Podcast Introduction and Guest Background

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So it's not a steady state. So my favorite way to give hormones, and really what all my patients on, is cream for bias and for the estrogens. And if they would want a patch, I could do that.

Trokees, you're going to have some oral absorption. So the problem with anything oral with estrogen is it has first pass through the liver. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine. Today, we're honored to welcome Dr.

Jen Flager to our show. In this episode, Dr. Flager will be sharing insights on menopause and perimenopause, offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

Stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. Dr. Flegar, welcome to the show. Before we dive in, could you share a little bit about yourself, your background, and what led you to specialize in functional medicine, particularly in the line of menopause and perimenopause?

Yes, of course. Thank you so much for having me here. Well, I did start out in conventional medicine. I graduated from medical school and went into emergency medicine.

I loved just meeting people where they were at, at their most vulnerable. And what happened was I went into medicine. We all go into medicine because we want to help people and help heal people.

And when I was in the ER, it wasn't really an emergency. I was seeing a lot of chronic diseases. And I would actually, after my residency, I would see the same patients over and over again.

And they're like going to their primary care doctor, and then they're coming here for chronic stuff. So I was basically practicing integrative medicine also in the emergency room.

I was talking to them about nutrition and diet. just reading stuff on my own, looking up, learning how to treat chronic diseases like stealth infections like Lyme disease and mold.

So I went back and did a fellowship in integrative medicine and got board certified in integrative medicine also. Yeah, it was great. And I started my own practice for integrative medicine.

Recognizing Perimenopause Symptoms

And that is when I kind of decided to specialize even more in hormones, and specifically perimenopause, because most of the patients coming to me and seeing me in my cash-based office, that is when you know that someone is serious, when they're like, OK, I'm done with this conventional medicine stuff.

they were in perimenopause, and that's when almost like your health struggles are amplified, right? So say you have underlying autoimmune diseases, well, they're going to be amplified and they're really going to show in perimenopause.

And I just have like a place in my heart for these women. And, you know, I'm in perimenopause now. So I'm like living it, right? I also in remission from Hashimoto's disease.

So I was diagnosed with Hashimoto's in medical school and just there was, you know, me as a medical student, I was gaslit by the endocrinologist. So I also feel for patients that have had bad experiences with conventional medicine and that have not been listened to.

So it's, you know, I totally feel for all my patients because I've been there also. Yeah, yeah, absolutely. Well, I guess so why don't we get started with some of these questions.

So how can women recognize that they're entering perimenopause or menopause? And what are the key signs and symptoms they should be aware of? Yes, one great way that I ask my patients to kind of figure out when might this come about is ask your mother, ask your grandmother, ask your sisters, your aunts when they went through menopause.

it's not a full indication of when it will happen for you because everyone's genetics are different, but it's a little bit helpful, okay? I mean, it does, it can line up, it can be a warning sign, but perimenopause is pre-menopause, it's before menopause.

So the stages for women, it's you know, premenstrual where, you know, you're just a kid and then you go through puberty and then you're fertile and you have menses, you know, for decades.

And then perimenopause is when we start to have slowing down of the hormones. So progesterone starts to decline. Our estradiol is very erratic. Testosterone declines.

Some women will need testosterone replacement through menopause and some won't. So it depends on genetics also. And what happens in this perimenopause time is these hormones are starting to decline, especially the progesterone.

So when the progesterone is declining and this estradiol is erratic, you're going to almost have this estrogen dominance appearance. These symptoms that women can expect are things like mood swings, anxiety, palpitations.

It could be weight gain. It could be heavier cycles. They just feel off. It could be some insulin resistance getting worse. So that would be the weight gain.

It could be more sensitivity to stress. What I find out with this is some women, I mean, they could be in their late 20s, early 30s and experiencing these symptoms, and they could be at the start of perimenopause.

Or some women, it wouldn't be until their 40s or late 30s, which would be more normal. but it's almost like an oven. So it's almost, you know, when you go to cook something and you preheat the oven, an oven at different locations, say you're at your parents' house or you're at a hotel, it's all going to preheat differently to cook.

So that's kind of how perimenopause is. It's going to be different for everyone. So you're not going to look at your neighbor and be like, Are you going through paramanopause?

No? Okay, we're the same age. I'm not going to worry about it. So this is where we look at symptoms, and we could also look at lab work. But what happens, right?

I'm sure you hear this all day. Women go to their doctors with these symptoms, like, I'm more moody. I'm anxious. You know, my period is heavier. And what are they offered?

Two things, right? Birth control and antidepressants. Antidepressants, yes. That's it. Or sometimes they're not offered anything. Sometimes they're just told, you know, like, you're a mom and you have kids, so this is just like normal.

Hormonal Shifts and Early Treatment Approaches

It's normal. You should be fired. Yeah. Like you're tired, like that's normal. And would you like an antidepressant? That's really frustrating for everyone.

And especially for women, I feel like women are kind of given the cold shoulder. It doesn't have to be that way. Like we can feel amazing. You can rock it through perimenopause and you can rock it through menopause.

You just need to know how. Yeah, that definitely was my story too when I was going through perimenopause and I just wasn't getting any answers from traditional medicine.

Yeah, and they don't want to check lab work. No, because they don't know how to really manipulate the hormones to any degree. So they're like, no, there's no point.

They might check in FSAGIN and LH to see if you're officially in menopause or not, but that's about it. So can you explain the hormonal changes that occur during perimenopause and menopause?

And how do these shifts impact other systems in the body like brain health, bone density, and metabolism? Yeah, so the progesterone is the big one that we feel it declining.

So progesterone is declining. And what happens is we see sometimes the menstrual cycle either lengthen or shorten. But usually in early perimenopause, we see it shorten.

So maybe you were always a 28-day cycle. You start to know your 26 days, your 24 days. So a lot of the times, we try to balance that out using herbs like chaste tree barrier.

Sometimes we add on bioidentical progesterone depending on the age of the patient, depending on their situations, if they're sleeping well, there's a lot of different things.

If someone's in their forties, like middle forties. I'm like, yeah. And they come to me then I'm like, yeah, we're not going to mess around with Chase St.

Barry. We'll probably just go to progesterone because you're, you know, you're getting closer to menopause and they're not sleeping well. So we give them oral progesterone instead of topical.

So there's a lot of different nuances there. Now the other big concern is that we have estradiol fluctuating, okay? So it's not like just the gradual curve down like progesterone and testosterone and DHEA and growth hormone, like all these other hormones that just gradually go down as we age.

Estradiol is schizoradic. She'll be like down and then she'll be up and down and up and down. So what can happen is overall it's feeling more like estrogen dominance.

So what can we do there? depending on people's genetics, some people aren't as good as taking out the trash. And what I mean by trash is estrogen metabolites.

So some of them, it's like having a stinky, overflowing garbage in your kitchen. You've asked your kids to take out the garbage like five times. Not that I can relate to that.

No, they're actually getting better with that. But it's like you have this stinky garbage here. It either is getting hung up in your liver or your gut.

So estrogen, how it's detoxified is through the liver, through different P450, cytochromes we call them, and also it can get recycled back in the gut if we're not taking that trash out well.

So what can happen is if we're recycling this estrogen, we're not detoxifying it well, we could end up with toxic metabolites or we can just recycle that estrogen.

So then that is going to make the progesterone going down, make that feel like it's even more imbalanced so we have a wider gap. Why does estrogen do this?

Because what our body tries to do is reproduce, right? That's what we try to do, we reproduce. So there's something called follicle stimulating hormone and that that hormones job is to say, Hey, ovaries, like release a really good follicle or a really good egg.

So it happens as we age those eggs or follicles. They're not as like strong and robust, right? They're just like getting a little bit old, right? We're aging.

And sometimes FSH is like, okay, what? Like I didn't see a good follicle come out. So I'm gonna like stimulate, I'm gonna ask again, right? So FSH goes up and then we get another surge of estradiol.

So this is where we have the erratic estradiol as compared to when we were younger. And it's more smooth during that 28 day cycle. We're going up and down like a crazy roller coaster.

So once again, that's making that feeling like an estrogen dominant, you know, like out of balance with progesterone. So that's just going to make everything worse.

And for me, so some things that I recommend to patients, I'm very conservative, so we work on estrogen detoxification. We work on really good liver health, liver support supplements, things like I3C DIM, NAC, dandelion root, milk thistle, all of these good things that we can help support liver health because that's how we get rid of estrogen and then gut health too.

So good gut health and then also something called calcium deglucurate can help take out that estrogen trash. So we do that first. Now, some people out there recommend giving estrogens during perimenopause, okay?

Because sometimes you can get really low on estrogen as you go through this journey. But like I said, we don't want to do harm. We don't want to stack estrogen on top of an erratic estrogen.

So I'm pretty conservative with that. I will give perimenopause patients, if they're having a lot of saggy, loose skin, we will do topical estriol. And Estrel is a weaker estrogen, but we'll do this and still check lapse because you're still absorbing it.

We want to make sure there's not an imbalance. I will also sometimes give topical Estrel vaginally if their vaginal tissue is suffering, right? But this is just topical.

you know, there's some people out there that are recommending just put on over the counter estradiol cream all over your body. And I had a patient do that.

And I, we checked her labs. She didn't tell me she did that. And we checked her labs and her estradiol, her estrone, which is a toxic metabolite was so high.

And I told her, we have to detox you immediately. And I can't guarantee that you didn't do harm with this. And by harm, I mean, you know, abnormal replication in the breast.

or the uterus, is when your estrogen's that high, the progesterone is not balanced, which is protective for the endometrium and the breast. So you have to work with a doctor, you know, like you, Dr.

Ward, or me. And this is where it gets kind of scary because nowadays everyone is a hormone expert, they say. Yeah. And this is where, like, I'm actually, I should probably write up that case study and share it because the labs would knock anyone's socks off.

I was like, what? Yeah, she was putting the cream, like, on her stomach, on her face, like, everywhere. Because she listened to a podcast from a non-physician that said that it was safe to use all over your body.

And I was like, oh. So I've certainly had patients come in on progesterone cream that they get from Amazon or some other place and they're way overdoing it and they're starting to experience things like hair loss and you know just all sorts of imbalances because again they're upsetting the whole system and they have no idea how much they're getting.

Yeah, and let's talk about that. So over-the-counter progesterone, if you're not checking labs or working with a doctor that knows how to check labs properly, you could be on so much that it actually goes down a pathway for estrogen.

And I had a patient come with me with that. She was on, I think, 1,200 milligrams of oral progesterone. Wow. Yeah. 100 milligrams. Yes. Wow. And like a typical dose is like 100 to 200 milligrams.

Maybe she was even on 2,000. I'd have to live in her.

Hormone Therapy Risks, Testing, and Misconceptions

It was a lie. I was like, whoa. So we got her balanced. We put her on a biased. We put her on progesterone, some DHEA. So it all balanced out. We don't want super therapeutic levels because that's not what God made us to have.

Yeah, it's hard sometimes when we see patients and they weren't working someone that was well-versed in hormones and they can be really out of whack. Another big mistake that I don't know if you see this a lot, but when doctors are putting on topical hormones, but they're dosing based on serum or blood level.

Right. Yeah, I'm always telling patients if we're doing creams, we've got to be doing an alternate method of testing saliva or dried urine is really my preferred way to go.

I like saliva. I'm not a fan of dosing off dried urine at all. But yeah, this is why I like to talk about this because sometimes like I've even heard someone and they were, I think they were a PA, they were telling patients, they were like teaching something and they were saying to dose off of symptoms only.

Yeah, yeah. So this is just like little red flags that if you're listening out there, like take a step back because your safety is the most important when we're dealing with hormones.

Absolutely. So what are some of the biggest misconceptions about menopause that you encounter in your practice? And how can we help women overcome these myths?

Yes, a lot of myths. I think one of the biggest ones is that, you know, the whole scare of hormones, right? So the Women's Health Initiative made everyone really scared of being on hormones, and this is just not good for women.

And those studies were flawed. They were using synthetic hormones. So progestins and that conjugated equine estrogens or horse estrogens. So these are chemicals.

These are man-made chemicals that your body looks at. And it's like, yeah, that kind of works. That will sit in that receptor. But it doesn't do the same thing.

It's almost like forcing its way. So it's like, instead of a lock and key opening the house, it's like using a crowbar to get in. Yes, it works. You get in the house.

But it's not without damage. Yeah, like if my kids tried to get into my house with a crowbar because they forgot their key, there would be damage and there would be consequences.

So those were consequences, stroke and they saw heart disease and heart attack. properly like dose you know we don't want to be super therapeutic with all of these things so we want to have first of all proper testing and then we want to have proper dosing and we want to make sure we're we're checking on this especially perimenopause hormones can change And even menopause sometimes, you know, you want to make sure the compounding pharmacy, they're not changing their base.

So then that changes absorption. You know, that can happen. So you want to keep checking labs and making sure everything is good. So one of the big misconceptions is that it's not good for women to be on hormones because we're looking at brain health, we're looking at bone health, and we're looking at heart health protection.

A woman goes through menopause, you need to replace those hormones within the two years. And I think because of that, there's just not enough teaching of why we would want to do this versus not.

And I think also I don't know if you run into this a lot, but in the functional integrative space where people want to be more natural, sometimes they're really turned off by using bioidentical hormones.

So you have to explain to them why. We want to protect your brain health. We want to protect your hearts and your bone health. And if you look at, if we can talk about how drug companies make money and manufacturers, It's like billion dollar industries, right?

Depends, which why do women's have leak? Because their pelvic floor is sagging because they don't have estradiol, you know, with those receptors. Another thing would be all of the bisphosphonate medications, right?

Oh my goodness, so many. And we know that that doesn't, that builds brittle bones, not… In fact, I had a friend whose mother was on one of those bisphosphonates and got up out of her easy chair and heard a loud snap and her femur just broke in two.

And when you read the package instructions, like that's a known side effect. It's crazy to me that you should be taking a medication to prevent bone fractures, yet it can cause that as a side effect.

It's crazy, yeah. Yeah, it is. It's because they manipulated the data, right? The Z-scores, because it just looks at the one hip density. But yeah, the femurs break a lot.

It's very interesting. And this is the thing, we want to be preventative and prevent those things. And sometimes, especially we found out the last couple of years, prevention is not making anyone money.

That's all right. Yeah. And I think the other misconception or hard negative thing about it is a lot of these things, you know, compounding pharmacists get a bad rap sometimes.

I know there's a lot of well outspoken, you know, menopause experts out there, but I swear they are sponsored by the drug companies because they only talk about like the estradiol patch and, you know, they don't talk about specifically compounded medication, right?

It's more specialized. You want to make sure you go to a credential compounding pharmacy. You want to make sure that your doctor knows the compounding pharmacist, that you're getting high quality compounds, not just buying it off the internet, right?

And then it's going to be fine. These are pharmacists too. Like, they're making it in a sterile lab. They test it for quality. So it's going to be good.

I mean, the estradiol patch, it's not terrible, but I compound because I usually put a little estradiol in there for patients because they do need to activate those receptors too.

Yeah. So what are the current treatment options for managing perimenopause and menopause symptoms? And how do you approach these in functional medicine?

Yeah, so perimenopause, the thing that you want to do is you want to balance the hormones. I will have patients that, you know, we start them on progesterone or chase tree berry for my younger perimenopause patients.

So chase tree berry, it stimulates your body to produce its own progesterone. So I will have patients try chase tree berry for three months and sometimes that is supportive enough.

The other thing that, is like low hanging fruit for perimenopause symptoms is stress management. So sometimes an adaptogen like rhodiola, bacopa, ashwagandha, sometimes that is really helpful for perimenopause because we will see this, you know, they call it the progesterone steel or the cortisol steel where you get progesterone and you're so stressed out that the progesterone just keeps going down that pathway to cortisol.

I mean, We, we see it and we live it. Oh, I just, we just moved a couple of weeks ago and my cycle was, is messed up right now. Well, it still is a little bit.

It's just, it's not normal. And it usually is very consistent. So we know that stress and cortisol can affect that hormone cascade because it's part of the hormone cascade.

So things like, you know, magnesium, adaptogens, which is an amino acid supplement. These are great things to support those symptoms. And one symptom, hot flashes that everyone talks about a lot and night sweats, cortisol can cause those symptoms also.

So we can't blame everything on estrogen and progesterone. We just can't, we would like to, but the adrenal glands are nested right in there and helpful.

So stress relief, such as box breathing, the 4-7-8 breath work, You know, exercise is also really helpful for stress relief. And another symptom that perimenopause women get is weight gain.

Insulin resistance starts to get worse as we age and our hormones wax and wane. So for perimenopause women, I love, love, love for them to lift weights.

Yeah. So lifting weights is going to help with being more insulin sensitive. You're going to have a higher metabolic rate, and it's also going to help bone density.

So it's just so good. And you're not going to look manly. No. Yeah. Not unless you start doing steroids. Yes, I was just going to say, unless you start doing testosterone, you are not.

I mean, I got really into lifting.

Lifestyle Support for Menopause Transition

So my son's five now, but after he was born and I healed and let my pelvic floor her rehab, and I started lifting really heavy. And, you know, so I've been lifting for five years, very heavy, which is different than what I did before.

And my body just changed for the better. I don't look manly at all. arms, maybe like they're a little bit more bulky. That's, but not, not much. So yeah.

Yeah. Absolutely. Yeah, so that's really helpful. Also, you want to focus on proteins and healthy fats. So that is going to stabilize blood sugar and reducing, you know, simple carbs and sugar.

We all know that, that that is a good thing to do, but really focusing on that protein. And sometimes it can be hard, like I'll have patients be like, Yeah, that 30 grams of protein.

I didn't think I'd be able to eat it all, so I ate it first. And then I wasn't really hungry after that. And what can happen is if you don't focus on that protein, you'll get distracted and eat other things first that aren't going to feed that muscle and feel your body.

Right, right. So why do you think bioidentical hormones aren't the standard of care in traditional insurance-based primary care? And what should women know about bioidentical hormone therapy?

Well, money. And that's why there's such a big push for birth control still. I mean, I don't know if these doctors are getting kickbacks or what, but birth control pills are toxic.

We know they do damage and they are toxic. And they are just covering up the symptoms. It's like when you get rid of weeds, you don't just cut off the top of the weed, you pull the root out.

And birth control is just, it's a disaster. And it's so hard to, if women have been on birth control for so long, it's very hard to convince them they will be okay off of them because their doctors have told them that they will not be okay.

So I, you know, I have to pull out my whole like, okay, So I did a residency and a fellowship. I'm double board certified. Trust me. I will take care of you.

If you get symptoms, here's plans A, B, and C, right? There's supplements we can put you on. We can put you on some progesterone. We can do all this. And sometimes it's just they have to trust their body.

We have to trust that. We're looking at everything. Liver metabolism. We could run genomics. We can do gut health tests. We're looking at the whole picture to really look at root causes of why they had irregular cycles, PMS, all of the…

But you have to be careful because I will tell you, when you fix your whole health of your whole body, you're gonna be really fertile. So I've had many patients that have been told that they could never have children or they were done having children, they weren't able to, they were told all this stuff and they got pregnant because it's the sign, fertility and being fertile is a sign of overall body health.

And that, I think, is so scary because fertility is something that has really gone downhill the last couple decades. And that means, you know, our overall health is declining.

Yeah, absolutely. Absolutely. Can you break down the risks and benefits of hormone therapy, including bioidentical hormones, and how women can determine if it's the right choice for them?

Yeah. So there's always risks for hormones, right? I will say the one really dangerous trend right now with bioidentical hormones is pellet therapy, in my opinion.

So I will not use pellet therapy. They're seeing, you know, when they test people's hormones with this, they're seeing a big bolus and then it just goes down after.

So it's not a steady state. So my favorite way to give hormones and really what all my patients on, is cream for biassed and for the estrogens. And if they would want a patch, I could do that.

Trochies, you're gonna have some oral absorption. So the problem with anything oral with estrogen is it has first pass through the liver. As I was explaining earlier, estrogen is metabolized through the liver.

You're going to have more chance of toxin production. And trochies, I do have some patients on trochies still because they were given to me from another doctor and eventually I get them back to cream.

Yeah, so it's interesting. And then testosterone, I like cream. The problem with testosterone injections, they don't have the best bases in there, all bad oils and stuff.

There is a new oral testosterone that usually that would be a no-no, but there's actually like an FDA approved oral testosterone now that I just went to a conference and a lot of people are having good results and they're checking liver enzymes and they're fine.

So that's pretty cool. I might test that out eventually and see if patients would like that. I would give it a chance. And then testosterone, that could be topically in the cream or oral.

when you take oral progesterone, it's going to give the side effect of drowsiness because of allopregnenolone and one of the metabolites. And a lot of women really like that side effect because it's a benefit and they sleep really well.

So with the concerns for that, so pellets, like I said, I'm not a fan, so you could get that big bolus. So if you get a big bolus of estradiol, and that's out of proportion to your progesterone, that could be putting you at risk for…

over production because that's what estrogen does, it grows things. So breast cells, uterine cells. So that's a concern that I would have for that. And once it's in, you can't take it out.

When we talk about any hormone replacement, I mean, people are concerned about cancers, uterine and breast. If you are having that in the right ratio, you're not doing too much, you have the adequate progesterone, that should be a very, very low risk.

Think about when you're pregnant, your estrogen, your estradiol and estrel are super high and not getting side effects then.

Advanced Lab Testing and Personalized Care

Certain people, you know, if hormones are, this is, all these side effects are usually just when it's at a super therapeutic level, which if you're going to a doctor that is trained in hormones, you know, biomedical school like I was, then you're going to, we're going to start low and slow.

Low and slow is the way to go. Yeah, and that is when they're balanced, you're not going to have these toxic metabolites being overproduced. So the other way to ward off these side effects is making sure you're looking, what is your estrogen metabolite breakdown?

And you could do that through a urine sample. You can do a urine sample that looks at your estrogen metabolized. And it's so helpful because when you see which pathway that genetically you go down more to, then you're going to be like, okay, I'm really going to double down on supplements in my lifestyle because I don't want to be a statistics because breast cancer is so prevalent out there.

Depending on the state and depending on what kind of breast cancer, if you do have breast cancer, you would have to wait to go back on any hormones. So this would be, you work with your oncologist, you work with an integrative, like a specialist with prescribing hormones post-cancer is what I would recommend.

Some states, it's five years, you know, where they recommend that you wait. And these are like more than medical board rules. So, but when I look at this, we know that estrogen itself, like giving estrogen or your body producing estrogen, that isn't creating the cancer.

It's the metabolites, right? It's like toxins. It's the environment. It's how you're metabolizing it. It's drinking alcohol because alcohol is tying up your liver.

Yeah. So it's all these other lifestyle choices that If we really wanted to prevent breast cancer, we would start in our 20s. Yeah, it's a really hard thing out there for people to understand that it starts in your 20s and 30s, things that happen in your 50s and 60s.

Right. Right. So beyond hormone therapy, what lifestyle changes like diet, exercise, stress management, do you

find most impactful for women during this transition?

Yeah, definitely weightlifting, as I alluded to earlier. So weightlifting and diet are amazing. I also think that perimenopause, it's a time where women are spiritually affected a lot and maybe spiritually attacked.

have my women pray, give them lots of good resources for their spiritual health too. Because I think that's overlooked also. It's a time where you really need to be surrounded by the right people to really support you and get that community.

And I feel like it's hard in the culture right now we live in because no one wants to say that maybe they're struggling with something and they just want to you know, put on the perfect social media picture and say everything's fine.

So I think it's great when you have a community of women that really talk about their struggles so you can pray about it, so you can get through it together.

Yeah, yeah, absolutely. What role does advanced lab tests play in diagnosing and managing perimenopause and menopause? And how can they give treatment decisions?

Yeah, I think we should always test and not guess. So depending on where a woman's at, sometimes you can just get blood work, get it on day 19 to 21 of the cycle.

You can get estrogen, DHEA, testosterone with free testosterone, estrogen. You can get all that lab work, blood work, and along with your thyroid hormones, which are really important to check.

and thyroid antibodies, and insulin and glucose. Those are my favorite lab works to get. I love looking at fasting insulin. It should be less than five.

I also calculate a HOMA-AR score, which is the homeostatic model assessment for insulin resistance, and that's really helpful at seeing, you know, if we need to double down on fixing that insulin resistance and helping make them more insulin sensitive.

I often have women wear a continuous glucose monitor is probably something that everyone in our country should wear at least for two weeks. Yes. Yeah, and what that does is it shows exactly in real time how your body is responding to what you're eating.

And a lot of people are very surprised. Yes, I did that for two weeks and I was really quite shocked at what was spiking my blood sugar and what wasn't.

Yeah, it's wild. It's, it's so good. And you can even, you know, there were certain things like cassava for some reason, cassava chips really spike my blood sugar.

So I could eat, I could eat corn chips and it barely bumps my blood sugar, but cassava for some reason. Yeah. So it really makes you think about what you're eating.

Cause we want edible blood sugar for hormones. Right. Right. We talked about the estrogen metabolites, so urine estrogen metabolites that's looking at how you're breaking down your hormones.

That can be really helpful. And then I really love saliva testing, so I use saliva testing for hormones. So we're seeing what the tissue level is, and that is how you can determine what is going on topically.

You know, we were talking about this a little bit earlier, how when it's scary, when people dose estrogen off of serum levels, because they're always gonna be overdosing.

And I see that all the time. And probably the meanest thing you could do to a patient is put them through having to drop down their estrogen, because those receptors are over-activated.

So then you take estrogen down, they're gonna have side effects no matter what. And you just have to tell them, you're gonna hate me, For a couple months and then you're gonna love me.

So it's hard and that can also happen with women on birth control that are put on birth control for like menopausal symptoms I that's like my least favorite when yeah women that are 40 or 45 that they're put on birth control and they come to me and they're like I'm like, okay, you know, did you go through menopause?

They're like, I don't know, because right when I was kind of going through the change, I was put on birth control. I had progestins in it, and I'm like, oh my gosh, like, this is like the worst thing that could have, that you could have.

And really, it was the progestins that were linked to the breast cancer risk in that women's health initiative study, I think. Oh, absolutely. Yeah, so I'm always trying to get women to, for that reason alone, to stop those things.

Yeah, it's, it's very frustrating. And, you know, if listeners don't know, so progesterone, they wouldn't be able to, you know, sell that as a name brand, but progestin, they can.

So it's just like, it's a money game at the expense of women's health, unfortunately. But that's, but that's why we're here talking about it. So more.

Yeah. Yeah, so why do you think menopause is still such a taboo subject in many cultures? And how can we help normalize the conversation and empower women to advocate for themselves?

Yeah, I don't know why people don't talk about it. I mean, I think people are just like, they don't want to let anyone else know they're struggling or something's wrong or something's off.

You know, people don't want to talk about vaginal dryness and hot flashes.

Taboos, Mental Health, and Preparing for Menopause

So we're not, and then unfortunately when they bring it up to their doctor, they're given their gas lit, they're given pharmaceuticals only as a choice that are only going to cover up the symptoms, you know, and they're still not feeling good.

And I always say that, you know, God made our bodies like perfect, right? He has beautifully and wonderfully made, you know, our bodies are great. and he we have this divine like just symptoms right this is like awesome we're given symptoms i think of symptoms is a blessing because it's telling us that there's warning sign it's like smoke right like no one ignores smoke when we see smoke we get very concerned and we look for a fire but for some reason in conventional medicine, they see smoke and they, I mean, I used to do this, right?

I was conventionally medicine trained, you know, in the ER, you see smoke and you just, you just cover, you just cover it up. You don't really let the root cause, you don't look for that fire.

So that's, you know, that's probably why it's just We're just like, yeah, we don't want to talk about hormones and vaginal symptoms. I think at least it's a little more talked about now than it was, say, like when my mom was of an age.

They certainly didn't talk about it because it just wasn't polite. I don't know. It wasn't something that you talked about. Yeah, that's true. But I'm glad it's spoken about more and women are getting the correct help they need.

Yeah. So what is the connection between hormonal changes during menopause and mental health? And how can women address challenges like anxiety, depression, and brain fog during this time?

Yeah, so we need estrogen. We need estradiol. It's great for multitasking. It's great for mental health. But at the flip side, if we have too much or an imbalance with progesterone, that can also cause us some anxiety, palpitations, and other symptoms like that, stress.

So that's why I really like for menopause and perimenopause to have that progesterone there. And perimenopause, we dose it just during that luteal phase, that's the second half of the cycle, and that is when our progesterone shines and is more dominant.

And then menopause, then you are just going to replace it daily. What practical steps can women take today to prepare for or better manage their transition through perimenopause and menopause?

And are there any resources you recommend? Yeah, absolutely. So for the transition, I would definitely make sure that you're going to a functional or integrative doctor that is board certified, that can prescribe medications in your state.

and can help you out through all aspects. So I think that is really important. And they can discover if there's root causes that would be making this even worse.

So sometimes during perimenopause, it just kind of amplifies everything else. So say that you have mold, you have mold illness that you didn't know about.

And then you start going through these hormonal changes and things are just really bad, like you just hit a wall. And a lot of the times when going through root causes and a full history and physical with patients, we will discover that they had a mold exposure in college, in the dorms, you know, or military houses are really bad.

I've had some patients that live in military houses. What happens specifically with mold and mycotoxins, they clog up that liver. So then they're having problems metabolizing their estrogen.

And there's some mycotoxins that actually bind to estrogen receptors. So that can really muck things up. Even if people don't know to switch out hair products, if people are still using perfumes, you know, with parabens and phthalates in it, these are all endocrine disruptors.

So this could make that change even worse. So your body maybe was doing fine with it. you know, a teenager and stuff, but now it's like, it's like, woo, like you really notice.

So you have to make those, those lifestyle changes. So it can just, it can kind of be a kick in the butt, right? Cause you're like, but everything was fine and now it's not what happened.

Right. Right. It just tipped you off that edge and it's super frustrating. Kids can eat just candy all the time or whatever, but it catches up to you.

That's why it's hard to explain. My daughter, we switched. She has perfume that it's not really perfume. It doesn't have parabens or phthalates in it.

We have clean cologne in our house and we have shampoo without fragrance and stuff. It's those little changes can really help because right now there's so much environmental.

And yeah, and that's what I try to explain to my parents. I'm like, when I grew up, it was, you know, not as bad. And when you grew up, it really wasn't even as bad at all.

Right. Like, yeah. Teflon was created and it's a forever chemical and, you know, this stuff just wasn't around. So I think that that's the hard part. It's like we're swimming in toxic soup and it just amplifies everything.

And I think it's interesting that I see a difference in women. Some women come in and we tune up their hormones and they feel great. Other women come in and we try to tune up their hormones and they don't feel any different.

And I think the difference is their toxic burden, their ability to detoxify, other inflammatory stressors that's going on in their body. You know, everybody's just so different.

So sometimes you get these expectations of like, my neighbor had this and she feels great. Now I'm getting the same thing. Why don't I feel great too?

Yeah, yeah, that can be really difficult. And I think that's when you have to educate them. And, and that's like my intake form for my patients is like 17 pages.

And it's like, I think that that helps when they're asked the questions, like, sometimes people don't think like, that they grew up, you know, on a farm that sprays glyphosate, you know, and that ruin their gut health, like they don't translate that to why they're having hormone problems now.

So I think that just it's education and learning. It's hard. I mean, hormones are very complex. It takes a long time to learn how to individualize a plan for a patient.

And I really think that that's what everyone deserves. Now, you could do general stuff and still get better but when it comes down to really figuring out like the really complex stuff like you said you have some patients that they're fine with just a little bit of help but then some really need a lot of attention and help and everyone is different and And it's not bad at all.

It's not bad. We all are things. Right. So what advancements or changes in menopause care do you hope to see in the next decade, especially in the context of functional medicine?

Right. I would like a lot more gosh, just support for bioidentical hormones and compounding hormones. They're poo-pooed so much on the loudest voices on social media, and I think it's because they're paying to play, right, and they're getting paid for.

So I think a lot of the real rational voices get clouded out by really extreme views. So I just That's why I'm so passionate about this. This is why my book is coming out in the spring about perimenopause is because I want the correct information to get out.

I also think that just women need more support in this time and they need to ask for help. So I wish women in their perimenopause space that they know how to work with their cycle.

I teach a lot on cycle syncing. I want them to be able to feel vulnerable and ask for help. And then if they do get gaslit by their doctor to recognize that and just go and seek better care.

Awesome. Awesome. Well, this has been so great and so informative. I really appreciate you being on. I've learned a lot, and I really appreciate your time here.

Thank you so much. It was great talking to you. And I ask anyone listening to go to my website, healthybydrjenn.com, or follow my Instagram. It's at integrativedrmom, and we can connect there more.

Awesome. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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