Introduction and Guest Background

Every patient is literally a forensic analysis. Everybody has their own story. Everybody has their own journey. Everybody has their own collection of things.

They've they've, you know, experiences they've lived and things they've opportunistic things they've acquired and they've been around. And so, understanding that story takes time.

And so you use the term functional medicine. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors. The issues that matter to you most.

Welcome back to this week's episode of back to the basics. I'm glad that you joined us this week to learn more about how to keep yourself healthy in this modern world.

I have a very exciting guest today. A lot of you have actually reached out to me and asked me to put him on the podcast, so he finally agreed. So Doctor Corey Rice is here.

I met him through Bayat. He's an amazing practitioner in Dallas. He graduated from Baylor University with a degree with a bachelor's degree in forensic science, and then he completed medical school at Arizona College of Osteopathic Medicine.

He attended Methodist Medical Center in Dallas for his internship and residency in internal medicine. He was chosen as chief resident. He spent two years in outpatient traditional internal medicine, including inpatient work and critical care and hospitalist medicine, before he and his medical partner opened a private practice.

After identifying a profound need for a more direct focus on preventative and wellness in the outpatient medicine setting. He now puts food first in virtually all of his medical recommendations, and it's continued to.

Amai is continued to be amazed at the power of nutrition as it relates to improving function in the body and ultimately restoring health to his patients, which often time leads to less participation in medicines.

Sorry, less prescription medicines. So he he also has been trained by a forum. So a lot of you guys listening to this, you know about a for him in the Functional Medicine Institute.

So IFM and so he like I said, is practicing in Dallas. He has a couple of clinics will link all of his stuff in the show notes. But he is a specialist in bioidentical hormone replacement therapy for men and women.

So again that's where I met him. He's been doing this for a long time. So please help me welcome Doctor Rice to Back to the basics. Thanks, guys, I appreciate it.

Glad to be here. Yeah. So I like to start by kind of telling people or having you tell people what it's like to be you like, kind of how you got here.

And so our stories are very similar. Right. So I did traditional medicine kind of until I met you. That's what I told everyone. You know, I went to biotin training in 2020 and I was kind of interested in this functional medicine world.

And then I met you and I was fascinated. I started doing variety and people know this, but listen to my podcast, You Help Me Get Better in 2022, I think 21, 22.

And I felt a lot better. And so I tell a lot of people, it's your fault that I do functional medicine and and that I'm kind of where I am today. But I tell everyone kind of, I guess, how you got started in this process and then what it's like to live in the life of, of you for a day.

Yeah, sure. And first off, thank you. You have been a lifesaver to a lot of my patients. So I appreciate all the help that that you give me and my patients.

So, you know, I'm just a very small part of this. You're very sweet to say what you have, but the work you put in to get to where you are, is, is absolutely inspirational.

So, any small part I played in that, obviously, I take pride in that, but, you did the heavy lifting. I did not, I truly feel I just showed you a little bit of a path, but.

But you have to walk it. You have to breathe it. You have to eat it. You have to be it. So, and this is sort of what I tell patients all the time, so I just.

You're the captain, of your ship. I just try to steer it in a way that I feel like is medically safe and is going to give you the biggest return on your health investment.

So, so that's really, again, what I what I think what I think you did, but you're very kind to say that. So, you know, my background, ironically, is really not I didn't really necessarily have an aspiration to go into health care.

As you mentioned in my my bio, I was actually the first graduate with the degree in forensic science from Baylor. And, I didn't know what that meant at the time, but but ultimately, that degree, also fulfilled all the pre-medical requisites to be able to sit and take the medical school entry exams.

But I didn't want to do that. I actually taught for the university for a little bit and worked, partially in law enforcement. And, and really what my responsibility was, was to take, skeletal remains, in the ground.

Truly, bones. So there's there's a movie out there called The Bone Collector. I was sort of like that. I taught human osteology for the university, and that really is just taking any bone of the human body and and basically trying to approximate approximate age, ethnicity, if possible, manner of death and these types of things for for some, from a forensics perspective, I looked at osteology and just tried to put a puzzle together.

And that's what I did for three years before I decided to leave it, because it's a very morbid world. Right. So, I realized that's just not where I wanted to go.

I actually got into the FBI. Turned it down, went into medical school, and just to kind of fast forward big time to to where we are now, I'm truly doing now what I was doing then, every human being and you would know this just like I would every patient is literally a forensic analysis.

Everybody has their own story. Everybody has their own journey. Everybody has their own collection of things. They've they've, you know, experiences they've lived and things they've opportunistic things they've acquired and they've been around.

And so, understanding that story takes time. And so you use the term functional medicine. Functional medicine is really a way of practicing that just takes this function and tries to put function back in place.

And so, that's truly what I try to do, is take someone who's dysfunctional, someone who has issues, whether that's

losing weight, autoimmune disease, chronic pain, chronic fatigue, any of these sort of names we give things.

I just I just sort of take those, those disease processes and, and forensically analyze what's happening to them and then, ultimately try to restore function.

And that's done with all sorts of things. You've mentioned hormones. Hormones have been a big a big part of what I do. In addition to food, there's no question.

We are what we eat. The reality, as you would understand, is the the soil that we make our food from, unfortunately, today is just sick. And so oftentimes the food from the soil is sick, which means the people eating it get sick. So really, things have gone beyond just food now.

We're now in the world of pollution clearing from our body. How do we consistently clear ourselves of things that we just can't help expose ourselves to, no matter how well we eat?

And so, you understand that I know intimately. Well. And so there's just a lot of those things that that go into restoring health to, to a phenotype or to a patient.

And, and, you know, that's really the day to day that I do and the team that supports me and that I support, does as well as we just try to give people the why behind what they have and get them back to their life.

And, that's that's ultimately what I do, professionally, day to day. So, yeah. So a lot like what we do on modern endocrine try to figure out, you know, what are their ailments?

How do we make them better? Give them simple sets, send them in the right direction, and you're kind of their coach. And so, like you and I were talking about before the podcast, you know, the when you talk about environmental toxins.

So one of the things we implemented recently at Modern Endocrine is ozone therapy with our thyroid management, gut and hormones. And it's been life changing to a lot of people because it does help with that detoxification process.

And so I'm hoping that you'll think more about that. Your patients in Dallas would love it, I'm sure, but well, things you things you recommend and things you touch turn to gold.

So I'm going to I'm going to definitely take that to heart. And, and and I think my patients could certainly, use it. The irony is I've got, quite a few physicians that are my patients, and I've actually, helped, you know, prescribe some of the, the things you need to have your own ozone and do it at home for some of my physician clients.

They don't want to self prescribe. So I've helped them. And so they do a lot of their own treatments, and I guess they've been self trained. They don't do it professionally for patients, but they do it personally.

And so I've always thought about integrating it, for my patients just because of what they say. And so you really are the cherry on top for me to consider that.

So yeah. Because at the end of the day, like you said, it's all about like detoxification, right? Like you're going to get toxins in. How do we process and get those toxins out.

Functional Medicine and Root-Cause Thinking

How do we limit the toxins that come in so that our body can do the function that it needs, right. So and say functional medicine, like you said? I mean endocrinology is it gave me a good broad understanding of like how the body works, right?

In general, all your hormones, how they play together. But really it's also about like how do we give our body

nutrition and then how can our body take that nutrition process it, use all of that nutrition, you know, use the energy that it needs to make our body function.

And then how can we get rid of toxins? That's really it. Like we're we are very fascinating humans. But I mean, you can break it down very simply, right?

Like we need good nutrition. We need to detoxify, we need energy. And and the crazy thing like you taught me this, this is I remember I remember this very vividly.

You said, you know, your microbiome, your GI tract regenerates itself every 30 days. And so no matter what you eat, I think you said like what you told me was, you know, if you eat McDonald's and just complete garbage your whole life and then you decide, today I'm going to change and I'm going to change what I eat, you are what you eat.

And so your GI tract will completely regenerate itself in about 30 days, and you can be a completely different person. And I remember sitting there when you, when you, when you did that lecture thinking, yeah, I've done a lot of really bad things to myself and I don't feel well and I don't, but like 30 days, like you can do anything for 30 days, right.

And so I think that's where you and I like, we can make a lot of impact in people's lives. It's just helping educate them and then help them realize that, like, no matter what you've done to yourself, like, we can fix it.

And the great thing about your your body is that it it regenerates itself, right? Absolutely does. And you're you're so spot on. And, you know, is your audience likely knows with as much as your podcast and probably on this topic.

But if 70 to 80% of our immune system is inside of our our gut, so many, so many of us have immune systems that are not working for us. They're working against us.

And whether that's whether you know it or not. I would argue a lot of people don't realize that it's actually happening because they don't really know what the signs and the and the triggers are.

But you made a very, pointed, statement that, you know, yes, it does regenerate the other part to this, though, when we take antibiotics. So antibiotics. Right. They're not smart.

They don't know if they're treating your ear infection, nose infection, foot infection. They just go new whatever. And then essentially just nuke all what's called the commensal bacteria.

Your your your gut. So the healthy immune supportive bacteria. What's ironic is if you look at the studies on this so when people take antibiotics it completely control and deletes their gut, wipes everything out when they're done with their antibiotics.

If they were to start eating nutrient dense food, really, really healthy food, right after completing that last antibiotic, their microbiome would flourish and they would have a huge diversity of of the flora, which then sort starts building their immune system back.

But the reality is, when someone comes off an antibiotic, they're usually coming off something in which they felt bad. Well, so they probably weren't eating a whole lot.

So really the natural human tendency is when I'm done with my antibiotic, I feel like I'm free and clear. I'm out of prison. You go eat what sounds good and what sounds good is whatever.

You know, I want to go eat that pizza. I want to go eat that fast food. I want to. And so once you do that, it just creates this whole cycle again where you just don't have, an immune system that's working well.

So the studies are pretty cool on that. When you can actually eat healthy after carpet bombing with an antibiotic,

your gut and your flora, and then it just flourishes when you eat really well afterwards.

So that's just a a real life example I see all the time. Yeah. Or just any at any point. Like if you're listening to this podcast and you're like, man, I've, I've eaten terrible.

I'm going to change. Like if you really say, okay, today's the last day for the next 30 days, I'm going to eat a variety of food. I'm going to eat the color of the rainbow.

You guys know on this podcast, if you listen, I talk about 30 foods. Do you know you're supposed to eat 30 different foods every day? Most people don't eat 30 different foods in a week, but if you eat 30 different foods every day, then it changes your microbiome a ton.

And so I tell people, that's my goal every day is to eat 30 different foods. I might eat the same 30 ones quite a bit, but like I try to eat, you know, my husband is just making fun of me.

Before we did this podcast, because I made a salad downstairs with like all the things and it just everything that was in my fridge because I hadn't eaten, I'd only eaten 12 different foods today.

So I was trying to get my like other 18. But I mean, your body, like what I learned over the last four years in this functional medicine space is that your body is really cool.

It can regenerate itself no matter how sick you are, you know, no matter how much you've damaged it. It is meant and made to fix itself. You just have to give it the right things, right?

And and so I wanted to talk to you specifically. You're so smart. I mean, we could talk about hormones. We could talk about gut. We can. But I want to talk to you about hormones today just to kind of talk about how hormones play a role in your health.

Right? So how they play, I mean, they play a role in your gut too, but how they play a role in your health and maybe how people might know they're having hormone issues.

And then we can talk about, well, you know, some of the misconceptions with hormones, maybe, and some of the different types of hormone treatment. Yeah, sure.

So hormones are, you know, a part of everybody's health from, from birth until death hormones are, are, you know, have all sorts of medical, you know, protective sort of roles, but then also lots of quality of life, sort of, you know, help as well.

And so what I would say, you know, first and foremost is the Goldilocks principle for sure applies here too little isn't great, too much isn't great. There's sort of this sweet spot and, one thing I don't like to do in health care, and you may be similar to me, is I don't like to make broad brush statements about categories, because everything we do, the more the kind of medicine we practice that we practice, the more we realize just how individual and different everyone's response is to to anything.

And in this particular category, it is absolutely true. Hormones a female and a male have a sweet spot of what makes sense for them from a hormonal perspective.

And the reality is, is that sweet spot moves. It's not a it's not a stationary, endpoint. So you have to be very, adept as you are to, to talking to patients and sort of understanding where they are and their hormone sort of trajectory.

And so what I would say is, is done the right way. If you can balance a female's or email's hormones appropriately, it gives them maximal return. And the sweet spot I would tell you, is defined as that the maximum return and whatever you're looking to do.

So medical prevention, symptom relief or alleviation while minimizing any of the, negatives that can come from this.

And really the negatives are what we would call secondary.

So just things you don't annoyances that you don't want to deal with by having excess hormones. And the reality is, you know, females lose hormones starting in their early 20s and then it accelerates into their 30s, certainly by their late 30s into their early 40s, their hormone levels are just plummeting.

And so, it's something we have to be very, keen, keenly aware of and not just wait for, you know, menopause and sort of these, these later stages of life.

It's all about early detection and early diagnosis. Same thing on the male side. They just sort of hit that. It's probably a little more in the mid or early to mid 30s, depending on the male, when they're their natural reproduction of their hormones, start to decline.

And so all of this is a very natural process. But depending on on someone's health status, it can become somewhat unnatural, at least when they start losing the hormones.

But when they become symptomatic, I guess from from losing their sex hormones. And so these are things I'm sure you've talked about. But, you know, on the female side, there's essentially three sex hormones estrogen, testosterone, progesterone.

On the male side, there's testosterone. Yes, men need estrogen. Yes, men make estrogen. But the main and the main hormone we talk about in men is androgen or testosterone.

You like what you've heard so far? If so, modern endocrine is now able to provide telehealth services in eight states, including Arizona, Nevada, Oklahoma, Texas, Ohio, Illinois, Michigan and Georgia.

If you would like to become a patient, visit our website at Dot modern endocrine.com backslash contact. You can also email us at hello at Modern endocrine.com, or call our office at 405 286 1571.

To schedule an appointment, please note we no longer accept insurance for new patients. However, we do have customizable membership programs available.

Your first visit will include a detailed intake, and lab orders will be provided to further assist us in developing your ten stages. The ultimate health plan we do offer discounted elaborate with a nationwide lab service.

And now back to the show. Yeah. So to your point, a couple things. I like that you made a point about individualized targets. So my patients know that.

I tell them you're all in and of one. And so everyone's different. And so I think the hardest thing with hormones and the reason that hormones get such a bad rap is because if you do try to stick every human in one box and give them all the same dose of hormones, you are going to not do right by a lot of people.

And so what I tell my patients all the time is that if you go somewhere to get hormones and you do not look like or weigh the same amount as somebody else who goes there and you get the same amount of hormone, you need to go to a different location, right?

So there shouldn't be like a one size fits all with hormones. And so I think that's the problem is like there are certain people who who do that. And what you have to do, like you said, is you have to give them a dose, an educated dose based on what, you know, their labs, their symptoms.

But then you have to listen to them. And you also taught me this, like listening to people is important, right? So you have to listen to them when they come back.

And if they tell you I have acne or I have hair growth or I have breast tenderness, you have to adjust those doses, right? Those are nuances. They're not necessarily terrible things because we know okay, great.

You're getting some hormones. You're protecting your bones. You're protecting your brain. You're getting all these benefits of the hormones. But you have to be willing to listen.

You have to be willing to adjust. You have to be able to, you know, shift. And that's where, you know, people that are very everything has to fit in a box.

They're not going to do well. Yeah. Designing a hormone here 100%, a lot of clinicians have a little bit more narrow focus. And you know, what I would say is, again, if any of your audience is, not necessarily physicians, but maybe they are.

But but any sort of science background just to keep this as simple as possible, every human, every one of us, I have more receptors or less receptors in my body than you do hormone receptors.

Receptors are just these little like spots inside and outside every cell in the body. And as your audience likely knows, there's trillions of cells in the body.

I have my own unique amount of receptors. That's the first fact. The second fact is the amount of time it takes for you or my treating prescriber to saturate my receptors with hormones they give me is different from everybody else as well.

So because it takes longer or shorter to saturate my receptors with hormones, you give me and I have a different amount that right there makes everything.

We're talking about what's called idiosyncratic. It's just very individual. You cannot. And you said it exactly right. This is why some of these docs or some of these providers and clinics get into issues because they don't know how to talk, like they don't know how to figure out if someone is being oversaturated.

They don't know if someone is hitting the sweet spot and they don't have enough, humility to know that the sweet spot is different. So the dose is going to change relative to the human being and how healthy or unhealthy they're getting.

And so I think that's what makes obviously you a very solid provider is you get that principle. But that is a very, a very, sometimes difficult concept, I think, for, for some providers to grasp.

Yeah. And I think the other thing, you know, we were talking about this to the way my body, how much hormone it's going to take for my body to saturate receptors.

And yours is going to be different to based on a lot of things based on how inflamed we are. Right. And so if you're very if you're a very inflamed person, if you're eating very poorly, if you're not sleeping, if you don't exercise, if you have insulin resistance, if your cortisol is high, if you're at type A, you know, all these things that cause you to be inflamed, then it's going to take a lot more hormone to saturate and make your receptors happy, because those hormones have to travel across those receptors into the actual cell membrane to work.

And when you're inflamed, that cell membrane is more tense and it's harder for those hormones to travel, or it's harder for your body to make those hormones or convert them.

Right. So you, you know, you talk about this, you know, you taught me a lot about the thyroid when you have thyroid hormone. First of all, people, I've told you this, you make thyroid hormone and your sex hormones when you sleep, so you have to sleep.

You have to sleep consistently. You have to sleep at the same time. You have to let your growth factor work at night. And so you actually have to make those hormones right.

And then once you make them, they have to be converted into active hormones. And so if you're really, really inflamed, right, your guts inflamed, you're making poor decisions.

You're, you know, stressed out about things that no, no need to be stressed out about them anyways. You're not taking your supplements, then those things aren't going to work.

And so you're going to have to give that person a lot more. Right? And then God forbid, they actually listen. And we start cleaning their gut up and, and their thyroid starts working and they need less hormone.

If you don't realize that as a provider and you're giving them the same dose and they start having bad side effects, you don't realize to pull it back, then the patient's like, well, I'm not taking these hormones, you know?

So it's there's a lot of moving parts, like you have to be like you said, a detective, like a forensic detective. I tell my husband all the time, I was like, I feel like a detective all day long.

Like I'm trying to figure out what caused what, you know, and and kind of just like I. I'm a really good listener. That's what I am. I'm really not that smart.

I just am really good at listening and, like, you know, just pieces around, you know? So to your point like that, everyone needs to realize, yeah, there's no question.

And thyroid, you know, is a passion of mine. Obviously a passion of yours.

Hormone Symptoms and Why They Matter

But something that once I really what made me understand thyroid very clearly was when I realized, you know what the gland is truly a representation of someone's health status, right?

I mean, when the thyroid gland goes awry and either is too low, too high, or just, quite frankly, is autoimmune without high or low, it it just means something else is happening.

And so it's, it's, it's, it's when you start to fix whatever that root cause is and address it, whether it's something as simple as just remove wheat from your, you know, ecosystem or just exercise more, you know, and we talked about this earlier, but do sauna or whatever it is.

It just the thyroid gland just functions better. So, it's super fun as a prescriber. And this maybe is a little higher level to understand, but it's super fun as a prescriber, when I get the phone call that someone's having side effects to their thyroid medicine and I need to reduce the dose, that just means they're body's responding and they don't need me to battle them.

And getting healthy by giving them more power or more thyroid medicine. Right? So that's an awesome feeling when that happens. But it requires, you know, a higher level.

I think of someone understanding why. It's because they're getting healthier and the same thing with your gut. So you taught me, you know, your thyroid is a representation of your overall health, but so is your gut.

So, you know, if you've got somebody whose gut is a wreck, eventually their thyroid and their hormones and their sleep, it's all going to be a wreck too, right?

That all it all plays together in the same box. Yeah. So and same thing with sleep. You know, I one of the reasons I actually started this podcast, you I've told my listeners this is because I was so sick of getting on social media and seeing these complete moron idiots that are entrepreneurs saying like, oh, you can sleep when you're dead.

You need to sleep for hours a day. Like just work, work, work. And I'm like, this is the worst news. Like worst education you could give anyone, you know, like sleep four hours a day and just work yourself to death.

That's what they teach us in medical school. Doesn't work very well. So that's really the reason I started this. I was like, people need, like, good education just in general.

Like, you should go to sleep at the same time every night. You should not be on your phone prior. You should drink more water, move your body. You know things that we're talking about.

If a doctor's giving you and your husband the same dose of hormones, you need to leave and go somewhere else. You know, like things like that. So, so okay, so we kind of in general talked about about hormones, right.

So tell me a lot of and you have the same questions I'm sure. But a lot of people will come to me and say, okay, I think I'm having symptoms of menopause.

Or maybe they won't. Maybe they'll say, like, you know, I'm anxious or I was put on SSRI. What do you think? Are the top symptoms people have? Like if somebody's listening to this and they have one, two, three, four, what who should be considering having their hormones checked?

So I'd say interest in a lot of things. So interest in, intimacy for one, interest in intimacy goes down. Interest in just doing anything. So the lack of motivation is a huge driver for a lot of patients.

I see. I just they don't have the want to anymore. So if you're someone who's losing interest in most things, things that you that brought you joy, we used to say, if you lose interest in things that brought you joy, that equals depression.

Well, if you have symptoms of that, that could be a thyroid thing. So that then parlays over into brain fog. And sort of this mental fog or mental acuity is just not as good.

So those would be two, another one fatigue is kind of that catch all one. Right. So a lot of things cause fatigue. I'm not a huge fan of the fatigue side of it, but fatigue certainly is is one of them.

I think on the female side, if your temperature or your thermometer feels like it's broke, your thermostat is off, there's something for sure going on with one, 2 or 3 of your hormones.

So, that I'd say the other part to this is, quality sleep. I mean, sleep, and I like that you keep hitting. That quality of sleep is a big one. Feeling rested, but also being able to fall asleep.

If you're not able to do either one of those or just or both of those, then it could be a hormone sort of side. And then the last piece of this is body composition.

If you just cannot build muscle, if you cannot lose stubborn fat, despite all the best things you've done, all the ways you're detoxing and all the ways you're eating, absolutely.

You got to get your hormones, evaluated and and potentially optimize. Yeah. And that's kind of how I found diet. And that's how I found you, was I lost interest in medicine.

Part of it was because I was living in the traditional crappy world where nobody got better. And everyone got more drugs, but I lost interest in that.

I wasn't sleeping well, right? I was working out, but I couldn't gain muscle. So, I mean, there was a lot of symptoms that I had, and it was interestingly amazing.

When you have a little bit of hormone hormonal that gets better, right? Your brain fog gets better. Your sleep. Oh my goodness, I tell people this all the time.

Like I guard my sleep. Like I mean it is my sanctuary. So I sleep like a champ. Like I lay down. I'm asleep in six minutes, 6 to 8 minutes. According to my aura ring, I get 90 to 120 minutes of REM sleep.

In deep sleep at night. I usually go to sleep within 30 minutes and wake up within 30 minutes. I get seven and a half to nine hours of sleep. Amazing.

Like they took me 3738 years to get there, you know? But now it doesn't matter. When we travel, I do the same thing. So like if we're on, if we travel and we're in California, I go to bed at 730 in California because I go to bed at 930 here.

Like I'm not letting it mess with my like I need to like make sure that my circadian rhythm is right. That's commitment. So yeah. So those are kind of so men same thing. Right.

So men like if they're fatigued they have low sex drive. If they're having issues with muscle mass, if they feel like they're gaining weight. Memory issues I would say depression with women is one thing that I see a lot of.

I don't know about you, but I see a lot of women who say, you know, for the last year I've just been really anxious or really depressed. And so I was given, you know, and SSRI.

So off what do they use? Lexapro, all these things I hate. Whatever. And nothing really changed. Now I'm just like really flat affected, but I still don't feel any differently.

You know, these are all symptoms that maybe things are changing. Your body composition is changing, your mind is changing. Your sleep is changing. Yeah. You need to see somebody about that.

Yeah. You got to be evaluated. No question, no question. And so tell people, what is the benefit of taking drugs so we can start with estrogen. And you can just give people like 3 or 4 benefits testosterone and women and then men.

So why you know, if I'm coming to you doctor, why do I need to take hormones. Like doesn't it matter? Does it even matter? Like my doctor said, this is a natural part of aging.

Like, why does it matter? Yeah. So I'm gonna start with what you just said. So I hear this all the time, too. Both from patients, but also, colleagues.

Isn't it normal for hormones to just go away? Like, why are we changing something that's completely normal? And my response immediately is, well, it's also normal to accumulate diseases as we age.

It's also considered normal by the age of whatever it is to have to, plus chronic diseases, whether that's blood sugar dysfunction, obesity, you name it.

So if it's normal to accumulate, you know, inflammation and toxins that then matriculate into some diagnosis, you get or a combination of diagnoses, that's not the kind of normal I want.

And so, you know, losing hormones is absolutely normal. But what's nice is we have ways of, of of fixing that. So the way that I break up your first part of your question is when patients just ask me, you know, what kind of benefits can I see from hormone.

So if we just take estrogen, I break it into two buckets to keep it simple medical benefits. And then your everyday benefits you see in your life. So on the medical side, I can break it down, you know, by hormone.

But on estrogen it's very clear on males and females, but with men or with females, estrogen is just very protective to first and foremost the bone. It's probably the first line agent to avoid any sort of bone degradation or osteoporosis or osteopenia.

Very, very, very helpful for that. And as women age, their fracture risk obviously goes up and as a woman starts to increase that risk, their risk of everything else starts to go up.

And so, bone health is, is massive. Estrogen is also quite protective to the, coronary vessels. So it's very protective to heart disease, which, as your audience probably understands, the number one killer of everyone still is heart disease.

And so we need first line primary preventions, not just, you know, supplements and other things that we can do for secondary prevention. Primary prevention truly is the primarily to primarily prevent heart disease.

Hormones do that, particularly, estrogen. The third side of that medical protective coin is cognition. So we need estrogen for, cognitive, help and to avoid any sort of cognitive decline.

So now, in the male side, if a man doesn't have estrogen, he also can get osteoporosis. So we see osteoporosis and bone loss in men, which a lot of people don't realize that, but it absolutely happens.

And so that's number one. Number two is, without estrogen, men don't have good erectile function, and they don't have, they can't lose fat. So men need a little bit of estrogen to be able to lose fat and so on.

That's on the medical protective side, I think. On the subjective side, on the female side, estrogen is, you know, is a head to toe lubricated. So if you've got mucosa wherever the mucosa is.

So one big thing that that is overlooked oftentimes is, is, women who get AIS that are dry. So they're just complaining of like using eyedrops and things like that.

Well, estrogen done the right way can help lubricate that mucosa. It's also something that helps joints, right. So joints can dry up. Skin dries up. Certainly vaginally women can get dry.

But it's not just vaginal dryness. It's truly body dryness. So it just lubricates done the right way. And it also helps those stubborn hot flashes that women just, some women don't go through that, that the ones that do, absolutely hate it.

And so that sort of dovetails into the sleep side of it too. So again, it's it's those quality of life sort of things along with, medical protection. And then on androgen testosterone, it's kind of back to that.

The medical protective side is to remove fat efficiently, help build lean, dense mass. If you are putting in the effort to do that. On the resistance training side, testosterone has some impacts as well on, lipids.

A little bit of blood sugar, really. Testosterone is an independent predictor of vascular health as well. So if your testosterone level is, low, then you are at risk for, coronary blockages or, or vascular, sort of plaque deposition.

So, you know, medically that's something in men and women, that it helps with, but then subjectively, absolutely orgasmic function, desire for intimacy, sleep.

As we've mentioned, energy, those night sweats that, that women hate. It certainly helps with that as well. So, that's sort of how I break it up for medical reasons, subjective reasons.

And usually when I go through that, most people are very much on board with with doing what's necessary to avoid, but also help some of those things. Yeah.

And I would say to your point, like people come to you, men and women, I've had people come to me and say, you know, I, I want to take hormones just for low libido or, you know, just for bones.

But I have seen some dramatic improvement in dry eyes and urinary tract infections, like, you know, change people's lives. Because if you're a woman in your 60s or 50s and you have a urinary tract infection every month and you can't have sex with your significant other, and it hurts when you walk, I mean, that affects your life.

Not to mention it affects your gut, because every time you're on antibiotics, you're messing with your gut. Right. And so I have had, you know, joint pain.

But then also cognition. Like you said, some people don't realize how important testosterone and estrogen is to blood flow, for blood flow to your brain.

And so, I mean, I, I've had people who are like, oh my gosh, my memory is so much better. So there are so many. And then to your point, body composition, like everyone in the world wants to lose weight.

Every woman in the world will tell you they want to lose weight. And so just that body composition, not only of just like the amount of weight on the scale, because you and I talk about this a lot, but your muscle mass and the actual composition of your body changes a lot.

Right? And, you know, I did a post on social media in March, I think about this that got a lot of it went around for a minute, but I put a picture of me kind of before I started diet and before I did any sort of hormones, and I weighed 118 pounds, but I didn't have very much muscle.

And then I put a picture of me in March of this year with a bunch of muscle, and I weigh 130 pounds. Now I'm getting up there, but I look totally different.

Like, I'm not kidding you. I was like, okay, this is me at 118. This is me at 130 who looks better. And people are like, no. And I was like, yeah, yeah, that's 130 pounds of muscle.

And that's 118 pounds of fluff. You know, like, I bet you feel demonstrably better now than you did at so good, you know? But I'll be honest with you. And I tell people this, I'm very honest.

As a woman, that's hard because I like I had a point in my life where I was a heavier, and then I got a lot thinner, and I was like 110 to 120, like my whole, you know, in my 30s, like 120 was the scary number.

Like it was like that. Yeah. No. And so when I started doing hormones, I got to that 120 pretty quick. I think I told you this after my first pulled, I gained like 7 pounds and I was like, what the heck?

A lot of it was water. Some of it came off, but then I kind of yo yoed between one 2125. And even though I felt better and it looks better in your brain as a woman, you're like that.

And then I got to 130 and I was like Dear God you know but my pants that different and I have more muscle. And then it really like I was having a moment in March where I really like I got to 130 and I was like this is like I just been beating myself up and I was like, I'm gonna look at a picture.

And when I put those pictures together, I was like, and that's why I posted on social media, because I was like, okay, I'm taking the 130 over the 118, like all day long.

So it is important that people understand that, like it's for body composition.

Hormone Safety, Cancer, and Heart Disease

It's, you know, so it makes you feel good, but it's also good for your body. Yeah. How you distribute the weight is massive relative to what I call the cry box.

Right. That little square on the ground, you step on, it's just there to make you cry and to defeat you. But how do your clothes fit right? Do things around your waist, fit more loose and and the other reality like you mentioned is is firmness, right?

Yes. Every woman wants to lose weight. They also want to be firm. They don't want to be fluffy. They don't want to have that doughy sort of feel, and done the right way.

Hormones help distribute the weight in a healthy way where clothes can fit more loose. Forget what the cry box says, but clothes can fit more loose. You feel better, and the more muscle you build, the better metabolism you have.

And it's this. It's this whole vicious sort of cycle where you sort of insulate yourself into this amazing, metabolism

because now you have more muscle.

Forget what the what the what the cry box says. It doesn't matter. I mean, you feel great, and it's really hard to retain muscle as you age. I mean, you know that.

So, that's one of the big, big benefits of the therapy. Yeah, that was where I was going with that, too. I've never actually been happier. Like, I kind of joke with my husband every now and then, like, maybe I should go on a diet and lean out, but honestly, I eat so much food now.

I've never eaten this much food in my life, and it's great. Like, I, I pretty much eat whatever I want, like, I don't eat bad, but, you know, I don't really like I eat a lot of food, lots of food.

And I have the ability to do that because I have a pretty good metabolism. And I mean, I lift weights, but it's really nice because I spent a lot of my 20s and 30s, like most women, like restricting yourself and like, oh, I would love to eat that, but I don't.

And it kind of makes you cranky. And now if I want what I mean, you know, somebody brought protein balls today and like, these little gluten free, dairy free little cookie things, I eat whatever I want. I don't care.

So it's kind of nice there. But I was also at the gym this morning at 5:00 working out with my team, you know, so I worked out for an hour and I built the muscle.

So it's there you go. It's nice. Perfect. Yeah. Okay. So so those are kind of the symptoms. And so now people that are listening are like, okay, now I'm intrigued.

But they're thinking, okay, well Doctor Rice doesn't hormones cause cancer? Like if I do hormones isn't going to cause breast cancer. Is it going to cause me to have heart disease?

Is going to cause me to have prostate cancer? So I have told them no, but what is your like? You know, you tell them as that hormone expert. What like, does hormones cause cancer?

Yeah. So let's keep this logical. Let's talk about ladies first, because ladies always want to know about the breast cancer risk. So first and foremost, definitively it has been proven estrogen itself does absolutely not cause breast cancer.

There's some wonderful resources out there that, have shown this and proven this. And then the other thing to think about very logically is a female. The highest estrogen levels in a woman are when she's pregnant and if estrogen cause breast cancer, pregnant women, and honestly, children within that woman would get breast cancer because estrogen is so high when she's pregnant.

And so we don't see that women typically are getting breast cancer in later years when they're little more estrogen naive. So to say it's causing it is just a little bit backwards.

Now, I think where the misconception gets is, as women know, women, that I've had breast cancer that has been hormone receptor positive or estrogen receptor positive, which means on that tumor it has estrogen receptors.

They're inside the tumor. They then extrapolate that and say, oh, well estrogen must cause this. Well, 80% of all breast cancer is estrogen receptor positive.

And what I would tell you as a woman is that over time, if you have had breast cancer, first and foremost, testosterone by and large, in the majority of cases is perfectly fine.

It certainly doesn't lead to any sort of breast cancer risk, but I've had a number of women over the years that have had breast cancer definitively treated.

No more problems left that have elected to be on some form of estrogen because they want bone health, they want the lubrication. We've been talking about. They want the cognitive help.

Now, among the oncologists that I know, there's a couple actually in Dallas that are completely fine with this. But among the oncologists, I know that is not the standard of care is to give estrogen to a woman who's had estrogen receptor cancer, at least at the breast.

I just think at some point we are potentially going to be in a spot where estrogen is not so demonized. I think now the literature has been clear on that.

So, that that isn't a concern. Testosterone. Again, there's really and actually the opposite of that used in gargantuan dosages. Testosterone to to women have actually has actually been shown to be breast protective.

And so I don't think there's any concerns there. I think any breast cancer survivor should strongly consider being on testosterone, because it at least can have some benefits to the bone, to the temperature and, you know, libido and all sort of the other things we talked about, whether the estrogen is an option or not is really going to be up to their treating provider.

And really the oncologist. But, estrogen really is just not this boogeyman in the closet that we've made it out to be. Now, on the male side, you mentioned prostate cancer.

And that's also one thing that's been definitively proven as well. Low testosterone is typically where aggressive prostate cancer occurs. Men that have optimized testosterone somewhere in that upper 25th percentile of whatever the reference is on the total side.

And the free side, have a much less risk of getting prostate cancer. So prostate cancer, just for the for the record, occurs when men have low testosterone.

We can define that is less than 400, less than 300 less than 500 whatever that that cutoff is for you. The American Urologic Academy says less than 300.

So anything less than 300 is low for them. But that's where prostate cancer typically lives. And then what about well, and quickly I do not consider a testosterone a 400 normal just for for the listeners.

And I don't think you do either, doctor, depending on your age. But yeah. Yes. Reference ranges will tell you that if your testosterone is 300, you are normal.

And I would tell you that I would love to find a man whose testosterone is 320, who is less than, you know, 90 years old. That fills well with that level.

Right. That's not in the monkey reference range. Normal. That is not optimal. And you probably don't feel well. And the people around you probably don't like you.

What about so so I agree. So testosterone does not increase your risk of prostate cancer. Testosterone has actually been shown to be beneficial to women when it comes to breast cancer.

Estrogen does not increase your risk of breast cancer. I agree with all those things. What about heart disease? You know, I've had a cardiologist lose their mind on me before because I was trying to kill someone with, you know, testosterone.

So yeah, tell me so and I'll I'll speak to men specifically. Women have a very narrow therapeutic window on testosterone in which it's, you know, it's that sweet spot discussion.

Like too much Goldilocks, that whole thing on the male side. That's really where this comes down to as far as heart disease risk or increasing it. All this came from there's four studies, four poorly done studies, terribly done studies.

The validity, credibility, legitimacy of which has been questioned by all sorts of experts and the FDA included. And the FDA, mandated, they put this black box warning on testosterone and basically mandated that better studies come out.

And so, your audience may be familiar with last year, traverse came out traverse. If not, look it up and it's in the, New England Journal, of medicine.

It, it basically took the highest risk. Men. So men that have known heart disease or have many risk factors for heart disease and, put them on testosterone and basically tracked them to see if they developed any increased risk of heart disease or had any heart attacks.

And what they found is, with testosterone replacement, there was no increased risk in this. And this is in the highest risk men. Now, a plausibility argument is to say, well, can we extrapolate that to healthy men that in study healthy men, they studied the most unhealthy men.

So that's something that you have to understand. But testosterone, as I mentioned earlier, we know this. There's so inflammation is the root of all heart disease.

Inflammation to break that down is really just a a bunch of what's called chemokines and cytokines. It's all these inflammatory particles that sort of build up inside the the artery and then ultimately lead to plaque deposition in there.

We know that low testosterone causes huge increases, and all those inflammatory particles optimize testosterone does not. It lowers all of that. So it sort of acts as a protector for that arterial wall to build plaque.

Now that has been delineated in reproducible study after study after study. So, you know, that's where I think a lot of this came from. Is this mass media, sort of thing about these, these studies for of which that were just really poorly done and poorly designed.

The one that got the most publicity was in 2013, in Jama, and it was a male study, a complete male study, and 10% of the patients were women. So it just it's just crazy.

And when you reanalyzed their data, it actually found that that patients who had received testosterone had double less risk of getting heart disease than than patients who were on or treated with testosterone.

So all I can tell you is, is what happened is a media, you know, outlet got Ahold of this article, ran with it, assumed it was true, and then it just sort of took off.

And before you knew it, attorneys were, you know, putting out commercials about testosterone and your risk of this, that and the other. But there have been double the amount of studies done since those time periods.

Of those four studies that have shown testosterone does not increase cardiovascular risk risk, with the most landmark one being last year in traverse, because that was a randomized controlled trial that was non-inferiority.

It was the highest level of medical evidence you can have that showed that in high risk men. So, that just needs to be put to bed. Honestly. Yeah. So what I'm hearing you say is that if you have a patient and you're providing individualized care and you're following symptoms and you're giving them hormones that are, and we'll talk about this bioidentical in doses that are protecting them and providing benefits, but not in doses that are, you know, far in excess and causing symptoms.

Then we should be good. We should be good. Yeah. Too much of a good thing is not a good thing. Exactly. Right. So it's got to be that sweet spot. Yes. And I completely agree.

And I, you know, I would say if you are listening and you've heard otherwise, there are lots of studies and you need to maybe find a provider who can help you walk through this.

Because a lot of providers, you know, we're trained ten, 15, 20 years ago and they've never looked at the literature or the only thing they've heard are the bad things.

You know, the people that go to maybe a clinic or they just give everyone and a massive amount of, of a hormone. And then, you know, the other thing is maybe that person does have a bad side effect, but do we always know that there is a, you know, a causation like that?

That's actually really what caused the problem that that person had? You know, maybe that person was already inflamed or so. So again, I would just say that I agree with you completely and that hormones done.

I feel like in the best route, the best dose, the best frequency without, you know, bad side effects are very beneficial. 100%. Yep. For sure. So then let's talk about how you do hormones, because I know you get this a lot as well.

So I have people come to me and they say, okay, you know we get through all this conversation, okay, I want to do hormones. Start with women. I want to do testosterone shots.

What would you say to a woman that says, I want to do testosterone? Is there a better way to do it? Should I do this? You know what is the difference between doing a shot and a cream, etc.?

Yeah, so I'm very much meat patients, females and men where they are. So I don't want to exclude anyone. I want to include everyone. So if someone's I believe in hormones that much that I don't want to say you have to do this or you have to do this, this is absolutely a partnership.

So, I've certainly got some women that, I give them their options. Right. So when it comes to, testosterone, you've got, creams that you can, you can apply, you've got injections, you can apply, you've got, trophies, which are sort of this under the tongue, sort of some legal testosterone if you want to give that a shot.

And there's a therapy called pellets. Pellets are considered long acting. So they're implanted under the skin. They last for a few months. And there you go. Shots, creams, trophies.

The advantage there is that the patient controls what's going in their body. The physician controls the dose, the patient controls whether they take it or they don't.

Initially. That's a convenience because they are rubbing, they are injecting. They are, taking orally. However, what I've noticed is over time that becomes a little bit of a inconvenience because continually having to rub something on your body and hope it doesn't get on your shirt or on other people or pets and things like that can be annoying on the injections.

Some people do well on those and like those a lot of people, after a few weeks of trying that get a little bit tired of constant needles and honestly, you would know this.

But if you do injections appropriately, you really should probably be doing them twice a week to avoid the the roller coaster of absorption that you see with shots.

Things given in shot form is, you know, you inject it, it goes up, it goes down. There's no sort of there's no it's just time-released it goes up, it goes down, it goes up, it goes down.

And so that's an emotional roller coaster for people trying to get their hormones right. So that's one thing I also find that with injections you have to monitor blood work a little bit more because there's just things that happen that don't happen with other forms of therapy.

And then on the, the sublingual approach, it's the same idea as the absorption varies considerably among, humans. And it's hard to, to really, dial them in appropriately.

Hormone Delivery Methods and Practical Treatment

It's hard to find a sweet spot with a trophy because it's just so volatile. It, it it's a rapid rise and then fall and then rapid rise and then fall. And so a lot of times, patients will graduate over into a long acting therapy like a pellet.

Pellets have been around since the 1940s, 30s. So they've been around a long time. But, some people want to start off the gate with that therapy. Which I assume your audience understands is just a small incision under the skin.

The little hormone pellet is put inside the subcu space, the little soft spot under the skin. And they they last. They're in a female from 3 to 4 months, depending on the woman.

And then the male, you know, 4 to 5 months, six months, whatever, whatever his absorption pattern is. So, I mean, it's the same on the male side. You have short acting.

You have you have long acting. And so, I will offer all of them and give them the advantages and disadvantages and let the patient make the decision. And then I document the chart, the discussion we've had, that's basically how I do it.

Every time. So what is the advantage or disadvantage to oral estrogen. Let's talk about that because I am not a huge fan of oral estrogen. Yeah. I don't prescribe oral estrogen.

Because it's true. Or I get a little nervous about blood clots and what it does through the liver as it relates to the clotting factors through the liver.

So I'm not a huge fan of oral estrogen. I know that you can make it, you know, bioidentical or natural. And that's okay. But that whole first pass effect, I just don't know that they're getting all of the compound that I want them to get.

And when I have other things that bypass the liver to increase those clotting factors, I just sort of stay away from that. So on estrogen, you've got oral, you've got, creams as well.

You've got patches, and pellets. And so it's kind of back to the same discussion if you want to change a patch every 72 hours, totally fine. If you want to rub a cream on the inner thighs or wherever you want to put it, that's totally fine.

But remember the two things we talked about earlier. Are you getting the medical protection? Are you getting the symptom alleviation? The medical protection takes a while, right?

It's hard to objectify medical protection outside of what we know. So to do a bone density scan and see a, a score, you really have to wait quite a while on something to see that it.

It's getting better. It's not gonna happen overnight. The symptoms, you would hope, at least in most forms of hormones done right happen. You know, you can alleviate those symptoms pretty quickly.

Within a few weeks or potentially a few days in some of these patients. So if you're not feeling it, then we either need to check bloodwork. You know, assess the symptoms, and then you have to either increase the dose or potentially change the way you're giving the the compound.

So, you know, each one has its advantages and its limitations. There's no real perfect way. The perfect way is what gets the patients the two things they want medical protection, symptom alleviation.

And you just have to. And what keeps them on the therapy to to have, because the question comes up all the time, I'm sure you get. Well, how long do I need to be on these things?

Well, as long as you want the benefits. And so, that's really what it comes down to. Yeah, I would say I'm not a huge fan of oral estrogen either, because there's a liver for the first.

The first reason our liver is so inundated with toxins, you guys, from what you put on your skin to what you eat, what you breathe, what you like, we don't need anything else going through our liver to be processed that doesn't need to be there.

So that's what I tell patients is like, I'm with you. It increases your risk of clotting. It just puts more work on your liver. It also increases your sex hormone binding globulin, which then lowers your testosterone.

So anything that messes with your sex hormone binding globulin I'm not a fan of your weight also does this. So this is the number one reason you have a high sex hormone binding globulin, especially in men, is when you're obese.

And that is why it's harder for obese men to have proper, proper levels of testosterone, because that sex hormone binding globulin binds up all their testosterone bone, and then they don't have any free available at the receptor to go across the receptor.

And then, oh, by the way, when you have obesity, you're inflamed anyways. And so lots of issues there. But I am not a huge fan of oral estrogen either.

I don't typically give it. I would also agree that the injections are hard, especially in women like I'll meet you where you are. I agree with you. I'm not a it's not a dictatorship in my office.

You know, we're, we we we're going to meet you where you are and do what you want. But I will tell women, a lot of times when you're doing shots, it's very difficult to get the dose right, because you're going to have these peaks and valleys.

And it's also very difficult to draw the right amount of testosterone when you are a woman, because it is a small amount, very, very small and so I also tell them, if you give yourself too much and you lose your hair or you get acne, I'm going to write in the note that I told you that is going to happen.

So you can't cry or be mad at me. And you know, I tell my patients as to I never asked patients to do things or give them treatment unless I would do it myself or I have done it myself.

And so I try to do everything that I, you know, I mean, obviously I'm not going to give myself run my testosterone at 1200 like a male, but I've done testosterone every way you can do testosterone.

And I myself, as an educated physician did couldn't give myself the right dose of testosterone injection. So. And I lost some of my hair. So it's just I mean, it's hard because like, it's a little amount.

So I agree with you. I think if you are going to do injections, you've got to do them very frequent frequently and very low amount. So you get more of like this really inside of this, you know.

And so it just it's a convenience issue after a while. And you're right, like the creams, you know, in Oklahoma and in Texas it's hot right now. And so if you're putting cream on and then you're sweating, is it really absorbing.

Is it not. You have to find the right base consistency. And so that's where you and I, I mean I do think that that pellets are a very, very good option for a lot of people. Now.

People that are control freaks, you know. Yes. Once it's there you can't take it back. But then I think that, you know, you and I, we've done thousands of pellets, you've probably done tens of thousands.

And so you kind of just get comfortable with that, like knowing what a person needs, making sure you understand of overdose and then letting them feel for the benefits.

And so I agree with you, like if you if you're listening to this and you're thinking, man, I maybe I do want to try hormones, but that sounds scary, then at least give the creams a shot or give something a shot.

Start noticing the benefits that you get noticed that your eyes aren't so dry. I notice that you're not so tired. Like start feeling some of those things and then as you stop feeling those things because you aren't consistently doing your hormones, then you can start thinking about other routes or you can just go for it like I did.

I mean, I came to see you at Biot in 2020. I was like, yeah, this is awesome. And I just did a pellet. Let's go. Yeah, there's no harming. There's no harm in getting tested. There's no harm. You know, you we're done.

And just having a conversation with an educated person. Operative word being educated. Yeah for sure. Educated. And also I would say somebody who is willing to, to meet you where you are, but also understands, like individualized medicine.

You know, I think that's really important. I unfortunately think that more and more people are going to need hormones as time goes on, because our environment is so bad.

We have so many toxins, we're so inflamed, our food is sick. We're not taking much. My enough micronutrients. We're not sleeping, you know, I mean, I honestly, it's sad.

I hope not. Like, that's why I do things like this. I want people to get educated. I want them to get well. I want us to be a country of wellness instead of illness.

But unfortunately, that's not typically what happens in the United States. And so I think ultimately, long term, more and more people are going to need hormones, right?

We're living longer, we're sicker, we're losing hormones faster. And so that's why we need education like this. And we need providers that can actually look at people and deduce, you know, what's going on.

And actually, like you said, be little forensic investigators and figure out how to help people. Because when we put everyone in the same box, that's when we're going to have problems, unfortunately, 100%. Yep.

Yeah. Okay. So I think I hit on everything I wanted to I wanted to talk about, you know, why hormones are important, what they do for you, do they really cause cancer or some different treatment options?

Is there anything else you think that listeners would get out of this as far as hormone health, you know? No, just don't be afraid of them. And I understand that you have people, you know, friends, sisters, mothers, you know, if you're a female on the male side, you know, brother, a father that have had potentially breast cancer or prostate cancer, and I know that that's a hard pill to swallow to consider going on a hormone that you felt like contributed to that.

Just understanding the majority of those cases, if not all of them, the hormones really had nothing to do with why they got cancer. That can be for another podcast.

There's a whole host of reasons why people develop cancers. And I would say hormones are are not the they're not the enemy here. They're actually part of the solution, in a, in a myriad of, of respects on the health protective side, as I've said, but also the quality of life, I think quality of life, unfortunately, is overlooked.

A lot of times in health care, we focus on labs, we focus on scans, we focus on papers and forms and and questionnaires. But a person's quality of life, is, is it might be the most important thing, honestly.

Because without that, I think the other things I just said creep in, and there's a bigger risk there. So, no, I would just say that that I think the emphasis needs to be 100% on the benefits, and the risks need to be, again, with an educated provider who is willing to understand that everything is individual.

You it's just a win win. I mean, it's just a win win. I can't tell you. I just don't see I don't see negatives in my with my own eyes, with the people I treat in this particular context of what you're asking about.

And I think it's because people like you and me surround people with all sorts of ways to optimize their health that don't just look at one thing. And so, hormones are absolutely a part of the solution.

They are not part of the problem. Yeah. To your point, I mean, like you said, the root of all illness and evil is inflammation. And so whether people want to believe it or not, you know, if people get cancer, then we need to look at them in general as a whole.

What are you eating? You know, some of it's gene gene driven, but like, what are you eating? What are you doing that's causing inflammation? What are you doing that's helping your body detox?

And so in general, I would say that, yes, you know, cancer is inflammation and a lot of it is weight based. You know, we know that a lot of your risk factor for cancer is age and weight, right.

And then inflammation. So it does bother me when people say, well, you know, hormones are are the culprit when a lot of times it can actually be the solution.

So I just think that people need some different education, some different, some different education, you know, standpoints, some different, people talking about it and then, you know, do your own research or see a provider and, and try it for yourself is what I would say, because I'm in the same boat, you are like, I'm not going to force anything on you.

But I have helped thousands of people now feel better, and it's a really good feeling because when I was in the traditional world, it wasn't like that.

I gave more and more people pills. They got sicker and sicker, and now my goal every single day is to take more and more medicine away from you and make you better, so you never have to come see me again. You know?

Oh, Cassie, I'm just so proud of you. You have, that is just. You've done so well. So people are so fortunate to have you. There. Needs you to clone yourself.

So you two. Okay, so I have three questions there quick that I end every podcast with. So just don't overthink it. This is just so that people have some like just some basic knowledge.

So what is one food that's the most beneficial and why? So in my opinion the master food is the food that people don't like a lot is broccoli. Okay, try to eat it as much as possible.

It's the, don't steam it so you can lightly. Lightly steam it. Don't overcook it. Do not get, you know, you want to clean it as much as possible, too.

But broccoli is the master detoxify. Period. You do enough broccoli and you will, it's nutritionally, it's basically nutritional sauna. You are ridding the body of toxins.

You are inducing all sorts of amazing science and chemistry with throughout the liver to induce, the metabolism and excretion of just things that honestly, eventually, if you don't do that kind of stuff, can damage DNA, which then can ultimately lead to some of the worst, outcomes that you can imagine.

So we can dip it in hummus. Just can't cook it. Can we? Blend it and put it in a smoothie? You know, I've never done it. But that is probably okay. You just don't overheat it, okay?

It's the key. Denature it to the point. You just. You lose a lot of the properties, okay? Because raw broccoli. I'm not going to lie, I'm probably not going to do.

But I'll give that stuff in hummus for sure. And then I'll just do anything really. So okay. So you have it. Broccoli I don't think we've gotten broccoli.

So that's a good one. What is one thing that anyone can do for their health that is free? Like make yourself better? Yeah. The most important prescription for one's health.

It is the perfect drug that only brings benefit and produces zero long term harm. And that is zone to exercise done. It is the most any human being can do it.

It doesn't require our membership anywhere. It doesn't require you to pay a nickel for anything you can. It's the way to maximize fat loss. Fat on the body.

Adipose on the body is where disease occurs. You know this as an endocrinologist. So if you can do zone two training very simply put 30 minutes a day or 30 minutes five days a week, keeping your heart rate 60 to 70% of your max heart rate.

Let's just say roughly between 100 and 115 hundred, 120.

Lifestyle Takeaways: Food, Exercise, and Sauna

You can do that literally walking up and down your driveway for 30s that will lower your risk. That right there will lower your risk of every disease.

You can name all cancers, Alzheimer's, Parkinson's, dementia, all of it, diabetes, heart disease. It will lower that risk period. Yeah. And you can do it for free.

So if it's too hot outside, then walk in your house. And people who say, well, I don't have anywhere to walk in my house, walk in place can jog in place.

You can walk around your island, but it is free. And so and for my team who hates me because we go to the gym in the morning and I make you do cardio for 20 minutes at the end of our lifting.

You heard it from Doctor Rice. We all get on the treadmill, we walk on an incline, and the rule is you walk on an incline until while you can have a conversation.

If you're walking and you can't keep having a conversation with me, then it's probably too much. Then we either go down on the incline or we go down on the speed.

But you should be able to do that and have a conversation. You're probably in zone two and we do it. We do it for 20 minutes, but we do it every day. So I love that you, I love it, and if you do it with others, it's easier, I promise, because I hate cardio.

Oh yeah. And then the last question I have for you is if what is one thing that you wish you could have changed about your health 15 years ago, if you would have known?

Like what? Something you wish you would've known 15 years ago that you would have done differently so that your health would be better today. So 15 years ago is when I figured out I had the ApoE gene, which is called the Alzheimer's gene.

I also figured out I was positive, which basically means I don't detox. So that's when I changed everything in my life. So in that time frame, had I known in 15 years ago how important regular sauna use was, I would have implemented it immediately when I put sauna in my life two and a half, three years ago, it changed everything and I was already exercising, eating well, supplementing hormones, all the stuff.

But sauna is a literal game changer, and I'm almost close to telling people that I don't know how someone can

survive in 2024 without a regular sauna.

It's like breathing, brushing your teeth, drinking, going to the bathroom. You have to have sauna. So and I'll just leave this audience with one little factoid.

In Finland, every home is built with a sauna. So in America, if a standard home is A43, four bedrooms, three baths with a kitchen and a bathroom or three baths, and Finland, you have the same thing, but you put a sauna in every home, so their culture, kids, elderly, everyone in between does sauna.

And if you look at their diseases and all the things that they that they deal with, it is much lower than anywhere else. I truly feel that that that if I had done that 15 years ago, I'd love to know how I was today, how I felt that would be my answer.

So we're talking about like a steam sauna, a dry sauna, a sauna. Thank you for asking. So the very importantly, I'm talking about dry sauna. Hot sauna.

I love infrared and I love red light, but sauna. If you're talking about how to lower the risk of like up to 58% of all causes of death, including Alzheimer's, dementia, there's a minimum effective dose on what you have to do for dry sauna, and that's on the order of about 174°F for around 19 minutes, for 4 to 7 days a week.

That is what gives you about a 56 to 58% reduction in heart attacks, strokes, dementia, cancer, all of it alone. Let's say that again. Yeah, 11 minutes gives you 8% reduction.

So the sweet spot is somewhere in that 19 minute range. So if you do 174°F for 19 minute minimum, you can go higher, but minimum is 174. So around 80 Celsius.

You do it for 19 minutes. Is the is the sweet spot. You do that. That gives you about a 50. And that's 4 to 7 times a week, a 50 to 6 to 58% reduction in all causes of, of death.

Okay. There's nothing else you can do besides exercise that has that kind of reduction. Yes. And my and my listeners know because they know what my morning routine is.

They've asked so you guys, you know how I told you that I put this on in my house a couple of years ago? It was because of Doctor Rice. So he told me he got the sauna in his garage.

I got the exact same one, and I actually made a room in my spare bedroom upstairs that my sauna is in. And so I incorporate this, I would say 4 to 5 days a week, not every day, but I do it and I put it on social media.

I go to 90 degree Celsius, 90 degree Celsius, you and me both. I can only say that about it. It's a little higher than that. I can only stay there about 15 minutes.

It literally starts to burn my skin. I'm pretty heat adapted, so I'm about a 15 minute guy. I do 11 minutes after a strenuous workout. I can't stay in there longer than that.

Yeah, so after I workout I do 90°C, I do 15 minutes. But here's here's our I gotcha Cory. I do a standing for routine for ten of it. And then I meditate the last five.

So I do my core in the sauna. So that way I get my good core in like I can send it to you. It takes ten minutes. It's a really good core. You get upper, lower sides and then I sit and meditate for the last five.

But it's because of you that I have my sauna. So see, everyone can can thank Doctor Rice for my morning routine, but I have one and I would completely agree I love it. It's life changing.

You sweat. It's it's kind of it's it's it's next level. But I want to I want to challenge you one day. One day we need to try to do a podcast from the sauna.

Okay. That would be. I don't know how we would do it, but I think cognitively I want to know if I could even keep at that 12 to 15 minute mark. I think we would be like, I don't know that we could do it.

We're also going to have to figure out a camera angles because I think we saw it at the same way, which is without clothes on, because, oh yeah, so that's, that's that's the whole that's the whole other thing.

So like, you can wear anything is everything hurts is so hot like that. So maybe that's not a great idea. But anyway, yeah we just kind of figure it out.

We'll get back to you on that one. But no, I, I like but I want you to do this like, we'll figure it out. But then I also would I will challenge you to do a standing core routine in there, even after you work out. Like I'm trying to figure that out.

I'm gonna try to figure out how to do that. Yeah, I'll send it to you. I love. Okay, well, thank you so much for joining me on this episode. I'm sure that listeners are going to love it.

One of my episodes that they resonated the most was it was a hormone episode. And I know that you've been so beneficial in my life. I know that you touched so many other people's lives.

So Dallas's so, you know, privileged to have you as a provider. We are going to link all the Doctor Rice's stuff in the show notes. So if you are in the Dallas area and you want to see him, then we all make sure that we get all that information.

I send him patients all the time that reach out to me and just thank you for fighting the good fight and everything that you do. Thank you for being such an inspiration.

So, really, I truly mean that. So keep doing a great job with my patients. I'll keep sending them to you and, have me back on this thing. I love talking, so I will, I will, and if you guys enjoyed this, please make sure you share it. Like Doctor Rice said, we know that you know someone that could benefit from this.

Anyone that has the symptoms when we talked about, make sure that you share it with them. Like and subscribe follow so that you get all of our podcasts.

We drop on Sunday now and then. Also make sure that you leave us a review. Please have a good day. Awesome. So y'all, thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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