Introduction and Dr. Jonesu2019 Background

Welcome back to our reversing mast cell activation syndrome and histamine intolerance summit. I'm your host, Dr. Meg Mill And today I am joined by the Queen of hormones, Dr. Carrie Jones.

Dr. Jones has been an internationally recognized speaker, consultant, and educator on women's health and hormones for over 20 years. She was the first medical director of Precision Analytical.

That's where I first met her, and she is currently the chief Medical officer of New Ethics Formulas and the head of medical education at Metabolic Mentor University.

She is a wealth of knowledge and all things hormones, and we're so glad to have you with us, Dr. Jones. My gosh, thank you so much. I'm super honored to be on today's summit.

Well, we are excited to dive in. Everything hormones, histamine, everything like that. But before we get started, could you just give us a little bit of your background and how you got into this space?

Oddly enough, I grew up in the South, I grew up in Lexington, Kentucky, and my health coach or health class or wellness club, whatever you want to call it.

Whatever we had, like middle school and high school was taught by the football coach. So you can imagine how that went. And I realized very quickly I wanted to be a doctor, but I knew very little about how my own body worked.

We were really taught that. So by the time I found my way into medical school, I was sort of obsessed selfishly with how do I function, how do my hormones work, what's going on with my friends and my family.

And I heard over and over and over again, women say, I didn't really know that. I didn't know that's how that happened. I just assumed it's normal because my mom or my sister has it too.

Or my best friend does this as well. And the more I dove into hormones, the more it made sense to me. And so I stuck with hormones through medical school, through my residency in private practice.

And of course, as you said, I was with the Dutch Test precision and analytical for almost a decade and just kept getting deeper and deeper into hormones because they're so important and we're not really taught a whole lot about it.

So that's my background. Yes. Well, I know we did. We are not, you know, I mean, it really is amazing that we're just put out, you know, when you think about a gynecologist as someone who you'd think to go to for your hormones, but I hear over and over again how it's just like, okay, we're given birth control or you're really not given any answers, and we need more and more people to really look at the hormones.

And, and I think one thing about hormones is they fluctuate your whole life. So it's not something even that is a bad thing. It's just a natural thing.

But you always have to be on top of it in order to keep things balance as you change, too. And that's definitely a key point. A lot of people, males and females don't know is that in our cycling years, our hormones change a little bit every single day.

Our estradiol, which is an estrogen or progesterone, and it affects all the other hormones. It affects our glucose, it affects our insulin, it affects our thyroid, it affects our even our histamine.

I mean, it affects sort of everything a little bit every day depending where you are in your cycle. And then we do the transition into perimenopause where it feels very chaotic.

And then we transition completely out into menopause, where everything in our ovarian hormone side drops down.

How Hormones Fluctuate Across the Cycle

And if you aren't taught this or told this or know this, then definitely parts of your cycle. You may feel crazy, parts of your cycle, you may have all these symptoms, and then all of a sudden they go away.

And for maybe years, decades. You're thinking to yourself, I always get this, and I don't know why. Not realizing it's completely linked to the cycle, to these changing hormones.

And so just even understanding that part can help women just feel so much better, so much less, you know, crazier, so much less like something's actually wrong when really just our hormones shifting.

I hear a lot of people say I feel good two weeks out of the month. And then, and then when I hear that I'm like oh yeah we have a hormone. Yes, yes we do.

It does say that. Well can you. So it is very interesting with this hormone histamine connection. And I think that people aren't even expecting a lot of times, you know when you hear histamine you first think of allergies.

And that's what we're kind of trying to share. This affects your whole body hormones being one of them. And I know we have the cyclical relationship. So can we dive into first a little bit about how estrogen levels affect histamine and how histamine affects estrogen?

Well, interestingly enough, years ago I remember posting because I knew this information and I posted on social media and I said, do you ever feel like you come into maybe ovulation or around your cycle and you feel allergic or you feel kind of flu like, or you feel itchy or you like get a headache or, you know, your, your hives flare up.

And I was sort of listing all these histamine symptoms that can happen. And I probably had a thousand plus comments of women go, yes, yes, that's me. And then I either get through ovulation or I get through my cycle and it goes away.

And I just assumed it was something I ate or, you know, it was ragweed season or it was something, you know, something very just generically histamine related.

And they said, but it happened cycle after cycle after cycle. Or, you know, it happened consistently enough. They didn't realize it was attached to their cycle.

And so I, I realized at that time, years ago, oh my gosh, we aren't even not only are we not taught about our hormones, but just beyond that. So when we go through our menstrual cycle, you're estradiol, which is our main estrogen.

We have a few estrogens, but estradiol is our main one and it will when you get your period, it's nice and low. And then right before you ovulate or release the egg, it goes up really, really high.

Think of like being in a city, and then you're going to the tippy top of a mountain. Like that's the dramatic rise of estrogen. It's supposed to. That's what's supposed to happen.

But for some women that in, in in an increase in estrogen and estradiol affects their histamine because estrogen estradiol slows down the rate at which we break down histamine, particularly in foods.

But it also uses the same cofactors to get broken down itself. So the cofactors we use like magnesium or zinc or there's, some people know that the supplement SAMe, but we call it Sam.

Sam, help break down estrogen, but it also helps break down through one of your other enzymes to break down histamine. So when you have all this estrogen, then what can people say is like, oh my gosh, I had a glass of wine and completely overreacted.

Or I had, you know, meats and cheese, you know, for a snack and completely overreacted or maybe didn't have any of that stuff and they just feel they completely over reacted with histamine.

Now, as we get through ovulation, he released the egg. Your estrogen comes down and then it rises more like a bunny hill. So instead of going up to the top of the mountain, you go up to a bunny hill and then that drops down before our period.

And again, that shift in estrogen and progesterone because progesterone comes out at that point, the shift in estrogen and progesterone again affects our histamine.

On top of that, it's a two way street. Histamine as a molecule can actually go to our ovaries and say, hey girls, make more estrogen. So the ovaries are like, okay, let's do it.

And so now we can have excess estrogen. Then we were planning on making our little estrogen factories got dialed up because of the histamine. So now we can't break it down.

So it just keeps going back to the to the ovary factory and say okay, we'll make more and now we get stuck in this conundrum of too much estrogen at that point and too much histamine.

And we feel terrible. We get all the symptoms, which is not fair I know. Yeah.

Estrogen, Histamine, and the Cycle Connection

And, you know, I started to see the connection a lot with people who have hormonal migraines, too, because, you know, when you're looking at that threshold, there's often that that estrogen and histamine.

You know, we're looking all the connections. It's like both of them are there. And then you get that hormonal migraine too. Yeah. Oh my gosh. The hormonal migrant cramps.

There are a lot of receptors. And you know, in our uterus and our in a layer of our uterus. And it's the point of it is for implantation. If you were going to it's not everybody wants to.

But let's say you want to. And so we need histamine. It's, it's you know, everything's a balance like Goldilocks. And so what happens is estrogen will cause mast cell release the granulation.

So now we have all the system in other molecules floating around. And the point is to tell the uterus, hey, if a sperm and an egg meet and they want to implant, you actually need some histamine.

You actually need some in that area to do its job. But if you don't want it, we don't really want all the side effects that go with it. Like I don't want cramps, you know, like I don't want diarrhea.

I don't want like, you know, any of those things down there. I'm not looking to become pregnant. And so we can also experience symptoms. Just you said you might feel it just in your head.

You might feel it just in your abdomen. Or you may feel it kind of all over and in your skin. You have itchy skin or your hives come back. Or worst case scenario, you have all the above.

I mean, I'm sure people are listening, nodding their head, going, oh crap, I have all those things. Yeah, that's all of me. Yeah, well, I didn't realize this.

Yeah. So and I think that that is that is something that is so confusing with histamine because you do think like

we're saying, you think of it as allergies, you think of those.

But it's, you know, it comes from almost every cell in our body. So we're starting to see some of these changes now, let's talk a little bit about perimenopause and how this can kind of bring some of the the symptoms out more.

Oh it's so not fair. So as I was saying the menstrual cycle. So your estrogen and progesterone pretend you're on a very you're on a roller coaster. And the roller coaster obviously is very controlled.

You're on rails. You can't get derailed. And that's what it's like through your cycling years. So your teens, your 20s into your 30s, you should ideally be very predictable up, down, up estrogen and then down up of progesterone.

The roller coaster when you become perimenopausal so generally late 30s into your 40s, maybe early 50s, you are shifting. You're doing the opposite of puberty.

So in puberty, everything like came online in your brain to get you ready for reproduction and to have a period. And when you're perimenopausal, you, you unhook everything.

You uncouple is what I read a research paper once said. I was like, oh, that's how I feel. That's so not fair. So when you're making this change, this, this, reverse puberty, so to speak, you go off the rails on your roller coaster.

And what a lot of women experience is a drop in progesterone. They do not release the egg. They don't know, like they should, or they do release the egg.

But the cell quality of their 20s is not the same as the cell quality of their 40s. So the little progesterone factories just, you know, they've been around a few decades and they're not great at making progesterone anymore.

And on top of that, the signal to get estrogen is kind of all over the place. So one day you're on the top of a mountain, the next day you're on a bunny hill, the next day you're down at the city level, then you're back up on the mountain, and then you're back at the city.

And it's these wild swings and women feel it. They've got hot flashes and night sweats and brain fog, and their period comes and their period goes. And now they're periods super heavy.

And then they skip two months and in the joints hurt and their ears itch. And, you know, all these symptoms happen. And because that estrogen is kind of wild not a control histamine follow suit because that estrogen up and down up and down is affecting how your mast cells do or don't do granulated.

It's affecting how you do or don't break down histamine that's affecting how you do or don't, you know, balance, so to speak, your immune system, which your mast cells and histamine are a part of.

And so would these women who were that much more sensitive or have been really struggling to clear their histamine and clear their estrogen out of their body, feel more allergic or feel more these histamine symptoms, and they're thinking to themselves, what changed?

What happened? I didn't do anything but have a birthday like I didn't. I didn't do anything that turned 45 and all of a sudden I'm getting all these crazy symptoms.

I'm so, you know, itchy. I'm so runny. I'm so, you know, I my my migraines cure. I get my monster migraines all the time now. I'm like, I know, I don't know who designed us.

I would like to have a word. I know, but this is how they go hand in hand. But there's stuff you can do. Thankfully, yes. And then do you see some of these?

You know, when we're talking about his like that overload of estrogen we know goes down. So what you go through menopause and then you see some of a lot of these symptoms start to clear up then are how do you see

postmenopausal women.

Definitely I when I so I'm not my my I myself am not menopausal yet I am perimenopausal. But all my menopausal patients were like it does get better. Like some of these symptoms, not all of them, but some of them do abate, especially if they didn't know.

Like if they didn't find me till after or find you till after. And then they're like, oh my gosh, I, you know, unfortunately suffered for 10 or 15 years, got all the way through menopause.

And thank goodness, like my hormones are steady now, they're low, which is a whole other thing to address. But because they have this low, steady state, like a roller coaster that just stays flat, then the histamine isn't as out of control anymore.

It's on this wild ride. And those symptoms, they do tell me definitely a bit, because even one of the like one of the very first symptoms of perimenopause that I hear over and over again is I can't sleep.

I used to sleep and now I can't sleep. I can't fall asleep, I can't stay asleep. And we know histamine is a pretty stimulatory neurotransmitter in the brain.

And so when you are in those wild swings of perimenopause, while that contributes to insomnia or you can't stay asleep or fall asleep, the the swings in histamine do as well in the brain.

And so just knowing that can be really helpful. You know, we can do something about that like oh my gosh. And you're having these other symptoms. All right.

Let's address both of these molecules at the same time, both of these hormones at the same time. Because then when you get into menopause I want you at your best shape.

I want you, you know, feeling great, doing great.

Perimenopause, Menopause, and Histamine Symptoms

Supported. Well, when all the hormones drop. So then that's the next thing we can support. And so it's kind of a multi-step process but just understanding again I keep going back to saying like just understanding that you're not crazy.

This again I don't know who designed it. Not thrilled, but this is why it's happening. And then there are things we can do to help support it. Before we get into, because that's about everyone wants to know what do we know?

But before we get into why don't we do how? So when you're working with someone with hormones, how do you start to think there is a histamine issue? Like how do you start?

What do you do to identify? Oh, you know, we're having estrogen issues. We're having maybe low progesterone, but we're also having histamine issues. So a lot of it is symptomatic.

I always get a very thorough history just like yourself. You know I'm like, what's going on? What are the symptoms you're having. And a lot of times they tell me the symptoms without even realizing it's hormonally attached.

And so or I will just straight up ask them, knowing they're having a lot of hormone issues, I will say, do you get headaches? Oh yes, I get headaches. Do you do your headaches?

Are these cyclical? Do you of them every day. Do you have them twice a month. Can you tell if they're around ovulation or your period? For the women who don't track I'm like, let's start tracking some of these symptoms.

Get an app or free a period tracker app. Like let's start to track this stuff. And for the women who are spot on and

can tell me, oh my Carrie, I get a migraine at ovulation, or I get a migraine right before my cycle.

Okay. Do you get you feel like sick or flu like before your cycle, or do you feel allergic at all before your cycle? Do you feel itchy, runny nose? And I just sort of run through some of the histamine symptoms.

And if they're like, yes, mind reader, how did you know? I'm like, okay, let's talk about histamine. And a lot of women do tend to show up with some lab work already, having done maybe by their ObGyn or primary care.

And so I may just as a cheater method, look at the CBC, the complete blood count, look at their eosinophils and see if they're outright high or even on the high end of normal.

The base fills. And just to get an idea of like, oh, this is really starting to look histamine like to me based on the symptoms, without even spending any money, just going by symptoms.

And some like quick cheater tests, I can go, you know what? And if they've done their estrogen, if they've done their hormones and their progesterone like sometimes again they come in with it, then I can evaluate from there and go, oh, and your, you know, and your estradiol is higher and your progesterone is lower.

So you're already out of balance there. You're already out of balance in your symptoms. You're already out of balance in some of your other blood work.

Like I think we have a solid case here. Let's go forward. Yes. Yeah. It was it is a surprising question when people are wanting to talk about hormones and you're saying are you congested?

All right. You're like. Why are you asking me that? Well, yeah. It fits together that there are reasons that we ask these questions. Or they're allergic people.

I mean, definitely they or in the allergy season, you know, seasonal allergies or maybe food allergies, sensitivities, intolerances. And so to them, it's nothing new to them.

They're thinking I'm just an allergic person like I have, my gosh. And in the springtime I'm a hot mess. And if I eat certain foods, I'm at, you know, a hot mess.

And I'm in and out of antihistamine medications or supplements or what have you. So to them it's their normal, especially if it runs in the family. And so when I'm trying to tie it in to the hormones, I see all these light bulbs go on of, oh my gosh, I didn't realize the hormone imbalance could make the histamine part, the allergic part so much worse and vice versa.

And if we can empty that bucket, right, bring it all down and get it all in rhythm. Oh, they can feel so much better. That's yeah that is a great point because you just some I think there's a lot of things and I think the allergy symptoms are one of them that are just normalized.

Like people just think oh yeah that's something I have. That's something I've had my whole life. And you normalize like that, that it's just part of you rather than realizing like, oh, I don't have to feel this way.

Even in the springtime, or depending where your allergies are, I would ask women, either when I educate on stage or when I'm talking to patients and clients in the springtime.

As an example, is your PMS worse are your migraines were like, can you look back? Can you ask your family or your partner, hey, has anyone noticed? You know, and it's amazing to me the number of women echo.

Hold on. Wait a minute. Yes, yes, I got terrible migraines in the spring and it's usually around my cycle or my gosh, yes, my PMS is ten times worse in the spring.

I just, you know, and they'll maybe associate like I just thought I just thought it was because I was rundown. I was

constantly a sniffly, snotty mess.

I, you know, whatever antihistamine medication I was taking or trying to do are I just thought it was stress. I didn't realize it was just adding more to the bucket, like the the water was overflowing and it overflows vice versa into the hormone symptoms.

So maybe they don't have PMS in December, January, February or nothing. Gross depending where you live. But then when you add more seasonal allergy and environmental allergy that set off the histamine the mast cells it the the hormones yesterday and the progesterone are were almost with the histamine like get out of my bucket you know with.

Yeah. And then and then they get all these symptoms and vice versa. The histamines like well you're releasing like you're encouraging my release. And so so I've heard that so many times.

And same for foods. Same for foods. When people say, I, you know, I thought I just thought it was a GI issue or I saw it, you know, I just oh, I just thought I couldn't have red wine or cured meat or, you know, something with histamine, obviously histamine ever again.

And then and then I'll say, this is going to sound weird, but have you ever noticed, like, leading up to your period or after your period and some women have someone were like, oh yeah, I can't have a glass of wine leading up to my period.

I just I'm sneezy, snotty, itchy, hidey headache, the whole thing. But then after my period, for some reason, I can have a glass of wine. I'm like, oh, not for some reason.

It's it's it's the whole system is connected. And, I'm not saying I'm not trying to advocate for red wine consumption. However, you know, for people who want the occasional glass, it all ties together.

Yeah. Yeah. Because before they understand the bucket then they think oh what.

Identifying Histamine Issues in Hormone Patients

You know it's very confusing because it's like oh sometimes I can have a glass of red wine but sometimes I can't. But then they start to think oh the red wine is like not the issue.

I mean it's, but it is a piece of the puzzle. Yes. When you sometimes have it and you sometimes don't, it's hard to pinpoint if that specific thing does bother you or not.

Yeah, yeah. And especially if nobody is taught you, it's in relation to your cycle. Like we just don't, you know, for the longest time, decades and decades, hundreds of years, we were left out of research studies.

Women were because the researchers didn't want to account for where we were in our menstrual cycle. And on the one hand, I can't blame them because it would be tough to wrangle in.

Even if you had a small study of 30 women, it's kind of hard to wrangle us in of like where you are in your cycle and and where what you do with whatever the treatment is for controlled study.

but imagine having a study of 1000 or 10,000 women, and now you're like, dang it, I have to. I have to control for all of these all the menstrual cycle.

So for a long time we were not taught to include our cycle in anything. It was more kind of the bane of our existence. And all the commercials on TV tell us it's awful.

And for some women it is really awful. And so therefore we don't think it through. We don't know to think it through when it relates to our health and the rest of our health and how it interacts with all of our systems.

And so just even understanding that it's so empowering, honestly, we I want us to know, like having a menstrual cycle is 100% what makes us us and we should keep it in consideration.

Yes. Yep, I totally agree. Now let's get into a little bit of where you would start. where would I start? Yeah. So first and foremost, a lot of it. I, like I said, thorough intake.

A lot of people probably have been nodding along. They recognize they have a lot of these symptoms. Maybe they're going to go back and talk to their practitioner about what's going on.

Number two is I do like to do testing. I do like to see where is an example that estradiol and that progesterone is. Now we're very specific on the testing.

If you still have a cycle you're a fairly regular cycle. We're going to test you about 5 to 7 days after ovulation, which for a lot of people, they were never told that before.

They were told, oh, you're here today on a Tuesday. Let's just go ahead and draw your hormones. Meanwhile, nobody's asked you where you are in your cycle.

You want to test in what we call the luteal phase. So 5 to 7 days after ovulation. If if you are about a 28 day person, you know, from from period to period, you're about 28 days.

Generally you will test days 19, 20 or 21. So that's first and foremost, get your timing right. Then you can get a blood draw. You can do like an estradiol and a progesterone in blood.

I do prefer I Dutch test. I I'm a little biased having worked for them. I don't work for them anymore, but I do like the test because the test gives us these breakdown products called metabolites.

And a metabolite tells me where your hormone is going. So you make an estrogen like estradiol. We've been talking about where does it go. And not all the pathways are that healthy or that helpful.

So to the body. So I want to know where we're going so I can help optimize it. When estrogen gets broken down one of the pathways that it can go through is called methylation.

And a lot of people have heard of methylation probably because of MT, SR and folate. And they freak out. I have them to far. But actually what we're going to talk about is another enzyme called Comt, catcall, O methyltransferase.

Now here's what here's why it's important for histamine that methyltransferase that Comt uses the same cofactors that one of the enzymes that histamine gets broken down by H and MT.

So histamine and methyltransferase. So they use the same cofactors. So if you're struggling in the coast department or if you're struggling with estrogen or you're focused on estrogen, then histamine gets left behind and circulates around the body and vice versa is histamine is taking all the cofactors and histamine is getting broken down.

Then estrogen gets left behind and estrogen circulates around the body. So I want to see what that's doing so that I know as a as a methyltransferase we can support it.

So what are the cofactors. The big ones magnesium. Magnesium is the main cofactor. zinc can be used as a backup a lot of your methyl B vitamins. So methyl bullet methyl B12 your methyl B6 right.

These these B vitamins are super helpful. Phosphate title choline. So choline is prevalent in like eggs as an example egg yolks and so choline can be really helpful.

There is another nutrient called tri methyl glycine TMG. Super helpful. Methionine super helpful. Now for a lot of

people they're like oh my gosh, these words are going over my head.

Just focus on magnesium, focus on magnesium, and maybe a bit of zinc because I would argue, and you may or may not agree, a lot of people are probably kind of deficient in magnesium, and especially in immune system stuff.

They're deficient in zinc as well. And as those are the two main minerals that do the job in humans tend to be deficient in minerals. those can be really helpful on that.

So I do that testing because I want to gauge like what's your estrogen doing. And then I can kind of extrapolate it to know, like what is histamine doing.

Testing, Methylation, and Supporting Detox Pathways

And if I can get estrogen back into a good rhythm, meaning I can get it to fire off at the right part of the cycle when it's supposed to be a mountaintop or when it's supposed to be a bunny hill.

And if I can get it to go through what we call like the garbage system, the like, get rid of it out of the body system, your detox system, then I know it's only going to beneficially impact histamine as well because it's estrogen.

Super happy Goldilocks. It's just to, you know, just right, as opposed to too big or too small. Then histamine is going to be very, very similar. Now obviously there are a lot of, antihistamine supplements or medications.

And I will touch on one prominent one because we hear about it a lot in estrogen and that is quercetin. So quercetin with AQ quercetin helps your estrogens detoxification.

So it does help your estrogen go down the right pathway in the beginning. So it's a healthier, more helpful pathway. The problem is quercetin can slow down the second part.

So if you're like trying to like, if you're trying to get out of the house and you like, go out of your bedroom, so you walk through that door and then like, you like trying to walk out the front door.

So quercetin will help open your bedroom door, but it will close the door to the outside. And so with estrogen, estrogen can get out of the bedroom. But then it's still in the house. It can't get out the front door.

So we have to do a little bit more additional of that. Again, magnesium or zinc or a methyl B complex of some sort. And that will help open the front door.

So then estrogen can get out and go away. And so we like quercetin for the histamine part. So it's an antihistamine. But I do have a lot of women that say to me oh my gosh I take so much quercetin and allergy season.

And you know, March, April, May, June and my PMS is the worst. I'm like, well, it could be the histamine, but quercetin also keeps the front door shut.

So let's support that more for specifically for estrogen and help get it out. And so it's kind of a lot of information. But I do want why would you want people to know that there's there are definitely things you can do know.

And we can link all of those. So that way if someone's looking for them, we can link that in the summit. Resources. So people can can go find them. And you brought up like so many good points there.

And one of which is that again, so I'm someone who my genetics is not happy with and processing histamine. So I from an early age had a lot of histamine issues.

But you know, really as some one of the things that drew me into this because I have to always work on those pathways, but there's a lot of there can be genetic variants.

But what you're saying, which is what we know, is that even if you have these genetics that are setting you up to metabolize certain ways, we can change that.

Yes, change in support, which is what I love. And and so that one histamine, genetic mBTI again anything mBTI is methyltransferase Comt methyltransferase.

And they basically what they do is they take a methyl donor and they transfer it onto a thing, they transfer it on to histamine, they transfer it on to estrogen.

And the whole point of that is to get it out. It's part of the like, goodbye now. Thank you. Goodbye. Now you need to go. Here's your card to go away.

Like go out the kidneys or go out the stool, etc.. And so we have over 200 methyl trans races in our body. These the we're just talking about two today.

And so these methyltransferase is if any of them are struggling or if you're deficient in any of those nutrients that I mentioned, the magnesium, the zinc, the methyl B vitamins, the choline, etc., it's going to affect all your mental trans phrases.

So it's totally possible your histamine is not necessarily because of the again, these, these these genetics that break histamine down, but could also be because you have other methyltransferase that are sucking up all the resources.

And histamine and estrogen kind of get what's left over. And that's not fair. So we can definitely make these changes. And again and I mentioned this supplement part because I know this summit is so good and I know the speakers are so wonderful.

There are there are a lot of lifestyle suggestions in a lot of these talks. And since I am specifically focused on estrogen, instead of repeating what's already been repeated with all the lifestyle stuff, I'm just going to stick sort.

It's like pretty key for estrogen and histamine. And so but to know that if you have other methyltransferase issues, just supporting will actually support all 200 of them.

And and that's wonderful. We can now get all the cogs on the clock turning at the same time. Now with estrogen two, we do want to be aware we can't necessarily test for them per se, but even estrogenic chemicals do play a role.

So your own estrogen may be okay. But if you are swimming in parabens and phthalates and synthetic fragrance and plastics, which is part of that, etc., etc.

from your detergent and your skincare and your makeup and you know, the candle you burn and the plug in, you have the plastic you're eating out of that acts estrogenic.

Those are what are called the endocrine disrupting family of of chemicals and estrogen. Your ovaries sit in the endocrine system. So if you disrupt that system you're going to get symptoms.

And it's also going to affect your histamine. And so something as easy as you know switching to glass and stainless steel or porcelain for your cooking.

You're storing your drinking looking at your ingredients for your skincare, your detergent. Be real mindful of those candles being real or just don't even use those plug ins.

Like, come on, you know, just just these little baby steps can be a huge deal for taking, again, the water out of the bucket of the estrogen bucket. And so not only is detoxification important both for histamine and estrogen, but we like conscious.

What are you adding into the bucket at the same time. And what can we do to reduce that load. Yeah I totally agree. And if you feel overwhelmed, just take one product at a time and just take time.

Yeah. Yeah. Because I think sometimes people are like, well what do I do? I have to change everything and maybe it's expensive, but if you do one product at a time and really think about that new product, then eventually it's going to be all cleaned up, cleaned up.

And I've been doing this. I don't know how long you've been doing this, but I've been doing this, this, the this wellness thing for 24 years. So I tell people I'm in my 24th chapter of my book, and if you are, if you this is your first exposure ever.

So that means you're in chapter one. Like please don't compare yourself to how far I've come. I did not do all the things by all the things in, you know, 24 years ago.

Reducing Estrogen Load and Environmental Exposures

Like it's taken me 24 years of work to get where I'm at, make the changes from top to bottom, everything from like air filters and water filters. My mattress. I did not buy that stuff in the beginning.

I started with products like, okay, I'm out of detergent, new detergent. Okay, I'm out of deodorant, nudity, odor. Okay. I'm like, let's like, let's find a clean makeup company and go from there.

Let's find a clean skincare and go from there like I just. All right. Candles. No. No more of the, really popular, super scented, no more plug ins. You know, now, everything I'm, it's the essential oils and, you know, healthier and and, trying to reduce that risk like. Yes.

And and just one at a time. I'm such a big fan of don't go broke and don't stress yourself out because recently adds to the bucket. Yes, but. It will be helpful. Yes.

I read my like it was about that same time, about 2024 years ago. I read my first book about toxins and all in the products, and I actually had to put it down and just like, set it aside for a month.

I was like, okay, this feels so overwhelming and I can't like, bring it all, like, how do I even start? And I just set it aside. And then I came back to it and was like, okay, what?

Where where do I start? Like, what's that one thing you can do? And if you keep doing that, yeah, you get to you get to the point. Now, the one other thing, a lot of women have is low progesterone.

So how do you see that kind of playing into this overall picture too? Oh my goodness. And so progesterone is sort of progesterone. Estrogen are best friends.

they need each other and they come out dominantly at different parts of your cycle. And so your estrogen is really pretty dominant before you ovulate and then after you later released the egg, whether you're trying to get pregnant or not, it doesn't matter.

but when you you'll, you'll still ovulate, hopefully. and then you make a boatload. You make, like again, like two mountaintops worth of progesterone.

You actually make more progesterone than you do estrogen, in your body in that second half. And so it's a relative sort of ratio between the two. Do you have epically high levels of progesterone.

And then bunny hill levels of estrogen. That's typical. That's what you should have if that's out of balance at all. If you are not ovulating, therefore you don't make progesterone.

Or if your factories are not making progesterone that well. So you're making pretty low levels of progesterone. Now

you're out of ratio, you're out of balance.

And what we we call it we you will often see it referred to as estrogen dominance. Really what we're referring to it's a it's a longer statement that we shorten.

So we're saying like in the second half of your cycle, in the luteal phase, your estrogen is winning sort of relative to your progesterone. And so you feel these symptoms and they're kind of the same higher estrogen and lower progesterone are the same.

So when progesterone is low then because of this imbalance of estrogen it's going to affect your histamine as well. So studies have shown when you have really great healthy, wonderful levels of progesterone that actually can help keep estrogen in check and therefore also keep that histamine in check as well.

Now what happens is if we don't ovulate, we call it an an obligatory cycle which is common in like PCOS polycystic ovary syndrome. It is common in perimenopause.

It's common for a lot of reasons. I'm not saying it's normal, but it is common.

Progesterone, Ovulation, and Closing Remarks

these women tend to show more histamine symptoms because they don't have that countermeasure of progesterone floating around in big levels than their body, and estrogen seems to maybe run wild to be a good analogy and, allow histamine to do its thing and vice versa.

Then histamine gets higher and tells the ovary factory, hey, make more estrogen. So it does. And so there's no progesterone there. Don't sort of referee or police in a situation.

And so even just supporting progesterone in these women, getting them to lead again figuring out why they're not regulating, or maybe they're at an age they need progesterone by weight in a cold body, identical progesterone.

That alone may make a big difference in their histamine symptoms, because now you're giving them getting them that progesterone back again. Yeah. Yeah.

Well thank you so much. Thank you for all you have shared such great information. I know, I know, this is an interest for so many women and that are really out there.

I think a lot more women are having this issue than even realize that they are when it comes to the hormones and the histamines and all of these connections.

can you tell our audience where they can find you? Absolutely. I am drcarriejones.com and I am on social media as the same. So Instagram drcarriejones and I am, dipping my toe in a TikTok drcarriejones and, would love to teach more about hormones over there.

Wonderful. Thank you so much for joining us. And her Instagram account is great and funny and fun. So go over and check it out. Thanks for joining us today Carrie.

Thank you. Have a great day everyone.