Let’s Talk Hormones: Why Personalized Care Goes Beyond Lab Numbers Transcript

(Transcripts are generated by AI and may contain errors)

Opening and Podcast Introduction

Now I got married late and we decided to try to have a child. So I started doing infertility treatment. The hormones that I was giving completely messed my body up.

I became diabetic literally overnight. Absolutely normal blood sugars. Woke up one evening and I couldn't drink enough water to save my life. Turned around and did my blood sugar and was diabetic.

And I worked in ER. Welcome to the Holistic Truth Podcast. And I'm Christine Genovese, creator of The Soul Intelligence Method. We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally and energetically.

With real proven strategies, protocols and tools you can use in your practice today. Hello everyone and welcome back to your favorite podcast. for natural healing, wellness, functional medicine, we focus on the mind, body, and soul.

We are live at the Holistic Truth. I am your host, Jamie Dorley. And the CEO of Nutritional Frontiers. Well, you are on a mission, I do that with my partner in crime, the one and only, our Chief Growth Officer.

Welcome back, Christine Genovese. Thanks, Jamie. I really appreciate the warm welcome today. I am so excited about today's guest. i have the pleasure of knowing this lady both personally and professionally and I'm really excited for our discussion around hormones today Yeah, let's talk hormones because we were on a journey and we're on the mission.

So what is our mission? Our mission is to make the world healthy on every level, physically, mentally, emotionally, spiritually, energetically, whatever way we can support people.

Dr. Lernhardt's Personal Hormone Crisis

That's what we're here to do at The Holistic Truth. And that's very important these days. I mean, in the old days, you can just work out and eat well, and it was good to go.

But I think in last 20 plus, 30 years that I've been doing this, 35 years now, the challenges have become much greater. And oftentimes, like myself, The reason we get into functional medicine, nutrition, wellness, is because we have a personal experience.

This doctor has experienced that too. Would love for her in a few minutes to share her story. When I first met her, going back about five, six years, And so I knew when I met her and her team that these people are doing this for the right reason.

You know, they are in a similar mission of making their world in the world healthy. I love how their entire office was very interested in doing the lunch and learn.

Some offices just do lunches. but they do the lunch and learn. They all get their notebooks, they sit around the table and highly interested. I mean, for her to go to Nova University, now Southeastern University and graduate with a DO degree and then to do her internship and to then do a residency outside of Chicago, it's been an interesting journey for here.

She's a great VIP client and partner in Nutritional Frontiers. And I love the fact that you guys mingle. you know, business and pleasure because we have such great relationships with our clients.

So let's give a nice warm welcome to Dr. Tracy Lernhardt. How are we doing, doc? Oh, I'm doing great. Well, we're so happy to have you on the show and we want to talk hormones today, of course.

And it's not just for women, but for men too. But before we do, maybe take a little deeper dive into your background. I think you come from a family of medicine and how did you get on this path, not only to get into medicine, at what point did it shift gears now to go in more of the functional medicine approach?

Well, I think like most physicians who have our own medical issues converted us to this. I was about 38 and my husband and I decided, now I got married late and we decided to try to have a child.

So I started doing infertility treatment. The hormones that I given completely messed my body up. And I became diabetic literally overnight. Absolutely normal blood sugars.

Woke up one evening and couldn't drink enough water to save my life. I turned around and did my blood sugar, and I was diabetic. And I work in ER, so I originally was board certified emergency medicine.

I worked in that job for 18 years, I ran a large emergency room. So I had access to all the physicians. Them giving me the medications to control my diabetes accelerated so quickly to insulin that I started gaining weight like crazy.

God, it gained over 100 pounds. I was like, it was crazy. They kept on telling me, you know, because this is one of the things we do in traditional medicine is like eat less, stop eating so much.

Well, I always eating 1200 calories a day, working out six days a week and gaining five pounds a month. And I couldn't stop it. And so my journey to try to find out what to do, and then because I was trying to get pregnant, they literally blew out my ovaries with the hormones and I went into instantaneous menopause overnight.

I got completely normal periods, never had another period again. Then I 42 years old when this happened. So my actual 20 year old is adopted. But, you know, my journey to end in learning hormones, because trust me, going into instant menopause, I was a lunatic.

It made me crazy. And so I went to a doctor to do hormones and they messed my hormones up so badly. They took the name, back then, I don't know if you remember, but a lot of doctors were being told, dont worry about it by the pharmacists.

No, just send us the labs and we'll dose your patient for you. Well, the spelling of Tracy on my name is the male version. So they didn't look for female male.

They actually gave me male hormones. Well, it was funny. Are you kidding me? I'm not kidding you. I had a higher testosterone level than my husband. And a female with a testosterone levels 700, trust me, is very aggressive.

Well not in a good sexual way. Like, did he get any benefit from this transition? Very aggressive on the tennis court and against her husband. But I literally reamed out the head of cardiovascular surgery one day and that's when I knew something was wrong.

My nurses stopped him at the door and just said, look, don't do it. It's freaking the exorcist in here. She will rip your head off. And I was the calmest doctor you would have ever met.

You could get your arm off and say, hey, cool. So I just know at that point I did my hormones and so I went to a weekend course and basically if you ever know Us doctors don't know daily squat about hormones.

It's the only thing I learned about it is I didn't anything about this So, I actually started doing the fellowship at a4m. I do the two-year fellowship.

They got my hormone straightened out I lost 120 pounds Um, by reversing the diabetes. And it turned out what was happening is they had me on over 120 units of insulin, tricorizocor, biotas, metformin, actose, and never checked

my insulin level.

My insulin without insulin was 140. and then they were giving me 120 units on top of it, which is why I was gaining so much weight.

Why Functional Medicine Became the Path

So as soon as I got off of that stuff, reversed the diabetes, fixed my health, got my hormones straightened out, then it was my thyroid and they kept on saying that my thyroid was fine.

And so I go to meet Dr. Bronstein and went over thyroid, realized that I didn't convert anything and I had what they call tertiary thyroid which basically the receptors don't work anymore and it got blew out by the insulin they're giving So I have to take pretty large doses to get it straightened out, but it's been an amazing journey to getting my health back.

I mean, I am so much healthier here at 62 than I ever was at 40. I feel amazing, I'm not tired all the time, not brain foggy, and not achy. It's just been an amazing journey to get my health back and I think that's why most of us end up in functional medicine.

And that is why, you know, as you said, we're all passionate about it because now, instead of putting the bandaid on everybody, i get patients that come and say I felt the best I've ever felt or, everything's going amazing.

We get those most difficult patients everybody sends over from around the country. yeah because they have so many different things going on with them but it's just when you get them.

Back in shape it just amazing they turn their lives around they feel amazing start doing great things and i just love it i mean when the patient tells me that now this is the best they felt their life it the most rewarding word i can get.

Yeah, congratulations. I mean, to have the leap of faith to go from ER medicine to the DO program and now integrative medicine is quite the accomplishment.

And like you stressed, I think a lot of you and your colleagues do this, including me, I was sports medicine major in college until I got an autoimmune condition and that changed my whole direction of my career to get more into preventative and wellness and lifestyle medicine.

It's just incredible that you and so many other healthcare professionals are making this transition over time and, you know, to practice more integrative.

And it's interesting, I was just talking to two childhood friends last night. We've been friends since first grade for quite a few years, Christine, don't count.

But they both said the same thing, all three of us. Like we're in better shape now as we were hitting our mature years. And I think the 30s and early 40s are really challenging.

Do you find that to be the saying with your patients? Well, one, we are going guns blazing with our careers. Probably not eating healthy, probably not prioritizing our health.

And we're just trying to get from point A to point B. And I think when something happens to our own health is a wake up call to turn around and pay attention.

But yeah, you're right. Now it's a priority for me. So I eat healthy. I exercise regularly. Christine knows. It's in my schedule that I go play tennis.

Also IV therapy. In order to keep this pace up, I do a lot of IV nutrition so my body is sound nutritionally. But it's just now, and hormones were a huge thing for me.

My office is funny because now I teach at two hospitals. I'm on the state and county boards. So we're getting to transition and change traditional medicine somewhat.

They're more accepting everything. And teaching at the hospitals and the residents coming out, they get to learn this stuff now. Matter of fact, one of my new partners was the director of the medical education department at the hospital that I taught at.

So she's gone from family practice traditional, now transitioning over. All right. You're spreading the news. I love it. But to catch these doctors when they're young and wanting to learn this stuff, the amount of hormones and the number of nutrition we get in med school and residency is just sad.

Well, so thank you so much for sharing your personal journey with us. Incredible. Yeah, if you're to break it down, you see a lot of people that are struggling with different hormone issues.

So where do you start when you started working with someone? They come in and they think they want bioidentical hormones or they know their hormones are off and got all these symptoms.

Where do start in that whole hot mess? Yeah, well, we usually do a detailed history on the symptomatology of what symptoms they're having. Most women and men both actually start their decline in hormones early in into the 30s.

When to Start Hormone Optimization

So now it's starting to think that people should start hormone replacement in their 30's. to especially women because women start losing their progesterone early in, but they don't lose their estrogen until later.

So then they became estrogen dominant. And so the series of way it goes is we start. Losing our pro gesterones, then we started losing our testosterone and half of our testosterone is gone by the age of 40 and then our estrogen will climb.

as the ovaries start kicking out the last hurrah, so to speak, and then we go into menopause. So women get their breast cancers, if you notice, in that period of time, you know, where their estrogens are starting to transition to the estrogen for menoppause, which is a higher risk estrogen, And they don't have their progesterone and testosterone protection.

We've noticed that if we actually start putting those hormones in early, one, they transition much easier and they do not have that decline in their health, then they have less breast cancer.

Interesting. Men, they start losing their testosterone at the age of 30. They lose about 3% per year. Think about this though, the marriages that break up.

We think it's midlife crisis. Well, you guys, I'm sorry, Jamie, have to put up with us for 10 years before it happens to people. Good thing we met after menopause.

Exactly. But the guys have to put up with the mood swings, the irritability, loss of sex drive, all that stuff that happens for a long time before it starts happening to them.

It's amazing how many times I've heard where we saved their marriages because we got the wife optimized and they're Yeah so it just this is one of those things and it's like same thing is no.

Are ages yeah there's no way i wouldn't be as age if i wasn't on hormones i really think it still is down the aging process. The skin is healthier the bones are healthier hearts healthier are the brains more intact.

I'm so i think that you know we start aging when our hormones start to client. I think that's a great point because I oftentimes, you know, years ago working as an American College of Sports Medicine certified personal trainer is all about weight loss.

Everyone wants to lose weight, lose, weight lose. And now with the addition of GLP 1s and some of the extreme dieting, I said, It's more than just weight loss because you got to feel good.

And I can tell you're feeling really good on top of your game. Yeah. Weight loss is something I've done for a long time because obviously having lost so much weight 20 years ago, it's not weight.

I didn't get anybody to lose weight, you know, You can pull all kinds of things out of you hat to force the body to loose weight trick is getting them to keep the weight off.

how many people gain their weight back, especially on GLP-1s, by the way. That's a whole nother talk on glp-ones. I've been lecturing on them before they became even known for weight loss.

Um, I was doing advanced hormone, um, lectured for A4M on the GLp 1s for Weight Loss, that this was going to be the next trend. But, you know, nobody looked at what that trend can do.

And so it's already been proven 90% of people on Glp1 if they aren't in a program will gain the weightback. So I wanted to ask you, you know, You had a detrimental experience with hormone replacement.

So how do you do it right? So, I mean, the one thing of doing it right is you do it for, you don't just follow numbers. It's a combination of the numbers and the symptoms.

So every single patient is different. You know, some patients sit really better on a higher testosterone level to get their benefits. Other people need much lower levels.

Some people have high sex hormone body glybulins that bind it all up, so they do require higher levels, So the trick with hormones is every single thing is individual.

Some people metabolize hormones differently, some people tolerate a topical over a pellet over, you know, a trochee or an injection. So we do all forms of hormones and we individualize it to that patient.

It's all symptomatology and there are goal numbers, but they're not absolutes. You know, I know that this is the range that people feel best in. And then we have certain ranges that for benefits, like the bone density benefit, the cardiovascular benefit where we want the minimum numbers to be that we try to get to.

So, you know I have some guys they feel great on 800 testosterone. I've other guys don't feel good until 1300 because they're binding a lot of it up. Their free testosterone is low.

So every single one's individual. We have them fill out no symptom sheets each time. So I know the funny thing is patients, especially women, when they think about testosterone, because no, we don't think we need testosterone but we actually make more testosterone than estrogen.

Pregnenolone, DHEA, and Vaginal Health

So testosterone is necessary for us, just not in male doses. Not good when you're 600, I should be more like 100, 50. But being said, when that happens, you know, we're looking, do you have symptoms of too much hormone?

Do you symptoms with too little hormone and finding that little Goldilocks and the free bears just right. And women, and you'll be like, oh, Do feel any better?

Oh no, no I don't feel anything. Okay. Is your energy better. Yeah. You building muscle in the gym? Yeah. You sleeping better? You have less pain? Then how do you not feel better?" My sex drive isn't there.

That's about all they care about. Sex drive is like a symphony, I describe. If one instrument's out of place, the symphony doesn't work. It's not just testosterone or estrogen or progesterone, it's the adrenals.

I also ask them if they like their partner because I can't fix that one. Sometimes it can be a partner, right? Yeah. I'm sorry, I can't fix the relationship.

What happens when you get the symphony all playing together? Yeah, so you have to balance all of them. And I think the problem is a lot of doctors do not look at the entire picture of hormones, and so they don't get as good a results.

So unpack that a little bit for me, because besides the big three, right, the testosterone, progesterone, estrogen, what are some of the other hormones you're looking at when your looking to optimize someone?

Yeah, so we're looking at DHEA to see if their adrenals are stressed out. If they are, we'll actually look at the cortisol levels themselves. And we are looking a pregnant alone because it's the parent hormone for everything.

So if the pregnant is low, you're stealing it for anything else. It's one of those things that if you keep on stealing from the other hormones, then you are having problems keeping the others ones balanced.

So, if the DHA is really low, it's going to steal your progesterone. It's gonna steal you're pregnant alone, so it unbalances everything. So we're looking at that whole picture.

We're look at a sex hormone binding glybulin. Are they binding up the free hormone? No, because if that's the case, then I have to override or try to unbind them.

And so there's ways to get it off the sex-hormone binding-glybulins. There is a genetic defect in the Sex-Hormones-Binding-Glybinin that people have sometimes.

And so they have a hard time getting that free hormone available to work. So we do look at those genetics sometimes if we're having trouble with the sex drive.

These are women who usually never had much of a sex-drive. We're also looking at, do they drive vaginas? I mean, if it hurts to have sex, you don't want it.

Then we may have to do estrogen vaginally or laser the vaginal tract. Quick question, Doc. When you mentioned about low pregnenolone, right? And you said it steals from other hormones.

Could you elaborate a little bit on that? Yeah, so they call pregenol like the mother hormone and DHA like, the father hormone. So, preganol is actually made in the brain.

It's a brain hormone for memory and sleep. But the problem is, it can turn into any hormone you need. Sure. It's like the ultimate shape-shifter. Exactly.

So, because of that, if it's low, one, they're having memory problems, sleep issues, and things like that. And it is also very, in pregnancy, it has a steroid in the brain.

It is protected to the head. God forbid you have a head injury or a stroke. That's where we started using it the most, to get that anti-inflammatory effect to So because of that, if that's going low, then I know that the other hormones are not optimized because it's being stolen.

And it is the hardest hormone to fix because you fill the bucket up and then it seals it again. That was my next question. With dosing, we have a oral, pregnenolone at Nutritional Frontiers.

You know, full transparency. My functional medicine doctor did my blood work recently. It's best it has ever been, but the pregnetolones low. So as you talk about brain and memory and sleep, it makes a lot of sense.

So I believe she's recommending like 200 milligrams. I think that's 50 milligrams 50 and 100. And the reason I start lower is simply because people can get headaches from it when they start.

Um, you know, so I usually start and women know normal dosing is about 20 to 50 of what we make per day. But again, You have to figure in the fact that the stomach and it's going through the liver and what you take is not what You're going to be getting in.

The end up into the neurological system. So the, and when do you recommend, like we have a DHEA cream and nutritional frontiers in a pregnant alone. When do You recommend to take these?

Some of our clients say at night, some say first thing in I know between three and six a.m. is when a lot of this production occurs, but what's your, I don't know any time they can get it in, is there a special window of opportunity where you recommend your patients take these?

Well, DHA I'd usually recommend in the morning because it does turn into cortisol and that's going to be your energy system because cortisol will go into adrenaline and norepinephrine basically.

The pregnant alone, it can be done either way and I'll tell you which way I usually go. I always do it in morning so they have better memory. However, if they're having sleeping issues, half of them it will help them sleep, the other half will wake them up.

So, they take it at night time and they say if you have trouble sleeping with it, I just switch it to morning. Interesting. Well, it's really funny. We used to have someone who worked in our warehouse who told me the first time he saw the bottle of pregnant alone, he thought it said pregnant and alone.

I could never forget that because I thought that was hilarious. I'm like, yeah, what does that pregnenolone do anyway? But I though you'd appreciate it.

That is funny. Yeah, I haven't heard that one. So I have to remember that. And it's one of those words that people have a hard time saying because it is pregnenolome.

Postmenopause, WHI, and Bioidentical Hormones

Exactly. They think a lot of time progesterone, they think, yes. Yes, and they take it as progeterones or something else. My patients, you say, that's my morning one and my night one?

Well, you talked about also the vaginal dryness that some women experience. One of the things that was a recommendation with respect to the DHEA cream is to potentially use that vaginally.

Is that something that you've tried before? Yeah. Actually, we do sometimes combine it with Estriol or by itself if people don't tolerate Estrial. Not only does it help the Vaginal Tract, but it also turns into the estrogen too for us.

So if no, there's other things we've used too. But, you know, normally I use Estriol cream because it's pregnancy estrogen. So it doesn't interfere with my estradiol I give the patient.

And so it does it mess up my numbers. The reason that happens, by the way, is estrogen is what feeds the layer, the skin layer of glycogen in the vaginal tract.

It's also what feeds the bacteria in the vaginal tract because the glycogen feeds bacteria, the estrogen feeds glycosine. And so if it thins out, that's where you get more infections, urinary tract infections and stuff like that, because you're losing that healthy bacteria and more yeast infections.

Bacterial vaginosis starts occurring. As that thines out sometimes the estrogens won't be adequate enough. It is way too thin to replace the layer and that is when we go in with a laser and we laser it.

He's creeping up on you, huh? He wants to get in on the camera. This is all studies on ALS for one patient, this is studies of prostate for another patient.

Oh my goodness. Well, that was one of the things I wanted to ask you. Obviously you're optimizing hormones for people between the ages of 30 and 60 in particular.

Is there stuff that you recommend for postmenopausal women? And do you consider, should you considered hormone replacement after menopause? I think you should consider it before menopause, but, you know, in perimenopausal is when I should start.

I definitely recommend it post-menopasal. The study that just came out, now this is an, it's an addendum to the Women's Health Initiative study, that started all the problems with estrogen breast cancer.

So what they did is about a year and a half, two years ago, they published the 20 year data. And if you ever read the original study, They misinterpreted it anyway.

Hormone replacement. Weren't we talking about this one? Yeah. No. And so they published the 20 year data and they showed that the women who stayed on hormones had 22% less breast cancer.

If they did get breast cancers, because one in three women get cancer, not on the hormones, if they got the cancer they had a 46% better survival rate, which is what we found in practice because our patients that were on hormone at the time of their diagnosis always did better than the ones who were not.

It's because the estradiol slows the breast We're as strong as a different story and it interesting story on that when i had a lump in my breast maybe eight or nine years ago found a lot like okay whatever so i went to the breast surgeon just to have it evaluated.

I went in is my married name cuz i go to other doctors i don't use my professional name i have two last names my name and my job professional me. I go in as my preliminary name, and the first thing this woman said to me when I walked in the door is, those hormones are giving you breast cancer.

And I looked at her, I said, well, one, that's highly inappropriate, because I haven't been diagnosed with breast-cancer yet. I have a lump. We don't even know what it is yet!

And secondly, how's that working? How did that happen? And she's like, what are you talking about? I say, if you said hormones aren't giving me breast, can you tell me how that happens?

And she just said, well, there's a study that shows that I said well if you're talking about women's health initiative, that tells me you never read this study.

So please don't tell the study to me, you have never write. So when you go back to that original study that was like 2003, 2004-ish, why aren't they using like PEMPRO instead?

Well, they were using horse equine estrogen, and they we're using progestin, methoxyprogesterone. And what happened was when they did the women who had hysterectomies, They never gave them methaxy proesteroin.

They only gave him estradiol. and those women actually had less breast cancer when we pulled them out of the study. So it turned out to be the methoxyproesterones that was increasing the risk of breast cancer, not the actual estrogen.

Even the horse neck wine estrogen didn't do it. You're using more than we call the bioidentical hormones. And do you feel there's a big difference on the two?

Because I feel like it's very confusing to the average person, let alone the professionals. Let me explain that a little bit to you. Yeah, so the difference between a synthetic and a bio identical, I kind of explain it to my patients as you have your house, you've a locksmith come into your home, and you want all the locks to match.

So you had them rekey everything. Well, a biological hormone will go in with the key and perfectly turn the lock. But

if the locksmith kind of messed up on a few locks, the key will go in, but it won't turn it.

And that's the same thing with, you know, hormones have to attach to a receptor and they have turn the receptor on properly. Well, bioidentical hormones are basically identical in structure to our human hormones.

So they hit the receptors, they turn up perfectly. For instance, methoxyprogesterone, The reason they increased breast cancer was because on the mark on the hormone you're supposed that's where the receptors at.

Well they had another structure on that seventeenth receptor site so the progesterone could never bind into the breast tissue to protect it so therefore they have higher breast cancer that was the whole mechanism of action why that one increase breastcancer and the other one did not there's a few other things in there too but that my simple explanation.

Awesome. All right. Would you agree, one last question because it's really important. So would you read there's a difference on what they were using in those studies versus what you use in your practice?

Oh, absolutely. Absolutely. I mean, even as I said, the estradiol we use, so breast cancer per se is more of an alpha receptor Issues so it's the alpha receptor that gets activated in breast cancer when we're using the biological re especially pellets were peloting only beta receptor.

Which is protective. We're not getting out when you're doing astrodial and creams were doing seventy five percent paid in the twenty five person alpha.

So we are actually going after the protective receptor and not the one that actually is responsible breast. Yeah, I think that's where a lot of the controversy has been is that they lump it all together, right?

They do. Hormones are bad or hormones are great. And I'm like, look, those are original studies. I went through them with, you know, on the training with Dr.

Jeff Bland and he's like no, no. These are not what our integrative medical doctors are using. The sad thing is we've been saying this, i've saying it for almost 17 years and it's, finally getting traction.

The same thing if you think about testosterone and heart disease. Some things never make sense to me. And so I always ask questions. If estrogen causes breast cancer, why aren't pregnant women getting breast-cancer?

Because in pregnancy, have you ever seen an estradiol level in a pregnancy woman? 30,000. Typical is 100 to 200. huge. If testosterone caused prostate cancer, why are the 70 and 80 year olds getting it when they're low?

Those things never made sense to me. And so even like the cardiovascular study in 2013 on testosterone, well, one, it was the worst study I've ever seen if you ever read it.

But that being said, It never makes sense. Testosterone is a vasodilator. How can a vasa dilator increase heart disease? No. So it just never made sense.

But interestingly enough, if you ever read that study, 10% were women in a male study. 17% only took one dose of testosterone and they included them in the study and then if ever did their math, they did a different statistical model.

If you actually punctured it into the correct math they actually flipped their numbers. It was a 10 percent decrease despite all that versus an increase.

All right. I want to get back to the lump. So was the lump benign? Did you get it out? What happened? Well, it was totally benigned. The doctor probably didn't like me too much.

But I decided to watch it for two years because I did every test under the sun. A mass testing, my inflammatory

markers, cancer markers.

Closing Remarks and How to Connect

Everything was completely negative. We watched it every six months for three years. It turned out to be my mammary gland was swollen. Okay then. Well thank goodness that was all that had gone up.

She goes, what's the good thing you got off those hormones? I looked at her and I said, What makes you think I got of my hormones, you'll have to pry these out of ass on my deathbed.

Oh my goodness. Well, I can't believe we have talked hormones and nearly run out of time. You have given us so much information. It's obvious that you study, you know, hormones, and how they really affect the body to get your patients as great results.

So Dr. Leonard, are you still accepting new patients? And how can people work with you? Yeah, we do accept new patients. Yeah. My schedule is fairly booked up, but we have other doctors in the practice, especially in hormones.

We train hormones, by the way. Every couple of months, We have about 40 or 50 doctors that come in and learn how to do hormones so a lot of our patients get the hormones discounted in their training program.

They come right to your facility or you go to a local place. So we do a combination. The doctors are lectured at at a hotel and then they come to our facility to learn how to do the actual insertion of pellets here.

So, we train pellet hormones. We'd love to talk more about that because I feel there's a lot of training going on with that. Some of the components we could probably help them out would be the business solutions and the nutraceuticals because you're doing all the hormone work and all of testing, which is great.

And that might be something that Christine can talk to you about further. And we'd love an opportunity at least to look at what some of those programs look like.

And how can we support them? We're all about improving the patient outcomes. That's the number one. Absolutely. Studies and looking at things. You know, I read so many studies a month.

It's ridiculous to kind of find out what's going on out there. He can't keep up with it no matter what. Yeah, you know. Well, that's a great thing about what we do, right?

There is no end. There's no My brain needs that input, for sure. Well, no wonder. It was a no iPad vacation on this study. No wonder that your husband had a moratorium on reading.

I was allowed to read books, but I wasn't allowed read literature. Well, I know people are going to find value in this episode. I'm going encourage everyone to like, comment, and share this with someone who is struggling with hormones, have been thinking about hormones wants to know more about Well, it was a pleasure again.

Thank you so much for being so generous with your time and wisdom and knowledge. And I was writing notes. That's why I kept flipping my book over. I got my pen and I learned quite a bit today and you really brought a lot of, you know, connecting a lots of dots for me, right?

And, I really appreciate that and love an opportunity to work with you and your team. You know I'm just sitting here going, why isn't she speaking? Why isn' she doing some training for us?

I literally just was thinking the same thing, James. Yeah. I'm like, what am I missing here? I looked at your background yesterday and I was like… She speaks for everybody but us.

So, no, I just really appreciate it. You guys are… Well, Christine finally asked, so I did it! Ta-da! So thank you. Thank you, Dr. Lenhart. Really appreciate all the support you and your team have given us over the last half-dozen years

or so.

All right, well, Dr. Lenhart, how do people find you? They can go to peaksofhealth.com, our website. There's a contact form you can fill out. They call the office at 727-826-0838.

So I'm all around there. Awesome. Well, I will make sure that all of that information is in the show notes because I am sure someone that's struggling with hormones is going to want to come to the guru that is teaching other doctors how to do hormones right.

So thank you so much for sharing your wisdom with us and being so gracious with your time today. Well, if you love this show, I'm sure you will. Just like, comment, and share with anybody you know that could benefit from the incredible knowledge and education I would provide at the Holistic Truth.

And thanks to you so much for making this a great show today. God bless, everybody. Thanks for tuning in to the holistic truth podcast. If this episode spoke to, you please follow the show and Share it with someone ready to take charge of their well-being.

For more tools and practitioner support, visit NutritionalFrontiers.com.