLC, one to pay my kids because you can pay your kids and get a tax break on that. And so I was learning all this business stuff that I didn't anything about.

So then I started coaching and I starting speaking and started doing all these things and then all of a sudden this side business that I thought was just a place to put some money was actually making money.

So that was a six-figure business last year. And what's that? Tell us about that business. So, well, I just call it ADMD LLC. I mean, that's, you know, any kind of coaching in sort of events or for Deb, she pays me, and I speak for A4M, so any money that I get that is not patient-related money, goes into Carolina Integrative Medicine as my side gig, is what I call the medical advisor of Zymogen.

And so, there's a stipend for that sort thing. So another side gig is I supervise nurse practitioners. Talk about that. Because this is an important thing.

Yeah, it's a very important. So probably two or three years ago, chiropractor that I know in Charlotte Fort Mill actually, so not Charlotte, but came to me and said, we want to add a nurse practitioner.

Would you be their supervisor? And I was like, what does that mean? But okay, and so we've figured it out. It was just this little thing on the side, whatever.

And so then that nurse practitioner called me one day and said, hey, I'm going to buy out the chiropractor and I am going hire another nurse practitioners, so I need you to be the supervisor for that one.

She had a friend who had, you know, all of a sudden I have nine nurse practices that I supervise, this is the And, you know, I'm charging anywhere from $300, $600, a thousand dollars a month depending on their number of patients.

So early, literally about a year ago in June, was in here. I was at Camelback Resort and I'm like, you know, okay, I am going to grow this business and we had this conversation.

Yeah, remember it was… I will go get license in all these states and do all this stuff and be a supervisor for a bazillion people. And that was my idea.

Then I had the moment and didn't really move on it. We talked about it for months and months. Why am I not doing this? What's holding me back, right? And so I did this transcendence exercise one morning and it was like, you know, we're just doing weird stuff.

What weird granola people do on the grass. in San Diego. I thought it was Camelback. That was another weird experience of the energy of The Mountain Tour.

And so we had this moment. She was like, think big. How can you be bigger? How Can you Be Bigger? And I had This moment, I was, like I can't be Biggar if it's just me.

Right. So even though I Was going to go license in all these states and be the supervisor, what happens to me? You then have a job again. You've just spent 15 years getting yourself out.

This happens all the time, by the way. Oh, yeah. I see it with Deb particularly. So, you know, I was like, no wonder I haven't done it because I got licensed in Nevada and that was the only state because i was going to get the IMLCC thing.

Yeah, the Compact thing, whatever. So I had this epiphany June of last year that like, if I'm going to do this, I need it to be bigger than me. And so what I realized is that all these nurse practitioners are going and getting, you know, BHRT certified.

They're going into IFM, they're go into A4M. they are getting educated in this work that we're doing to help people. they're getting outside of the system, and they are opening their own practices.

And in 26 states, nurse practitioners have to have a supervising physician in order for them to practice independently. There's a need out there. We have more patients than any of us can see.

I mean, you see it. You wouldn't be in business if you didn't have doctors who had the patients, right? So there are

so many patients out there that we could help and so women, men, whoever it is that you're trying to help live a better life and get on hormones and their gut fixed and to get their inflammation under control and all the things that do in functional medicine.

And so if these nurse practitioners, what they're finding is they can't find a supervising physician that speaks the language. So they are like, But they can't answer any questions.

It's a big deal, right? You can find the supervising position. The whole point of supervision is that you can call them, email them whatever and get answers to your questions, so they're either paying them with no real support and they don't know anything about them or they cannot find one that will agree to it because they think they are doing voodoo, woohoo medicine, they know nothing about it, and so, I don' want to put my license on the line for this medicine.

I do not know what you are practicing. Or they're getting charged, you know, $5,000 a month for something that shouldn't be expensive. So these are all the stories I'm hearing.

And so all these people are coming to me, let me know when you get licensed in Texas. Let me now when your get license in Oklahoma, whatever, and so I was like, I need to create this matchmaking service basically.

I invented functional medicine collaborator is the business that I called it. What's the website? Functionalmedicinecollaborator.com.

Coaching, Supervision Business, and Future of Hormone Care

And so it's basically a matchmaking service. So we have recruited, I think, six MDs now across the country, multiple licenses. I need a Georgia person, by the way.

If you're a George MD that wants to do this, please find me. because I have, I would say, eight to 10 nurse practitioners in Georgia right now that are ready to go, and I don't have an MD in George.

And the reason I'm licensed in georgia, but Georgia law is that the practitioner that's a supervisor has to physically be in the state. Yeah. Um, so I guess I need to buy a building in and do it that way if I needed to, let's just find you a doctor.

You know, this is a anyway, it's, just come out of nowhere and here it is another business that Is growing what would you tell? What would tell your with the wisdom you have now?

what, would, you, tell, your Younger self in 2011 that was going out hold on for the ride i Did i did a mother's day like breathing exercise or something it was like you know go back to some time in your life and i was Like hold, on you.

Know hold. On for. The ride but Um, you know, never give up is something like I literally I get Because I do coaching because I'm out there in in this world and speaking and everything, You know you hear it all, people ask you questions.

So I actually had a conversation in the airport today with a chiropractor who's had an experience where he had two nurse practitioners in his practice both have gone through BHR Teaching Academy and then left and opened their own business.

And so he's like, I don't know, is that a sign? I just shouldn't do that. I said, no, just don' make it happen again, you know. Learn from it. Don't give up.

There's plenty of patients out there that need your help. Just make sure that when you hire the next one that you put all the pieces in place that that's not going to happen.

So don''t give. up Don'''t let these obstacles get in your way. That's where when I'm coaching, when i'm mentoring, and when supporting other practitioners that are going through opening their own practice or helping with the people that you're working with.

If I could just help them fast forward, you know, let's not make the mistakes I made. Like I said, rip the Band-Aid off, three, five months is way too little.

Get rid of insurance. Just go. Let's just not even do insurance, but, I mean, look at Josh. It took him forever to get out of that, and he's so free now.

Insurance is such a… You listen to us, it just… you gotta get outta your own way sometimes. Well, because it's like getting off… It's very scary.

…it's getting of SSRIs. You don't realize the damage it is doing to you. I was at a party in LA and this guy came up to me and he goes, you're an entrepreneur?

I'm like, yeah, I am an entrepreneurial. I know where this conversation is going to go. He's like I want to start my own business. What do you think I should do?

And I looked at him and I said, don't fucking do it. He goes, what? Never have a day off. I go, just don't do it. And he's like, no, I got this really good idea.

It's I was looking at him like I hope I didn't fire hose him. So I'm kind of joking, but I've been serious. it's a lifestyle. You know, it I always tell people it is like taking a vow.

That's the vow of emerita in the mafia. you'd never get out. Like, It is just like coal mining. A dust gets on you. Its never getting off of you, so. I mean there's no clocking in, there is noclocking out, you can work anywhere.

Yes, I live the life of lots of travel, preferably travel to tropical places that are warm and fun. I love it though. I mean, I loved speaking, a love teaching.

If I could help one person, you know, live a better life of freedom that can help so many, my passion is to help people, right? Like that's why I went and I delivered babies for a living.

You like to heal, You love healing, don't you? I like, love, healing. you always say, went into this business, bringing life into the world. And now it's like you get to restore life back to those who, are lost along the way.

People are miserable and we can't help them. They don' have to keep being miserable. Well, your final it's kind of your Final thoughts on this like your what do you do?

You see in the future for industry you you were in it when there was we didn't know what the hell we were doing or you Were doing because I don't practice medicine, but where do see the industry going right now?

What do what makes you excited? Yeah, I mean, the availability of the education is really exciting. I know A4M has been there, but I didn't know about it.

You know, when I went to this one tiny little conference, there was not even 20 people in the room, right? Shit, now there's 250. Yeah. Now there are 7,000, 8, 000 people at A 4M.

Like, you know I'm excited about that because I think you know, we don't have to defend ourselves so much anymore. I mean, the science is catching up this, you, know the big deal with estradiol being, off the black box warning and whatever.

Like I didn't really care because I'm like, I've been doing it for 15 years, 20 years now. But it makes it exciting because it's not so scary. It also makes where everybody can do it now, or, they could do before, but they are

doing now so like there's still a little you know, are they going to come to us because they could just go to their regular doctor, right?

What would somebody say that they're like, oh, now it's going become too saturated that there going be able to get it anywhere? what would you say to a doctor that says something like that?

Well, they are still not really doing bioidentical hormones. So are testing, I mean they can give people estrogen freely, but I means we have a lot of hormones in our body, like estrogen is just one of them.

And so I still think progesterone's way underused. Nobody's testing adrenal and cortisol. And like that's my favorite thing in the world to do. I mean, nobody leaves my, it's now a white box, but you know, every single patient gets a White Box.

So it has, I means, It's just growing. Social media and chat and all that stuff can be scary, but it can also be informative for the patients. So they're coming in much more informed.

They're saying, I want, you know, hormone replacement. I don't want to go the traditional route. And I think that they are coming more educated and it's easier for us to sell for lack of a better, I don't like the word selling, but for help people understand what we're doing and on the flip side, the traditional system is getting worse.

And so that's helping us. I mean, it's just fascinating to watch how bad it is. I mean, less payments, it's not even about the money, the medical care is just sad.

I'm in the middle of hiring an EA, and so we're going through a network of people that we know and living in LA now, there's a lot of carnage in entertainment industry, so they're all looking for work, right?

And so Christine sends us out to her list, they go to a Google form, one of the questions they ask is, have you or a family member ever experienced the hell that basically the the hell that is the American healthcare system, you should see the responses.

It is unbelievable. Like, it's a real lesson in how bad it is. People don't understand how the system is, we do, because we live it every day. Yeah. I mean, luckily, if you don' have to experience it, but I think that We see it and we can see the bad in it, but I think there's so many things that happen that people aren't really even aware that that was a bad thing.

Do you know what I mean? Like they just just, they, you get put on your stat and you can put it on whatever. You walk out with 10 medications and your like, cool, my doctor's really good.

They're thorough. And they give me all these meds, right? That's what people think is a good thing, or they want me to go give my stress test every year.

I don't know. It's just silly, like all this stuff that, They told me I need a colonoscopy instead of coli guard because I'm special, you know, like they're like just stupid stuff like that, right?

It really is. People think that it's normal. And so I, because that is happening so much more, unfortunately, for the people that are experiencing it, but it just helping us.

It's totally helping. You don't have to live that way anymore. I'll just say this. I think in, you know, I've been in the medical space 11 years now. It is, it's amazing to me how it has changed.

And I can't wait to sit down with you in five years, because I really, the work you're doing, right? And the speaking you are doing and the coaching you doing.

What Deb is doing what we're, doing other people out there like JJ Virgin, like all of them. Everybody's like, oh, don't you aren't. You worried like there's more competition like no, it's More people spreading the message.

It's why when Deb was a client we spent more time talking about her coaching program And like right she's liked you okay with us. I'm like yeah, I've been coaching for 20 years Let me show you how to build the system.

Yes, like let's get you're gonna get away Let's do it the right way. Like let me help you. That's what it like Are you ok with having more practitioners that are your competition, right?

Like there is yeah There is no competition. Let all What did John Kennedy say? A rising all boats in a rising tide green, whatever it is. I don't have a right.

So rising tied lips. There's all both. Thank you. See, this is why you have more college education than me. Well, Amy, I appreciate you coming in. Glad we finally got this.

We'll have to do a part two because I know there's even more to the story. But how do people give them your site again for the. Yeah. Functional medicine collaborator dot com or Facebook.

You know, it's on Facebook, functional medicine, collaborater Amy Duffy, MD. you can find me, Caroline integrative medicine is my Follow you on Instagram.

You got great posts between you and dad. The two of you are like, I always know where the two are. Yeah, it's a blast. So, oh, they're in Cabo this weekend.

I gotta get to Cabot. Awesome. Well, cool. Looking forward to the next couple of days. Are you hiking Camelback Mountain while you're here? I don't know.

We'll see if I wake up. Okay, I will not. And then we'll fly to Dallas and we will speak at Boston Biolife together. We will do that. Cool. Thanks. Appreciate you coming in.

Thank you.