Tired, Foggy, Moody? Discover How Your Hormones Could Be the Key to Feeling "You" Again! Transcript

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Introduction to Perimenopause Weight Gain

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Something has changed. Yes. Well, the toxins build up and every toxin that you've been exposed to since birth, a lot of them get stored in your fat and your bone marrow.

And people don't realize that during perimenopause, You make estrogen, but you don't make progesterone necessarily. And then you start to lose bones in perimenopause, which can be 10 years before menopause.

Most women start in their early 40s or early to mid 40s, but I see people starting earlier and it can go on for a long time. Those toxins, your body does not want to release them.

They get stored in the fat. They act like estrogen. They stimulate the estrogen receptor and estrogen is a hormone that makes things grow, right? I mean, that's how we develop breasts and we develop our nice curves.

And, you know, we're made to store some fat because during childbirth, you always want to have a little bit of reserve, but the toxins act like that. They're called obesogens and they disrupt your hormones.

And there's, your liver can't really process all of that at once. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Dr. Lorraine Maedau2019s Personal Health Journey

Today we have my friend, Dr. Lorraine Maeda MD. She is the harmonizer and detoxifier. She helps you eliminate weight gain, fatigue, brain fog, mood swings, so that you can regain energy, mental clarity, a lean body, and balance hormones and feel like yourself again.

She empowers patients to make lifestyle choices to enhance their wellbeing. She is triple board certified. She's an award winning physician, writer, author, speaker.

Her program has transformed over 120,000 lives. Patients call her a miracle worker, revolutionary doctor, and someone who truly listens. Glad to have you here.

Welcome to the truly healthy podcast. I'm happy to be here because you know what, I suffered and I don't want anybody else to suffer. And I, I think we, you know, we do this stuff because we want to get the word out.

We want to help more people, you know, a lot, but you can help much, many more people through conversations like we're going to have. Excellent. So let's kick off the conversation by talking about what you just said.

You said that you suffer, you don't want anybody else to suffer. So tell us more about that. You know, we know that you're a medical doctor and that you work on hormones, but we want to know you as a person.

Sure. Well, I studied in New York City and I worked in an emergency room before I started doing hormones, even though I've always loved hormones for some reason.

as I went through different types of training, but I developed TB, tuberculosis from the patient in the emergency room. While I was on antibiotics for nine months, they treated the TB.

I was cured of the TB, but I didn't feel good. I was losing my hair. I had rashes. I was tired. I was gaining weight. I had brain fog. I didn't feel good.

So I found a functional medicine doctor and he taught me how to improve your gut health and to eliminate and detoxify things that could cause those things, right?

So then fast forward, I ended up going to a big company and I was still fairly new and I came straight out of training. And one day a woman came down to me and this was way back in the day when there were very few women executives and that you probably could count on one hand.

This woman who was like super powerful came down to me and she said, you gotta help me. And I was like, okay. She said, I was standing, giving a talk to somebody and all of a sudden I broke out in a half lash.

I started sweating and I lost my words and the men would look down like within shame, like I can't watch this or others who would be elbowing each other, snickering, like, look at that.

And she said, no, please help me because I can't be taken seriously if this happens. So I'm thinking, Oh my God, I could save people's lives. I could bring their heart back to life.

I could do all these things, but I really didn't, wasn't really prepared for learning about menopause, but I did. And I learned anything and everything I could.

And then when I went through perimenopause, It was a very stressful time.

What Affects Hormones and Why Whole-Body Care Matters

My mother was ill. My brother was blind and brain damage was ill and the company was demutualizing and there was so much change going on. I was a wreck and my best friend said to me, you know, your personality has changed.

And then I thought, you know, I do hormones. This is perimenopause. And I went on progesterone and no matter what happened, I was able to cope. And that's when I realized how powerful hormones are.

And I'm dedicated my career to helping women through these terrible transitions and men too, and men too. Amazing. Amazing. So there's literally billions of women out there who need help because hormones are something that is just not really talked about enough in conventional medicine.

And those of us who have, explore it outside of conventional medicine. A lot of us do focus on hormones. So what, let's just start talking about hormones in general.

We're going to have a lot of listeners because this is such a great topic. So tell me more about what influences hormones. Well, I tell all my patients, you know, what you eat, what you drink, how much you sleep, how much you exercise, the stress you're under, the toxins you're exposed to all affect your hormones so that you can't just give somebody hormones and not take care of all the rest of the things because then they're not going to be completely better.

And that's why I was trained as an internist. So I do, you know, I have to look at the whole person. I can't just say, oh, I'm a cardiologist. I just look at the heart.

I'm a neurologist. I'm just looking at the brain. I had to take in the whole picture and I knew how much would it made a difference for me when I was ill with tuberculosis and then when my gut was destroyed and then I had to regenerate and repair and the stress that I was under when I was in perimenopause all made a difference.

So I like to teach people how to eat for their hormones, exercise for their hormones, how to manage their stress, and to avoid toxins that act like hormones because they, you know, and many women come to me, I say, they're

feeling fat, flabby, flaky, foggy, fatigued and forgetful.

And it's all of the above. It's not just hormones. So you just treat the hormones and you don't treat all the other things. You're not going to get the icing on the cake or the cherry on top.

You're not, you may feel better, but you may not be 100% better and feel younger, feel healthier, live longer, live healthier, increase your health span, not just your lifespan.

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Yeah, absolutely. And I do see a lot of women going out there saying, Oh, hey, I'm good on my hormones. I got some pellets or I, you know, I'm using some cream or whatever.

I'm good. And I'm like, no, you can't just like think that you can go and put some pellets in your body and, and you're good with hormones. There are so many things that interact with hormones.

So how do you explain that to your patients? Well, for example, you know, when you're, you're stressed, one hormone is going to go up cortisol and it's going to lower all the other hormones that make you feel good.

You know, it's going to make, it's going to, It's going to lower your estrogen, your progesterone, your testosterone, your DHEA. And these are all mood modulators and they build bone.

They help you with your cholesterol. They help you with your muscle strength. They help you with so many things that you can't afford to break down like that.

So cortisol is called the major ager. And it'll break down muscle, break down bone, raise blood sugar, blood pressure, cholesterol.

Cortisol, Stress, and the Gut-Hormone Connection

So fixing that is really important. And that's at the root cause. And stress is not just emotional. It's physical, like just the hormone decline is a physical stress, emotional and chemical.

And that's really where all those other pieces fit together. And what your body does with the hormones matter, how they're given matters, what timing, when you take them, how you take them, the type that you take, all make a big, big difference.

Yeah, absolutely. And so, like you said, cortisol is going to interact with our sex hormones because they're all made from the same mother hormones, right?

And so our body has to sometimes choose, do I need to make more cortisol? Do I need to make more of the sex hormones? And so we need to be aware of all these things.

What about the relationship that hormones have with our gut? How do you go about explaining that to your patients? Well, what happens is the microbiome in your gut, there are more cells and bacteria in your gut than there are cells in your body.

And there's more nerve endings. and communication from your gut to your brain than there is from your brain to your gut. And your gut microbiome makes serotonin the neurotransmitter that keeps you calm.

It's a natural antidepressant. It will make vitamin K, which is important for clotting and for your bones. It'll make biotin, which is really known as the hair vitamin.

And it actually interacts with your immune system, your hormone system, and your nervous system. And in

menopausal women, and even perimenopausal women, where the hormones are all over the place, it's going to affect your microbiome, and I liken that to a community.

So if you have a good community, the people take care of their houses, they talk to each other nice, everybody gets along, everything is working smoothly.

Once you have stress, toxins, poor diet, trauma, antibiotics, steroids, all these things, it can damage your gut microbiome, and it's like a gang moved in.

And they're going to wreak havoc. They're going to disrupt your hormone system, your immune system, your nervous system. And people don't feel good. So I always start with looking at cortisol and healing the gut, healing the gut microbiome by removing foods that cause inflammation and sensitivities.

I do a short course, like maybe two weeks, and I put them on something to calm inflammation, heal the gut and to detoxify the liver because your liver is in this day and age is so overloaded with toxins.

We're exposed to over 200 toxins a day and your liver has to process all of that. So you throw hormones on top of it. It's overburdened. So I always do a detoxification and elimination diet.

And I have to say, even within two weeks, people feel good to great. And people get better faster when you take care of that gut. Fatigue, brain fog, mood swings, weight gain.

If you're a woman in your 40s to 70s, you've probably been told that it's just aging. But what if it's not? At trulyhealthymd.com, we look deeper. hormones, nervous system health, hidden toxicities.

You're not broken. You just need a doctor who really listens. Visit trulyhealthymd.com and book a consultation today. It's time to feel like your real self again.

Absolutely, absolutely yes. Most All healing has to start in the gut. And like they said, hypocrisy's head, right? All disease starts in the gut. So ignoring the gut when you're treating hormones doesn't make sense.

And, and yeah, and toxins, toxins are such has played such a huge role in our hormones too. When we're premenopausal, we're in our, like in our reproductive years, a lot of times women have disruptions in their hormones because of toxins.

And then when we're replacing toxins, we need to, sorry, replacing toxins, replacing hormones, we need to be aware of these toxins because they can also wreak havoc on these hormones, correct?

Toxins, Obesogens, and Perimenopausal Weight Gain

Absolutely. And there, you know, a lot of women come to me with weight gain. They're in perimenopause and they have weight gain and they don't, they say, I'm doing everything right.

Why is this happening? Something has changed. Yes. Well, the toxins build up and every toxin that you've been exposed to since birth, a lot of them get stored in your fat and your bone marrow.

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And, you know, we're made to store some fat because during childbirth, you always want to have a little bit of reserve. But the toxins act like that. They're called obesogens.

And they disrupt your hormones. And there's, your liver can't really process all of that at once. And people, toxins disturb your immune system so people can feel fatigued and inflamed and have aches and pains and headaches and all kinds of things from the immune system activation.

It disrupts your hormones and your nervous system. It's associated with anxiety and depression and fertility and reproduction and hormone balance. Yeah, absolutely.

Are there specific ways that you advise your patients to avoid them, avoid toxins or to get them out of their body? What kind of conversations you have with them?

Well, first of all, I'll say one of the number one things that we're all exposed to at a very high rate of plastics. So the BPA is in plastic. And I don't care what they say about it's BPA free.

It's still plastic. And 20 years from now, we're going to find out that that's problematic. So yeah. And like, there's not just BPA. There's also BPS.

BPS doesn't mean there's not other. Right, exactly. We're going to find out that they're problematic just because it doesn't have PPA. It has other things.

20 years from now, we're going to find out, oh, yeah, that was a problem. So that's one thing that's fairly easy for people to do and store your don't heat in plastic.

glass containers or ceramic containers to store your foods and you know try to use glass or ceramic and then when you cook don't use those Teflon pans PFAS those are forever chemicals and they they are forever chemicals so you want to first thing to detox is to cut down on the toxins eat organic as much as you can now everything is doesn't have to be organic what you want to do is cut down the load so I say you know The environmental working group has a list of the dirty dozen.

Those are the ones that have the most toxins in them, ewg.org. So if you eat the dirty dozen organic, then the clean 15 don't have to be organic because otherwise it gets too expensive.

Then start looking at your personal care products. Women especially, we put a lot on our hair, on our skin, on our eyes. that look for toxin free products in ewg.org.

The environmental working group has an app called skin deep. Yeah. You can scan like your personal care products and even your cleaning products. And as you start to run out, cause it can seem overwhelming for people as you start to run out, look for newer products and there there's ubiquitous now they're everywhere because I remember when I first got into this and I worked for companies that had chemical exposures.

So that's how I know a lot about toxins and detox. They were very rare to find, and they were expensive. And now you find them everywhere. And you can get it in CVS, and they're not so expensive.

So look at your cleaning products, your personal care products, what you cook in. Either use those green pans or stainless steel. Don't use anything Teflon-coated.

And the interesting thing is your soap, your soap, the FDA banned triclosan from bar soap, but they didn't ban it from liquid soap. Oh, really? Yeah. Yeah.

Oh my gosh. Yeah. You know, you think you did the right thing. So if you're going to get liquid soap, just make sure it's a very clean soap and not, you know, not anything that has triclosan in it.

So little things as you go through, because there's so much more, you know, your, Your clothing has flame

retardants and your furniture has flame retardants and anti-stain, but you can't go overboard.

Just at least what you, you know, clean water, clean food, clean air. And with all the wildfires going on, let me tell you, the pollution is really causing havoc, not just with hormones, but overall health.

Reducing Toxin Exposure and Supporting Detox

And, you know, if you're exposed, you use an air filter in your bedroom, at least, and move it into the room that you're spending the most time in. I know all this can sound expensive, but it doesn't necessarily have to be.

Yeah, yeah, it's a lot of changes, a lot of things that people can do to start improving their health. but just, you know, baby steps sometimes. First you decrease what's going in and then you increase what's coming out.

And part of it is one of my pet peeves is when I asked women and men too, how are your bells? Oh, they're great. How often do you go? Oh, maybe every two or three days.

What do they look like? Little balls? No. That's how you get rid of toxins. And you're pooping a log or a snake a day. Those toxins are sitting in there and the microbiome is, if it's a bad one, especially, because if you're constipated, it probably is a bad one, you're reabsorbing those toxins.

And these are not things that you're going to measure. So I find that the women that are on hormones and their hormone levels are good and they're still having side effects, most of the time they're constipated.

Absolutely. Yeah, we need to poop, we need to sweat, we need to pee. So those things are just basics. Yeah, those are all detox. And when you exercise your breathing out carbon dioxide, you're sweating where you're releasing metals and other toxins.

And that helps peristalsis, which is the contraction of your bowels and it helps you move the bowels. and when you hydrate you pee and all of that will help you get rid of toxins.

One of my other favorites is glutathione. It's a master antioxidant and master detoxifier and it It helps you recycle all the other antioxidants like vitamins A, C, and E.

Or I also sometimes give N-acetylcysteine, short for NAC, N-A-C. Some people call it NAC, but it's N-acetylcysteine. That's a precursor to glutathione, and that's a really good detoxifier.

Silmarin or milk thistle is good for your liver because your liver is with all the toxins we're exposed to and we can't get away from them no matter how clean we eat or drink.

Your liver needs help and those are some of the things artichoke and silymarin and cysteine all important. All very, very important. I know sometimes when I'm on social media, I'll hear some conventional doctors say that they don't believe in all this talks and stuff that it's just a way for people to sell supplements.

When do you think it's going to be mainstream that the general community acknowledges? Yes, we do have. toxins in her body. Do you find that too? Or is it?

Yes, I do find it too. And I, you know, I worked in big companies and I studied occupational and environmental medicine. And basically they wanted to see what it, you know, if all of a sudden you had a gas leak, say, for example, or you were working on something with chemicals and the the hood that you were working under broke and you were breathing it in instead of having the hood suck it out we would be more concerned with okay decreasing the levels and what the one big load of toxins is but not this little drip drip drip death by a thousand cuts there's not a lot of studies being done on that and there are So that's one thing.

And I remember the reason I got frustrated with conventional medicine is even though we did all the right things and most people would get better, you know, but there are some people who are super sensitive.

I just felt that they didn't, they didn't play a role with how do you get rid of them, right? It's extraordinarily important to remove the source. So I became frustrated with that.

And I did see effects. I did see some people who had long-term effects. But they were never exposed to a big, big load. But little bits every day, it just got to them.

And they may have been genetically susceptible. Yeah, yeah. We always have to take into account people's genetics. Some people are really good detoxers by genetics.

Other people are really bad detoxers. Sometimes it'll happen that I see a couple, man or woman, and only one of them has a lot of symptoms. And I'm like, well, because you're not related.

Only one of you is a good detoxer. The other one is not. Even though you're exposed to all the same things. So so yeah, absolutely. And then also detoxes.

There's, you know, influences out there saying yet need to drink water with lemon and cayenne pepper. That's not a detox or people call everything a detox.

And yeah, you know, it's everything isn't a detox. I don't really like that word so much because when people come to me and they say, I detox all the time, or I did elimination all the time, I combine a bunch of things.

It's the whole gamut. It's eliminating through sweat, through pee, through your liver and giving your liver the herbs and the supplements that help you.

And it's getting your gut moving and it's decreasing the inflammation. I call it that because there is no better phrase for it, but everybody does a detox differently.

And when I asked them what they did, I said, just do mine and see. And you know what? 80% of people feel good to grade after that in just two weeks, in just two weeks.

Cause it's, it's the way we do it. Yeah. Yeah, absolutely. Yeah. I think that word detox does get thrown around a lot and it can mean a lot of things.

And we actually do detox people in conventional medicine. We do give them, you know, activated charcoal when they come in. We give them, yeah. Yeah. Activated charcoal in the emergency room.

And it's still, and it's still sustained. We give them that. So we actually, it's part of the protocol is when people come in with, what do you call it?

Tylenol overdose. So, so we do detox even in conventional medicine. Well, they don't call it that. Yeah, they don't call it that. They don't call it that.

Adrenal fatigue and leaky gut. Every, every doctor would roll their, you know, and not just doctors, nurses, you name it. They would roll their eyes because they were using a term that wasn't familiar.

And, and, you know, the adrenals don't fatigue. It's really your brain shuts off. the constant barrage of cortisol because it's damaging it. So it just turns it off just like you would tune out a nagging voice.

So the adrenals don't fatigue. It's a misnomer. And health care professionals don't like that. And the same thing with leaky gut. But now Alessio Fasano from Harvard found the chemicals on you that breaks apart the tight junctions in the gut, and it becomes leaky.

So now it's okay. But you have to call it increased gut permeability. So you know, it's like speaking a different language. And when you start speaking the same language and come at things with curiosity and respect, you can have much better communication.

Because I know I got a lot of pushback. I've been doing hormones for a long time. And I got a lot of pushback from many doctors. But after a while, they would ask me things.

And I could defend everything that I'm talking about with papers. Then they saw the results in my patients. And then they were like, OK, she's OK. Yeah, absolutely.

Yeah.

Why Detox and Hormone Care Must Include the Gut

A constant battle that we have those of us who are medical doctors and who have decided to why not our toolbox and offer patients more than what conventional medicine offers.

We do get a lot of skepticism from our, from our colleagues who haven't gone into integrative medicine and, but we continue to offer patients evidence-based medicine now with better results.

So that's how I don't throw out the baby with the bath water. I use both. I mean, and it's, it's really nice to have somebody with a bigger toolkit. Right.

Yeah. It's a, we're a bridge. We're a bridge to the conventional world and to the integrative or functional or functional. Absolutely. Yes. Yes. And I know that there's, there's a lot of confusion out there amongst doctors.

They think that once we, um, those, you and me, we do functional or anti-aging medicine, we're no longer practicing conventional medicine. No, we, we, we do practice conventional medicine.

We just have a wider toolbox. We integrate more tools and there's confusion amongst patients too. They're like, Wait, are you a doctor or are you holistic?

I'm like, I can be both. I love naturopaths. I love what they do, but you don't have to see a naturopath to get some of the things that naturopathy offers.

I'm not saying that I'm a naturopath. Naturopaths have their own education, but I've borrowed a lot of their tools. And so I plan on continuing to borrow their tools and they're gracious enough to teach me and to help my patients with their tools.

So I borrowed tools from metropaths, from botanists, from chiropractors, from PhDs of all sorts. I just borrow and borrow and borrow until I can help my patient.

That's what I do. Exactly. I never stopped learning. I learned from my patients. I learned from other healthcare practitioners with different disciplines.

But some of them, you know, don't have the power of prescribing and sometimes sometimes you need to prescribe. I will always start with natural and that's why many women and even men who come to me where they're sure they need hormones.

I do that detoxification elimination. I give them some supplements. I give them some I treat the adrenals, I do a lot of natural things first, then some of them are like, I feel so good, I don't think I need anything more, right?

Yeah. So that's a success. But then there's those that it's just, you've reached a point of no return. Just like I said, if you're diabetic, you're not going to deny somebody insulin.

if you're hypothyroid you're not going to deny someone thyroid hormone you could die without those but you die a slower death without the other hormones I'm sorry you do you start to deteriorate because they keep everything running smoothly I used to say your hormones control you but you control your hormones but up to a point absolutely absolutely and there's a lot of people out there that are Let's talk about a specific type of person.

There's people, women out there that might be listening in their 50s, 60s, that are afraid of talking to their doctor about hormones. What would you say to those women about hormones and potentially going into hormone replacement?

Sometimes I say, here's how to approach them. When anyone comes to me as a patient, And they're going to get, I tell them you're going to get backlash from family, from friends, from healthcare practitioners.

And they're all going to say it's dangerous. I give them a synopsis of the hormone studies. And I even do a course is HRT for you where, you know, you do a self-assessment.

Do you have risk factors that are going to make that hormones can help? Do you have symptoms? And is your quality of life suffering because of the lack of hormones?

Do you have any contraindications to hormones? Like, you know, having had a pulmonary embolism or a deep vein thrombosis or breast cancer or BRCA gene, you know, so you can do a self-assessment to figure out like, are hormones gonna help me?

Even the North American Menopause Society and 20 others say the benefits outweigh the risks. So go in with knowledge. Hormones do not cause breast cancer.

There are plenty of studies out there now that show hormones do not cause breast cancer. Bioidentical hormones do not cause breast cancer. Astrogen does not cause breast cancer.

Progesterone is the safer choice. That's natural bioidentical progesterone and progestins or progestogens that are synthetic that are in the birth control pills and the progesterone IUDs, they have been shown to increase the risk.

But nobody bats an eye giving anybody the birth control pill or any of that other stuff. I know, right? You know what? They're like, so what?

Measuring Hormones with Blood, Saliva, and Urine

I'm taking this synthetic stuff for years for birth control. But now that I'm suffering and I have no hormones, I can't take a hormone. But you've been on hormones, right?

You've been on hormones for decades. So I give them the studies and you know we we now know that. The women's health initiative did studies on women whose average age was 6310 years past menopause they were given high dose.

oral synthetic hormones and they waited too long. So what ended up happening is when you take estrogen through the mouth orally, your liver makes clotting factors and you increase the risk of heart attack and stroke because you get clots that break off.

They stopped the study because of that. And then they looked at the incidence of breast cancer and there were eight more cases, but you know, the control group had less of a risk or incidence than the normal population and the population that they studied actually was no different than the normal.

In fact, women on estrogen alone had a decreased risk of breast cancer. So that study was hijacked back in the day and there was misinformation And it went viral and it's just been so hard to correct that.

But there are plenty of studies that now show progesterone is safer. Astrogen, if you give it through the skin, does not cause clots. It does not increase the risk of cardiovascular disease.

It doesn't damage your gallbladder. It doesn't cause gallbladder disease. It has so many benefits that, I say the benefits outweigh the risk. More women die of heart disease than they do of breast cancer and your heart and blood vessels suffer when you are low in hormones.

Absolutely, absolutely. And so what are the main symptoms that you see in your patients that improve when you start prescribing hormones? their mood, you know, a lot of women suffer from anxiety and depression and you know, your liver is going to, it's going to process these hormones.

And if you can't get rid of them and you can't get rid of adrenaline, there's a certain enzyme and we do what they call a Dutch test. It's a urine test to look at how you break down your hormones.

These things are just going to be reabsorbed if you don't have that comped enzyme working. to methylate, which means like putting the things in a bag to dispose of them.

So mood is big. You know, I know when I went through perimenopause, I was anxious and irritable. And you know what? I was calm as a cucumber after sleep.

When you take oral progesterone, oh my God, you sleep like a baby. So you're tired because you're not sleeping. They call it nature's annex. I heard it's lovely because I, you know, when my, when my best friend told me my personality changed.

And then I realized it wasn't just all the stress that I was under. I said, you know, I'm perimenopausal. I took progesterone and it was like night and day.

I was myself again. I was a new person. They can't sleep and progesterone helps you sleep. They're moody because both estrogen, progesterone, testosterone, DHEA, they all act on your brain to stabilize your mood.

Estrogen, it gives you energy. DHEA gives you energy. Your weight, when you're not balanced, you gain weight and you become insulin resistant, which makes it hard to lose weight and you become inflamed.

and the microbiome changes, all of this, it gets easier to lose weight. It's not magic. You fix the hormones and the weight flies off. No. You have to work on all the hormones because if you have high cortisol, you're going to gain weight, and low estrogen or high estrogen, you're going to gain weight, and low progesterone, you're going to gain weight.

But it's all that together, plus the exercise, plus eating right. it completely changes your physiology. So mood, energy, weight, brain fog is another big one because these hormones act on your brain for memory and cognition.

And, you know, that women who search for words or, or people who estrogen helps that. And if you don't have verbal fluency to have this kind of conversation where it's not that thingy, you know, that's verbal fluency.

DHEA helps with that too. And that's a very abundant hormone that's over the counter. Yeah. DHEA is over the counter, but it's the precursor to testosterone.

So people do need to take it with caution. Definitely. Yes. I always say measure. Don't take anything without measuring. And the other things is people don't realize there are about 35 symptoms of menopause and the same symptoms happen in perimenopause.

And I never forgot when a woman came to me and she said, my husband says I'm unbearable. And I have these palpitations and I went to cardiologists, they said nothing's wrong.

I have these aches and pains. And I went to a rheumatologist, they said there's nothing wrong. I'm getting gas and bloating and my GI person said there's nothing wrong.

I'm tired and my PCP says there's nothing wrong. And the list goes on and on, like everything from autoimmune disorders, burning mouth syndrome, tingly feeling, neurological pain, aches, pains, arthritis, all of this can be lack of hormones.

And when I told her, these are symptoms of perimenopause. She broke out into tears and she said, well, why didn't

anybody tell me this? Because that's not how we're trained.

And this is what I do all day, every day. And I'm looking for it. And I measure because not all of that is hormones. For some people it is hormones, for some people it's not.

And that's why you have to measure everything. Absolutely. Yeah. And it's, it's such a great tool to be able to go to a doctor and, and for them to measure it.

Do you measure mostly in blood, saliva, urine? I know there's many schools of thought on that. I do all three and I tell people, I use the analogy, if I were to do your financial plan, I'd have to look at your bank account, your savings and your income and expenses to do a good job.

Right. Well, yeah. Well, if I just looked at your blood, it'd be looking at your bank account and say, oh, you have enough, or you don't have enough, right?

And we don't know where it's going. So blood is free hormone plus hormone down to protein. Only the free hormone gets into your cells to do anything. Ladies, and if you've had IVF or you've been on oral estrogen, whether it's from the pill or other, it's going to raise your sex hormone binding globulin that's going to bind that hormone.

You're going to have less free hormones. So it may look high in the blood, but it's really, you don't have free hormone getting into the cells. So then I measure blood and saliva to see.

Saliva is just free hormones. And I compare, are you a saver or a spender? Are you getting it into the cells? Are you getting a level in your tissues?

Or some people are low in blood and high in saliva or high in blood and low in saliva. Some people are equal. And then I look at the urine. So the urine is like your income and expenses.

Hormone Therapy Safety, Risks, and Misconceptions

Is your liver breaking it down in a safe way or a not safe way? Think of it like a big recycling plant. You have your clean recyclables, you have your things that are a little dirty, and then you have your really dirty, stinky garbage.

You open up that bowl of something that has mold in it that's toxic, right? So if you make a toxic form, we need to know about that, because whether you're on hormones or not on hormones, you're still making estrogen in your fat and adrenal glands, even in menopause.

And that's not a nice estrogen. It's not a good estrogen. If your liver breaks down, whether you're being given hormones, whether you're on hormones, whether you're making your own hormones, your liver can break it down one of three ways.

Two out of the three are toxic. And with diet and supplements, we can make it non-toxic. And just like any garbage, you have to package it properly for the garbage man to take it.

So we need to methylate our hormones in order for it to be packaged to neutralize it, it's like taking that dirty moldy thing and putting it in a bag and getting rid of those toxins.

Yeah, I love how you're explaining all of this because it makes it so much clearer to people of like, wait, what? You need a blood and urine and why? So those analogies are amazing.

Yeah, that's why, because since once we know, we can fix all those things. And that's why I take people through stepwise program. It's not just here's your hormone, come back, we'll test your blood and it's okay or it's not.

No, no, because if you're not methylated, meaning packaging those toxic Even clean recyclables, you don't want it building up, right? So if you're not moving your bowels, if you don't have a good gallbladder function, if your liver

isn't functioning properly, if you don't have that ability to methylate, you're not going to feel as good on the hormones as someone else.

Yeah, absolutely, absolutely. It's such a complicated topic. No wonder people are just not getting the information they need for all these things. So it's so great that there's more and more doctors and more and more clinicians who are able to prescribe these medications and teach people about this.

What's the biggest fear that your patients come to you with? It's usually If a bad hormones, it's breast cancer, but women come to me. I feel like I'm getting old.

I'm not myself anymore and depressed. And I don't, I don't want to live like this. I don't, what is life going to be like for me? You know, if I feel this bad now, and they're also afraid of their relationships, you know, they lose their libido and they're like, you know, is my husband going to leave me for somebody?

younger or you know some there's there's so much fatigue and irritability it's a turn off. So they're afraid. They're afraid for not only their relationship with their spouse or their friends or their family, but their relationship with themselves.

They lose their self-confidence. They lose their self-esteem. They lose this for life. And they just feel like, is life going to be like this all the time?

So for some, that's more compelling than a fear of breast cancer. But then once you can show them the studies, it doesn't cause breast cancer. the other thing.

Yeah, absolutely. It feels, it's like, Oh, why didn't anybody tell me this? Okay. This is a no brainer, right? This is a no brainer. Yeah, for sure. For sure.

For sure. And so I'm sure you've put many women on hormones and I'm sure they're very happy living much better lives. Are there any women that you've had to stop hormones on say these are not for you or, or pretty much you're like, Nope, I got this.

I got, I can put people on hormones and they will tolerate them. Well, most people I could put on hormones and they would tolerate them. The only times I've taken people off hormones, like some people came to me already on hormones and I diagnosed breast cancer.

So no, then I take them off. I've been very, very fortunate in my practice that only two people had breast cancer. on hormones, but one of them, her best friend told me she does nothing of what you told her to do in terms of lifestyle and diet.

And when I did her cortisol, it was so high, there was not enough chart to measure it. And she wasn't good about following up. And another woman who had she had three different types of cancer.

And then she was taking, they found prior to coming to me, right? And these ones wouldn't have done anything for that, but she was taking, and this is really where women, you need to take care of yourself, right?

Because they found something on mammography. She was taking care of her elderly parents and flying to the West Coast and her sister who was in the South and she was in the North and she was running around and she was lost to follow up and she came to me two years later.

I didn't want to, she was somehow getting hormones from someone and I insisted that she go for another mammography and It was tiny, tiny, tiny. We got it fast.

And, you know, so yeah, I don't give hormones to people on breast cancer while hormones don't cause clots. There are some women that are going to get clots, whether they're on hormones or not.

And if there's someone who are going to get clots and cancer, whether they're on hormones or not. So it's not because they caused the clots. You know, you have the bracket gene, whether you're on hormones or not, you know, you're at an increased risk.

And, you know, I had somebody who had a history of a pulmonary embolism, which can cause instant death. Oh yeah. You know, those are the people I don't put on hormones because usually I'll interview people first because I don't want them to have expectations of that.

I'm going to give anybody and everybody hormones. And that's not the case. And not everybody wants them either. So I work on all the other things. Absolutely.

Makes them feel better, right? Yeah, absolutely. And, and our body. has a good ability to continue to heal and make some amount of hormones. Obviously not the same amount as premenopausal, but yeah, our emails can pump out some VHEA and testosterone and estradiol.

So absolutely. Is there a cutoff in age? I know that women, most women are gonna try to get on hormones when they're a little bit over 50, when they're getting the hot flashes and all those things.

But have you ever had a patient that was older, 60s, 70s that wanted hormones? Yes. And here's the thing, you get the most benefit when you're under age of 60 within 10 years of menopause.

That doesn't mean that if you're over 60 in past 10 years of menopause, you're not going to benefit, but it's going to be slower.

Who Benefits from Hormones and Final Takeaways

So for example, I have a lot of people coming to me with osteoporosis and I have been giving hormones for osteoporosis for a very long time, well before they took, they had these osteoporosis drugs.

Hormones were the number one medication for bone health. So when I give them, I've had women who've come to me later in life and I say, okay, your bones may change, but they're going to take a longer time.

Your arteries, if they became thick and hard, the hormones aren't going to change that. They may lower your cholesterol and help preserve it, but you may get some benefits.

You may not get all the benefits because once the arteries are hardened, they don't soften up, but you can soften up the plaque, but not the inside musculature.

Dale Bredesen, who wrote the book, The End of Alzheimer's, He gives hormones to people who are having problems with their memory, and it does help. And I have women on hormones well into their 80s, so there's no reason to stop unless you have a complication.

And most people stop either because they don't want to spend the money, they don't they feel like, okay, I'm retired now. I don't have to be in the top of my game or I've been on hormones for 10 years.

My bones are good. And if I lose some bone now, I'm starting from a higher level. But there's schools of thought on that, but you can give it past the age of 60. There are papers that say that it's okay.

And there is no cutoff. The old lowest dose, the shortest period of time was just made up. There are no studies to support that. Yep, yep. It's important to know, you know, when we're practicing, where does that science come from?

Sometimes those guidelines are made up. We say we practice evidence-based medicine, but sometimes guidelines are not evidence-based. Well, it's like when you don't know how long you can take it.

I know there was a study that someone people who were on hormones for 18 years safely. And I have some people in their eighties on hormones and they're like, don't ever take them away from me.

Never, never, ever. Absolutely. Yeah. Yeah. And I have that same experience with my patients. They, when they start them, they understand they feel much better.

And so like, yep, this is, this is the right thing for my body. I can feel it. Yep. What a great conversation. I know that there's so many women out there that are struggling with this.

And so I'm hoping that we've reached a few people who will be a little bit more open-minded about biomedical hormone replacement, or if they're already on hormones, maybe they heard about some things that are going to help them with their gut and their toxins.

So such a wealth of knowledge. This is such a great conversation. It was a lot to take in. If you could just give our listeners maybe some three pointers before we Wrap up the conversation, what would those be?

Well, the whole idea of what you eat, what you drink, what you think, how much you sleep, how much you exercise, the toxins you're under, the stress you're exposed to all affect your hormones.

The second thing is they're safe and especially the bioidenticals. And it all starts with your attitude. Your attitude drives everything. And you could be check off all the boxes.

And if you don't make yourself happy and have the right attitude, it doesn't matter. It doesn't matter. You know, you can make yourself miserable or you can my husband say, why are you always happy?

I said, because I choose to be. Absolutely. I love that. I love that. Thank you so much for being here on our podcast. And this was such a great conversation.

Well, thank you for having me. I hope we reach some people who may be needed to hear this message. Absolutely. Thank you so much. Thank you. Thank you for tuning into Dr.

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