Hormone Therapy Myths Debunked (Part 2): Muscle, Longevity & Misleading Warnings Transcript

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Introduction to Menopause and Estrogen

I don't know, but when you lose that estrogen, you become, they call them baser motor symptoms. And estrogen is very important for blood vessels and how they function.

Yeah, we learned that from men too. Yeah, from heart, you know, we know that estrogen when it's low, especially if you're not high enough, you're going to have an increase in heart attacks.

It's going to be the same thing. It's going to cause these baser motor symptoms. What does that mean, baser motor? Basically the blood vessels are fluctuating.

Okay. Okay. Yeah, it's how the vaso means blood vessel motor is how the blood vessel opens a cloud. Okay, okay. This is very similar men estrogen is very important for directions.

Why? Well, you have a big blood vessel down there, right? Yeah. Basically, and opening that blood vessel and functioning is good. What gives you the erection?

keeping your blood vessels open when you have it prevents heart attack. It's the same idea but this is when women it becomes crazy. Now it also affects the central brain in the form of the hypothalamus in those areas because that's the temperature control of the body and so when you lose that estrogen you start having that effect.

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. Well, guys, thank you so much for joining us. I'm privileged to have Dr.

Vettinos here as my guest. And this is going to be quite an interesting episode. We're going to be two dudes talking about the mysteries of menopause.

So already I apologize for anything we say before we even start. But firstly, you're going to have to excuse a lot of ignorance here. What is menopause?

So menopause is the stage in women's, funny thing about what you said about, yes, excuse us. I tell my wife now, I'm probably the only man, the close man I know that's closest to what women go through with menopause because I have to hear about it every day.

But when I mean close, I'm right here and this is where women are and the men are way down here. But yeah, I'm probably right here, but I'm still not close.

So we're like two Neanderthals here. But I can tell you what I do, my empathy towards them has gone since ever starting doing this medicine has gone from here to there.

Women get thrown to the wringer. They're told this is normal, which some senses is, but they're told that you got to live through it, grin and bear it, you know, now, especially since the Women's Health Initiative has cut away a lot of what they were using to help these women with the stuff.

And so for me, menopause is very important because I get, I see it a lot. And that's what most women who meet hormone come to me about. The only thing I know about it is it's, you know, the end of being reproductive.

I'm assuming because DX are used. What happens? What hormonally happens to a woman and what does a woman go through? Well, let's go through the stages because a lot of men equate perimenopause to benopause,

which is not the same.

If you look at the term menopause, in our Greek, mino means to have menstruation, and pause means pause.

Menopause Stages and Hormone Changes

It's a stimulus, right? So it kind of works together, right? And so it's the end of menstruation is what menopause is based on the just technical term.

So if you break it down to pre-menopause is you still have no cycles of menstruation. And then you have a perimenopause is the period where you start losing that ability to have normal cycles and menstruation, but you have uncontrolled menstruation or irregular menstruation.

Okay. And then you go into the last part of it, which is the loss of menstruation, which is menopause. Okay. And how, what period of time are we talking like?

So, uh, from men, men arc, which is the initiation administration, uh, to. perimenopause usually is, you know, up from 12 to 13 years of age all the way up to 40 years, 45, 50 years of age.

Okay. Uh, perimenopause, it's a little bit shorter period of time, but it's hell for women. It's not a great time. This is when they have all the menopausal symptoms or perimenopausal symptoms like high flashes, night sweats, vaginal dryness, headaches, all the mood disturbances, all that type of stuff.

Okay. That one. It varies from women to women. I've had women be in period menopause for 10 years. Yeah. It feels like we call it no man's land because no man wants to deal with it.

Yeah. No women wants to deal with it either because it's hell on women. It's not great. Okay. But that usually, you know, they say on average they start around 50 years of age and they lose the last three or four years.

And that's when the periods all over the place. Everything is normal. You have a period for two days and then three weeks later, you have another period.

And then one week day after that, you have another period. That's normal there. There is nothing that's not, there's nothing abnormal during that period.

You'll feel like everything's bad, but that's everything that goes. And then about three or four years in the perimenopause period, on average, you'll see it.

Eventually the period goes away. And then that's when penipause kicks in. And after all those crazy symptoms calm down then or? Maybe. Most women will continue to have symptoms and may have them for several years and eventually go away.

Some women never lose the symptoms. Some women don't ever get the symptoms. Those are the lucky ones. Now, when you look at perimenopause, kind of how women go into menopause, The process is very simple.

The ovaries basically stop producing egg because they've run out of the egg reserve. But there's a hormone in your brain that kind of is the heroin hormone and it's called inhibit.

And what inhibit does, it inhibits the estrogen from going crazy for like a better term. And that's usually what happens. So if you think of menopause, it's basically based on head of estrogen.

And how estrogen is being done. So early on when you're cycling, woman cycling, estrogen is going up and down, up and down. Oh, it's looking monthly? Monthly, yeah.

Because your estrogen goes up, your head drops and that's when you have a period. This is along with

progesterone. Progesterone also cycles during this period of time.

The progesterone typically starts dropping off way earlier than during a kids period of time. When I say estrogen, it's for dial, which is beneficial estrogen.

So once that inhibits stops, Most people, the doctors, unless they understand this medicine, or lay people, they think venipause is the same thing as perimenopause, and that's when your estrogen just drops off.

That's not what happens. So premenopause, your estrogen goes all the case, and then perimenopause, your estrogen is going. So the cycles, it's just a regular timing.

Yeah. It just goes all over the place. Okay. Goes crazy up and out during perimenopause. So you don't want to give estrogen to a woman when she's up here.

Cause if you want to cause bloating, breast tenderness, acne, irritability, and breakthrough bleeding or worsening bleeding, do that. Oh my gosh. So I see this a lot.

This, this came a lot to my clinic from other doctors and unfortunately early on in my career, before I understood this really well, I actually made that mistake of getting estrogen to a woman who's in perimenopause and I learned really quickly why y'all do that.

Yeah. Um, and the research, you know, you go back and you look at the research and it makes sense, right? Eventually three or four years into perimenopause, then the estrogen drops off and goes down to zero and just stays.

Yeah. And that's when you have to add in. Yes. So can we also, so estrogen is the main quarterback or estrogen and progesterone of this, of this inhibit, then the hormones like LH and FSH, which are gonadotropin hormones, and then your estrogens and your progesterones.

So then you've got it cycling naturally, going erratic, stopping. Exactly. And that's estrogen. Not progesterone. Not progesterone cycles normally and then drops off.

Got it. So the first thing going through my head is how much more complicated this is as a man, which is probably true of just about everything. And that's why women are the smarter of the 10 year old.

It's complicated and it's simple at the same time. yeah if you're trying to treat it when it's cycling that would sounds really you never give estrogen a woman who's cycling although you may have to get progesterone uh if they have their progesterones are high enough got it um so premenopausal women okay see net arts yeah that's unless they've had a hysterectomy and they remove their ovaries.

Now, there's a small, small, small, small group of women where during that crazy cycle, well, yeah, you give progesterone, but it's not enough. They still have some things.

You can do a trial on estrogen just to see how they do. And they do well sometimes. Sometimes they don't. You don't ever do it again until they get they stop their estrogen.

Okay. So there's kind of exceptions to the rule and there's an arc to this, but for the most part, the biggest thing to understand is where is this woman in her cycle?

And that's what's going to kind of dictate what you're going to treat her. Low energy, difficulty focusing. It might not just be stress. It could be low testosterone.

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And what causes all of the, like, you know, hot flash, all the classic symptoms that, you know, we know about, why is that happening? Well, the loss of estrogen, but there's other hormones too involved in it.

But when you lose that estrogen, you become, they call them baser motor symptoms. And estrogen is very important for blood vessels and how they function.

Yeah, we've learned that from men too. Yeah, for heart, you know, we know that estrogen when it's low, especially if you're not high enough, you're going to have an increase in heart attacks.

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keeping your blood vessels open when you have it prevents heart attack it's the same idea but this is when women it becomes crazy now it also affects the central brain in the form of the hypothalamus in those areas because that's the temperature control of the body and so when you lose that estrogen you start having that effect well interesting enough How do we control testosterone in men is estrogen receptors in the hypothalamus.

So you're going to have estrogen receptors in the brain, right? Okay. And when they go crazy, it's going to cause problems with those symptoms.

Hot Flashes, Vasomotor Symptoms, and Progesterone

So, so this multifactora with the vasomotor symptoms, but we know by a starting. So let's say you have a woman who's having hot flashes and nights with that.

She's in a perimenopausal period. Yep. You don't want to give estrogen. So what do you would give? I don't know. I was about to ask you, wouldn't that you do progesterone?

Okay. Because progesterone is really good at taking care of those basal motor symptoms early on. So what is a hot flash then? Just where your, where your, where the temperature or temperatures are wrong in the hypothalamus?

You feel hot. I mean your body, yeah, basically your body. Are you physically hot? Yeah, they're physically hot. Yeah. They feel warm. So yeah, it really is.

Yeah. Yeah. They sweat. You'll see them. I mean, there's women that will drench their clothing and their bed sheets to the point where they have to change those every night.

Wow. And that's caused by the hypothalamus not regulating temperature. The script clear. Got it. Caused by estrogen or, and over the way to treat it is pressure dropping.

Yeah. And the way you're treating initially is progesterone. And again, very small group of people you could add estrogen, but you have to be very careful, especially during the perimenopausal.

Once they get through menopause and their menopausal, it sounds like it's been more straightforward at that point. Yeah. Yeah, menopause is not the most difficult, because now you know where their hormones are, because even giving a projection to a woman who's cycling and stuff, you don't need to cycle with it, but it can get too high, it can

cause her to be sleepy, or very high cases can cause breast tenderness.

But once the woman loses the hormones, it's a lot easier. That's why if I'm going to have the woman that's going to do a hysterectomy, and they're taking ovaries out is going to make my job easier because that's it.

But I don't really want them to take their ovaries out because as long as the ovaries are producing some amount of hormone, it's better. They'd be getting hormones.

Makes total sense. Yeah. So why, when you're treating a woman at the epithemic cell in what, what we've talked about estrogen progesterone, is there anything else that you would use or would it, would those, the two basis of So to start, it depends on where they are.

If they're premenopausal, progesterone and thyroid, then out of there too. Okay. Yeah. So when is that the same reason as for men, energy and… Yeah.

Because actually, if you look at his sign flooding, even before that, thyroid is one of the hormones that we first started seeing in most of women who are going through menopause as well.

So it's again, like I told you a lot of figures, but I guess it's all a web. They work together, right? So, um, so this is how kind of we do it. Um, 40 and above family, the 50, then you, you started adding S to testosterone because that's usually going to start and you really got to be careful with testosterone in the hour.

Why? Because most of them are still going to be in, um, reproductive age and maybe want to have kids. And testosterone is okay in first and second trimester, but it is what we call a teratogen in third trimester.

And it can cause a precocious purity and it can viralize the female into a male in the balloon. And so we generally tell women less than 40, we don't want to give it to them unless they have specific reason and they understand those risks.

If they do get pregnant, they need to stop the testosterone and stuff. So, um, so, but testosterone is very important to women. It's not a male hormone.

It is a female and a male hormone, just like estrogen is a male hormone and female. Yeah. Estrogen typically we don't start until they kind of bought them out there.

Estrogen usually is three or four years after they hit the perimenopause. Okay. Okay. So we go progesterone and thyroid in all women. Yeah. Testosterone women 40 and above.

Yeah. Generally speaking. And then estrogen we add in at the very end, usually when they're about three or four years out of menopause. And is it the same then?

We've talked about that a woman's hormones cycle through the month. So is it the same where it's a daily dose? Yeah, you do a daily dose. There's some people out there.

There was a book written by Suzanne Summers that the women didn't need to have periods. No, you don't. As long as you're using progesterone to thin the lining of the uterus to protect, they think that you need to slough off the uterine lining.

But if you're giving progesterone to thin the lining of the uterus, in fact, if you look at the research, you're protecting the uterus. When you remove progesterone and you allow the uterine lining to grow, it's not good in any amount of growing because that can always, growth means chance for cancer.

So you want to keep the progesterone continuous. Now there's some women That want to have their period generally speaking progesterone doesn't really stop your period it can That it's it's really difficult to do that.

But if you do want your period and you don't want to lose it now Dr. Broody says this, and I agree with her. Even if you cycle progesterone, it's not a true, your period.

It's basically a chemical period because you're, you're, you're, you're dictating when you're having the period. It's not really when your period is done, right?

It's not natural. It's not a natural. So basically you're removing the progesterone. You're going to have a period. We start the progesterone. So the big key here is you don't need to do that.

Progesterone, you want to take continuous because it's going to protect your uterine lining and protect your guess, urine cancer. Anytime you remove the progesterone.

You're going to increase the whisper. So let me ask you another question. So if, if, if, if a woman is going through these symptoms, she's, you know, which you'd mentioned the hot flashes, can't sleep, et cetera.

Um, how, how quickly can you alleviate some of those? And do you know, do the, does your protocol, does that get rid of those symptoms? Can you imagine?

Oh yeah. Yeah. This, I mean, that's the easiest thing to fix. Wow. Yeah. Okay. I find that that's usually you can get you like Dr. Rosie, who's my mentor and stuff.

He used to carry progesterone in a syringe. It was a liquid progesterone or injectable progesterone. And he had women to come in there. They were clearly in perimenopause, having all the symptoms, hot flashes, going depressed and they're giving the injection 20, 30 minutes, an hour later comes in there and the women are fine.

What was it? Oh my gosh. So it is that fast. And when you do the oral, those are the easier ones to get. Now the other stuff, you know, helping with weight loss and all that kind of stuff.

It takes time, right? But you know, hot flashes and night sweats, you can fix it pretty quickly. Whatever. So tell me about the weight loss. I've heard it's fairly, um, fairly common in women that, you know, once they hit that age, there is a, you know, I'm, I'm, I'm here at all time.

I'm doing the same thing. I'm eating great. I'm working out and suddenly on gaining weight. You know, is that average weight gain of women going through menopausal?

No, 25 pounds. Oh, average weight gain. Gosh. Why? Because you're losing all these hormones that help keep the weight under control. So you're losing progesterone.

Women have low testosterone at those ages, both of which help with weight loss. It used to think that progesterone didn't have a weight loss, but there are studies out there that show it does reduce belly fat.

Thyroid, right? Yeah, it helps with decreasing fat and increasing muscle. And also I'm assuming with the energy to work. Yeah, energy to the motivation, right?

Yeah. And then estrogen, especially if you're later, it does help with weight loss. We see it in men. We see it in women. So think about losing off with four of those hormones.

What do you think is gonna happen to your weight? Yeah, it makes, so it's not like with men then where it's like sudden decline.

Hormone Therapy, Weight Gain, and Testosterone

Yeah, for it's crazy. It'd be southern decline. Are we talking about with hormones or weight? Yeah, with hormones. With hormones, I don't know, it depends.

Like I told you, with women, estrogen goes like this, and then it goes like this, this, and this. And then it goes boom. Yeah, that's the one. So what about the other, like thyroid?

Is that a steady? Styroid's just like men. It depends on environmental factors, because you have endocrine disruption and it can affect all these hormones.

It could also be related to stress that could be dropping, age obviously. What about testosterone then? Testosterone is very similar to men, how it drops.

So it just starts at one time? In fact it is. I tell women, testosterone is more important than men. because if I lose a little bit as a man, and they lose a little bit as a woman, I got 10% of what we have, guess who's gonna be affected more like total sense, they have less reserve, they have less.

So they're more like, so that's why you see their weight gain become more prominent. And then, you know, it's funny, I have couples that come and see me.

And they're both taking the program and you see the man he's losing weight like there's nobody because he's you know, he's not 10%. He's got full amount women's 10% of what he is because she's a woman, right?

Yeah. And they look at each other like, why is he doing all this stuff? He's a and because I can't give you that much. Oh, I technically could. But you're going to get side effects.

You're going to get hair growth and acne and stuff like that. But, you know, I say to him, hey, you're not the same genetics first. And you're a woman and he's a man different different response.

But if we do all this other stuff, progesterone, thyroid, estrogen, and testosterone, and you diet and exercise just like he is, you should see benefit.

Is it going to happen the same? Women generally take longer because they have four hormones versus two hormones that you have to deal with. Okay. So it's more of a complicated to be the target.

But if you stick with me long enough, you'll get there. Now you have to put the work in. Yeah. I'm tired of people coming in my office, expect me to replace their hormones.

And all of a sudden, They're not going to do anything. I think you said it best because you said it to me. It's the missing link, but it's not the magic cure.

Yeah. Yeah. It's, it's, it's to think of it as this. You think of your, uh, a glass of water, right? Yeah. Right now, most people, if their hormones are low, they're, they're maybe half full or maybe even less.

Right? Yeah. All I'm doing is pouring that glass of water in there. You have to take it and drink. You have to do that. You have to, we're meant to move it now.

Instead of working out three, four hours a day to get the same result, maybe you can work out 30 minutes because now I have that reserve in there and you can do, you have the motivation effect.

And Craig even says, you know, our CEO, he says, you know, the, one of the ways this works is that you get more energy. Yeah. The energy makes you get more motivated.

You feel stronger when you know, you start working out, then you start seeing these gains and then like, I'm not going to eat crap anymore. So you stop eating for the purpose.

Yeah. People don't have that anymore. They're at their wits end and they're like, what could I do? I've been dieting and exercise. It's not worth it to me.

So why should I punish myself? All this is not going to make any difference other than I have that pie. Or drink that Coca Cola, right? But when you make that feel better and they're motivating the world and they're seeing the result, They're going to do the other stuff.

They're going to exercise it. Although I still have people that think that I'm going to give them this medicine. And you do see some benefit. And there's some guys that come to me and some women, they know, okay, I'm not going to do that.

So I know this is the best I'm going to get talk. Yeah. Yeah. Where I get some women and some men. that I don't know what it is in their head that they think that I'm gonna give you this, but you're not exercising like you're supposed to.

You're not dieting you're supposed to, and you're supposed to get these great results. And I'm like, no, you gotta do the work, but I'm gonna help you get there, right?

I'm not gonna just tell you, oh, do this. I'm gonna give you kind of the guidance to what we're doing. This is why we're adding the nutritional program.

This is why we're adding the fitness program. We're doing those things because we want you to succeed. Let me ask you another question that I often hear with the women are getting older osteoporosis is an issue.

How is that related to this? And also what about therefore the role of strength training of using being fit, which we just talked about, how, how can that help?

So yes, um, osteoporosis affects women more than men. Yeah. Why first? Well, if you look at the research, well, estrogen, Remember, it's more of a gradual change for men and women.

It's more like this with estrogen. Well, estrogen is not the most important, but it is the singular one that actually kind of tips the scale over for women.

Okay. As far as what causes this issue. So estradiol, the way it protects you against osteoporosis, it does it in men too, but remember men lose the hormones more, right?

So you do see osteoporosis in men and older men, but it's more of a gradual risk. And women is more off the cliff. And estrogen, estradiol, inhibits a cell called osteoclast.

Everybody thinks that once you have bone, your bone, right? Bone needs to have turnover. Okay. So you have bone static. No, it's not static. It has to because your bone becomes abnormal and it could get damaged.

So you have to constantly repair and rebuild it and stuff like that. So break it down and build it up. Osteoblasts build it up. Okay. Osteoclasts break it down.

Okay. Estrogen inhibits osteoclasts. So when you lose estrogen, your osteoclasts wrap up. So they break down bone faster than mobility. That's the third most important thing.

Okay. The second is vitamin D. All right. Which is a hormone. Yeah, it is a hormone. You gotta take your vitamin D. It should be called hormone D. Vitamin D is very essential for bone metabolism.

In fact, it's funny. A lot of these guys that tell you vitamin D doesn't work, they're looking at these studies on DEXA scans and they're saying, yeah, vitamin D does reduce your just DEXA for it makes it worse.

I don't know what that means. It's a way of testing and looking at it. But what does that mean as ALCO? If you look at the research, vitamin D actually decreases fractures.

Are you going to go with the scan that shows a little bit worsening, but that doesn't mean any outcome? Or do you

go with what happens to the patient?

What are we as doctors? Are we worried about a scan or are we worried about what's going on with the patient? This is what pisses me off. Vitamin D reduces fractures.

Makes sense. Right. That's what people want. I don't want to fall down and break my… I don't care what the fucking… I don't care what that scan shows.

It's important. Don't get me wrong. It's a piece of it, but you got to take it with a grain of salt. What does that mean? Those patients don't have any increase in brokerage.

I had a guy, I saw him on this thing called Umeda and I was like, well, it makes your DEXA scan worse. So therefore it does it. But what does that mean as outcomes?

And when you look at the studies, the outcomes of vitamin D is you see a reduction in osteoporosis fractures. Makes sense. And then the most important one.

Got it. And this happened with a lot of the thyroid studies. This is why they started blaming thyroid for osteoporosis, but they didn't realize that these women were already osteoporotic and they were also calcium deficient.

Got it. A thousand milligrams of calcium a day will keep you from having osteoporosis more effective than anything else. That's a simple fact. So calcium, vitamin D3, and estradiol, if you need estradiol.

Makes sense. Which are all fundamentals, I'm assuming, of the famix cell protocol. Yeah. Yep. Cool. And then what about, what's the role of musculature and being strength?

I'm seeing more and more. I'm seeing more and more of these videos. Yeah. Yeah, like unbelievable videos of these, like, women 75 bench pressing, and they couldn't do anything a few years ago.

Well, think about it. What's going to cause that bone to, sort of like a tooth, right? Okay. When you irritate the tooth, right? Or gum, right? It's going to grow, right?

Yeah. It's the same idea. When you have muscle pulsing, pulling against that, oh, it stimulates the bone. Stimulates the bone. That's why you see reduction in the osteoporotic fractures.

I always assumed the muscle, I always assumed it was because the tissue protected. It does that too, but it stimulates that bone.

Bone Health, Osteoporosis, and Strength Training

Because I'll tell you what, go do this experiment. I don't know if they'll let you in the hospital. Go sit in there going. I don't play. You don't want to go in the hospital.

But um, but go in there and go see somebody who's been laying in a bed for a month or two. Yeah, they're gonna be a blob. Their bodies go start eating itself up.

You have to move to build that bone. You'll see actual bone I didn't realize The whole body is going to start out. It seems there was the muscle. Well, there's muscle too.

It's everything. Yeah, I need a muscle. But you waste away everything. You know, they turn into a genetic bar basically, because their body is not useful.

So it's the pressure on the bone that stimulates the… Yes. What did you call those two then? The osteoblasts and the… It reminds me of a stalagmite and a stalactite.

The same thing. So class is Greek again. Class me breakdown, blast me build up. So B builds up, class breaks down. I know, I'm assuming also functional movement therefore much easier.

You know, you know, you function better. Yeah. You know, going to be choice between whether you can walk and run or you're sitting in a wheelchair in your late seventies or mid seventies.

I mean, trust is incredible. Zappel was a lady that was kind of, I mean, she had pretty severe osteocrosis and her only goal was to be able to play with her grandchildren.

She's playing with a grand jaw. Wow. And what sort of, so let's talk some, what happened to her? What did you do to this lady? Like, well, she was in her seventies.

Yep. Um, and she was having severe joint pain as well as, and that's where thyroid comes in. Thyroid is excellent for joint pain. Okay. But she had, uh, some history of fractures.

Yep. And she was afraid. I mean, she started running around that. wanted to play squirt guns with her grandchild. Makes sense. Yeah. You can't do that because you're old and you're going to have autism infection.

Well, I started on vitamin D, told her calcium. Yeah. She's on estrogen because she had to be on estrogen, progesterone, thyroid, testosterone, testosterone, all which testosterone build to also, what's this going to do against them?

Yeah. Pull the pressure. Yeah. The cloth. So did whatever it was. Yeah. Like tights. She came back six weeks, eight weeks later and she said, I can run around with her.

First of all, her pain went away. You know, she didn't have as much pain walking around, running around, but she said, I got drenched, but I was happy.

I love it. So to do, I'm still doing right. So I see all these, actually some of the numbers, what you see all that DEXA scan. Yeah. We're starting to, I see patients come into me.

I've done my DEXA scan and just started to see the numbers of proof. Wow. That makes sense. Yes. Because you're nearly building a muscle, which builds the pressure on the pile.

I love it. I never heard of that one before. That's fascinating. So tell me, I know we're nearly out of time on this. Can you give me a couple of success stories that you've had with women?

Like when they've come to you and they're depressed and so on. So give me a couple of stories where so people can relate to how powerful this is. So I've had, I'll give you, we talk about menopause, but I've had PCOS women and that's the younger women.

It's older women too. PCOS is at any age. It doesn't matter whether you have ovaries or not. It's not the ovaries that are the issue. It's actually an insulin issue.

But I had a young lady, overweight. She big. 290. Okay. 5'2". Oh, wow. Yeah. Yeah. Clearly PCOS and started on the program. We did do the GOP ones because you can use those or you can do metformin.

Yeah. Progesterone and thyroid. It's like that's like the band-aid, right? Not the long-term fix. Yeah. Well, that's not the long term. Well, interesting enough, speaking of that, they did do some research with postmenopausal women who were on hormones and take GLP ones.

And when they stopped the GLP ones, they were able to sustain the weight loss. Maybe there's something there. I don't know. Fascinating. But we don't know in men and we don't know in young people because the step studies didn't show that.

The step studies, which were the studies on stomach glutide, showed that they gained the weight back typically. Got it. So she started the program and I saw her She started weight loss, but then I saw her recently because we had moved, we had gotten her blood work to optimal her amount of numbers.

Okay. Again, I don't put a lot of weight in number, but she felt good and stuff like that. She came back at her six month follow up. We'd seen her for like six to eight weeks, 16 weeks.

And then she came back to her six month follow up 50 pounds, almost 50 pounds in six months. Wow. And she's working hard. I'm assuming feeling complete.

Yeah. Oh yeah. She, cause she's motivated now that she sees, cause beforehand she couldn't lose anything. He said, like I told you, she's like, why torture yourself if you're not going to lose, you know?

And so she started losing weight and stuff. Um, menopause. Yeah, that's the one I'm thinking there's going to be, if we'll use that means nearly every woman goes through this stuff.

Like what, what can they do? So tell me what, tell me why they should. Well, let me tell you the story of this one because I take care of the husband.

Okay. And he said, doc, do you take care of women? I said, yeah, not 50% of my patients are women. I love taking care of women that actually I get. I love men.

Don't get me wrong. I think they, they do great in the program, but women, when you, they've been so marginalized, um, dismissed and said that this is normal and stuff that they grin and bear.

Yeah. Um, and. And I'm going to use the term bullshit because it is a bullshit that we treat our women like this and think that this is a normal thing that they're supposed to go through and that they're supposed to suffer like this.

It's the most worst thing ever. And the guy, I don't know what he didn't see because I did have women in my, yeah, like in my waiting room coming in. But he said, do you take care of women?

I said, yeah, I take care of women. 50% of my patients are women. You know, I actually love taking care of women because I think they need to be, they need help.

They need, they don't get listened to, you know, or if they do get listened to, it's, Oh, I'm here. Here's this medicine.

Patient Success Stories and Relationship Impact

It'll cover it up like an antidepressant or something. Yeah. Um, yeah. My wife's going, so it's awful. I don't know what to do because you know, it's menopausal, but if I say something, she bites my head off.

If I don't say something, she bites my head off. So what do you suggest? Just have her come in. I'll sit down and talk to her. She came in. Classic. Um, and had all the classic signs, you know, her, her mood was the biggest thing that she was worried about, you know, cause she had, she dropped out this way.

I don't know what's going on with me, especially. She said she was crying and stuff like that for no damn reason. And she also had the hot flashes in the night switch and even worse, you know, I'm giving her her husband.

testosterone giving him better you know what's and she's got a vagina that's the Sahara desert right and I'm causing problems now because yeah they're there he's trying he's chasing around because he still loves his wife back you know he was very attracted to his wife and who's that was causing a problem because she just let it and he, you know, and you know, he's trying to understand because he's, I don't know what the hell I'm going to do.

Cause I'm about to go here. Well, start of the program, start of vaginal, uh, estrogen, oral estrogen, um, progesterone, vaginal estrogen for the, um, you know, vaginal dryness and to the, and then thyroid and

progesterone because she was in perimenopause.

I did not start her on estrogen orally. I'm assuming also D and calcium, uh, calcium. Yep. We did an MTX test. I think she was elevated. I think she was at 45 on the MTX, which is a test that we use to look at wrist rostrum perosis.

Okay. Now you're going to ask me, which you wouldn't have been knowing this, but while you just said don't give estrogen to women who are act of perimenopause and you gave her vaginal estrogen, which is funny because vaginal estrogen doesn't penetrate into the tissues, the body and vice versa oral estrogen doesn't get down there.

So I can give any woman at any age who's having vaginal dryness, vaginal estrogen, because it doesn't penetrate into the tissues to cause issues into the blood.

It just stays out there and helps with the uterus. She comes back night and day. Wow. The biggest thing was that let's go back to she comes back because that was powerful.

Well, she comes back completely changed. Wow. The first thing, the main thing is that she is now enjoying sex with her husband. and she didn't realize it wasn't that she didn't want to have sex with him and that her libido was low it was because she was having so much pain she didn't want to have sex because of her sex but she would she enjoys having sex with her husband and she has she gets she divides she she derives the joy of it from having sex bro her half-lashed nights with winnowing Wow.

So her mood improved. It wasn't a hundred percent perfect because we still had to make some adjustments, but those things and you know, how much of it was related to the fact that she couldn't have sex with her husband or pain.

So is it, it's fair to say that, um, the female protocol is life changing for women and men. Yeah. Yeah. And for goals. Yeah. For relationships. Yeah.

You know, uh, you know, it's, it's funny, you know, I'm not trying to blame this, but you know, it could be a hormonal factor to indiscretions by men and limit.

Yeah, due to the other spouse, because if they're not, they're not the same person they used to be, or they're not interested, like sensing and you know, I don't want to be contributing to them going away from some bring up spouse to me, I'll help you both, you know, it's just, I want you guys to enjoy each other, you know, but it wasn't even just that it was the, the, the, the way she looked at me with was algae, you allowed intimacy back.

Well, it wasn't that it was the way she looked at me when she came the second time. It was, I didn't see that despair in her face. You know what I'm saying?

And I didn't see that, um, the sadness that, that, you know, the, it was a, uh, it was like, this is, I saw, you know, I had folk, this is good. You know, I mean, you know, and you know, husband.

They were so… He was skipping through the front. Oh, he was like that. He was like that. He said, man, thank you for, you know, it saved his marriage, basically.

I love it. Well, Dr. Fetinos, thank you so much. This was fascinating. I learned a lot. And guys, thank you so much for listening. 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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