Introduction to the Podcast and Guest

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But most of problem for younger women is either an ovulatory problem, women are getting their labs drawn at the wrong time. The second thing is they're getting them drawn.

Maybe not the right things. I'll see some people that said, oh, I have labs. It's a CBC, a CMP, maybe an FSH and an estradiol. That's it. But I rarely see an progesterone checked.

And I asked the patient, well, when did you get these done? Well, whatever day I was in the office. What was your period and when were they drawn? So they were not drawn at the time of the cycle.

Symptoms are only part of a story. I'm Dr. Drew Kidder. I am Dr Emily Hernandez. And on the healing terrain, we explore deeper systems influencing clinical outcomes from toxic burden and microbial imbalance to the foundational factors that drive resilience and long-term health.

Hi, I am Dr. Emily Hernandez and I'm one of the hosts of The Healing Terrain podcast here with Cellcore. I Am director of healthcare practitioner education and i'm so excited to be joined today with Dr Tara Scott.

How are you two doing today? Hi Dr Emily. Thank you for having me. Yeah, of course and we're going to talk about some really interesting information here Why hormone balancing can fail especially when we are talking in the world of toxicity?

So tell me a little bit about you first so we can understand who you are, what your background is and what kind of patients you treat.

Dr. Tara Scottu2019s Background in Hormone Care

Yeah, well, I'm a traditionally trained OB-GYN, so started very traditional delivering babies. Amazing. And have been in the hormone space for about 23 years.

Wow. Kind of ahead of the curve. Started with menopause management, and really morphed into a more integrative and functional approach for the last 15 years, It's where you see where normal medicine fails, right?

And so I know we're going to talk about some of that, why mental therapy can fail for some people. So very traditionally trained and then went on and became a certified menopause practitioner.

I also have a board certification in integrative medicine and another one in functional medicine. Wow. I wish I knew about you when I was having my kids and…

Yeah. Yeah, it's good. We need more of you out there for sure. Well, tell me a little about, you know, what patients you see, why they're coming to you.

What does it look like when someone has a hormonal imbalance or hormonial issues? Sure. Right now, menopause is having its moment, right? Yes, of course.

And so it is on social media. It's everywhere. So we see the bulk of our patients would be probably perimenopausal menopus. Okay. But since I've been in this space for so long, I see people from teens all the way up.

And those are really the people that I feel called to help because I fell like they're somewhat being dismissed intentionally, unintentionally from their providers because we aren't, as OB-GYNs, we are trained at all in hormones.

So when someone comes in as a younger patient, having irregular periods or any particular symptom, the algorithm is make sure you don't have an anatomical problem with imaging.

And in the absence of anything, put them on a birth control pill, whether they need to prevent pregnancy or not.

Why Younger Women Are Having More Hormone Issues

So there's not really a whole lot of options for that girl from a teen with acne to a girl in her 20s with irregular period, to girl under 30s, with painful periods that doesn't want to get pregnant, but doesn t need Those are the patients I think I'm seeing the most of right now because there are some more menopause practitioners now in the space, but I still see all of them.

Amazing. That's awesome. And you're right. I there's very little tools for the population when they are dealing with hormonal imbalances. What I tell my patients often is, you may have a symptom like PMS that is common, that doesn't necessarily mean it's normal, right?

Absolutely. So it is nice to know there other tools out there than just here's a birth control pill. which often comes with its own side effects and other issues you've got to deal with.

And causes a lot of the symptoms. Right, right. So explain, it sounds like there's more and more women of that age, not menopause or perimenopausal, but that cycling, still having cycles in their earlier years that are having more hormonal issues.

Why do you think that is? I absolutely think it is. Think about puberty and what girls look like at 14 when we grew up. You're younger than me, It's not Sephora, right?

It is not the makeup, it's the environment. And so the girls are getting their periods earlier. So the American Academy of Pediatrics is thinking about changing the age of menarche.

Well, instead of changing age men are to make it lower because more people are gaining their period earlier, how about thinking that this is what a normal thing, so that's a first problem.

The second problem is our environment, which is kind of what we're talking about today is toxins and how they affect your hormones. The third problem's our diet, right, and that goes along with the environment.

And the fourth thing, that is not as much of an issue but still prevalent, is genetic alterations in your detoxification enzymes. Absolutely. And there's your general variations of hormones, too.

So there are a lot of things, a lots of layers that are leading to more and more younger people with hormone issues. Okay, great. That's awesome. It's nice to have those kind of set things to be looking at that could be affecting why women earlier are having hormonal issues, so what about the people that go, they get their labs drawn, and they're clearly not feeling well, doctors are saying, well everything looks normal.

Why Hormone Labs Can Look Normal

Yeah, so that's the biggest thing. I still can't figure out why there's such a disconnect with labs because we hear from our traditional colleagues that we don't need to check labs, right?

Don't test hormones because hormones don' matter. When you look at the endocrine society, The protocols for men is check hormone levels, give hormones, monitor.

Even for transgender hormone therapy, check hormones levels give, hormones monitor, but for women, don't check your hormones. So I'm not sure why that is because there are protocols to check for fertility patients to rule out PCOS.

for other things that we have certain guidelines and normal ranges for each part of the menstrual cycle, the follicular phase, ovulation phase. So those exist.

Now, those normal range are to detect disease, right? And pathology, not necessarily optimal health. That's part the problem. The second part to the problems, as I mentioned, there's a lack of training as an OBGYN.

We're always taught to check hormones on day three to measure ovarian reserve or how much your your how old your eggs are and from a fertility standpoint, but most of the problem for younger women is either an ovulatory problem, so you wouldn't be able to duck it until you check your ovulation.

So that's the first problem is women are getting their labs drawn at the wrong time. The second thing is they're getting them drawn maybe not the right things.

I'll see some people that said, oh, I have labs. It's a CBC, a CMP, maybe an FSH and an estradiol. That's it. So I rarely see an progesterone checked, sometimes a testosterone, not usually adrenal hormones.

And I asked the patient, well, when did you get these done? Well, whatever day I was in the office. But what was your period and when were they drawn by?

So they're not drawn at the right time of the cycle. The other problem with blood testing, while it's great for thyroid and large peptide hormones, FSH and LH, these stereogenic hormones are fat-loving, right?

Right. So, they are lipid-loading. What's the first thing you do when you draw serum levels? You spin off the red blood cells, pour it off, and you're looking intracellular.

You're also not looking in the fat, which is where things happen. If your ovary produces a hormone and puts it into the circulation and then it gets into the veins, you might catch it.

Right. But they're also tightly bound to carrier proteins, sexual norepinephrine, glibulone, albumin. So I can order a free and a total testosterone, so it's either calculated or fractionated out, but how do I know my estradiol is or my progesterone or what?

So that's the other reason we see a lot of normal labs. Yeah. That and As a traditionally trained, I remember being an intern and looking even just at a CMP and my resident teaching me they're U-boxic, meaning everything was in the box.

Right. So practitioners are trained to look because it's highlighted. It's red or blue if it abnormal and if not, you know what I mean? They're not like looking, OK, well, where is estradiol?

It is at the very top of the range and projections at very bottom of range. And the other thing, they've changed the normal ranges.

How Toxins Disrupt Hormone Signaling

I think it is really important for people to know that even though your labs may look normal or a practitioner says they are normal, You shouldn't be kind of said, okay, well, you know, come back when we have an actual issue that we see on labs.

We have to be thinking about what's going on with their symptoms and still treat people. So besides the hormones themselves, let's talk a little bit about the toxins.

How do toxins affect hormones? So endocrine disruptors can do a couple things. One, they can actually bind the receptor. And so what that means is like it's turning off a light switch.

So say estrogen turns on and off the light and the lights keeps going on, and you're like, I didn't turn it on. Well, it could be something else at that receptor site.

That's the first thing. The second thing is it can augment enzymes. A couple that are really important, one is aromatase, that's testosterone to estradiol.

If you have a woman who is increasing the aromatase now you are more estrogen. Not necessarily great. definitely not good in a man. That's why you see these men walking around with the pregnant bellies and the man boobs, that's estrogen, right?

So that is a highly inducible enzyme that could be the site of where the toxins are. It could also work on not only occupying the liver with detoxification, but the actual detox enzymes for estrogen being cytochrome P450 and COMT, those can be otherwise, it's like think of a highway that there's more traffic than.

because the liver is working overhaul and then those enzymes are working slower because of these toxins. So a couple of different things, it's either mimicking it or it is affecting how your estrogen is detoxified.

It's crazy. Sometimes the answer isn't necessarily give more estrogen or more testosterone. Let's figure out what's happening at the receptor site so that these, either whether you're getting bio…

replacement hormone therapy or herbs or supplements that help enhance hormones. It may be the right things, but there's something else blocking its ability to work.

Yeah. I think I see, like I said, I'm glad that menopause is having its moment. And certainly when you're an older woman with no period, you may have low levels that need to be replaced.

So I am seeing in perimenopausal people coming in, with symptoms, and then people are giving them estrogen and progesterone. And I'm like, if they're still cycling, they may not need estrogen.

So it might not be high. It might be low, it may be higher. Maybe it's their detox. Right. Hormones aren't the only thing to be thinking about when you're dealing with hormonal issues.

Absolutely. What's the deep root cause? Working on the trait, making sure that the body can actually receive those hormones or that support for hormone replacement.

Looking Beyond Hormones to Thyroid and Adrenals

Yeah, that's great. Yeah, and as that's something that we're not really taught how to do. In the traditional world, it's a lot to take in and it is a a to learn.

And so… In a functional world it a lots. Looking through all the layers, you know, what do I focus on first? Yeah. I mean, I think people who are naturopathic doctors or in that space have a little bit more of an advantage because their whole approach is different.

But when we are traditionally trained, It's such a foreign thing to us to kind of flip your mind. We're trained to identify symptoms, rule out pathology, and then name a disease, then disease and treatment.

And so if there's no treatment for a diseases, I can't help you, right? And you have to have someone who's either had a personal experience or a patient or an inquisitive practitioner that wants to learn that.

So that's why I think there are so much problems right now. And so do you have any kind of order of how you do things? A little bit depends on the age.

If someone comes in in their 50s and they had their ovaries removed, it's a little different approach than someone in 30s. So for most women that are still cycling, we always start with blood testing because hormones are produced and released in the blood.

And so, we'll do blood testing at a specific time of their cycle just to make sure. We always do a whole metabolic workup as well as thyroid. So, those are all best checked in the blood-testing.

Now, if someone came in that was perhaps a teen with acne, more likely everyone has higher testosterone when they're a teens, so why do some have acne and some not?

So we might be doing other things like looking at the gut, potentially food sensitivities. Or we'll look at their estrogen detoxification through a dried urine sample.

Or there's a couple of different ways to look it in the urine. One is dried, one is not. So we will look that and look the estrogen metabolites. It's more like looking at receipts.

If my accountant looks at me and wants to do my tax and is like, here's what's in my bank account. Well, that's great. What did you spend on marketing?

What you spent on rent? How did use that money? Yes. That's the great way to put it. Awesome. I love that. Peace for those peri and menopausal women. for trying to support their hormones.

I actually think everybody should have an approach. And I think, again, when I started out in the hormone world for the first seven to 10 years, I wasn't really doing that.

Right. It was giving hormones, testing, but I didn't have that education or knowledge. Yeah. Because everybody responds differently. Absolutely. some friends from college and I had a shot of tequila, two shots of Tequila.

I probably could only have one, right? Someone might be able to do five. Right, how your body metabolizes. Exactly how much alcohol you can have, your tolerance, the frequency, I think that's the same with hormone.

Yeah, absolutely. And I've had some patients that are so, so sensitive and it doesn't have to how much they have. Right. So it's very nuanced. I probably don't even know everything, but I'm still learning.

Yeah. Well, aren't we all? It's just a student of life. The last question before we kind of wrap it up, we've been obviously focusing a lot on the sex hormones, what about the thyroid hormones?

The adrenal hormones. How they all communicate together. Kind of what's your… I know you're mostly focused, it sounds like, with OBGYN with the sexual hormones but the other hormones play a big role too.

We actually focus on all of them. Do quite a bit of testing and we do manage quite So that's when you have an autoimmune issue and you've a gut issue.

So nobody realizes that the thyroid is affected by estrogen. Estrogen affects the binding protein. Cortisol seems to slow down the detoxification of estrogen so they don't exist in isolation.

We have to look at all of them. So, for those patients that are going through perimenopause and have a thyroid issue or they might develop a higher thyroid issues or maybe they don't need thyroid hormones because they need progesterone because have too much SHBG and they're low free T3 and pre-T4.

So there is a huge correlation between that. And like I said, we do kind of look at all of that, but I think some of the people, my traditional colleagues maybe, and that's how I started out to focus just on the female hormones and isolation.

Takeaways: Testing, Advocacy, and Reducing Toxins

And there's benefits to that, too, because they're hyper-focused and they know it really well. And while I haven't been able to find a direct reference of cortisol and how it affects estrogen detoxification, I anecdotally know absolutely that stress affects it, whether it's a directed effect on the enzyme or whether its cortisol affecting, you know, something else, receptor sites or something, there is absolutely…

Oh, for sure, and even the microbiome has control of the HPA access, being able turn things on and off. our ability to produce some of those other hormones that we make from the adrenals, epinephrine, norepinephrin, not just the cortisol.

So yeah, there's a huge connection there. Well, thank you so much for your insight. I feel like I could talk to you all day. And I love your analogy. It's so nice to be able to break it down and understand.

What would be your just kind of take home for everyone listening when thinking about hormones and this day and age to kind support them the best way? I guess I think it I would love for everyone to know what their hormones are, right?

And I really would have them advocate for themselves, especially if you're a younger patient and you really think that there's something off. To find a practitioner that will work with you, that would treat you as an individual person, you know, your hormone levels at 26 might be normal, but maybe not normal for you.

And so I love that we have so many options for testing. Also, at something like this, when we're talking about environment, I mean, those are a lot of things that patients can do on their own.

by detoxifying their environment or checking their water or check in their gut or stuff like that if they can't get their hormone levels checked. Right.

Maybe do some things that could help the way your body detoxifies that can help how you feel. Love that. Yeah. So working on reducing the toxin environment as much as you can, although hard these days to do that, but anything, even the little steps can make a big difference.

Absolutely. Awesome. Well, thank you so much for joining us and I look forward to talking another time to learn more from you. Thank you too. All right.

Take care, everyone. Thanks for joining. Thanks