How We Finally Healed Our Bodies and Found Balance Transcript

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Hormone Heroines Intro

A lot of women suffer from eating disorders or a lot of female athletes have athletic amenorrhea. I actually just found a study that said like it ranges anywhere from like 3.2% of female athletes to 66% of female athletes.

And the reason there's such a big range is because not enough female athletes report it, and it can be under-reported. Right. We just push on. That's kind of what we're told.

Well, we push on, and when you're an athlete, you generally don't want to be cycling. But then when you get done with your competitive aspect of your life and you want to have kids, a lot of doctors then tell you, like, oh, you messed up your hormones too much.

You just aren't going to be able to. And I'm here to tell you that's not true. And there's multiple different ways that you can go about healing yourself.

And you can do it natural alone, you can do it bioidentical hormone alone, but you can really do all of it together and that's kind of the best way. Everybody's different, but there is ways to fix things.

There is hope. Your body is not going to be broken forever in most cases. You can heal. Do you feel like your hormones have turned against you? Trust us, you're not alone.

We're Dr. Serena and Dr. Heidi, and on Hormone Heroines, we explore all the root causes that are behind hormone imbalances, and we teach you how to thrive through them.

Join us for real talk, expert tips, and even a few laughs. Hi, I'm Dr. Serena. And I'm Dr. Heidi.

Dr. Serena's Athletic Amenorrhea Story

And on today's podcast, we're going to tell you our stories of how we have struggled with hormonal issues our entire lives and why we became doctors to help others.

Well, let's start with your story. So I'm going first. Okay. Yes. Well, growing up, I was always a very active child. I did competitive figure skating and was a ballet dancer.

And I did all those things from five and through high school. But as you can imagine, being that active and also in just that world of high competitive female dominated sports, there's a lot of body dysmorphia that can go along with them.

And it definitely contributed to me developing an eating disorder. And I developed just kind of the perfect female athletic amenorrhea picture where I was extremely athletic and a ton of muscle mass, but I also had some disordered eating and that led to very low body fat.

And I just had very late puberty onset and did not start cycling until I was into my later teens. I mean, I had like one cycle when I was 12 and then not another one until I was 16. That's a long time.

Yeah. So at that point, conventional medicine was like, we should regulate your cycles. And how do we do that? Birth control. Yes. So they put me on a progestin only birth control, which is considered a safer form.

And it's often first line space. especially in younger women. However, a progestin only birth control, especially oral, it made me extremely sick. And I was vomiting and bleeding for like an entire month.

And they were like, just wait it out. It'll go away in three months. Just wait it out. Just give yourself three months. It'll go away. Your body will regulate.

And I was like, I'm not going to live like this for three months. This is not going to work. I have things to do. Like obviously I was still a competitive figure skater and doing ballet at this time.

I was like, I can't just be bleeding and vomiting for a month. Yeah. I don't think any of us could do that. Or going to school that way. So it was very horrible advice.

Just wait it out. Those are tolerable side effects. Yeah. Anyways, so they switched me to a oral birth control that had a combination of an estrogen progestin only, or progestin in it, excuse me.

And that worked well for years. It regulated my cycle. I didn't have a ton of side effects to it until one day it didn't. And I started having lots of side effects to it.

And at that point I was like, okay, we'll go back to the doctor, tell them about the side effects. And they're like, okay, well, you know, there's this new thing out and it's called NuvaRing.

So then I went to the vaginal ring and that again, at first worked very well, was regulating my cycles. And, you know, as far as regulating your cycles go, because technically when you're on birth control, you don't really have a cycle.

I'm sure it's causing you to not ovulate, but when I wouldn't skip it, I would have a bleed and everyone thought everything was fine. However, I feel like doctors in general did a really big disservice to me because it was never even addressed or even considered that like disordered eating or the low body fat could be an issue.

because I had a ton of muscle mass, so I didn't look anorexic. So if they were going by your BMI, which I don't really like, because you had so much muscle, you were perfectly fine in weight, and so your BMI was fine.

Yeah, so I never got flagged for like, oh, you don't have enough body fat to have a cycle even though that was the real issue. Whether it was a combination of like the disordered eating, but also the like being athletic.

Because I mean, I didn't develop the disordered eating until I got older, but I didn't start like at 12, I didn't have disordered eating. Yeah. But I had a cycle and then didn't have another cycle until I was 16. And during that time, yes, I developed disordered eating, but I clearly had just two.

You were just muscular and Yeah. Constantly moving. Yes. I just wasn't consuming enough calories to have a cycle. But really why I bring a strong point to that is because doctors miss this a lot.

And I feel like it's very common to miss it because everyone's so focused on BMI. And like you said, my BMI looked great because I had a lot of muscle mass.

And muscle was simply more than fat. And if that's all you're looking at, then you're not going to catch the real issue. So to be clear, a pound is a pound, but a pound of muscle is this big and a pound of fat is like this big.

So generally speaking, when we say muscle weighs more than fat, it's the same poundage is a lot smaller for muscle. So she was very, very fit, but because she had so much of the muscle, it looked like her BMO was fine.

yeah muscles are just a lot denser so therefore it weighs more per square inch yes there you go yeah but also like if you would look at me like you know doctors weren't doing full grade exams and i was very muscular so like my legs weren't very thin especially being a dancer and figure skating like you got a booty yes it's part of who comes with it because you build your quads and your glutes all day long as you're skating.

But like my upper body was like you could see every single rib like it was extremely thin. But they never looked at that. Yeah, they never looked at that.

So you could have caught it like if you were doing a full exam and not just looking at BMI and not just like you know, here's the numbers, okay, check the boxes.

Well, it's not that, let's move on. If you were doing like a full functional approach, it would have been caught a lot sooner. And I think that would have really helped me because this affected my hormones way after I stopped figure skating and stopped being a competitive athlete.

So to come back to where we were with maneuvering and also just putting me on birth control for like a decade. did not help my own body regulate its hormones at all.

So when I was on the NuvaRing, eventually I started having intense vaginal pain. It's like vaginitis, but I didn't have BV or yeast infection or anything like that where it's like, oh, it's an infection because it's throwing off your microflora.

It wasn't that, I just was having vaginal pain. like stabbing pain or like so you know preface at this point I'm married. I've been married for years and I started having pain with sex and it was like stitching tearing pain and the only thing that I can describe it as is like atrophic vaginitis because it just felt like my skin was tearing.

and I looked it up and no one could answer that they're like oh it's not that it's something else and I was like okay well I'm just gonna go off of it because I feel like it's this and lo and behold it was that and at that point in my life I was like okay I'm married and I You know, I'm in med school at this point because I'd already decided that I wanted to help people and I'd struggled with these issues for long enough and I really believe that if you can make people feel better, you can…

They'll be better. They'll be better and they'll care more and like the whole world will be a better place. Help somebody, they'll help somebody else.

Yeah, like, you know, a pay it forward kind of idea. And so I wanted to go into medicine. I really wanted to help people. And I feel like I had just been mismanaged and I thought there was more out there.

So I wanted to go into medicine. So at this point, I am going to go off the Nuberinks. I'm in med school. I'm married and I'm like, okay, you know, it's It's going to be fine.

Like, I'll do this." Well, and to be fair, you were never on this to prevent pregnancy. It was just for your cycles. And again, I think we missed this part.

But when you were younger, before they put you on the birth control, didn't they tell you that you wouldn't be able to have children? Still not feeling like yourself?

Wondering if hormones are the reason? I'm Dr. Serena Ressom. And I'm Dr. Heidi Codino. And on hormone heroines, we dive into the messy and often misunderstood world of hormonal imbalances.

PCOS, PMS, fertility, postpartum, perimenopause, menopause, you name it. We'll help you connect the dots, ask better questions, and finally feel seen.

Follow Hormone Heroines on your favorite podcast app and join us each week as we laugh, learn, and feel out loud. See you then. When I first went in to see the doctor and they were like, oh, we're going to put you on a birth control regulator cycle.

They were like, oh, but you'll probably never be able to have kids of your own. And I was like, oh, well, OK. And they just said it that. Yeah, there was no discussion about it.

They were just like, oh, well, you have amenorrhea. We don't know why. And you'll probably never be able to have kids of your own. And just left it at that and put me on birth control.

And I was like, okay, well. And the only reason I bring that up is because like you said, you're married and you're in med school. Like that's not the prime time to get pregnant.

No, I wasn't like… It's not like she was trying to get pregnant in med school because that would be kind of crazy. Yeah. No, I wasn't like at the point where I'm like ready to try to have a baby.

I was just like, okay, well, I've been on birth control forever and I keep ending up with side effects. Like it works for a while and I keep ending up with side effects.

And I just figured like, well, I probably can't have kids anyways. And I'm married now. So if it did happen, like, oh well, oh well, miracles. But lo and behold, I went off birth control and I started having horrible cycles.

They were regular. They weren't very often. It was anywhere from one month to six months of going without a cycle. But when they did happen, they were extremely painful and extremely heavy bleeding to the point where you stand up and you're dizzy and definitely anemia.

To the point where I'm sure a lot of women go through this and they don't even talk about it, but where you have the nighttime pattern and then you have the like the new underwear like thinks yeah to absorb everything and tampon yeah and you're still you still bleed through everything yeah which is not normal for any of you listening out there that's not an okay that definitely can be fixed yeah that's not an okay level of bleeding and you should be seen so bleeding that much with intense painful cramps that were causing like nausea But, you know, as women, we still keep going and still going to school and doing all the things anyways.

But during that time, I also ended up having four miscarriages. And at this point, I'm like, okay, well, it must be true. must not be able to carry my own child and they were right.

And I believed them and I was like, okay, well, let's just try to like detox my body from this birth control. Let's try to regulate my cycles and see what happens.

And honestly, I wasn't truly able to do that until I got out of med school. Med school is not, med school is very stressful. Yes. And that's the other thing is like, you know, I think I went from athletic amenorrhea to like cortisol induced stress amenorrhea.

Probably. Yeah. From, you know, as a child and then in med school, I think that's what was happening. And I already didn't have like a strong regular cycle.

So I think it was easy to be like, Well, you're stressed. Let's just not do this. We weren't doing it anyways. Yeah, I feel like that's if my body could talk, that's what it would say.

Yeah. So yeah, so I really wasn't able to truly start to detox myself from all that and like really heal from it till I got out. And also during that time, like I should note that my acne just like blew up.

Like I had like a little bit of acne in high school as a teenager. But then when I got to med school, I was like cystic acne out of nowhere. And it all started when I went off the birth control.

And it was painful and insane. And I was just so embarrassed about it. stop taking photos like avoided photos at all costs was trying to like just hide all the time but you know I was just getting through life anyway so then I get out of med school and that's when I'm like okay I have time to start bringing down my stress levels Now I did go into residency, which does not bring down your stress levels.

No, but so yeah, I went into residency afterwards, but it was less stressful than being in med school. True. I mean, it's still very stressful, but it was less stressful than with med school because I, you know, it wasn't like at a hospital.

I didn't have to be on call per se. And so I could have some free time while I wasn't working. Yeah. Or doing homework. Yes, we're doing homework. In that time, I started doing heavy strength training mostly through

calisthenics.

I was doing that anywhere from three to six times a week, which was a huge stress relief for me. I think that was a huge part in my recovery was actually just being active again, but not to the level of a competitive figure skating, but just like a healthy amount of activity that really focused on building muscle and strength.

And I was doing activities that were really fun for me and that I really enjoyed. So it was also a big part of decompressing and stress and just time for myself that was just for me.

So it worked on two aspects. One, movement is medicine. Two, movement is stress relief. Yes. And the stress, I think, was the biggest role in this, in having a myriad during med school.

So that was probably the biggest thing. And then also that time I figured out my food intolerances. I had done a lot of trial and error and I figured out some of them.

But then I finally dialed it in, you know, because the gold standard is elimination diets. So it can take some time. Yes. And I had done other food intolerance testing and they didn't give me the greatest answers so eventually I went to a naturopathic doctor who did their food intolerance evaluation and that's what helped me like really dial it in was at that point.

So, cut those out. Started healing my gut. Also, with healing my gut, I started doing herbal protocols to fix my commensal bacteria and also get rid of any inflammatory bacteria and just allow my body to detox because if your gut is inflamed and not detoxing, then nothing else is really going to be detoxing either.

Well, and you have to heal the lining, otherwise everything's going to leak out to your body. And so, well, besides just fixing the commensals, I also was doing things like L-glutamine to heal the lining and also just cutting out your food intolerances is like, even if you do nothing else, eventually the inflammation will come down enough and it should fix itself if you're eating a whole food diet that's like high in fiber and doing that stuff.

But yes, I was doing those things. And then also I started to increase my protein because I think that was a big issue when I was younger is, you know, culturally at that time, like back in the, I mean, I guess probably starting with the diet fads, people didn't, we started not prioritizing protein.

And so when I got out of med school, I was like, protein is really important. And I started doing. like a heavy vegetable, but paleo diet, which got me a lot more protein.

And I also started doing NAC, which is N-acetylcysteine. And that is just really great at increasing your body's natural antioxidants, which then reduces your reactive oxygen species and thus decreases inflammation throughout your entire body.

Yep. Take it every day in my water. Yeah. I still take it every day. Amazing. But also, it can be really beneficial in fertility, not only for decreasing the inflammation, but it can also improve cervical mucus.

Really? Yeah. So, wasn't doing it for that, but you know, things- Now you know. Yeah, now I know. So, I was doing that and I also started doing hydrotherapy as part of a detox protocol.

So, you know, doing heat followed by cold to just help detox the lymph, get circulation going. because if you are circulating, then you can get the toxins to your organs that are supposed to be detoxing, which is another reason why exercise is good, but that's also why I was doing hydrotherapy, to just kind of increase detoxification, help move lymph, all that kind of stuff.

And then on top of that, I was doing herbal protocols to support natural hormone production. Going back to how stress is so impactful is that stress can really throw off your estrogen progesterone ratios.

And when you have amenorrhea, why my cycle were probably so terrible is because I was in an estrogen dominant

phase, even though I didn't have a ton of estrogen.

Right, because you didn't have very many, very much hormones in the first place. In the first place, yeah. But I still had no progesterone. So I was still on estrogen dominance, which explains the acne and all of that stuff as well.

I mean, besides the… The severe bleeding, the… Yeah. Yeah. Besides the gut inflammation, which definitely contributes to the acne, but also the severe bleeding, the acne, and the just super painful periods was estrogen dominance picture.

And even though I had low estrogen, I had no progesterone because stress, although it impacts both, impacts progesterone even more severely. And so I was in the estrogen dominant picture.

Healing Naturally and Pregnancy

So I started doing herbal protocols to support my own natural progesterone production on top of all the stress reduction that we've been talking about and inflammation reduction that we've been talking about with primarily that being like evening primrose oil, although there's many things that help with that herbally.

And yeah, and then I wasn't trying to get pregnant, but then all of a sudden I got pregnant. And when I got pregnant, I was worried that my progesterone levels would still be too low to maintain the pregnancy.

And so I got those tested and they are actually great. Yeah. Because I wasn't trying to get pregnant at this time, so I wasn't testing my hormones super regularly.

So I don't know what they were before, but doing all that stuff, obviously, Well, cleaning up the terrain, right? Yes. You had to clean up the terrain to actually make the flowers grow.

Yes. So, you know, by setting those good foundations of health, my cycles did start coming back. They weren't 100% regular. They were more like one every month to every other month.

But I ended up getting pregnant anyways. So obviously you ovulated. Yes, I did ovulate and it stuck. And I had healed the train enough to where even with pregnancy, which has a pretty high progesterone demand in the first trimester, I didn't need to take any hormones at that time.

And I now have a beautiful, healthy baby girl who is about to turn three years old. Yep. She's pretty cute. Yeah. She's a little firecracker. And I like to say that she was too stubborn to not stay.

Yeah, that's that. I mean, I could see that. I could definitely see that with her. But anyways, I digress. The point is, is that I was able to heal my body by doing a functional medicine approach without using any of the conventional methods and then have a successful pregnancy.

However, I do want to stress how hard the stress reduction piece can be for women because you don't always have control over your life. Yeah. And, you know, then you may need the conventional aspect of it, which takes me to the next part of my story of, you know, after I had my first, we wanted to try and have a second.

And when we were ready to start trying, we did. Luckily, I got pregnant very quickly at that point, but it did lead to a miscarriage that almost killed me.

Yup. because when I started to have the miscarriage, I started bleeding intensely and was stubborn and pushed it off as long as she could. I just didn't want to go to the hospital and be told, you're fine, go home.

Or I didn't want to be told and be like, oh, let's hook you up to an IV and then go home. I was like, I can hook myself up to an IV in my own house. Benefits of being a doctor and anyways, so I pushed it off because I didn't I want I only wanted to go if I truly needed to get a DNC right and I Waited until I definitely knew I would need one.

Yeah. Yes against medical advice against my medical advice, by the way I did tell her to go to the hospital a lot sooner than she went. Yes, luckily everything went fine.

It was definitely a very serious situation. She was this close to a blood transfusion. Yeah. I didn't have to have one. They did the DNC. It was an emergency procedure.

They got me in there, got it taken care of, and then afterwards I was not going to die. Can't say I was fine. You kind of felt like it. Can't say I was fine, but I wasn't going to die.

At that moment. Yes, at that moment. So I went home that night, actually, because they were like, you can stay. And I was like, I'm not staying in a hospital.

I'm going to go home. Yeah. I'm a great patient, let me tell you. Yeah, doctors are the worst patients, just so you know. Anyway, so I go home, and then obviously, we need to start rebuilding.

And so this time, we have started our business. Right. you are my primary doctor at this point. And so we start working on a plan to rebuild. And first of all, it's just like fluid replication, iron replication, trying to get your blood back up and get stable that way.

So we did that for a while. And then, you know, like I said, at this point, we had started a practice. Which is stressful. Yeah, which we were, it's just the two of us and we're running ourselves and we were trying to grow.

I think actually at this time we had started two practices. Yeah, we had. Yeah, we had had to practice. Yeah, so a little bit more stressful than residency was for me, which I guess some people…

It's more stressful, but it's like… It's different stress. It's different stress because it's our own stress. Yeah. So, yeah. It's more enjoyable stress, but either way, stress is still stress and it's still cortisol messing with your hormones.

So this time around was doing all the same things. for my body, but I couldn't do the same level of stress reduction. And also now I have a toddler, so I wasn't able to work out as much as I was before.

You know, I'm still eating healthy, still doing my supplement protocols, but that missing- Still keeping away from your food intolerances. Yeah, still doing all of those things, but you know, missing the workouts in the me time while running two businesses.

I just ended up needing to do the progesterone, the bioidentical hormone replacement therapy progesterone this time around. Which is great. It's not anything to be ashamed of or that you, you know, some people just need it.

Some people need more help than others. Yeah. Well, that's really why I tell this story is to show that like, yes, I was able to do it naturally. But then when I was in a different place in my life and I had less control over how I could spend my time.

then I needed the medication. And that's totally fine. And it's still bioidentical. It's still the exact same hormone that my body makes, so it didn't come with it.

Or wasn't making. Or wasn't making. Wasn't making enough. Wasn't making enough. It was making stuff. So it didn't come with any side effects, and it helped regulate my cycles.

And now I am 18 weeks pregnant. Which you can't see right now but she's got a cute tiny little belly. So that that's my story. It gives you both sides of yes you can do it naturally and sometimes you still need a little bit more help with the with the pharmaceuticals but either way there is healthier ways to do it than just the standard Go on birth control and eat healthier.

Sometimes it's just not that simple. I don't even feel like they say eat healthier unless you have like a PCOS picture, honestly, or if you're like severely obese or something.

Well, they might say eat the Mediterranean diet. Maybe, but I don't know. I didn't get any of that when I was younger. Yeah. Well, and I would argue that Mediterranean diet would not do well for me because I'm dairy intolerant.

Yeah. And that would cause lots of inflammation because they do eat dairy in that diet. Yeah. You could substitute things. Yeah. And I do still eat a Mediterranean diet.

Well, a whole foods diet. Yeah, I'm not picky on what you call the diet as long as you're eating lots of fiber and plants, getting good amounts of protein and avoiding your food intolerances and getting healthy fats.

like within good ratios of all those things. So I'm not picky on what it is, but that's my story. And like I said, I share that to give you both sides and the two different methods that you can go about treating issues like that and helping your cycle regulate after being told that you may never be able to have kids again because you either aren't eating right or your just body just doesn't do it.

Yeah, or your body just doesn't do it, but I think a lot of women suffer from eating disorders or a lot of female athletes have athletic amenorrhea. I actually just found a study that said like it ranges anywhere from like 3.2% of female athletes to 66% of female athletes.

And the reason there's such a big range is because not enough female athletes report it and it can be under reported right Significantly. Because we just push on.

Well, we push on and when you're an athlete, you generally don't want to be cycling. But then when you get done with your competitive aspect of your life and you want to have kids, a lot of doctors then tell you like, oh, you messed up your hormones too much.

You just aren't going to be able to. And I'm here to tell you that's not true. And there's multiple different ways that you can go about healing yourself.

And you can do it natural alone. You can do it bioidentical hormone alone, but you can really do all of it together and that's kind of the best way. So everybody's different, but there is ways to fix things.

Yep, there is hope. Your body is not gonna be broken forever in most cases. You can heal. Yep. All right, Heidi, your turn. Okay. So my journey kind of started when I was a teenager and I had BMD.

For those of you who don't know, it's premenstrual dysphoric disorder. So it's definitely an estrogen dominant picture where it's severe, heavy bleeding.

I had passed out a few times at high school where they had to take me in an ambulance to the hospital. And it was literally because I was bleeding out so bad and I was so anemic that I passed out.

I don't think I ever had a transfusion and I don't think I ever got iron. I don't even remember taking iron supplements, which is kind of crazy because that would be the first thing we would do.

That's a testament to say how far medicine has come. Yes. I was born in the late 70s. The other part of PMDD is severe mood swings. When your estrogen and your progesterone dip right before your period, it can cause extreme ups and downs.

And so it was very disruptive, but you know, you just go on and there's nothing you can do about it. I was told to go on birth control, which I did. It was oral birth control.

I didn't have a progestin only option at that point because I don't think it would come out at that point, honestly. I didn't have any side effects from it really.

It was perfectly fine. I, you know, took all of my pills. I never took the green pills because I was like, that's stupid.

They're just sugar. I don't need to take them.

And I was perfectly fine while I was on it. I went off of it when I was 21 because I started having really bad side effects. I started bleeding in between periods.

My breasts would get really, really, really tender and then would stay larger and would not go back down. I had massive migraines that kept coming on and it was consistent with the cycle.

So I went off of it and I was with my first partner and he was supposedly sterile. So I was like, no big deal, whatever. It's fine. Two years later, I ended up getting pregnant with my gorgeous 23 year old who is engaged and getting married this year.

Very excited. But I got pregnant with her, had horrible, horrible hyperemesis gravidarum. For those of you who don't know what that is, that is basically vomiting all day long for the entire pregnancy I was.

So I actually met my current husband at my job and he worked at the place where I worked when I was pregnant. And he actually would be the one to empty my garbage can.

Miscarriage and Bioidentical Progesterone

I had a garbage can at my desk. Just a sign to you. Just a sign to me for vomiting because I couldn't take breaks because there was no such thing as accommodations back then, which I feel is just ridiculous, but whatever.

I pushed through. I did it. You fought for, you know, the next generation. I did. Yes. Yes. Now we have accommodation. I didn't even know you could be mad about it.

And when I told my doctor, I had a great OB-GYN. Loved him. His name was Dr. Little. He was amazing. When I told him about it, he's like, we don't know why it happens.

There's nothing we can do. You just kind of got to live with it. Now we have some treatments that we can do. Yes, but I also want to say they are still severely under treating it because I also have hyperamesis gravitarum for all of my pregnancies that have made it past six weeks.

Yes. A female geneticist who had severe hyperamesis gravidarum took it upon herself to do the research. She tried to get funding, but she could not. So she has basically self-funded a ton of research into hyperamesis gravidarum, where she actually just got on the boards, the Reddit boards, the Facebook boards of women who have it and how they're dealing with it.

and she asked them for cheek swab samples and they sent it in and she was able to find out that there is a specific hormone that changes and you know a lot of they always say it's like it's oh it's the hormonal changes it's you're increasing your estrogen and progesterone it's not.

Like, yes, that can contribute to some of it, but that's not what's causing hyperemesis gravidarum. It is this other hormone. And the reason why some people have hyperemesis and some people don't is because some of us have higher levels of this hormone before being pregnant.

And then when we get pregnant and the placenta starts making more of it, there's less of a change. And it's literally that change between pre-pregnancy and pregnancy that throws your body weight off because it's the ratio, because it's the hormone that actually causes pretty much all nausea in our body, and it's the change in it that causes us to either be sick or not sick.

So ours was probably low before pregnancy. Ours was probably low before pregnancy, and then we get pregnant, and the placenta makes a bunch more of this hormone, and then it causes us to be sick.

So it's the baby's fault again. Well, I'm going to blame their dad. Yeah, it's the dad's fault. It's always dad's fault. It's

fine. Well, I'm going to blame them because the other research shows that it's their genes that often carry the genes that make pregnancies harder on women because they want their babies to stick and make it, and they want their babies to take a lot of the nutrients.

So anyways, I digress. My baby's got a lot of nutrients. The point is that it is those ratio changes, and she has substantial evidence supporting this, and now she's trying to get funding for more research to show that if women who have had a history of hyperemesis gravidarum and they take some of this hormone before they get pregnant and slowly titrate their levels up.

So that way when they get pregnant, it doesn't have a huge change that hopefully it wouldn't be a shock to their system and they wouldn't get sick. Oh, that'd be nice.

However, no one's been willing to fund this new research yet. So if any of you billionaires are out there, fund this research, please. Because women will pay for it.

If you are having hyperemesis gravidarum, you would pay for anything to not be sick. I will put her name and the hormone that it is in the show notes so you guys can check it out there.

Yeah. Awesome. Let's get back to your story. Okay. Anyhoo. I got pregnant when I was 22 and had hyperemesis gravidarum the whole time. At that time, they didn't have any knowledge of what caused it and they didn't even have any…

I wasn't given any options for treatments. Yeah. I was given the option for Zofran or Unisom, which work well enough for me, although Zofran comes with horrible side effects.

Yeah. Horrible constipation. It's not even worth it because I'd rather throw up than be in that much pain. Yeah. But it does work for the nausea. Yeah.

Well, and now we have other things too. Yeah. So there's P5P, there's pyridoxine, there's all the things that we can do, pyridoxine, 5-5-5-

A lot of times after you have a baby, things regulate. Sometimes they get worse. Sometimes they get worse. Mine got a little bit better. It's fun being a woman.

You never know. You roll the dice. Yeah. And so then fast forward several years, I had a couple more kids. The last kiddo who is my firecracker She just turned 15, actually, this week.

She's your accident-prone firecracker. She is my accident-prone firecracker, yes. That could be a whole podcast in and of itself. We should have her on.

But I got pregnant with her by accident while on birth control, mind you, because apparently that's when I can get pregnant. and found out I was pregnant, got off the birth control obviously, had hyperemesis gravidarum with her.

Although I would say in the second trimester, it got a little bit better. So I was only vomiting like five or six times a day versus like 10 to 15 times a day.

So maybe my body was a little more used to it. I don't know. Like I said, it's the ratio. Yeah. So she ended up coming Well, I went into labor 10 weeks early.

I went to the hospital. They tried to stop the labor for a week. They shot me full of steroids to help her lungs develop because they could not stop my labor.

I wish they would have. Not that I don't wish that they would have just done it sooner because she wouldn't have been ready for sure. But they did a 24 hour magnesium drip.

Dr. Heidi's PMDD and Pregnancy Complications

If you have ever had that is the most horrible thing ever. I couldn't even open my eyes because my eyes would wiggle because it relaxes all of your muscles, including your eye muscles.

Actually, it was longer than 24 hours. I couldn't even open my eyes. I was so nauseous and everything hurt. Yeah. Well, they do that to relax the uterus.

They just try and stop contractions. Right. It did not work. It made mine worse. relaxed all the other muscles, which caused pain. Yes. Yeah. So there was a lot of pain, a lot of nausea, a lot of vomiting from that.

And then after a week, they ended up doing a C-section, an emergency C-section. And after she was out, the NICU team came and got her because she was nine weeks early at that point.

And they had to help her breathe. So they put her on a breathing machine, a CPAP, And then they whisked her off to the NICU. I sat my husband with her because I didn't want my kid being alone and I was fine.

I had doctors all around me. You thought you were through the hard part. I was through the hard part. They already cut me in half and took the baby out.

Exactly. So then they're like sewing me up and all these things and the baby's taken care of and my husband with her and I'm perfectly fine. Really, really tired.

And again, I'd been in labor for a week and they were trying to stop it and all the things. Good reason to be tired. I was very tired. So I was like, you know what?

I'm just going to take a nap while they do this stuff. And I fell asleep and I was just at that point where you're about to fall asleep, but not fully asleep.

And I heard the monitor just go beep. And then I don't remember anything. I just remember being asleep. Apparently I had flatlined and apparently I had flatlined several times.

Like eight times. Eight times. You went back and read your medical records. Yeah, I went back and read my medical records because I don't remember being told this, but I remember waking up.

from a really good sleep. It just felt like really good sleep to me. Your best nap ever. My best nap ever to my husband's face and he was crying and he was freaked out.

And I like, of course proceeded to yell at him. I'm like, what are you doing here? You need to be with Izzy. That was our baby. Cause that's what you thought had happened was something had happened to her.

Yeah. Because that's my first thought. And he's just like blubbering and crying. And then the nurse had to explain what happened, but they had brought me back to life.

So I'm here. I'm fine. Yes. He still does not like talking about it. We joke because her birthday is actually my death day. So my daughter was born the day before her and late at night.

And so basically I had died after midnight, which was her birthday. So it's kind of funny. But after that, when you have a C-section, Let me preface this.

When you have a C-section, you really need to take care of yourself because your body just went through a major surgery. It's not a minor surgery. It's not laparoscopic.

You are literally cut in half and things are pulled out of you. And we should say that medical leave for having a baby is four weeks, but how long do you really need to recover from a cesarean minimum?

At least eight weeks. And women don't get that because we have to go back to work because it's not recognized as a major surgery, even though medically we know that's how long you should have for recovery.

Right. Right. At least, honestly. Well, it's probably more than that. We live in the Pacific Northwest and now there is more maternity and paternity leave, but in many states women still don't get that.

Well, this was 15 years ago. I don't think we had that. Yeah, well, definitely back then. But now, just to say, but there are still many states where women only get the four weeks, even after having a cesarean, which is a major surgery, which anyone else who has a major surgery for anything else, you get the full time off.

Yeah. And you're supposed to take care of a baby at the same time. But yeah, so I digress. After that, so she was in the NICU. Mind you, we had three other kids at home.

My husband didn't get any time off and it's not like we had money. So he had to go right back to work that next week, that next Monday. She was born on a Thursday.

I died on a Friday. And then he had to go back to work on the Monday because he had to go back to work. His hours were not like he couldn't fudge his hours.

He had to be at work at a certain time and be gone at a certain time. So I do not recommend this, but I had to. Yeah. I drove home to get my other three kids ready for school, took them to school, went back to the NICU, sat with my baby that was in the incubator, would pump my breast milk so that they could put it in her feeding tube and then go back to get them from school, take them home, get dinner ready.

And then as soon as my husband got home, I would go back to the hospital and sleep on the couch in the NICU room. So I don't highly, I highly suggest you don't do that because it really did screw up my body after that.

And I mean, all of the things did, but I'm, I still can't feel anything in my lower abs. So the cesarean scar didn't heal well because you weren't resting.

Right. But also what happened? Nothing else. Nothing else healed well either. So in the first two months, she was

there for four weeks. So that first month, I had gained about 20 pounds.

I'd probably lost a third of my hair. I was tired all the time, but like, I just equated that to like, I'm literally sleeping on a couch, worried about my baby, driving home in the morning, getting my kids ready, taking them to school, coming back, going back, all the things.

You're assuming you're stressed for good reason. Yeah. Well, and I definitely was stressed. Yes. And we got out of the NICU and I thought I would be better.

Mind you before this, I was pretty fit because I was a master trainer. I wasn't a master trainer at that point, but I was a trainer and I was a nutritionist.

So I was doing all the healthy things. But after that, by the two month mark, I had been, you know, my daughter had been home for a month and she was two months old now.

I had gained 60 pounds and probably half of my hair had fallen out. And it's not like I had bald spots or anything. It just half of the volume had fallen out.

Yeah, it had thinned a lot. I started having really weird hormonal fluctuations, which you can have in postpartum. But they were definitely different than I had ever experienced.

And then my mood was horrible. I was so depressed. And I had never been depressed in my life, other than situational or here or there with the PMDD just right before my period.

I was having a lot of just kind of like menopausal symptoms, which can be kind of normal in menopause or in postpartum because you're losing all of your hormones.

But mine actually was a lot more than that. I went to the doctor, was told, oh, you're just postpartum, you're tired, you have a stressful life, all these things for years.

I worked out, I ate right, I did everything right, and I could not lose any weight. I was still always tired. So about four or five years later, pretty sure it was like four or five years later, she was four or five when I finally found a naturopathic doctor.

I had never I'd never heard of naturopathic doctors. I didn't know what they were. But one of my friends had suggested I go see her because everything, every conventional doctor was like, oh, it's just normal.

It's just aging, you know, whatever. I was in my early 30s. I wasn't that old. They're like, you're just tired. You got kids and you're busy. Yeah. Welcome to life as a mom.

I don't even think they ran things. I think they might have run my TSH, but it was at like four. And I think the range goes to like 4.5. Yeah. So, but they never did my T3 or T4.

Yeah. Well, because most of the time they run a TSH with reflux to T4, if your TSH doesn't really help you. Yeah. Well, if your TSH is out of range, but you know, as we would argue, that range should be way lower, more narrow for women.

Yeah. So I found an atropathic doctor that my friend had told me to go to, and she ran a lot of tests, found out I was severely iron deficient for one because obviously I had blood a lot, and I was hypothyroid.

And then she did some more testing and found out I was autoimmune hypothyroid. Now, she never said anything about the postpartum autoimmune thyroiditis.

As far as I remember, she might have, but it is very common after giving birth, even without dying, that you have postpartum thyroiditis and it can be an autoimmune issue.

Well, explain a little bit about all the different tests. So TSH, T4, T3. Free T3, free T4, total T3, total T4. What is TSH though? So TSH is thyroid stimulating hormone, and that just kind of tells how your body is having to work to get your thyroid to produce these other hormones.

Yeah, it's like your brain sends this signal, TSH, to your thyroid to say, hey, make the hormones that do the work. Right. So if that's not high, they think your thyroid is fine, but that's not true.

um, all the time. So T4 is lothiroxine. It is the main thyroid hormone. Leotriannine is T3. It does, it is produced also, but it's mostly actually converted from T4.

So when your thyroid spits out T4 in the cells, it will convert into T3. So a lot of people will argue that you don't need the T3 testing and I'm, but there's a lot of things that can be wrong.

With your conversion factors. I would also argue that it also can point to a lot of mineral deficiencies if you're not converting. Right, exactly. Which might be all you need.

Right, and we've had lots of patients like that. Mine was not like that. I had autoimmune thyroiditis and it was probably from postpartum. Just because it was never treated, it was still happening.

Well, I would argue that when you die… Yeah, maybe. Your brain signaling might get a little off. That's true. Also, this high stress can trigger autoimmune disease.

Yes, yes. So, lo and behold, she put me on levothyroxine, which is a bioidentical T4, and got it under control. I was able to lose the weight. doing the same exact things I was doing that wasn't helping.

My hair never really grew back as full, but it did come back a little bit. It's definitely- You stopped losing hair at least? I stopped losing the massive amounts of hair.

Yeah. Then I was good to go for a while. I became a master trainer and I still worked as a nutritionist. Then because of all of this, I decided I needed to go back to school.

My husband calls me an education whore because the more- That's not a bad word. The more I learned, the more I realized I need to learn more. So I had certification after certification after certification.

And then I was like, I still don't know enough. So I went to ND school because that is who helped me. I was like, I need to help other people because this is getting missed so bad and there's nothing that people can do about it.

So I went to ND school. To be clear, I had a six-pack. I had six-pack abs when I went into medical school. Well, you also decided to do med school with four kids at home.

I did. But I had six-pack abs with those four kids. But I also taught a lot of classes, so I was constantly working out. And then when you're in med school, it's 80 hours a week.

And because I had four kids at home, I also had two jobs, and I did work-study jobs, and I was a TA. And so I was probably gone at least 100 hours a week.

Yeah. And you drove really far too. Oh, yeah. And I drove an hour and a half each way. You weren't going to move your family to go to school. True. Yeah.

Because I had kids that were in school themselves. And so I drove an hour and a half each way because of traffic. If there was no traffic, it'd be about 45 minutes.

But it's cohort length. It was nice. Yeah, when COVID hit, it was nice. There was no traffic. Yeah, there was no traffic. Yeah. So I did medical school and slowly the weight came back on.

There was a ton of stress. And then graduated medical school, started working out again. Nothing really came off too much, but I also didn't have that much time to work out as much as I liked to.

Perimenopause, Hormone Therapy, and Strength Training

And then I started a practice. I went and worked at a different clinic, but I kind of started my own practice. Like I got my own patients. So it wasn't like patients were handed to me.

And that was pretty stressful. You're trying to grind it out. Make money after graduation. Well, and I had to because I had four kids I had to feed and a mortgage.

So after that, the weight wasn't that bad. I wasn't like gaining too bad. I was, you know. Yeah, you were chalking it up to not being able to work out like you used to.

Right. And then we decided to start our practice, and then another practice. And then another practice, yes. But I think we figured out I was in perimenopause before our second practice.

Yeah, definitely, we did. But just to say the stress kept piling on. The stress kept piling on. So when we first found out you were in perimenopause, we were like, oh, this is probably what happened in med school.

Right. I started, I did start having some looking back. I didn't think I had symptoms, but looking back, I did start having symptoms in med school. I had always after my, after my period came back when I was on the thyroid medication, my periods were pretty regular.

They're about 30 to 32 days. And they started getting farther apart. I started getting heavier periods again, and I was just tired all the time. But again, I was like gone 100 hours.

Yeah, you were into stress. Yeah. But I would also argue the stress probably aggravated the perimenopause symptoms. Probably. Or at least maybe, I don't know if you could say send it, send you into it earlier.

Well, maybe. And I mean, technically perimenopause can start anywhere from like 35 to 45, and it lasts for 10 to 15 years. aren't lucky. And I was right around 40 when I think stuff started happening.

So it's reasonable to think, but I am very sure the stress of med school made things worse. Oh, I'm sure it did. And probably progressed it faster than it should, just like we talked about with my story.

Right. Cortisol levels messed with your hormone production. And cortisol is a hormone. So hormones play off of other hormones. And when our sex hormones are off, it can throw our thyroid hormones off.

Like all hormones play off of each other. Yes. So yes, I'm sure it probably made it worse. But the reason, or well, it took a little bit for us to realize it was perimenopause though, because I was having some weird symptoms that I didn't, I don't, I don't, we might have learned these, but I don't think we did.

We didn't learn about the cardiac symptoms. Yeah. So let's go back. You weren't having hot flashes. Your periods were a little bit more spaced out and like those are what people tell you in med school are the symptoms.

Right. They don't talk, and they do talk about like the mood swings, but like, Let's be honest. It's like irritability. Like they don't talk about them enough.

They say mood swings and it's like, okay, what does that mean until you live through it? So really what it means is you have no more F's to give. So if something happens, you're like, I don't give an F.

This is going to happen or it's going to happen my way or I'm just leaving. Like you're just done. Like there's no in between anymore. It's just, I'm not going to put up with it anymore.

Which I think is good for a lot of women, honestly. I mean, it's not that bad, but it is kind of it is annoying when you can't control it. Yes. You know, it is good to speak up for yourself, but when you can't control it, it's very frustrating.

I also was crying and I don't cry. I'm not a crier. I cry like once a year when I'm really angry and I get it all out or if like an animal gets hurt. But what really set it off is, okay, yeah, you're having some mood swings, but we're like, you have a history of PMVD.

And I was super stressed. Yeah, there was like a bunch of things that we were thinking could have been. But then you started having all these cardiac symptoms, which no one ever talks about.

And you were having… Heart palpitations. I was having massive palpitations to where I went to the hospital twice. Well, you made me go to the hospital twice.

Yeah. Because you were faint too. You're like, I can work more. I'm like, no. I also, yeah, I almost fainted and Erica's like telling you on the phone.

I was like, I'm fine. I'm fine. I'll just do it. And then she's like, no, I'm having to sit her down. I was really dizzy. Dizziness is a sign of low estrogen and nobody talks about that.

I think that's crazy. Yeah. Visual disturbances. You can have visual disturbances, itchy ears. It's the weirdest thing. Or just itchy skin. Yeah, itchy skin, but like itchy ears.

It's weird. But the palpitations were very scary and the faintness. And it felt like I was tingly all over. Yeah, with the dizziness as well. Yeah. It sounds like a vascular issue, which, you know, guess what?

Yeah. Betamotor, mesomotor, instability, estrogen. Yep, exactly. All the different things it can cause. So after to emergency room. And a whole term monitor and all that.

And I had a whole term monitor on which showed that I was having palpitations but didn't show any other irregularities. And by the way, I had seen several specialists for this too.

So I'd seen a cardiologist, I'd seen a neurologist for the dizziness. None of them said anything about hormones. Yeah, no one even… They're like, oh, you're just fine.

No one mentioned perimenopause. Nope, no one mentioned perimenopause. All those things were cleared. They're like, you're fine. And then that's when we started digging into it.

It's like, oh, this is all perimenopause. Yeah. And we did hormone testing and my hormones were on the low end of normal. So they weren't super low. They weren't, you know, just gone.

They were within the normal limits. Yes, technically. But if you're used to having a be in the higher range of normal limits and suddenly they drop. Yeah.

They still drop in your body. Just like hyperemesis. Yeah. So that's why I was having all those symptoms. So then you put me on hormone therapy. So bio identical hormone therapy.

I wear an estradiol patch. We just went up and it feels great by the way. Yeah. Oh, before panic attacks. I was having panic attacks, and I'd never had panic attacks before.

I'd had anxiety attacks before, because I've always had anxiety my whole life, but it was way worse, and I was having panic attacks, and I was having the depression again, but worse than when it was just my thyroid.

We did check my thyroid, too, to just see if it was going wonky because of all the stuff. Well, we did have to go up on your thyroid for a little bit.

We did have to go up a little bit, yeah, but now it's back down. Yeah. Like you said, it's hormone. Or their hormones dropping, affecting it. Yep. Yep.

And I'm on progesterone that I take at night. So it's all bio-identical. And I feel like a human again. Oh, brain fog. That was a huge one. But I don't know how to explain it, right?

They can come on subtly, slowly, and then it's just too much suddenly. But then you just don't feel like yourself. I felt like I was an out-of-body experience.

But I think why so many times this isn't caught is because perimenopause oftentimes comes on slowly until all of a sudden you're like, this is not my body.

Right. And that's kind of where I was at. And then I started having hot flashes. I really didn't have the typical symptoms that we really think of. I didn't have night sweats.

I didn't have any of that until all this other stuff started happening. And then I started having them. And those suck, by the way. But luckily they're under control with hormones.

Well, we should say that when we first were like, oh, it's perimenopause, we did all the things to try and support your natural hormone production. It definitely improved things.

It did. When your ovaries are giving out because they're getting old, there's nothing you can really do about that. There's just no substitute for hormones.

We did do a lot of natural stuff. We did a GI map and we fixed my gut. I got rid of my food intolerances. We should note though that when you're fixing the gut, the reason why that's so important is because your gut metabolizes your estrogens and they can either metabolize it into an inflammatory pathway or they can be metabolized into still hanging around longer or metabolize faster.

So it can really impact. your estrogen levels in your body. So the gut plays a huge role in hormone regulation. Yeah. And I mean, we did a lot of work with it.

I was on a lot of nutraceuticals, some herbal protocols. I also took NAC, NL-glutamine, but I also did some peptides, PP157, amazing for healing the gut, especially in perimenopause.

Because our gut health is totally different. I never had gut issues. until I started perimenopause. And the reason that we found after, of course, me going through this, you know, you go through something and then you do the research, is there's something called the estrobulum and it's part of your microbiome.

And when it's not getting fed enough estrogen, because your estrogen levels are going down, it doesn't work as well. And so it throws everything off. And so your whole microbiome goes off.

And so we did a lot of work to get that back. to where it needed to be. And so that has definitely helped with everything. I also, in perimenopause and menopause, once you're after 40, you really, really, really need to focus on nutrition and movement, no matter what we do.

Throughout your whole life. Well, throughout your whole life, but especially after 40. You have to make it a top priority. Yes. And you have to do it differently.

It's not the same. Cutting calories does not work. You have to actually feed your body so that it can build muscle because it doesn't want to build muscle as much.

There is a ton of research out there. There's a book called Unbreakable by Dr. Oh, shoot, I can't remember her name. We'll put it in the show notes. We'll put it in the show notes.

It's an amazing book. I love it. I'm listening to it on tape again, because I like to listen to it on tape also because it reminds me of certain parts that I love.

But she talks about all of the hormones that are released when you're in perimenopause and how much less there are of certain ones. And so that's why it's so much harder to gain muscle.

So you really have to change how you're doing things. You have to lift heavy. You can't do 20 reps of five pounders. You have to lift really heavy. And I feel like a lot of women make this mistake where they just focus on cardio because they're like, if I do more cardio, I'll lose weight.

And it's like, that's not true for anyone. It's especially not true in perimenopause and menopause. Cardio actually releases cortisol because it thinks you're literally running for your life.

So that actually is counterintuitive to losing weight. Now, not saying that cardio isn't good, but in perimenopause and menopause, really, if you want to do cardio, HIIT training is the best way to do it.

So for instance, like what I do, leg day was yesterday. So what I did was I did a 20-minute hit workout of I ran at 7.5 miles per hour and then I would walk at two to calm down.

And then I'd run at seven and walk at two. And then I would do that for, you know, 30 second to 45 second bursts. And then I would rest for, you know, at the two, two miles per hour walking.

I would do that for about a minute and a half and get, I would, I watch my heart rate to get it into certain zones. And then I'd run again and then go back down and then run again.

And I do that as my warmup. I also say that if you can't do HIIT, fast walking is still good cardio for your cardiovascular, and it's not going to trigger cortisol response.

And that is still a very good cardio exercise to be doing. Walking is great. Always be moving your body. Yeah, and perimenopause and menopause, even when you're younger.

But it's a great thing that people often don't think. Going on a brisk walk is still cardio, and it's not going to trigger the same stress response as running.

So that is also an option for cardio. if you aren't able to do like a HIIT workout and stuff like that. But I will say HIIT workouts are great for burning fat two to three days later too.

So it sets up your body metabolically. And then I did super heavy weights on all of the machines and all of my free weights. I think I did an incline press of 537 pounds because my husband keeps adding weights to it and he's like, no, you can do it.

You can do it. You're fine. You can do it. So I do it just to prove them that I can because I'm stubborn that way. But you have to lift heavy in order to get your body to build more muscle.

And the reason why you have to lift heavier when you are older is because you're releasing less of the hormone. And I cannot think of it right now, but she does have it in her book, The Unbreakable Body or The Unbreakable.

Again, we'll put it in the notes that it releases when you just do regular weightlifting but when you're older it reduces and so you have to lift heavier to really send the signal to get that to release.

Which also we should talk about testosterone in perimenopause because that's part of it. So we talked about progesterone and estrogen and how that is super important for many different things.

Yes. Symptom management but also just for the idea of longevity because let's be real, women go through menopause anywhere from 35 to 45. It takes about 10 years and then our bodies were really only expected to live

for about 10 years after menopause and we live much longer now.

Yes. Hopefully. Yes. Averagely, we still live much longer than that. And our bodies age super fast in menopause because we don't have that hormonal influence.

And I think it's a disservice to women to not either treat perimenopause and menopause by, if you're able to do all the natural stuff and that maintains your levels, great.

But if not, offering bio-dentical hormonal replacement therapy can be a lifesaver for many women. Well, and I will say that the reason why bioidentical hormone replacement therapy is right for most women because there is a certain level of estrogen that needs to be in your body for you not to have osteoporosis.

So generally that's about 80. 60 to 80 is what the studies say. I like to have my people at 80 to 100 because that's where you feel good. And there is no reason not to.

Really the only contraindication is somebody with active breast cancer. And honestly, there are any estrogen or sensitive cancer. Yes. And really, there are studies coming out that if it's vaginal estrogen, it still can help, and it's not as scary.

But that's a whole other thing. That'll be another podcast. That'll be another podcast, yes.

Closing Thoughts on Hormone Health

But testosterone, fun fact, women have more testosterone in their bodies than estrogen. It's just measured differently. So when people will tell you or a doctor will tell you, oh, I'm not going to test your testosterone.

You're not a man. You don't need testosterone. They're full of crap and go somewhere else because testosterone is in every tissue of your body also. And it does really help.

And women's testosterone really tanks during perimenopause. I think mine was at six. And I was working out, lifting heavy, and I could not build any muscle.

So I ended up going on testosterone. I have a cream that I put on, put on every morning, most mornings when I remember, but I have a little alarm now that I remember.

And that has been helping a ton with building muscle and a ton more energy. And guess what? Libido should be for us too. And just because we have lack of libido, that can be a reason to get testosterone as well.

Estrogen does help with that too, but I will tell you my libido is much better with testosterone too. And I'm on a very low dose. I'm on four milligrams a day.

Because who wants to give up having sex just because they're in perimenopause and menopause? Yeah. Well, I mean, I didn't care about it until I got some more hormones in me.

And then now I'm like, oh, Yeah, I feel like I might like it again. We often talk about experiencing pleasure in life, whether that's from sex or from just enjoying life in itself.

And sex is very enjoyable for many people. It's a great outlet for just stress, for being present in a moment where we really struggle with in our day-to-day life, especially in America, because we are super stressed and focused on other people.

And to just have some time to focus on pleasure for ourselves, with a partner that we are compatible with and enjoy being with, who doesn't want that when they're older?

Just because you're not interested in it because your hormones are low doesn't mean you wouldn't want to be

interested in it if you felt better. And I hear that all the time from our patients too, is I could care less about sex right now, but I want to want it.

Yeah, I want to care about sex. I want to want it. And so that to me is a huge flag that we need to test our testosterone too. Well, I think that's Pretty much our stories.

Pretty much our stories. It covers a lot of different things we're going to talk more about in the future on other podcasts. But needless to say, we have struggled with hormones throughout our lives in many different hormonal issues.

Yes. And that is why we are so passionate about helping other women learn about their hormones and men. Yes. We do men also. Because andropause sucks as well.

Yeah. It sucks for the wives, too. Yeah, or partners. Yeah, so we're passionate about hormones because we've lived it and hormones are wonderful and also painful.

Yes, when they are not in balance. And that's why we're doing this podcast and that's why we became doctors and why we see our patients and focus on this aspect of life because it really reaches into every aspect of life.

Yeah. And we also want to do where we have a lot more talks coming where we're going to conferences and educating doctors, a lot of times conventional doctors about hormones because they really don't get hardly any training and it's just not enough.

And we need to, we need to fix this. We spoke with the surgeon general. the pastor in general in July of this year in New York at the New York Academy of Medicine.

And even she was like, yeah, we need to have women doctors teaching this because they've gone through it. And we need to get the word out there that it is a huge thing.

I don't understand why it's still not. It hugely impacts women's quality of life. And honestly, we take care of everyone else. Yeah. So we deserve some good quality of life too.

Yep, exactly. No matter what age you are. Well, that's it for now. If this resonated with you, please share it. And we look forward to sharing even more hormonal stories in the future.

Thanks for joining us. Have a great day. Bye. Thanks for watching Hormone Heroines. If this episode spoke to you, follow the show and share it with someone who also needs to hear it.

And write a review. That helps more people find their way back to balance. See you next week.