Introduction to Wy protocol

and why so many women fear hormone and why so many women fear hormone therapy in the first place. If you've therapy in the first place. If you've ever wondered whether rhythmic hormone ever wondered whether rhythmic hormone therapy is revolutionary or risky, stay therapy is revolutionary or risky, stay with me. You're about to get clarity with me. You're about to get clarity that most women never receive from their that most women never receive from their doctors.

Hey everyone, Dr. Fred Bloom here. Hey everyone, Dr. Fred Bloom here. Welcome back. If you're new to the Welcome back. If you're new to the channel, I'm an integrative and holistic channel, I'm an integrative and holistic physician helping people restore their physician helping people restore their vitality using natural, functional, and vitality using natural, functional, and regenerative approaches without the regenerative approaches without the guesswork. Today we're diving into one guesswork. Today we're diving into one of the most misunderstood and most of the most misunderstood and most powerful topics in women's health.

powerful topics in women's health. Rhythmic hormone dosing, also known as Rhythmic hormone dosing, also known as the WY protocol. We're going to explore the WY protocol. We're going to explore what it is, why it exists, what makes it what it is, why it exists, what makes it controversial, what the science and controversial, what the science and physiology suggest, what I've personally physiology suggest, what I've personally seen since offering it to patients since seen since offering it to patients since 2007, and why so many women fear hormone 2007, and why so many women fear hormone therapy in the first place. If you've therapy in the first place. If you've ever wondered whether rhythmic hormone ever wondered whether rhythmic hormone therapy is revolutionary or risky, stay therapy is revolutionary or risky, stay with me. You're about to get clarity with me. You're about to get clarity that most women never receive from their that most women never receive from their doctors. Don't forget to like, doctors.

Physiology of rhythm

Don't forget to like, subscribe, and join my newsletter to subscribe, and join my newsletter to stay connected. Most women who receive stay connected. Most women who receive BHRT get static dosing, the same hormone BHRT get static dosing, the same hormone dose every single day. Convenient? Yes.

dose every single day. Convenient? Yes. Physiological? Not even close. A healthy Physiological? Not even close. A healthy cycling woman doesn't produce a flat cycling woman doesn't produce a flat line of hormones. She produces a natural line of hormones. She produces a natural rise and fall, a rhythmic curve of rise and fall, a rhythmic curve of estrogen and progesterone that shifts estrogen and progesterone that shifts day by day. This rhythm matters from the day by day. This rhythm matters from the body's perspective. Hormone timing, body's perspective. Hormone timing, pulsatility, pulsatility, pulsatility, and receptor formation are just as and receptor formation are just as important as the hormones themselves. A important as the hormones themselves. A concept emphasized in the work and concept emphasized in the work and teachings of TS WY is that it's not just teachings of TS WY is that it's not just how much hormone you take, it's when and how much hormone you take, it's when and how you take it. And the more we look at how you take it. And the more we look at physiology, the more we see how true physiology, the more we see how true this is. When this rhythm disappears in this is. When this rhythm disappears in parameopause and menopause, symptoms parameopause and menopause, symptoms appear. Hot flashes, insomnia, joint appear. Hot flashes, insomnia, joint aches, lowered libido, thinning bones, aches, lowered libido, thinning bones, brain fog, mood swings. The WY protocol brain fog, mood swings. The WY protocol was designed to mirror the biological was designed to mirror the biological rhythm of a youthful cycle using rhythm of a youthful cycle using carefully timed standardized doses of carefully timed standardized doses of transermal estradiol and progesterone.

transermal estradiol and progesterone. In my experience, restoring rhythm often In my experience, restoring rhythm

often restores a woman's sense of self. Before restores a woman's sense of self. Before creating the protocol, TS Wy spent years creating the protocol, TS Wy spent years studying endocrinology, aging, sleep studying endocrinology, aging, sleep biology, molecular biology, and the biology, molecular biology, and the patterns of ovulation. She asked logical patterns of ovulation. She asked logical questions that most of the medical questions that most of the medical establishment never addressed. For establishment never addressed. For example, all pregnant women have example, all pregnant women have extremely high estrogen levels. So if extremely high estrogen levels. So if estrogen were inherently deadly, estrogen were inherently deadly, humanity wouldn't exist. Her work humanity wouldn't exist. Her work emphasized the importance of pulsatile emphasized the importance of pulsatile delivery, not static amplitude, not a delivery, not static amplitude, not a one-sizefitsall dose receptor behavior, one-sizefitsall dose receptor behavior, not just serum levels, daily variation, not just serum levels, daily variation, not hormonal monotony. This is why the not hormonal monotony.

Addressing hormone fears

This is why the protocol uses a dayby-day schedule protocol uses a dayby-day schedule because that's how the endocrine system because that's how the endocrine system naturally functions. Let's be honest, naturally functions. Let's be honest, hormones scare people, doctors, too.

hormones scare people, doctors, too. This is largely because of This is largely because of misunderstandings from the early 2000s misunderstandings from the early 2000s WHI, WHI, WHI, Women's Health Initiative study. The Women's Health Initiative study. The sound bite that stuck in the public mind sound bite that stuck in the public mind was estrogen causes breast cancer. But was estrogen causes breast cancer. But when you look at the actual data and when you look at the actual data and subsequent analyses, you understand that subsequent analyses, you understand that synthetic protestants were responsible synthetic protestants were responsible for increased risk. Transermal estradile for increased risk. Transermal estradile was not the villain. The formulation and was not the villain. The formulation and route mattered. The WHI did not study route mattered. The WHI did not study rhythmic dosing and even conventional rhythmic dosing and even conventional experts now acknowledge the complexity.

experts now acknowledge the complexity. One of the clearest concepts in Wley's One of the clearest concepts in Wley's work is oral progesterone can convert work is oral progesterone can convert into neuroactive metabolites like GABA into neuroactive metabolites like GABA causing sedation but not necessarily causing sedation but not necessarily giving therapeutic progesterone receptor giving therapeutic progesterone receptor activation. Static progesterone activation. Static progesterone especially oral doses can even behave in especially oral doses can even behave in gluccocorticoid like ways contributing gluccocorticoid like ways contributing to weight gain if not paired with robust to weight gain if not paired with robust estrogen receptor activation. So, what estrogen receptor activation. So, what about cancer risk with rhythmic dosing?

about cancer risk with rhythmic dosing? In Wley's long-term population of around In Wley's long-term population of around 20,000 users, there were only a small 20,000 users, there were only a small handful of lobular breast cancers over handful of lobular breast cancers over more than 20 years. Statistically, more than 20 years.

Clinical benefits and myths

Statistically, that's comparable or in some cases lower that's comparable or in some cases lower than baseline risk. In my own practice, than baseline risk. In my own practice, most women on the protocol have done most women on the protocol have done very well. Some have seen better bone very well. Some have seen better bone health, improved mood and cognition, health, improved mood and cognition, improved metabolic markers. And here's improved metabolic markers. And here's something every woman deserves to hear.

something every woman deserves to hear. Doing nothing is not risk-f free. Low Doing nothing is not risk-f free. Low estrogen and progesterone increase risk estrogen and progesterone increase risk for osteoporosis, cardiovascular for osteoporosis, cardiovascular disease, insulin resistance, cognitive disease, insulin resistance, cognitive decline, depression, chronic pain, decline, depression, chronic pain, disrupted sleep. As Wy puts it, when you disrupted sleep. As Wy puts it, when you cease to be reproductive, the body cease to be reproductive, the body starts to fall

apart. While I would starts to fall apart. While I would phrase it more gently, the principle is phrase it more gently, the principle is sound. Hormone loss accelerates aging.

sound. Hormone loss accelerates aging. When arhythmic dosing is done correctly, When arhythmic dosing is done correctly, many women report better sleep, restored many women report better sleep, restored libido, resolution of hot flashes, libido, resolution of hot flashes, improved vaginal health, reduced joint improved vaginal health, reduced joint pain, enhanced mood, clearer thinking, pain, enhanced mood, clearer thinking, better metabolic control. Many women on better metabolic control. Many women on the WY protocol have been using it for the WY protocol have been using it for over 10 to 15 years, and they say they over 10 to 15 years, and they say they would never live without it. In my would never live without it. In my practice, I've seen this too, especially practice, I've seen this too, especially among women who didn't respond to static among women who didn't respond to static dosing, had persistent PMS- like dosing, had persistent PMS- like symptoms even after menopause, were symptoms even after menopause, were extremely sensitive to conventional extremely sensitive to conventional progesterone therapies, needed more progesterone therapies, needed more support for sleep and mood, wanted a support for sleep and mood, wanted a more youthful metabolic profile, or more youthful metabolic profile, or wanted the closest possible mimic of wanted the closest possible mimic of natural physiology. I've also adapted natural physiology. I've also adapted rhythmic principles for men who have rhythmic principles for men who have their own hormonal rhythms especially their own hormonal rhythms especially relating to sleep, testosterone and relating to sleep, testosterone and adrenal balance. This is one of the most adrenal balance. This is one of the most common objections. I just want to do common objections. I just want to do menopause naturally to which my response menopause naturally to which my response and wies is simply how is natural and wies is simply how is natural feeling for you. We need to acknowledge feeling for you. We need to acknowledge we don't live naturally. We don't sleep we don't live naturally. We don't sleep naturally. We don't eat naturally. We naturally. We don't eat naturally. We don't move naturally. We're surrounded don't move naturally. We're surrounded by endocrine disruptors. Yet hormones, by endocrine disruptors. Yet hormones, real biodidentical physiologic hormones real biodidentical physiologic hormones are somehow considered unnatural. This are somehow considered unnatural.

Melatonin and circadian care

This double standard is one of the biggest double standard is one of the biggest barriers to women getting help. One of barriers to women getting help. One of the most fascinating insights from the most fascinating insights from Wigh's work involves melatonin. She Wigh's work involves melatonin. She explains, "Melatonin creates the explains, "Melatonin creates the receptor for vitamin D, meaning you can receptor for vitamin D, meaning you can take all the vitamin D you want, but if take all the vitamin D you want, but if you don't sleep, your body may not be you don't sleep, your body may not be able to use it." She also explains why able to use it." She also explains why so many women wake up around 1 to 3:00 so many women wake up around 1 to 3:00 a.m. Without a strong nighttime a.m. Without a strong nighttime melatonin surge, estrogen does not melatonin surge, estrogen does not rebound properly overnight. In my rebound properly overnight.

Actionable advice and closure

In my practice, optimizing circadian rhythms, practice, optimizing circadian rhythms, rhythmic hormones, melatonin, light rhythmic hormones, melatonin, light exposure, and stress hormones often exposure, and stress hormones often solves stubborn insomnia that women have solves stubborn insomnia that women have struggled with for years. If you're struggled with for years. If you're considering hormone therapy, rhythmic or considering hormone therapy, rhythmic or static, here's what I tell my patients.

static, here's what I tell my patients. Get evaluated fully. Hormones interact Get evaluated fully. Hormones interact with thyroid, cortisol, infections, with thyroid, cortisol, infections, toxins, and sleep. Understand your toxins, and sleep. Understand your options. Static dosing is good. Rhythmic options. Static dosing is good. Rhythmic dosing is physiologic and better. Don't dosing is physiologic and better. Don't let fear guide decisions. Fear has kept let fear guide decisions. Fear has kept too many women suffering unnecessarily.

too many women suffering unnecessarily. Aim for the most natural physiology Aim for the most natural physiology possible. If restoring rhythm gives you possible. If restoring rhythm gives you your vitality back, it's worth your

vitality back, it's worth exploring. Track your progress. Bone exploring. Track your progress. Bone density, sleep, libido, cognition, density, sleep, libido, cognition, metabolism, they all matter. Be metabolism, they all matter. Be personally involved. The women who do personally involved. The women who do best are the ones who learn, ask best are the ones who learn, ask questions, and stay engaged. Women questions, and stay engaged. Women deserve far better information than what deserve far better information than what they've been given. If you've been they've been given. If you've been battling fatigue, brain fog, sleep battling fatigue, brain fog, sleep issues, mood changes, hot flashes, issues, mood changes, hot flashes, weight gain, bone loss, or chronic pain, weight gain, bone loss, or chronic pain, you don't have to accept it as just you don't have to accept it as just aging. You have options. and rhythmic aging. You have options. and rhythmic hormone therapy is one of the most hormone therapy is one of the most intriguing physiologic and potentially intriguing physiologic and potentially transformative options available. If you transformative options available. If you want help exploring this, my office is want help exploring this, my office is here for you. I'd love to hear from you.

here for you. I'd love to hear from you. Have you tried hormone therapy? Did Have you tried hormone therapy? Did static dosing work for you or not so static dosing work for you or not so much? Does rhythmic dosing make much? Does rhythmic dosing make intuitive sense to you? What questions intuitive sense to you? What questions do you still have? Drop your thoughts in do you still have? Drop your thoughts in the comments. I read every single one.

the comments. I read every single one. If you found this valuable, like, If you found this valuable, like, subscribe, join my newsletter, and share subscribe, join my newsletter, and share this with someone who may need it. I'll this with someone who may need it. I'll