Introduction to Female Hormone Health

All right, everyone, welcome back. So today we're going to dive into something that really needs to be dove into deeply. And I say this because the work that, we do, we experience that of all of the sort of patients and different problems that we have to work with, the area that straight out sucks the most is female hormone health.

You know, it's taken for granted that you're supposed to have problems with your hormones. What are you worried about? And over and over and over again, we hear this.

And then we take those very gray stuff. And it could actually be very black and white if somebody knows how to work on it and, you know, truly help somebody and understand why these things are happening.

And so we're joined today by Kristen Johnson. And Maria Claps with the tag team today. Thanks guys for for joining us. Thank you for having us. It's a bit intimidating.

I have to admit. I'm talking to two women about female hormones. Yeah. Well, we'll get through it. So. Well. And, you know, it's awesome because you guys have this perspective for all these women out there.

They're just sitting there waiting. What? What is menopause going to be like? It was horrible for my mom. How bad is it going to be? So if we dive right into it, why does this happen?

Why do people well, why do women get into this sort of stage of what is this painful, aging and painful call it menopause and hormones change and what's going on there?

Well, I think it's a mix of things, for sure. So we we're not going to deny the biology of change that happens in the female body for sure. But if you've, you know, if you speak to, say positive women who say, well, my grandmother went through menopause and she did just fine.

It could be that your grandmother grew up in a different environment. So your 21st century living certainly doesn't make it any easier. But that's something we all just have to contend with.

Instead of just fixating on the fact that that's where we are. We just have to realize that that is where we are. And then the changes in the functional declines of organ sufficiency.

They happen. And I think that's something, Kashif, that nobody really wants to acknowledge is that the body does change with age. If we're speaking from a purely physiological perspective, it's certainly not for the better.

And I think that's where Kristen and I just bring this sense of gritty reality to healthy aging instead of, just a fluffy, positive. I mean, we're just we're positive women, and we always believe that you can think to you can do many, wonderful things, on a spectrum of, you know, kind of low intervention, low cost to medium to high.

Why Menopause and Hormone Changes Happen

So you can always do something. I mean, we just worked with a client who was 85 years old. And she interested in improving her health, like, yay, her.

But the reality is, is aging takes a toll. So, yeah, I mean, I think a lot of women think that their body is, failing them and or rejecting them or somehow, you know, kind of revolting against them.

And Marie and I just try and get the point across. This is normal. The ovaries, age or hormone rhythms of our youth change. They go away. And I think the biggest problem is that women do not realize what a homeostatic regulator

our female hormones are.

Way beyond fertility, right? We're focused on kind of the fertility piece or some of the, you know, other, vibrancy that comes with that youthfulness of having sufficient hormones.

But then our hormones disappear and it's a bumpy transition to go from having hormone replete body to a hormone deficient body. And we focus on that as this failure of some sort.

And sure, it's ovarian failure, but we would see it as not that your ovaries are supposed to remain vibrant and producing in age. They, they it's a normal aging.

And so getting women to understand what is going on helps them understand what they can do about it. And that's the biggest piece that we try and fill in the blanks for.

Yeah, that makes a lot of sense. And that a lot of women or in general people are unaware that women have to face this other load of toxic estrogen that for the most part, men don't.

There are some men that are estrogen dominant and have some sort of toxicity, but even then it's a drop in the bucket versus what the female profile has to deal with, right?

Yeah. And it's almost a protective measure. Your past this fertility stage where you don't necessarily need, you know, the hormones to the level you did that many decades of exposure to this level of toxicity.

It's almost a relief to the body to get rid of that. And you wonder why. You know, Mother Nature does its take the way it does. Right? But meanwhile you guys talk about, okay, forget about, postmenopausal or you're able to deal with that because hormone levels are lower.

But prior to you talk about estrogen detox, what a lot of people don't think about that, where you can actually mitigate what we're talking about right now.

Yeah. The body, has to make an estrogen or in, for postmenopausal women, or take it. Right, because we're really not making much at all, from the ovaries.

So once we're postmenopausal and then, you know, it has to signal the receptor, and then it has to go through a, process of detoxification, in, you know, really kind of the liver is, you know, primarily where that happens.

And then, you know, we excreted in the stool and they are. And so that's actually a really important process. And it kind of can determine our, our feeling of estrogen in the body depending on how well the body handles it.

Yeah. Estrogen super potent. I mean look at all the things that it does. And maybe some of your listeners aren't familiar with all the things that it does, but it literally is triggering everything from our bone remodeling to our heart health to our cognition beyond just what's happening in our ovaries and uterus.

And so that's a pretty, pretty powerful molecule on the body. And it needs to be broken down and gotten out. And I think women focus on these early years where they think they make too much of it.

Right. And then in the perimenopausal and postmenopausal years, we're not making that much of it, if any. But the problem is, is we still have to kind of make sure that that liver is able to interact with estrogen in the same way that it did when we were younger.

And let's be honest, I mean, lifestyle choices add up, right? And, you know, you know, chemical exposures add up and over. And, you know, if a woman's drinking alcohol, I mean, the liver kind of has a priority.

And unfortunately, over time, this really potent estrogen metabolite needs to be detox. But if we've kind of, you know, messed up the system, we're going to end up with these metabolites circulating, circulating that are not

going to serve us well.

So how does a woman know? Because there's so much. So everybody sounds like they need to pay attention to this. But there's also a lot of variability.

Like not every woman is the same hormonally. So who knows. How do you know that this should be a priority or is it a priority for everybody? Well, it's it's definitely.

Well, we tend to focus on midlife women, so it's definitely a priority.

Estrogen Detox and Metabolite Clearance

We think. I mean, it is a priority for everyone if they can afford it. But for midlife women who are many of whom are taking estrogen, right. Especially if you're taking estrogen, you do want to make sure that you are able to handle it correctly.

And if you're not, and most women are, but if you're not, then you want to take some steps to correct that because that's that's important. And that can determine your, kind of experience with hormone therapy, which we are very much in favor of.

And really the way to know for sure if you are handling it correctly is, it's looking at metabolites, and we can't see that in a blood test. We can only see that in, we really see that.

Best in your test. Yeah. I would say any woman who has GI upset, who doesn't have regular bowel movements, who drinks alcohol regularly, who isn't using, you know, clean skincare and clean cosmetics and things like that, maybe has a smoking history, any sort of mold exposure, toxins.

It's almost a given that you're going to struggle a little bit with your estrogen detox. So, I mean, the bare minimum is, if you're not sorry to be TMI, if you're not pooping daily, you probably have an estrogen problem.

And it's not that certain problem that caused it, but it's the lack of, essentially getting rid of your excrement that is going to the estrogen problem.

So it's kind of like assume that there's there's this foundational estrogen problem, meaning that everyone wins. But now it's the cofactor of are you also increasing the environmental load?

Are you also not clearing it. Are you also exposed to, like you said, mold or Lyme or whatever it is, any other inflammatory insult. And that combination takes you over the that sort of threshold?

Yeah. Yeah. That makes a lot of sense. And then we understand that genetically you can you can look at profiles and understand who is more estrogen dominant.

Like what is the actual pathway. You know, who produces more of a toxic metabolite versus like a two hydroxy like a clean estrogen. Right. And be a little predictive about it.

But even then, you know, you could have this clean profile, like you said, the reality of how we live today, and what we're exposed to, and all those hormone disruptors are pushing us over the edge anyway, even for the cleanest profile out there, right? Yeah.

And we rarely see women because we run a test on every client. And, Dutch test is a dried urine analysis looking at these metabolites, looking at phase one and phase two, we rarely see someone who doesn't need a little bit of support.

And it can be, as Maria said, low hanging fruit such as just, better b-complex sufficiency and magnesium. But some women, you know, either have that toxic load or they need the digestion support and, you know, bowel support.

Or there's just basic things like, are you a t, you know, slow methylated. So that's an enzyme snip that some of us have and, you know, little things like that we have to look at because I wouldn't you say, Maria, unless a woman who's been using like, liver herbals and and, compounds like them, we rarely see someone who comes through with a great profile.

Yeah, yeah. So I know you mentioned that you're a big proponent of hormone treatment or hormone replacement therapy. So, the typical first question now is here is what what is it for?

Why do I need it? Not me, but a woman, right? You might need it too, if you're married to a woman. Yeah, you may need her to take it. Why? For men? It's funny because it's so called rudimentary.

It's like I want bigger muscles and I need libido. And. And that's why men are taking hormone therapy. And there may be other benefits. They don't even realize they don't care, right? Yeah.

You know, but for women, it's so much more complex. So why do women need it? Well, that's a very nuanced question, but Kristen and I actually bring women through sort of like, what do we call like a higher hierarchy of, value of evaluation?

You know, a lot of, what is focused like. So there's a big push for the eye space of menopausal women. Okay. So Chris and I have always thought that, but we just read something, that confirmed that the venture capital community is very interested in marketing to menopausal women.

So therefore, therefore, a lot of it is going to be focused on symptom management, which is not bad. Nobody wants hot flashes or, you know, low mood or things that kind of classically accompany menopause.

What we really like to focus on is to go beyond just symptom management, because symptom management could be this you're 51 years old, you have hot flashes.

You're you're menopausal or you're perimenopausal. It doesn't matter. You can do HRT either way in perimenopause or menopause. Meaning you don't have to wait until you're fully menopausal 12 months without a period to commence hormone therapy.

Okay, so you do the HRT because you want to get rid of hot flashes because they're very life disruptive. But you know what doc says five years now you're 55, you're 56.

Let's come off the HRT because you're kind of experience with hot flashes is probably over with. If you're like 80% of women. Okay. But you know what just happened? She comes off the HRT.

Maybe doc wings are off because we should never stop estrogen abruptly. And she doesn't have hot flashes. All good. She thinks everything is fine, but she's lost like the other protection.

And, that that continued, HRT usage is going to give her.

Who Needs Hormone Support and How to Test It

So we focus on, like, how can we be healthy and vibrant for the lifespan, versus just like symptom management. Like I said, nothing wrong with symptom management, but we want we want women to think beyond just that.

Yeah. And there's a huge reason why if you look at the statistics, women outnumber men when it comes to Alzheimer's. Almost 4 to 1. Yeah. There's I mean, you know, hopefully there shouldn't be news to anyone, but that has a hormonal component.

It's a huge piece of our cognition is dependent upon our sufficiency of estrogen and progesterone. Same thing with cardiovascular disease. We're always hearing about men, men, men.

Well, if you look at the stats, by about 5054 women catch up to men and eventually exceed them when it comes to cardiovascular disease. Same thing with osteoporosis.

I mean, how many osteoporotic men do you know? Not many. Right? It's always women that we hear about. And these are the imperatives that we try and get across to women is that this is all related to your hormonal sufficiency.

So while that hot flash at night or the lack of libido or the crappy skin or, you know, again, dry vaginal tissue, which is why you don't find intercourse satisfying, these things are relevant.

They deserve your attention. But what really deserves your attention is locking in that health for your 60s, 70s and 80s. And that's what doctors are not talking to women about that.

And that's unfortunately what this venture capital boon into menopausal marketing is not going to capture either. Yeah, there's no concern over overarching wellness.

It's more like resolve that symptom, this silo done bucket removed. That was the one to the next one. Right? Right. We see that all the time. And even the sad thing is the women that we see believe that that's also the way it should be because that's wrong.

Right. And that's unfortunate. Not not on the understanding that you can ask for more and you can look for more, you know, like you started out saying, you know, maybe they associate kind of how their mother experienced menopause.

And so it's like, oh, here I go. This is my turn. And Marie and I call BS on that. Nobody has to live that way. Just because it became so common that it's defined now as normal does not mean that that's your only option.

And that's the biggest thing is, you know, particularly women of our age, our mothers were the ones who were essentially started on an imperfect hormonal therapy.

And kind of, abruptly taken off of it because of some science that came out in the eye. And they suffered. I mean, they suffered horribly. And so any woman who's in that kind of trans perimenopausal transition or post menopause, she's looking ahead of her mom just thinking like, oh, UG, here I go.

Yeah, yeah. And, you know, we're here to say no. There are, you know, so much has changed. We understand and the whys we understand the what forms better and we have options.

But, you know, we also have to make sure that we're living a life that is going to be a healthy host of those hormones. And that's the part of kind of that toxic burden that we're bringing into this phase of life and everything else that should be addressed.

I mean, women cannot be sitting up on their phones all night and not sleeping and, you know, having a glass of wine three nights a week and everything else and expecting any experience with hormones, whether from her own or from hormones, added, it's going to be pleasant.

So when you mention toxicity, does the woman have to consider, okay, I'm I'm not going through my natural cycle of hormones going down. So let's, sort of risk for estrogen toxicity.

Now I'm keeping the levels high. Does that is that a concern? Is there something that needs to be done in tandem with it, like supplementation or something to manage toxicity, or is that not something we have to think about?

You mean if she's taking HRT? Yeah. Yeah, yeah. No, it absolutely has to be considered. I mean, Maria and I kind of say you look at things from where you're starting and you try and address those with targeted lifestyle interventions, which may include some supplementation.

But many times there's low hanging fruit with diet and exercise and sleep and stress management. Right. But then

once you add HRT, we're always of the mindset that just check it once a year, look at how you're metabolizing these things.

I mean, none of our lives are kind of lived in a static silo, right? We're always engaging with stress and, you know, toxins and whatnot on a regular basis.

Hopefully a woman has tools that she uses on a daily basis to sort of mitigate the effect of those. But either way, checking once a year is always a good thing.

Okay. And just, I have to ask you one dumb question. Do HRT hormone replacement therapy, then there's broad bioidentical hormone replacement therapy. What's the difference? And does it matter?

Okay, so we just, just we just call it HRT. Okay? For us, there's so hormone replacement therapy. There's so many ways to say at this HRT, there's more for menopausal, hormone therapy.

I mean, for us, it's just a kind of a Big Ten HRT. But we are, for fans of bioidentical hormones. Absolutely. So when we say HRT, we do mean HRT, and that's bioidentical.

Why HRT Matters Beyond Symptom Relief

Is just has it's a molecular kind, identical copy of what your ovary made. Right. Okay. So was there some work done preliminary to figure and try and personalize a little bit, in terms of what a woman might be getting from her physician, I'm sorry when you say that you're sort of mimicking the natural hormone treatment and that's what you mean by bio identical.

Sure. Yeah. Okay. Okay. Understood. Yeah. Okay. And then, so have you seen adverse outcomes where women don't feel right after, or is it pretty consistent that this is like the fountain of youth and it's got to happen for everybody?

Yeah. I mean, that's another nuanced question because HRT can be done, as we call it, kind of on a spectrum, right? There's there's imperfect and inferior forms of HRT even by HRT.

And that's the biggest problem is that too many providers, they're either afraid of it, so they kind of dabble in it. And, you know, it's almost a worst experience to give a woman a little bit of hormones, but not enough because her body's kind of like starting and stopping on these breaks.

But, you know, there's if you go back to how did we produce hormones, right? We produced hormones as women in sort of this rhythm over the course of 28 roughly days.

And it wasn't progesterone and estrogen every day all the time. We have this nice, beautiful flow with peaks of estradiol. And then we have progesterone kind of coming in in a different part of the phase. It's not every day.

The problem is, is too many doctors. They approach HRT by using it as symptom management. And so let's say a woman's not sleeping. He'll say, here, I'll give you some progesterone, oral progesterone, and that'll help you sleep.

But they don't ever necessarily add the extra dials or they'll just give them a cream progesterone, which women can almost buy over the counter in most places.

So they start self dosing. But what women don't understand and what too many providers don't understand, is that there's sort of this triggering of receptors and there is this interplay, this sort of gas and breaks response between estrogen and progesterone that needs to be honored.

We need to be honoring the body, not just with chemicals that molecularly look identical to what we produced, but also that, you know, reproduce the, the rhythm that we had, and that we honor when we were exposed to these hormones at what times during the cycle.

So, you know, women, unfortunately, they hear Bharti or HRT and they go to their provider and say, I want some. And their provider might say, oh gosh, okay, sure.

Here's a patch or some progesterone or here's some cream. But they don't monitor them. They don't dose it according to, let's say, their body fat, which does have a lot of relevancy for women.

They don't, follow that rhythm. So they just kind of flood the system. And so women may have adverse experiences, they may get water weight, they may not have receptor health that's ready for this.

And we have to build those receptors through that rhythm and those peaks and valleys. And so women tend to, when not using an HRT provider who has skill in that artistry and nuance of HRT kind of application.

Women can have adverse outcomes. And it makes Marie-Anne me incredibly sad because what happens is they say I tried HRT and it did not work for me, and that just means you had a really poor HRT provider.

Yeah, that makes a lot of sense. That's something that's nuanced and complex, but also, if you have enough experience, pretty glaringly obvious. You know, the profiles and what that person needs.

But if it's like, mixed sort of family practice where this is 1% of what you do, you don't ever get those nuances or concern over those profiles. And it's a one size fits all approach.

And I could clearly see why it would lead to the kind of problems you're seeing, you know. So you mentioned something there which I hadn't heard before, which is managing or preparing receptor health.

You know, and that's a really cool concept. We've seen that we do some work with athletes, and we're often working with the androgen receptors to help them bind more testosterone.

And something as simple as stretching, for example, literally activates the androgen receptor. And all of a sudden these people are doing better. So what are you doing there?

I, I've literally never heard this before. Receptors are kind of the forgotten aspect of the hormone replacement therapy conversation when it comes to midlife women, for sure.

And we cannot micromanage receptors. So we have two main receptors for estrogen alpha and beta. So alpha receptor is going to be the growth receptor. The proliferation and then the beta receptor is going to be the brakes receptor.

Let's put the brakes on that proliferation. And quite frankly we need like we need a we need both of them. Right. You'll find that there are doctors who will, give biased, which is a combination of estradiol and will usually in a cream.

It can be compounded into a capsule as well. And they like it because it stimulates the beta receptor. And we want beta because we don't want too much control, you know, too much growth from from estradiol.

And probably a little bit more than you bargained for in terms of an answer.

Receptor Health, Dosing, and HRT Nuance

But the truth is, is that, we need to signal both the alpha and the beta receptor and receptors in general, as a woman, ages will probably the best way to put it is flatten and kind of become deactivated.

When that happens, HRT is just not as effective. So how we so how we can build back up receptors is using the right, amount of, hormone therapy. And as Christine was describing, in a rhythmic fashion.

Yeah. So dosing I mean, this is where I guess we get into when doctors are kind of this low dose, almost afraid of

HRT. That's when that's not going to be sufficient physiologically to build back up those receptors.

And so these women sort of dump hormones into the tank. But there's no place for those hormones to go. And they either have a net neutral, no effect, or they can have a negative effect.

And so finding a provider who's willing to address your physiologic needs, and every woman comes into it a different place. I mean, this is where that individuality becomes relevant.

And why a doctor needs to be really digging into what is her health history. How were her cycles when she was younger? How long has she been without these hormones?

That's all going to kind of determine what her receptor sensitivity is. Starting HRT and then it should dictate does she need to start out at a lower dose and build up slowly?

Is she someone that you can just kind of pour on, and put a lot of estrogen into the tank and she's going to take it up really quickly? All of that is, you know, really determined by sort of the health of the body coming into HRT.

Now, when I'm women aren't going to necessarily know that out of the gate. Right. And so that's where Marie and I say, look, you have the opportunity to influence the way your body is poised to receive these things.

And, you know, these are the low hanging fruit. This is where the nutrition and the lifestyle factors come into play. You can't necessarily wake up receptors through great nutrition, but you can sure as heck make your receptors, your body, have fewer priorities and allow the priority to be receptor, you know, growth and waking up, if that makes sense.

It does. So you're essentially saying there's there's a bit of a hack where you could actually do things to change the expression of your chapters, and it may not necessarily be like a supplement or a food, but activity, just like really mostly centers around usage of hormones and usage of hormones in the right amounts and in the right rhythms.

But I'll bring I'll kind of introduce one other receptor thing into the conversation, which I think is fascinating and I think more women need to know about.

And that is so a lot of. So the main HRT for midlife women is going to be estrogen and progesterone, right? Testosterone can certainly be part of it. But that's a different conversation.

Let's just focus on estrogen and progesterone for the moment, okay? A lot of women will say 4748 Perimenopausal symptomatic. They'll start with progesterone.

All right. Because, you know, they just that that seems to be the the good thing to do or, an applicable thing to do for a lot of women of that age group that doesn't mean that they won't benefit from estrogen as well at that age, but that's a different conversation, a bit to nuance.

But so they start with progesterone, and they may feel great on progesterone for a year or two. And then they hit 5051. And again these ages are variable.

So no one should take this as as ultra specific. But now they're menopausal. And that progesterone it just flat out does not work anymore. Wow. It works so amazing in the beginning. It doesn't work.

The reason is, is because progesterone needs to go into a receptor okay to work. And what creates that progesterone receptor is estrogen and estradiol specifically.

And when we don't have that estrogen in the body anymore, the ovaries have stopped making it. And whatever is made by peripheral conversion from the adrenal glands, it's just not adequate enough.

So now we have a woman who's 5051 taking progesterone. She's discouraged, just not working anymore. It's

because she doesn't have any she doesn't have estradiol to create those receptors.

So, Crystal, I mean, this is in the scientific literature. We know it by working with with tons of women. Christine, I don't know about you, but it kind of surprises me.

How many physicians don't know this? Yeah, yeah, yeah. So. And then. And then what happens, Kashif, is they'll start them out with this low dose estrogen. Right?

They'll kind of take it as like, oh, now might be the time that you could use estradiol. So then they'll start them out. But it'll be super low dose. Well that's not enough to stimulate the progesterone receptor.

And that's the part that, now we have estrogen in the tank and progesterone technically going into the tank, but no receptors to take it up. And so now we've lost that yin and yang sort of relationship between the hormones and that.

That's why, you know, we always refer to HRT as it's an art artistry. And you need someone who's skilled in those nuances, because any doctor who's willing to shove a pellet in, you stick a patch on you and, you know, hope your hot flashes go away.

They're not serving you, and they're not understanding the kind of physiology that needs to be, honored within the female body with these two hormones.

Yeah. And you're right that I, you know, this is not something you hear even in people that focus on this, like, HRT is a big part of their work. The preparation through, you know, sort of managing the receptor and making sure even binding and utilizing the hormones you're putting into the body, I guess you know, in the proper doses, it just happening anyway.

It kind of a fluke. Randomly they got it right. But when you're actually, you know, proactively thinking about it and it's part of your plan, your plan may be a little different.

And that's really awesome. You guys are doing that. I think about everything we've been talking about is about the estrogen wise woman. And last week we were speaking to this young lady who I think she was 21 or 22, cystic acne.

Hardly ever has, period. She was ripped like she had a six pack. Her her arms looked like like I was intimidated. I wouldn't want to go into an arm wrestle with her, but she.

And she had no clue, that she was highly androgynous. Right. And her testosterone levels, maybe even DHT, were really high. Her hair was horrible, skin was horrible.

But like I said, like, ripped, like not a drop of fat on her. So we have an industry that's all talking about the yesterday's woman. Does this profile need something else?

Is the right tool even available for someone who's highly. And yeah, well, she probably needs some body fat, to be perfectly frank. You know? Yeah. I mean, there's still, you know, she would be someone who would benefit from understanding the testing, right?

Like, is it her DHEA? Is it her androgen profile generally.

Hormones, Breast Cancer, and Risk Myths

Is her estrogen and testosterone kind of, interplay down regulated or two upregulated depending on which way the arrow is going? And then what is the health of the hormones that she has in there.

How is she detoxing them? And yeah, I mean, women like that, I hate to say it, they're usually too low calorie. They're over exercising. They may be exposed to some things that whether it's alcohol in their life or other things

that are creating this sort of toxic environment.

But it's really, really important. If a woman is 21 years old and has this sort of dominance with testosterone and low estradiol, she doesn't understand that she's going to have brittle bones by the time she's 30.

And all the exercise in the world is not going to stave off the fact that her estradiol is insufficient. So is that somewhere where you would uniquely put somebody onto hormone therapy at that youthful age, or that they would need that support?

There are providers who will do that. Definitely. That can be an intervention, but usually there's some basic lifestyle interventions that can help kind of nurture ovarian function to be more on point.

But, you know, people like that sometimes they get wedded to their physique and, you know, this kind of identity, and it's going to take some change. I mean, we like to say to women, you have to change to change.

You know, but yes, I mean, there's women who they never quite get their period right, or they're just always so thin. And you can nurture the ovarian function through the use of a well designed HRT, and they may only need to be on it for a few years, but they need to finally get back into that rhythmic production at physiologic levels of those hormones.

And so figuring out why this is happening would be the first step. But yes, HRT can help in a case like that. Okay. I would ask you about another lady that walked into the office.

So another profile that we hear about often, and I don't even know if there is a relevant sort of, intervention, but I'm just I just wanted to ask. So we have women that come in that are, that have breast cancer and the breast cancer, hormone positive cancer.

And so they're put on a treatment to block their estrogen. Right. And to prevent that binding the, you know, cancer feeding off the estrogen. So for that woman, obviously there's damage being done, you know, beyond.

Yes, there's this acute response that's required to help her get past this potentially terminal condition. But then there's all this other damage that can cause, and then you kind of left with the bag, not going to deal with it.

So is there an equally acute HRT protocol to resolve what you just went through and get her back, or is that kind of like damage done and her life has changed?

I think we'll both have something to say about this, except to say that, you know, that's a just definitely a challenging situation. Okay. Kristen and I know of several.

Well, actually, let me back up. Let's just say that, because the biggest elephant in the room with HRT and maybe just with being a female in today's society, is is whether one uses HRT or not is the fear of breast cancer.

It is unfortunately very common. Women using HRT will get breast cancer and women not using HRT will get breast cancer. So it's we don't believe it's the HRT that causes breast cancer.

We do know, women that have had breast cancer, some on HRT, some not on HRT. And even the women on HRT will, you know, come off for a season and take care of the cancer and then they will go right back on their HRT.

We've known several actually, sadly. And again, this is not kind of why birth recommendations. But sadly so many women think, oh my God, I either have cancer in my family or I had breast cancer and they think I HRT is not for me.

And that is an over generalized recommendation. That is not true for all of those women. Right. I will say that, you know, I, we know many women. I mean, including one of our mentors who was a breast cancer survivor who now actually credits, hormone therapy usage from preventing breast cancer reoccurrence.

So, yeah, I mean, so I this topic is always acutely, personal to me. My mum had breast cancer three times bilaterally two different times. And young, you know, not the old lady's 70 year old breast cancer but 40s.

And so this was something that I always felt the gun was loaded, you know, pointed at my head. And what would be the trigger sort of thing? I went through all the genetic counseling.

I considered, you know, a prophylactic mastectomy. And I had what we would refer to as busy breast. I had the micro calcifications, in my 30s and 40s, I had over seven biopsies where they left clips in and took material out.

I was watched every six months on breast MRI as well as mammogram like high risk considerations. So, the irony is, is nobody paid attention to the fact that I was also on a Mirena IUD.

I was essentially shutting down my own hormone production. And that it was when I came off my IUD and started HRT that my breasts became not busy suddenly.

And now it's to the point where it when I go in for my six month checks, they actually flagged me because they don't see any changes and they'll come back and say, not only do we not see any changes, we don't see the micro calcification.

So we're going to do another scan and we're going to look closer. And you know, now it's it's been nine years on HRT where they realize that activity in my breast has stopped.

And in fact, I have fewer concerning tissue spots than I used to. And now I just have these stinking clips sitting in there. And, you know, this has always intrigued me.

And so getting into it, I mean, there's a wonderful book called Estrogen Matters by Abraham Blooming that we think most women should read. This is a doctor whose wife had breast cancer, and he looked at the impacts of HRT and the loss of estrogen and how it may actually be problematic for breast cancer.

We also have one of our mentors who is of the opinion that breast cancer, you know, as Maria loves to say, if you have boobs and birthdays, you're going to have risk of breast cancer, period.

Not only is HRT or not, but one of our mentors will say that she believes there's sort of a dysregulation in hormones that predates the development of this damage that triggers the breast cancer.

So, you know, yes, there is obviously a need to shut down some production or shut down receptors. When a woman has estrogen positive breast cancer, but did her estrogen cause the cancer or was it a problem with her, excuse me, regulation or ratios of her hormones that were the issue.

And I think, you know, if you look at what we learned about estrogen treatment for breast cancer, I mean, there are doctors, or, or programs in Boston, even, where they are using high dose estrogen as a treatment and intervention for breast cancer because high doses of estrogen will actually shut down the receptor.

So instead of shutting down the estrogen production, we can shut down the uptake of estradiol and sort of close down the food, so to speak, for that, breast cancer, but yet not turn off a woman's Astra dial.

And so, you know, there's some wonderful oncologists who work in this space that Marie and I know. And we would say, just don't assume that you don't need your estrogen just because you have breast cancer.

There are some big picture considerations for kind of a short term, maybe shift in things while you're undergoing treatment.

Lifestyle Foundations for Healthy Aging

But long term we all need that estrogen. Yeah, that's the outcome. I mean it's horrible that women have to go

through this, but the fact that there's new interventions like adding estrogen and having a completely different experience, it's really cool that that work is being done.

So everything we've talked about up until now wasn't everything, but most of it has been about, you know, HRT and hormone replacement therapy, which was eye opening.

There's a lot of things that people have been, I'm sure wondering, would you help them now understand outside of that, what else would women be thinking about as they age to age gracefully and the way they want to age?

What else could they be thinking about or doing? Well, these are the things we say are right in their control. I mean, super first thing is we would say ditch the alcohol.

You know, women don't like to hear it. It's a great coping mechanism as we age, but it's not serving you. And, you know, alcohol ages you on top of everything else.

Physically, you know, an appearance. But it does really impact the way your body's handling your hormones. And your liver health is key for so many things.

But then we would say stop over exercising, start sleeping, start managing your stress. And then nutrition is a huge part of it. I read I got loud about some of these issues because we see too many women trying to address the body composition and some of the vanity changes that come with aging, and they do so in ways that actually exacerbate it.

So they'll go plant based and they'll up their cardio and, you know, they'll essentially create the sort of calories in, calories out punitive cycle of just chasing these numbers and depriving themselves.

And that is aging. You know, we hate to say it. I mean, we need to start doing the things that the guys do, which is lifting heavy weights. We need to be eating animal protein.

That means a steak. We need to be eating enough calories. If Marie and I had a dime for every woman who comes in and we look and we're like, how are you not starving when we look at your food journals to death?

And, you know, they'll say, but I need to lose weight and women don't understand that when we under fuel our body, we trigger responses within the system that actually will add weight.

Because our body is under stress, it's protecting us. So things like that, these are all within our control. Whether or not you use HRT, we want women to be, you know, eating enough, eating optimal animal protein strength training, ditch the peloton and the Orange Theory fitness and all of that stuff.

Get your sleep dialed in it, get turn off the phones and you know, we have clients who are like, but I can't. We're like, yes, you can. All of us can work on our sleep hygiene.

And then stress is obviously a huge place in the last couple of years have been stressful for everyone, but we can't get rid of it. So we need to learn how to kind of embrace it and manage it better.

And you mentioned over exercising, that's a concept that's maybe interest in people. What? How do you know? What's too much? I mean, I can speak to that from personal experience.

Just was a time in my life when I was just not fueling. Right. And getting to the gym early, and, I was like, absolutely, like, crushing on a, you know, a midday nap.

And I don't think a midday nap is wrong. If you feel tired, take a nap. But I had a feeling that that was, like, driven by improperly fueling and, just, you know, maybe just a little bit too much exercise, but.

Yeah. And if you're feeling like, really more depleted after exercise, then energized. And I think that would be a

pretty good clue as well. Yeah, I think sleep disruption is usually the number one kind of, flag to be looking for.

And like Maria said, the recovery piece is huge. And I think it's not just if you're depleted, if you also feel like the Energizer bunny and you just got jumpstarted, that's kind of a sign that your body's on this really disregulated roller coaster of ups and downs.

I mean, we should not be having these almost manic, forms of energy after exercise. You may have just overdone it a little bit. So, you know, we look at, you know, are you recovering?

You really probably don't need more than four days a week in the gym, so to speak. Focus more on those other restorative practices, you know, do some yoga, take walks, you know, take a nice bike ride that isn't geared towards any metric, but it's just for a lovely day, you know, to go outside and look, but usually, you know, the thinning hair, the under sleeping, the kind of, up and down energy, those sorts of things are usually your first clue that you're overdoing it.

And then also, if you feel like you're eating or you're working out to eat right, is that you can have these, like, almost manic food moments, too. That's usually a pretty good sign.

That makes a lot of sense. And I'm I'm resonating with that a little bit myself. Yeah. You know, I think I hit it a little too hard. It's also the way my brain's wired, you know, reward seeking.

So when I feel like I got to do something, I overdo it. So it's good to be reminded. I almost wish that was a menopausal women so I could work with you guys because you sound like, you know.

Well, you know, but I guess I'll never get that experience. So for the women out there, that do want to work with you, do do you actually work directly with the public or how how do they engage with your sort of your learnings?

We do, we do. So we have a six month program where we will do testing, lots of coaching and support, a really deep one on one session. We used to have a business model that was just testing and, you know, results to recommendations.

And then we found that that just wasn't serving women. And it didn't kind of feel like we were sitting in integrity because we really want to kind of change lives, not just, you know, sell tests.

So, yeah, we have a six month program. And then, you know, we have, what what else? So, you know, some, some free resources as well. Yeah. I mean, we try and be really education forward because in our opinion, you know, women a they need usually a little mindset shift.

And that can be tough. You know, sometimes we've kind of become wedded to our identity of being either overworked and overtired or, you know, facing what our mother's life sentence was, etc..

And so we find that if women understand the why, what is happening, why it's happening, why it's important to you, accepting the what to do becomes so much easier for us.

And we just, you know, we've seen too many of our own colleagues.

Working With the Experts and Final Takeaways

And, you know, we probably could have been guilty of it in the past, too, of just telling them what to do. And perfect examples will have women say, I just want you to give me a seven day meal plan so I can follow it.

And Marie and I have to step back and say, you know, that's all sexy and great marketing and it sells and it sounds easy, but you're again, you're just hitting the easy button.

How much skin are you putting in this game? And at the end of the day, I don't live in your house. I don't know your

schedule. I don't know who else might be being fed at your table.

I don't know what foods you like. I can help you once I know those things, but if we just give you something that's prescriptive, have we really served you?

You know, at the end of the day, you need to sort of build your toolbox up, understand what's at play, and then act accordingly. And that's what we try and do with women is just really teach them so that they feel empowered.

Because if there's anything that every single woman would agree upon in this midlife transition, it's this overwhelming sense of loss of agency. And we want to give women that back because unfortunately, our medical providers sure as heck aren't aren't doing it.

Yeah. That's amazing. And the y part you said, again resonates because that experience is so much somebody feel something. Right. And they're looking for the Band-Aid almost because that's what they're told they're supposed to do.

Go do whatever you want when you break yourself. Call me and I'll fix you. Right? Yeah, that's kind of the medical experience. But when you start to get into the why and somebody understands that they can actually understand what causes why it is happening and control that part.

Yeah. Right. And you're not told to control that part because that happens outside of medical care. That's the between the visits. Right. The all that y stuff is, do you have to manage it yourself?

Yeah, right. Otherwise you end up dealing with the what do you break yourself and someone's got to fix it. So yeah. This was awesome. Guys, I thank you for your time because, you know, eye opening and you answered what to you maybe basic questions, but people need to know, you know, and it was very helpful.

And I thank you for giving your time and for both of you joining us. That was amazing. Oh thank you. It's our pleasure.