Introduction and guest bio

Hi, ladies. Welcome back to Mastering the Menopause Transition Summit. I'm your host, doctor Sharon Stills. And I don't know if you can see I'm, like, jumping out of my seat because I am so excited for my guests today.

I, when I decided to do this summit, I thought, I have got to have Doctor Burke sit on because she is filled with information and she walks the walk and talks to talk and look at her and wait till you hear just how old she is.

So let me just tell you, doctor Lindsey Bergson is a thought leader in functional medicine. She has an emphasis on hormones, nutrition, digestion, intimacy.

She wrote one of the first breakthrough books on endocrine disruption called Hormone Deception. She is she's just literally a hormone scholar. I saw her talk at a environmental medicine conference this past year, and I was just blown away.

She, was at the world renowned estrogen think tank at Tulane University. She teaches Andy Reynolds and acupuncturist, chiropractors, everyone. She formulated the first female nutraceutical line for physicians in the US.

She and Doctor Wright, my other mentor who I've learned so much from, hold a patent on bioidentical hormones, and she holds another collaborative patent on a drug for dialysis and diabetic patients.

She's collaborated published research on dialysis and nutrition with the University of Texas Medical School. She hosts her own health radio show. She is just amazing and I am so excited to bring her on and let you all just be in her energy and learn from her today.

So welcome, welcome. So excited. Thank you so much. This is going to be fun. Yes. And there's so much to talk about. But I want to just first start off with just you.

And I want you to just yeah, I think so many women and part of why I put together this summit is I really want to change the conversation around aging and what is possible for us, both physically and emotionally and spiritually, and just what we can do in the world as we age and become post-menopausal and you are a walking example of that.

So I don't want to put you on the spot, but I'd love for you to tell the how old you are and what you're up to, because you are just a firecracker. So I'm gonna be 74 in a few months and I work full time.

In fact, I work, I I'd fly all over the country. I've been flying all through the pandemic, actually, most of the pandemic. I fly one week a month to Doctor Perlmutter, old clinic, the Naples Center for Functional Medicine, where one of our nurses on staff that works full time is 83, and she is on hormones and looks phenomenal.

And our medical director, who used to be a surgeon and in fact is was trained at, the Einstein Surgery Center on the East Coast is going back there for her, reunion.

She's going to be 77. So there's a lot you can do, because most women today are scared to death of aging. We think of aging as an inevitable time of frailty.

And of course, in the United States, women are deceased. In fact, there's lots of the American, Lawyers Association did a huge paper on Move Over Black Lives Matter on Old Ladies Lives Matter, and they showed how much bias there is in multiple domains in our society, starting with women 40 years and up, whether they were musicians, whether they were in corporate, positions, etc.

there's a lot of bias in the United States if you're not young and hot and lean, and now you're supposed to do everything but to look young, hot, be a porn star and make your own money.

If there's so much pressure on an American woman. So we're here to tell you that if you do, if you have healthy strategies in place and a team of allies because everyone needs some individual tweaking and addressing, you can stay younger longer and have plenty of time to figure out what you want to figure out and not give in to this huge, unfortunate situation in the United States where our elders are discarded and especially our female elders.

Well, I want to have when you're having. Yeah, that's the great thing. It. Yeah. I'm 20 years behind you and I'm like, I want to look like that in 20 years.

And I want to have that energy and that vibrancy and that passion and it's just amazing. So let let's educate the listeners because you are just such a wealth of information. And I'm just thinking we haven't really talked about the kidneys yet on the summit.

And I'd love for you if you could just kind of talk about kidney health and its relationship to hormones. Can I can I back up with one study that's just recently come out and then we can sure go to that.

Absolutely. So first of all, women have to know that. And I think we saw this with Covid that in the United States, our politics and our lives and our doctors, often how they treat us is run by pharmaceutical companies.

And in no place is this more obvious than in hormone health. And there was a study, the largest study ever done. It was published in the British Medical Journal Yale version in May of this year.

It was by our government that it made no headline news. They looked at 7 million Medicare women 65 and older in the United States, 7 million of us, because the United States is an aging nation and in a very short period of time, the majority of our citizens will be over 65.

There'll be more people over 65 than people under 65 in a in a very early amount of years. It's just shocking. And so we need to know how to take care of those people.

And in this study, they took a look at 7 million older women. So they consider 65. Right now I consider 65 young. I consider it like a copy. I'm sorry I'm much older than that.

So, they looked at these women and they looked to see how long they lived. So they looked at what what influenced women living longer, which we would refer to as anti-aging.

They looked at if they had been on estrogen and progesterone, what type and what delivery mode. So how they got it into the body and then they looked at adverse cardiovascular events like heart attacks and stroke.

And they also looked at, was there anything and and the duration of, of how much longer they lived and what they showed and cancers. They looked at the incidence of the most of five cancers, the hormonally driven cancers that we're aware of, which are breast, ovarian and uterine.

And they also looked at two other cancers lung cancer and colorectal cancer. Of course, there's other cancers, but those are very common cancers. And what they found should have made headline news.

And I have to start out with this. So it's called the 7 million NIH Medicare Study. They found that if women had been on estrogen and the average was about five years, that they lived, 20% longer, they had 20% less premature, all cause mortality, they lived 20% longer, and they died less of all causes if they'd been on estrogen.

The rest both, estradiol, which is bioidentical estrogen or conjugated equine estrogen, which is horses, estrogen or and both of them worked, but the bioidentical worked statistically better was a little bit, but it was still statistically

better.

They also took a look at routes. So if women took hormones, they if they swallowed them, which is oral ingestion, they had an increased incidence of stroke because it passes through the digestive tract, called the first hepatic pass.

And it makes some heart nasty molecules, we call them pro-inflammatory molecules.

Hormone therapy study and longevity

And yet the only the FDA is just approved, the only bioidentical form of hormones called the juvie, which just passed phase one, two and three trials.

They're all oral. And the guys that formed therapeutic AMD, which is the company that owns but juvie, they're the old CEO, is a prime pro that was used in the Women's Health Initiative.

That and all their stock tanked because of the bad first blush of the Women's Health Initiative that got everybody thinking that estrogen causes cancer and heart disease and it's unsafe, which is how all doctors are now trained.

They also found, that women had get this. If women had been on estrogen, they had a 33%. That's huge. Statistically decreased incidence of all five of those cancers.

They had less breast cancer less to please get this in, ladies. Less breast cancer, less ovarian cancer, less uterine cancer, less lung cancer and less colorectal cancer.

I was just staying at David Brown Stein's home last week in Michigan. We're both alumni of the University of Michigan, and his daughters are presently in residency, and they're just about ready to join him in his practice.

So I was saying to them, what do they teach you about hormones right now? Present time in med school? And they all said, never prescribe them. They cause cancer. That's what's being taught.

So if we talk about looking for the science that we're not, we are only looking for the science that promotes the use and intervention of pharmaceuticals.

We're not really looking for the science or or from something that is FDA approved, which is usually the pharmaceutical route. And women need to know this if you want to live longer.

And we're going to talk in a minute, you want to talk about kidneys because kidneys drive the heart. There's the hottest area of of cardiac research is this intimate intimate link with kidney health.

And I worked in a dialysis center for years with doctor Jack Moncrief, who co-invented the home unit of dialysis and is credited of one among seven kidney doctors, nephrologists who made nephrology what it is today.

And he and I inaugurated that study that we did with the University of Texas. And he would always say to me, Lindsey, kidneys drive the heart, kidneys drive the heart, and circulation is life.

So whenever you want to protect your heart, we mostly die of heart disease. We do not mostly die of breast cancer. There's about 20,000 women that die.

Breast cancer. Maybe even less than that a year. I'm not sure I have the exact numbers. And there's hundreds of thousands of women who die, actually, of a heart disease a year.

So heart disease is really the big killer. And estrogen tamps down the risk of heart disease. But get this, it tamps down the risk of breast cancer. And in med schools today, doctors are still being taught that.

So when you hear a summit like this that you're going, Doctor Sharon, through all this trouble of putting on and then women get all excited and they say, I'm going to go, I'm going to go ask my doc, and you go to your gynecology. Just right.

They're supposed to know hormones, or you're your general doc or your internist and you say, am I a candidate for hormones? They've been taught ever since the last women's health initiative where things were got they were wrong. They were wrong.

And most of our docs are wrong. They were taught that, estrogen causes cancer. It's not worth it if you want to be on hormones just for the shortest period of time, just to get rid of the few noxious menopausal symptoms.

Now, mind you, there's multiple countries around the world that have been tracking exactly what I'm saying. So in socialized countries like in Finland, Norway, Greenland, Iceland, Scotland, Wales that Britain got on board last year, Italy's on board.

They have tracked their registries, breast cancer registries, death registries, cardiovascular disease registries. And they watch to see who was on hormones and who ended up getting ill or dying.

And they discovered if women were on hormones at the time of menopause and stayed on them, they have less of all these nasty things that burden their medical system.

So many of these countries have been giving women the option of going on hormones for free, some of them for decades. They know that their women stay healthier, better, longer, younger, longer.

If they give them the option and they give them for free, they give them for free. I think only England has kind of a scale based on what you earn. They give some people their hormones for free, but others not.

But mind you, countries that have tracked the health of their citizens are offering hormones for free when they go into menopause because they feel like their health care systems will stay stronger and their citizens will stay younger longer with less cancers.

Our med students, our new doctors are learning the opposite of all of this. So when you hear this talk and you go ask your doc who's a good person. But what they've learned is the opposite of the fact and science.

The facts and science. You are apt most of the time to get the wrong answer. And that puts women in complete, understandable quandary. Why do we then do with that?

So, there really needs to be a board certification in the use of menopausal and Andrew puzzle hormones, but nonetheless, and we were hoping that naturopaths would take up the gantlet with that.

But they seem to have decided to try and be more medical because they're getting accepted. So there's so many powers that be. And the bottom line is, is that the woman listening has a very high potential of missing out on the facts.

And here we have a study by our NIH that's the National Institute of Health and the National Library of Medicine. Did this study on 7 million Medicare patients, showing if you're on hormones, you live longer and you have less cancers.

And the if you take and what's interesting is if you take hormones vaginally, you have the most protection of anything. There was a really huge finished study that was published.

A PhD student tracked 140,000 Finnish women over 14 years. I wrote about it in safe hormone smart women, and it was published in Acog. And it said that if women took hormones vaginally, there was never any increased risk of any adverse events.

So that's when I started recommending rotating vaginal application of hormones. And I sent that article to your Jonathan. Right. And he started immediately recommending vaginal application because there is science about what hormones do and how to do them better and what they offer you and the decreased cancer.

But you don't hear this from your doctor. So then what do you, as a human being, do in the United States? So thank goodness you have shows like this where we can discuss the true science and then also the situation and the conundrum and, you know, offer some answers from my gosh, I'm glad we I'm glad you started with that and not is this so that's so important.

And nobody when I read that article, you know, every morning I wake up and have for the last 50 years and go through the medical literature for about two hours and.

Right, it's my favorite time of day with the most dependable man in my life, my cup of Joe. And I found that sleuthing around and I couldn't believe it.

It had made any headlines. In fact, if you Google for it, it doesn't even show up in Google. So I called up David Rosen. Sweet. He never heard of it. I called up doctor. Right.

He never heard of it. I called up David Brownstein. He never heard of it. Nobody had heard of this study. It got buried. And it has it's it was in a pre peer review print.

Apparently there's certain journals that publish articles that haven't been peer reviewed yet, but it's been sitting and a pre-print Yale version of the BMJ since May.

This should be headline news. Everybody should be talking about this. But because there's so much bias and they want to figure out, I believe this is my own bias that they're trying to figure out a way to use this data to make money and not allow.

It's the it said that bioidentical hormones were let women live longer than horses. Estrogen. And so I don't I think it's being covered up because I was going to say if they have this new estrogen coming out, why aren't they putting this out here to sell it?

But if it's showing that bioidentical is or better, there's no money in that for them. So that's just super, super sad. So please, if you are watching this, share this wide and far with every woman you know, sister, friend, colleague, niece.

And because we need to get this information out there, it's it can save your lives. Extend it. I have a new platform. It's on Substack, which isn't censored because I had my radio show, I started having all these guests on and I was getting banned from YouTube and other things when I thought I had very cogent, brilliant physicians on.

So I've gone to Substack, and I've been publishing a lot of this on Substack. The name of my little Substack, at least for now, is called Agile Thinking.

So if you go to the put up in agile thinking or you go to Substack and go in agile thinking, I have this whole article up there published and, I'm trying to get this information out because it's so important to hear this, and I'm suspicion.

The reason it's not out is because of the bias against bioidentical hormones. And this new product called Bridgeway, which is FDA approved. It is oral.

And this study showed that the only route of delivery route of delivery is how do we get this stuff into us? The only route of delivery that showed there was an increased incidence of adverse cardiovascular event, meaning a stroke or a heart attack was if you took estrogen orally, there was a statistically significant bump up of incidence of ischemia, stroke.

And so it's best not to take estrogens orally. In fact, one of my friends only does hormones for men in LA.

Why oral estrogen raises risk

And he's taking a course very soon with a very famous stock doctor, Russia, who is a really smart, great doc. But Russia says only take hormones orally, and I don't know why he would recommend it. And it's here.

We have now a very large study showing that if you take you once in a while, you can do it or rotate. It doesn't mean if you do it all the time, but if your regular route of getting a hormone in is swallowing an estrogen, not progesterone, only estrogen, and I believe I'm not a fan of oral testosterone either.

But if you take it orally, you have a higher risk of stroke. And as I'm older now, what are the big bugaboo? We do not want to get? My friends that are stroking out their lives are in the toilet.

I have a gynecology just friend who can barely speak and has been in a wheelchair now for two years. I have a friend who started some of the very early computer companies, famous computer companies in Silicon Valley.

He's in a wheelchair. Stroke changes your life. So birth control pills are not smart. Those are oral estrogen. They're the number one cause of stroke in women in their 30s and 40s.

You go to gynecologists and you have hot flashes and perimenopausal symptoms. They're very apt to give you a birth control pill to control your symptoms.

In my mind, that's malpractice because they're upping your risk of stroke. But women don't know this, and gynecologists are comfy with handing out scripts for birth control pills.

They're like Eminem's kind of like gastroenterologists. Hand out proton pump inhibitors. There are certain genres of medicine that get used to writing scripts for certain things.

And, that's not the way to take your hormone, your estrogen in. It's not a way to take it in orally. And this study by our National Institute of Health and our National Library of Medicine is showing this.

And where is this study? So I don't know. I'm assuming that's why it's not going massive. But then look at what all these other countries are doing offering hormones for free.

This is huge. And Finland and Ireland, Iceland and some of those Nordic countries, they I think they've been doing it for almost 20 years. Wow. And it makes you want to put your bags and move.

It's it's really should you know, that scene in Wall Street, that movie where they, they lift up the window and they stick their head out and go, we're not taking it anymore.

So that's it's great that you have summits like this where we can chat and let people in on and we're not. This is not just opinion. This is based in science and and talking.

And then again I guess, you know, people can see that I had breast cancer 30 years ago and I've been on hormone replacement for 26 years against everybody's know, oh my functional doc friend said no.

My regular doc still say to me, you look better than any other breast cancer patient we have get off hormones. And now, of course, there's studies showing that even hormones help reduce recurrence of breast cancer or fatalities if you do get it.

So we have not been given the accurate science. And there's a great book by a Harvard health policy professor. I think his name is Abrams or Abramson, and it's called sickening.

And it's how the pharmaceutical complex is making America truly ill. And we've lost more people in Covid than any

other country. And I don't understand why we don't have town meetings with experts from every form of medicine, be it acupuncture, gynecology, chiropractic, naturopathic and talking about this and what we can do and talking about our cultural PTSD from kids being shot and violence.

What what's the use of experts if we can't calmly discuss our sides and inform people what they can do to stay stronger, longer? Because whatever we're doing, it's not working.

So actually and I just want to stick to what I always tell women who are listening or that even if you're going to a natural doctor who says they're going to help you with your hormones, like one of the things is if they give you oral estrogen, run right right away.

You know, this is someone who's just dabbling in hormones and doesn't really understand the science of it. And yes, the breast cancer. I've been working with patients with breast cancer for over 20 years now, and I've always used bioidentical or mons as treatment for aftercare, for prevention.

It's another one of those things where we've been totally misled. And I still have patients coming into me. And I was sitting on an airplane the other day flying back from Florida, and the woman next to me was on hormones, and she was only on estrogen.

And I said, how come you're not on progesterone or testosterone or anything else? And she said, well, my doctor told me I didn't have a uterus, so I didn't need to be on progesterone.

So that's another. So if a doctor gives you so what are the signs that the doctor you're working with might not be the best choice for you? We should say with those that would be helpful.

So the first one is if they recommend oral estrogen or if they're giving you birth control pills for perimenopause, hot flashes, insomnia on all the symptoms of your erratic, ovulation that happens up to ten years before you go into menopause, perimenopause.

So that's the first thing. The second thing is the it's very old, old, old medicine to think if you don't have a uterus, you don't need progesterone because all progesterone does is protect your uterus if you're on estrogen.

So that's like if doctor says that exit stage left, they're not up on the data. If they if they want to give you birth control pills. We just said that for perimenopause.

What was what are some of the other things you would think that that is a flashing red light, I would say also have the sharpest tack in the the medical box, how they're monitoring you if they're not utilizing 24 hour urine, if they're not looking at your metabolites, that's another big sign that you want to run, run, run or exit stage. Last.

I also think if they say that there's only. So I used to teach quite a bit for a for em, and, one of the very famous doctors that teaches there, God bless her.

I really love her a lot, too. But she's teaches. There's there's only one way to test hormones, and there's only one way to do this. And most women in menopause should never use testosterone.

It'll give them heart disease. And these dictums. If your doctor has dictums. Yeah, there's only one way to do this. And one, because there's lots of doctors doing hormones in a variety of ways that are getting women well, and I'm not a big fan of there's only one way, it's my way or the highway.

So I kind of veer away from and there's lots of people that get well known by becoming famous speakers in medicine, by their way, and it's nice to know a whole bunch of different peoples their ways, because, no, all of your patients never respond to only one way.

You need a big tool bag. I always say to my students and my patients, the bigger your tool bag, the more you can face the unusual and individual situation when it shows up.

How to spot a knowledgeable hormone doctor

Are there any other ways that people could oh, if they say that supplements don't just matter? Well, I would also say just to what you were saying. I've been in practice over 20 years already, and I'm still constantly learning, going to conferences.

So you want a doctor who is keeping up, who doesn't just think they know it all? Because medicine is always advancing, always evolving, always changing, and also a position I think this is so important, really listens to you and doesn't have their treatments guided by what they see in a blood test, but really listens.

And here is your concerns, your complaints, your symptoms, and kind of puts a whole picture together rather than just saying, oh no, your thyroid is fine.

I don't care that you have seven symptoms that are clearly hypothyroidism, and so you want someone who's really open minded and willing. That's who I got into.

Bioidentical hormone replacement Suzanne Somers book had just come out and a patient came, and I was a brand new doctor in practice, and a patient came in with the book, and I was like, all right, I'll read the book, you know, give me a week.

And I thought, oh, wow. I as a natural graphic physician, I can really even enhance this and all the other things I do. And that's how I learned about it and how I've been able to help so many women over the years.

And so you want someone who has an open mind, who will work, you know, with you. Like you said before, you want a team. Oh, I think that's that's so true.

You know, the way that I've always learned that is treat the patient, not the laboratory. And people are always saying, well, what's the perfect level of estrogen and what's the perfect dose of estrogen.

And there's there's norms but there's outliers. There's some women who require much more estrogen to keep their brain turned on, even maybe to the point of menstruating in their 60s.

It's crazy. You never know what somebody needs to help the situation that they have. And when I was just at David's, I said, David, what are the blood levels you like to see in your hormone patients?

And he goes, it's all about how they feel, how they sleep, how they think. Do they make muscle mass? You know, most I really want my patients to have muscle because muscle slows down aging.

Do they how do their bowels work? Do they have a basic good diet? Do they have energy? Do they have sustained energy throughout the day without crashes?

These are the thing is their cognition. Because hormones rule the hippocampus where memories are stored. That's the other sad thing. It's just so sad to me.

You go to most gerontology conferences. I've been to so many over the last few years. They don't even mention hormones. And they say there's no cure for the major dementias, Alzheimer's disease, Lewy body disease.

We've just heard of famous actors that have had Lewy body disease diagnosis. My mother had it. But, you know, oh, there are doctors. There's that famous neurologist from UCLA, doctor Dale Bredesen.

He was on my show twice. He is reversing in a show under six months. Mild and moderate cases of dementia. And it's replicated. He's published in peer review.

And then he trained over 2000 physicians who have gone out and replicated his work. I've treated six patients that had Aids and couldn't function and reversed it.

Not if you have severe where you have to be in a home. But, and the first thing that he does, he has a list of things that he does, but the first thing he does is get people on hormones, because hormones make the area of your brain function better.

That stores memories, and it's reversible, even though you've aged and got this disease, if you get it early or moderately, it's reversible. I remember those old, it was the department of Psychiatry at McGill University.

They won that famous award, I think it was the Richter Award. They took functional MRI of frail people who were losing their way and walking bent over, and they measured how big the area that stores memories called the hippocampus.

And it was shrinking. I'm shrinking like the Wicked Witch of the West. The shrinking. When it shrinks, you can't hold who you are in place. You lose. It's like the physiologic seat of your soul, and you lose your orientation of who you are.

And then they gave women a shot of estrogen and men a shot of testosterone. And in six weeks, the hippocampus started to enlarge. And these people, they reverted, they got younger and they started standing taller.

It's it's amazing. And this is not embraced because it's not a medication. It's not a pharmaceutical. And how many people lose loved one. So medicine has great advances.

But a lot of the way we practice it in America, we allow our patients to stay ill, even though they're outliers. Outliers. He's a, you know, PhD in neurology and no one's listening to him.

It's it's extraordinary. No one's talking about any of this work in any of these gerontology dementia symposiums. I went to a huge symposium that was sponsored.

I'm not even going to say it because it was so shocking, because it's one of my favorite groups. By a very famous nutritional group on the brain and rebooting the brain.

They did not have one. Talk on hormones. Hormones are the forgotten controllers of brain health. My last book was called Sexy Brain because sex steroid hormones rule the brain and, so you have to just once you grasp all this and get over being pissed off as hell ever, you have to realize you got to take your health into your own hands and get a team of allies that each have a little bit of a different perspective, because no one doc has all the answers and start to become strategic about how you're not.

You're going to be on less and less meds and get stronger as you get older. Benjamin button it rather than give in to it. Yes, yes. Oh my goodness. I can listen to you talk all day.

What. That's such important information and and yeah. So you know and I've said this throughout the summit but I'll say it again, if you go to your doctor and they don't give you the answer you're looking for, they're not educated and they don't understand what we just talked about here.

Then find another doctor and find another doctor and find another doctor. So you'd find someone who is educated and is going to work with you because, well, I just got one other way to know that you have the wrong doctor.

Sounds important. No, it isn't. It was so. So I was invited to be a a distinguished scholar at an estrogen think tank at Tulane. And it was Tulane and Xavier University's.

And there I got to study with and kind of work alongside the scientists who discovered the first two receptors. Elwood Johnson discovered are alpha. They called alpha because it was the first estrogen receptor, and Janaki Gustafsson discovered the second.

And they would always say medical doctors. Janaki was from Sweden, from the Karolinska Institute. So he said it with a Swedish accent. He'd go, why are you there?

And I can't even do it in the Swedish accent. They'd go, medical doctors measure hormones whatever way you measure it. Saliva, urine, blood. And they, they completely treat a patient based on hormone levels.

But but a real health, an action of a hormone is the receptor. Because hormones are. The definition of an endocrinology is a hormone is made in an organ, travels the bloodstream looking for satellite dishes on target tissue called receptors.

And they Nestle on into the receptor and they shimmy in space delivering the signal. It's all about signals, said George Costanza to Jerry Seinfeld when he was trying to understand women.

It's all about signals, Jerry. So about signals. So you want a hormone to signal because then your brain remembers and your heart beats and you become who you are.

Hormone receptors and estrogen signaling

And so receptor functionality is the deal of hormone health. And you can have perfect hormone levels. So if you go to a doctor that just looks at your levels and you go, but I still don't feel well, I'm still having hot flashes, so I'm still having mid mid weight gain on my torso.

And they go with your hormone levels are perfect. Or a guy goes in to a low center, a urologist and says I have erectile dysfunction. I have lack of motivation, I've anxiety, depression, fatigue and they go, but you're you're within reference range so we can't treat you or you don't need any more.

They don't have any understanding that the level of a hormone is not the whole story. You have to look at the patient, which gives you an idea of receptor functionality.

And your receptors can be dogged by pollutants. And this is where your nutrition that you digest plays a role. Because these these satellite dishes need to have vitamin A, zinc, iodine, magnesium, B6, multiple nutrients, almost like A1A day specifically in this little pocket.

Or the hormones won't work. Which is why I. And so I learned all this working with the guys who discovered hormones. And they would sit there and go, it's hopeless.

I don't we don't know how people are going to have healthy hormones because this isn't being taught in schools. And thus I got together with biotics to try and make products to address these issues.

We can talk about that maybe in another way. We now I do want to I don't want you just so we play. This is so important. So can you briefly kind of just tell for the physicians who are listening and also the patients like what they should look for to know if they're receptor sites, is there anything special.

And also can you just talk about the different receptor sites and how they have different actions and the alpha versus the beta? Because I think that's so misunderstood.

Yeah, that kind of makes us understand why you could say that estrogen can protect against breast cancer when we've been hearing for years experience breast cancer.

So so hormones signaling to receptors. And estrogen is the oldest hormone on the planet. She was the estrogen receptor was the very first part of any endocrine system, in in your crayfish.

And I'm not sure I'm pronouncing that kind of fish. Michael Bauer is the world's expert on the evolution of estrogen, and he was my consultant for my book Sexy Brain.

So estrogen receptor is the oldest part of all of our hormone system. So there's more estrogen receptors than any other hormone. There's there's at least up to 12.

We don't know what all of them mean where we know very well the first three, but the first two are the most famous. So, and when estrogen signals a different receptor, it has different action.

So when estrogen. So when estrogen signals the first receptor that was discovered so early alpha alpha meaning first it's signals growth. And that's what we're most doctors get stymied as they feel that growth signals would cause cancer issues because cancer is growth out of control.

So if you have too much, too many growth signals, estrogen must drive estrogenic cancers or even other cancers. But then yanoski and actually can crash at another lab.

So there were two labs that discovered the second receptor when estrogen signals estrogen beta beta standing for the second receptor, it signals controlled growth.

It's signals growth to stay controlled. So there's a balance. In fact, when a eunuch published his first article in a medical journal, he had a picture of the scales.

And he said one side of the scale was the alpha, and the other side of the scale was the R beta, because when you signal both, you have tissue staying healthy, and that's the health of the breast tissue or the brain tissue or the lining of your blood vessels, which all have receptors.

For estrogens, the balance between your alpha and beta is what keeps a tissue healthy. And now we have other estrogens that there's a third one called the G per receptor.

I'm not going to go into that. It's too much for that. This talk right now. But estrogen can actually signal an anti-cancer or controlled growth receptors.

So much so that when eunuch discovered this in Sweden. And then he would come to Tulane all the time to teach and talk and wear a big cowboy hat because he was being wooed over to Houston.

I'm talking to you from Austin, and he now lives in Houston, where he was taking a look at which herbs and nutrients also signal the ear beta. There's a lot of myths, very misunderstanding about soy because soy is estrogenic.

So a lot of cancer doctors tell their patients, avoid soy. Well, that's another thing. If a cancer doctor tells you to avoid soy, go to another cancer doctor because that soy is the one isoflavones food that signals completely are back to the controlled growth.

And there's so much epidemiologic data and huge numbers of studies that show that soy food, not necessarily the supplements, but food is definitively connected to decreased incidence of primary hormonally driven cancers or recurrences.

There's no debate anymore. And if there is a debate, they haven't read the literature and you don't want to go to a cancer doctor that hasn't read the literature.

So this next year, organic? Non-GMO and organic. So he will say he got wood. So he was looking at milk thistle signals it and soy signals it and oats signal it.

And so Amarin well, milk, milk, this all signals that he was looking the last few hormone conferences that Tulane scientists put on almost sounded naturopathic, because they were all looking at nutrients and the receptor function.

He got wooed over to Houston, to a drug company, to look for a breast cancer drug that acted as a signal, or to either beta or acted just like soy. Let's let's create a drug that's a breast cancer drug that acts just like soy.

But we're going to have a patent on it and we'll make a lot of money from. It's all about, you know, it takes a lot of money to take a drug through the whole regulatory pathway.

So, it's really crazy because just because something signals estrogen doesn't mean that it drives cancer. There's multiple estrogen receptors, and some of them are cancer protective.

And there's even there's been a thought for quite a long time in the scientific community that estrogen might not be the main driver of estrogen, but there's lots of articles to suggest it is, and many doctors really think it does.

But if you start delving into deeper science, you start realizing that there's a whole nother theory that's been gaining mass, and that's that cancer, especially breast cancer, is driven by stem cells which are not do not have estrogen receptors.

And there's a book out by an oncologist, although he is against bioidentical hormones, and he used to be on the board of the company that makes premera.

And and he's a big fan of Premera, and he has a book out that really goes into this in detail. And his name is Avram Blooming, and his book is called Estrogen Matters.

I interviewed him for my book Safe Hormone Smart Women, and when I was working on the sequel, which I haven't published yet, he didn't want to come back on it because he mainly wants to promote horse estrogen, but that's he feels he can only do so many battles at once.

He wants people to understand that estrogen. He's an oncologist in Southern California. He was instrumental in early on. He's been in practice over 50 some years.

So early on, when women were getting a diagnosis of breast cancer, they had this horrible, disfiguring interventional surgeries. And he was one of the people, along with a few other people who held symposiums and trained radiologists and surgeons, that you could do conservative measures.

You didn't have to disfigure a woman so much and you could still get good outcomes. So he brought that battle early on to change the way breast cancer was treated.

And now he has a new battle to let people know that hormones aren't the bugaboo. And he's decided to only take the battle to horse estrogen conjugated equine estrogen, not go to bioidentical.

So everybody's got their shtick. But he has a 20 some year study of giving women with even er, positive breast cancer estrogen. And interestingly enough, while he was doing this study, which he had to take a few years to get FDA approval for it because no one had done it in the United States before, his wife and his daughter, of all things, were diagnosed with er, positive breast cancer, and he allowed them the choice if they wanted to be on estrogen or not.

And they are part of the study and, and he has a compared group of women who chose not to do that. And none of the women who he's tracked all along who took estrogen after a diagnosis and treatment of estrogen promoted breast cancer, did any worse than the compared cohorts.

And they're now approximately 20 plus studies like that of giving breast cancer patients estrogen and tracking them for a variety of times, depending on the study.

And they don't fare worse. They either. It's the same compared to women, but higher quality of life, or they fare better. And none of this data is usually known by your own doc that you go and ask, you know, if you've had breast cancer or you're come from a high risk family, even if you're you're, you know, you have a gene, you're told you can never, ever be a candidate.

So in my book, Save Hormone Smart Women, I have a chapter called to, hormones After Breast Cancer. And I have a, book on it on my website. I've really looked at this head on since I had breast cancer, so I feel pretty passionate.

I would not be who I am today. No way. If I hadn't been on hormones all this time. Now I exercise and I eat a lot of vegetables and do many things, take a lot of supplements.

I take my new products to keep my receptors functional, but hormones are more powerful than exercise and food as an anti-aging and anti cancer tool. But most of your doctors really don't understand that at the moment.

Kabam. Yeah. That is you know, and I, I still make my patients do good health practices because it is very easy to just want to take hormones and not do anything else.

And it's really, oh, the whole gestalt of everything. But that said, well, that is so all right. We're we're running out of time, right? Darn it. We have to talk about kidneys.

Because I said that in the beginning and and it's like kidneys, right. This is so much more important. But let's, let's just because you have such a we don't hear about the kidneys and we certainly don't think about the kidneys and hormones.

You know, we think about hormones or night sweats or Ramones and sleep. And so could you just give us maybe like kidneys, hormones, 101 for, for five, ten minutes.

So I worked in a dialysis center here with Jack Moncrief for a long time. And kidneys have been somewhat of a focus and we don't think of kidneys much.

And kidneys are kind of the forgotten rabbit hole. Besides hormones of medicine, you start getting renal disease. And what I observed is that your nephrologist kind of tracks you as you get worse, rather than having offering ways to reverse it.

So I started diving into renal health.

Kidney health, hormones, and heart risk

And, it turns out that these receptors for estrogen are all throughout your body. They're especially all throughout your kidneys. So estrogen has a lot to do with kidney health.

And estrogen and nitric oxide have a lot to do with kidney health. And as our hormones wane, we after the age of 40, if you're not on hormone replacement, you're filtering system, your glomerular II of your kidneys start to lose about 1% of their filtering function per year after the age of 40, because your hormones are really going downward and kidneys drive the heart as your kidney function even silently starts to go down a bit, your cardiac risk factors, which is the way most of us exit to the next incarnation, is through a heart attack or stroke.

Those are adverse heart events as kidney function goes down. Heart risk of nasty heart events go up. So hormone health promotes kidney health. That promotes heart health.

And this this renal cardio cardiac link is a very hot, baby, focus in medicine. And doctors are just beginning to appreciate it. And there's molecules that you can run that are higher risk factors for kidney and heart adverse events, much more so than cholesterol.

And these molecules have come out of the Cleveland Heart Clinic. And that that got me into really doing deep dives on all of this to see, bottom line, how we can help patients.

In fact, I'm taking in, I'm excited because in two weeks from now, I'm taking a 24 hour course in over three days by doctor Mark Houston, who's the iconic functional cardiologist, because I feel that there aren't a lot of cardiologists that are preciate hormones.

Even he doesn't like hormones because what you're usually not up on your down on. So he's great with heart. But he I stopped sending in patients which he was fabulous with them.

But he kept telling people to go off hormones. So I want to learn more about this heart. And he's the best person to do that. We lectured together a few months ago in Charlotte, and I said to him, I'm going to come take your he talks for 24 hours and that means I have to sit for 24 hours.

But it's a hot area. This understanding of hormones, kidney and the heart, but not a lot of people know about it, so oh my God, there's more learning to do once again.

And as we said in the beginning, she's the kind of doctor you want on your side. Wow, this I, I hate to have to say we're done. Okay? I'm like, let's get you warmed up.

You know, we need to have where does those guys who used to do those late TV shows at night, and they just turn the camera on and they they talk forever, and they had all these audio.

We should do that. We should just do a what do they call that when you do a, a huge number of hours of something like a marathon, we'll just have a thon of Hormone marathon health chat.

We should just have all these hormone gurus come on. And then we should have people who don't agree with us. We should have them. Come on. Yeah. Let's see if we can have come.

Why can't we, with different opinions, have calm conversations, listening and talking with each other? This is the part that so saddens me that our kids are seeing all this shrill anger and we're losing our capability to act maturely and calmly.

And I feel we need to do this. We should do a hormone marathon. I love it by all sides on. Yeah. Yes, but they have to be checked for guns at the door.

Yeah. And it goes and added. Yes. I mean I, you know he's for me because I have worked with so many patients dealing with an oncology diagnosis throughout the years.

And a lot of times we'll do everything they choose to just go natural and we have these amazing results and they go back to their oncologist. And I'm always like, how can we in college just didn't want to talk to me and find out what we did because I know when I have a patient who goes to someone and has like amazing results or gets help with something I was struggling with, I'm like, give me that doctor's number.

I want to call them and I want to talk to them. And I think we what you say, it's like we just need to open our minds and listen to all sides and, and formulate for ourselves what works and have so many different options in our back pocket because not everyone is the same.

And especially I find in an alternative medicine practice, I get a lot of the patients who don't fit into the they're not, you know, fitting into the square or the bell curve, and they need someone to look at them from a bigger perspective with an open mind, and really do what works for them and not just what what we're taught to do or what's in the textbook.

So anytime that you get so brave and open minded so early on, if you've been treating people this way for 20 plus years, how did you. Because I know it's not even taught in naturopathic schools like that.

So how did you become open minded and intelligent like that? Well, I, I like to think of myself as an open minded person to begin with, but I just in the very beginning, I started going over to Germany and Switzerland and studying with the alternative minded physicians over there.

So I learned a whole new way of thinking that I then applied to my own naturopathic training. Because no, this isn't just pure naturopathy medicine. There are so many naturopaths who are, oh, estrogen.

Don't you know, they think like a lot of the gynecol is just do who just went through a traditional medical school? It's very sad to me. My oldest son just went through the program.

He's been out about two years now, and so I got to really watch his clinical training and his classes and see the program that I went through 20 years prior, and he would be like, calm down, mom, because I would just get so angry at what they were teaching him in the clinic and how it's just a lot of alternative medicine is just turned into this green allopathy where we just look at a symptom and we'll just find a herb to give you.

And if that herb doesn't work in five minutes, well, then we're going to give you an antibiotic. And it's just so, so disheartening what's happened. Well, you know, I used to lecture for Tori Hudson's, Women's Institute in Portland, and she was head of the gynecology program at National, where I went when I went to Western States early on in my training.

And I like Tori a lot, but basically she based most of her teaching on North American menopause, very conservative medical approach, doesn't she wouldn't write a foreword for my book, Save Hormone Smart Women because it talked about.

Still, she also believes if you don't have a uterus, she would teach to these generations of naturopathic doctors coming out that you shouldn't do it.

Progesterone was only good if you had a uterus to protect it from the unopposed action of estrogen. And she influenced many. And she's a lovely, lovely, incredible lady, but had very, very medical.

And then because of that, generations of nature paths that graduated from there, if they didn't go like you to Europe or like me to doctor. Right. You know who was one of my first mentors?

Like he was for you, etc.. So it's really hard to know who to go to. And maybe this talk is a little bit helpful for people, but it's really hard to know what to do with the moment.

And there is a lot of divisive ness, even between functional docs. But I guess if you used to have a hard problem and you went to five cardiologists, you were apt to get five different opinions.

So medicine is partially the art or the opinion along with what's known. So medicine's kind of always been like that. It's looking for someone you think you can talk to.

They'll listen and they keep learning and you have a team so you don't lean. I think it's important not to only lean on one person because you never know, for it's only the tincture of time that shows you the veracity or the ignorance of somebody you don't know till.

And if you spend. I remember I've gone to when I invented that drug with Doctor Moncrieff. We went to a patent attorney, and he was so costly that we got invested in him because he was so costly, and we didn't know he was steering us in the wrong way.

So sometimes you what you pay for, you get Velcro too. But it's not the best way. So it's hard to know which way to go. And conversations like this are just so valuable.

I want to thank you for being who you are, for having me on, and giving me a chance to chat with you and let other people in on our conversation, and then they can do with it what feels right to them.

But I mean, it's so valuable, so I really mean it. Thank you so much. And this is the first time we've hung out together. I know all of you who are. And I saw you speak at the environmental health supplies, and I know you were so busy lecturing, but I went up to you and I said, you don't know it, but we're soul sister.

And you looked at me and you're like, okay, you're like, on that one stage. But I was like, she is one cool chick. I get to be her friend. So thank you.

So let's, let's really stay in touch. I hope we do because I yes, you're really cool. Let's do some other cool things. These conversations. Women need to hear this stuff.

They really do. And they need to not be afraid of going on hormones and going against their doctors who still think estrogen drives cancer. Now, that doesn't mean that every single woman in the world needs it.

Every case is individual, but nonetheless, a lot of what's being told isn't accurate. So please, let's stay in touch. I would love to, synergize with you and also have some fun with you.

My pleasure. Thank you so much. You have contributed. It's I can there's no words to express what you've contributed to this summit. So thank you so much for being here.

I told you all this was going to be a good one. So listen to it again. Take your notes and go do your research and go talk to your doctors and find out what's best for you.

So be well blessing. Bye bye.