Introduction and Guest Background

Hi, everyone. Welcome back to Mastering the Menopause Transition Summit. I am your host, doctor Sharon Stills, and I'm excited to be here with my guest today. And I see a furry friend.

We are going to be talking all things testosterone. So today is going to be one of those hormone centric, focused interviews. As you know, we are talking about hormones a lot here, but we're also talking about the other things that are important that help you to master your menopause transition.

But today is, hormone day. So I know lots of you are excited and here for all the information on hormone. So this is going to be a great one that you're not going to want on this side.

You're probably going to want to get a pen and some paper. You're probably going to want to take notes. My guest, actor Kieran Dunstan, is, a menopause expert.

She is an expert on all things testosterone. So you're in for a treat today. She, has her own story where she lost. Get this 100 pounds and fixed her adrenal fatigue.

So I know I want to know about that. I'm sure you do, too. She's a fellowship trained in anti-aging, metabolic, functional medicine. She's been practicing this exclusively for over a decade.

She's been featured on all sorts of media outlets, and she hosts the hormone prescription podcast. She's the founder of the Hormone Club, so she is all things hormones.

And we're excited to have her here today. So welcome, Karen. It's nice to have you here. Thank you for having me here. And I'm super excited to be here.

I'm great. I'm glad that we are on zoom because I'm definitely allergic to kitty cats. So if you're in the same room, I would be sneezing and on my way to the hospital.

But I can admire your cute little kitty cat from afar. Glad he or she is joining us today as well. Yes. So I mean, I just I ask everyone their story because I think it's important for the listeners to just connect with you a little.

But your story I'm dying to hear, because that is just such a profound to losing 100 pounds and keeping it off his cell feet. There have been women lose weight and then the Yo-Yo ups.

So tell us, tell us what? What is your story? How did how did you lose the weight? What made you get into this and just tell us everything? Sure. So yeah, I practice mainstream ObGyn, delivered thousands of babies, did pap smears, hysterectomy is the whole thing.

And I loved it. And my health suffered when I was in my 40s. So similar to the women that I treated, who are in their 40s. Right. With what I call the laundry list of midlife complaints.

Tire. Can't sleep, can't lose weight, mood disturbance, irritability, brain fog, losing hair, no sex drive. Right. We've got this kind of laundry list of complaints that mainstream medicine never seems to really resolve.

And that was true for me, too, right? I had all these medical problems. I just kept getting bigger and bigger. Bigger. I blamed it on myself. Oh, I just eat too much if I don't move enough.

I tried every diet out there, every calorie restriction, diet, all the exercise plans, and I might be able to have some success, but eventually I gain it back, plus more.

And it got so bad where my weight, was causing me to have back problems. And they said, well, you need surgery, you need a spinal fusion. And if anybody knows anything about that, you never have one, right?

It just destabilizes your whole spinal column and you end up with rods up your whole back, and you can't do anything. And nobody wants that. So I was really very desperate.

And it felt very hopeless because the medicine I trained in and I went and got my MD degree because I knew I wanted to work with women and I wanted to serve them at the highest level.

So I looked around and I said, oh, that means I go get my MD, and then I'll have the biggest, baddest toolbox to help women. And so then here I am with my big bad toolbox going, we're not helping anyone.

I'm looking at all my patients in their 40s. They have the same things. And I was practicing what I was taught to practice, which is what I call what medicine.

What is the diagnosis? What drug do I need to give? What surgery do I need to do?

Kieran Dunstanu2019s Health Transformation

That's what I was taught to do. So that's what I was doing. So what, you can't sleep? Oh. What drug? Yeah. Need a sleeping pill? What? You don't feel like yourself? What? You might.

You must be depressed. SSRI. Right. So we would do what? You can't lose weight at your fall. You need to eat less, exercise more. Like I was doing the same things with my patients.

I was doing with myself and having no success, just like they weren't. And despite all the pills that I gave and the hysterectomy that I did, no one ever came into my office and said, oh my gosh, doctor Karen, those five prescriptions you gave me and that hysterectomy that changed my life, like I lost all the weight.

I feel amazing, I look and feel 20 years younger, like it never happened. And I started saying to myself, what are we missing? What are we missing? We're missing something because not all women in midlife are like this.

There are some who are a healthy weight, have lots of energy, and feel great. So what's the difference? And of course, the difference has to do with our ovarian function programed to go offline.

So I was like, started doing research and I really became obsessed, with this topic. And like, what are we doctors missing? You know, and in my training, my, what I now know is actually a really tiny toolbox from my MD degree.

We check everything, right? We check your potassium level, your blood pressure. We look in your eyes. For God's sake, we stick our finger up your rectum and check the stool for blood.

We check everything but there's no standard of care for checking women's hormones when it comes to women. Oh, we don't check that out. Which I never questioned because I wanted to be a good resident, so I just did what I was told.

But I started questioning that. And then I discovered, oh, there is a standard of care for checking women's horribles. But you can't do it in blood and have it be very accurate.

Oh, you need to do saliva. You need to do dried urine metabolite. So I discovered this whole other world of root cause resolution medicine where I didn't realize that if your health's a tree, we were up in the leaves and branches, trimming leaves, trimming branches.

Right. If you have migraines, you go to the neurologist over on this branch. They give you a pill. If you have a heavy crime scene, period, you go to the gynecologist over on this branch and they give you a birth control pill.

If you have a gastroenterology irritable bowel, you go to the gastroenterologist. Right. And all these different branches. So you end up with a really misshapen tree with missing branches and cut off leaves that kind of hobbles along, but that you could go down the trunk of the tree and to the roots in the soil, and look at what's causing these leaves and branches to have problems in the first place, and that all the reasons why are the same.

So that's what I discovered. And then I discovered additional fellowship training and anti-aging metabolic and functional medicine that's down in the dirt and the roots.

And so I started doing these tests on myself and oh my gosh, even though I had checked my thyroid at least ten times, that it was normal, quote unquote, when I did the right tests and I read them the right way.

I did have a thyroid problem, mainstream tests that I had no problem. I was normal when I did the right test, eight different tests on thyroid, I was hypothyroid.

Oh, and when I discovered we could check women's hormones, so I did them. I was progesterone deficient when mainstream medicine would tell me we don't check women's hormones.

That's not a thing, right? Or some doctors will do a blood test, which is an accurate. They'll tell you your normal for your age. So then I started addressing those things and oh my gosh, I started losing weight.

I started feeling better. And then it just became like follow Hansel and Gretel. Following the breadcrumb trail, I was I was hooked. So then I started going to conferences and joined the fellowship program, and I learned about the importance of gut health and inflammation and toxicity and mitochondrial health.

And this whole world opened up to me, digging in the soil to fix the roots. And then all the leaves and branches got better. So I got all the five prescription medications I was on for depression and anxiety, five that they told me I would be on the for the rest of my life.

I had nothing to be anxious or depressed about, but I was so anxious that I literally would shake. But I'd say, what am I anxious about? Nothing. There's nothing to be depressed about, nothing to be anxious about.

All of that had to do with my metabolic dysfunction, my hormones I toxicity, my gut health, my mitochondria when I fix that off all those medications.

So right then, I had great energy. I looked and felt 20 years younger. My hair grew back, my mood improved, got healed like everything got better and lost 100 pounds.

And, I haven't looked back since I was over ten years ago. Wow. Well, if you are all inspired now, I mean, that is just such a fantastic story. So many levels.

We need more ends who realize that there is more out there and that their toolbox is limited. So I, I love hearing this story and I love the amazing success you had.

That's just phenomenal. He's here. So keep it going. Right? I can sure. I just want to throw this stuff in the freezer that has to go in the freezer real quick.

Okay? So you said that, Oh. Oh, my kombucha! All right, let me just service in the freezer at home again. Also, I forgot to ask you do a free gift. Oh, yeah.

The diet. My diet doesn't. What is it, then? My diet doesn't. It's 12 foods flying under your radar, keeping you overweight and tired at midlife. Okay, cool.

So just at the end, I forgot to ask is like, oh, good, I'm glad we're breaking because I forgot to ask her if she has a free gift. So let's give effort at the end and you can tell everyone about it.

Okay, but you have the link in the in the notes, right? Yeah. You'll send us the link, but I'm just asking everyone to talk about it and what they're saying to get people excited. Okay.

So that we're we're done on our break. We're going to go back. Okay. So I'm just going to let's see what I forgot, what I was saying. I was just saying how inspiring that was.

So that was so very inspiring, sharing on on so many levels, not only on a professional level, but on a personal level that you you made these changes for yourself.

You truly are someone who practices what they preach, which I just, I think is the best way to go about this medicine. I, I see so many doctors drinking a Coca Cola, telling someone else to drink a glasses of water a day, and I love that.

And you, I, I don't know how old you are, but you look like you're in your 30s. So, so you do good. So that's just amazing. Thank you for sharing that with us.

And so let's let's hop on to the the topic testosterone because when we hear testosterone we think men. But we're here to educate all you lovely ladies today about how you have testosterone too and why it's important for you as well.

So why do you think that is? Why do you think women are not spoken to about testosterone? And many doctors don't prescribe testosterone for women. They just give them estrogen and progesterone.

Right. So I think that, there are a lot of, reasons why. So both men and women have all three sex hormones estrogen, progesterone, testosterone. It's just that women have ten times the estrogen.

Men have ten times the testosterone. This is actually what makes us male or female in utero. Our brains develop differently under those specific hormonal milieu that we are, that we come up in.

And that's what gives us our varying reproductive capacity. So testosterone is equally important for, for women. And estrogen and progesterone are equally important for men, but that's often mitigated.

So why is that? Well, a couple things. One is that I think hormones are very politicized. It shouldn't be a political issue, but it's a health issue. But they have been politicized in our culture.

So what do I mean by that? Because of various, regulations around pharmacy, big pharma, and, who can get a patent on what and who can get a patent on a naturally occurring substance or not.

There's kind of this political war that is going on around bioidentical or biologically identical hormones that are the same that a woman naturally has, which everything we were born with, we have for a reason because it keeps us healthy.

It's not to harm us. So this concept that that could be harmful to us and cause us breast cancer, for instance, is kind of insane. But nobody's looking at that.

And the confusion that people have, intentionally or not, I don't know. I won't say, around that. Those are the same as synthetic hormones, which are chemically dissimilar from what a woman naturally has.

So what do I mean by that? Equal in force estrogen. Not the same as estradiol on this trial. That is human. You know, a proxy progesterone acetate, which is a progestin, which is not progesterone, which is what women naturally have.

Right. And so there's this there's the whole hormone issue is very politicized and charged. And there's also this kind of shame. I mean, how all this started being a topic of conversation was in the early 1900s, you know, early we didn't live that long in menopause.

We died at menopause. And now, because we've increased our lifespan so astronomically over the past hundred years, till now, 82, we will live about a third to a half of our life in menopause.

So now it's a big topic of conversation. Well, when it started being a topic of conversation in the mid 1900s, the whole issue was women are losing their femininity is what was said.

So we can restore their femininity by giving them estrogen. They didn't want to give biologically identical because it can't get a patent on that. So they said, we'll get horse estrogen for pregnant horses out of their urine, and we'll give it to women and restore their femininity.

And Eureka, right. So that's where this conversation started. So it already had a little taboo because of the sexual nature, because it was about a woman's femininity and her sexuality.

And so it had this layered on top, but it also had layered on top this political issue, already of giving horse estrogen so we can get a patent, and so fast forward, here we are.

This is a huge topic of conversation. Why? Because women, we're living a third to a half of our lives in a state of hormonal poverty. So what do I mean, hormonal poverty?

It's just like financial poverty. Financial poverty? You don't have enough money to fund your life needs and wants and take care of business. Hormonal poverty, as you don't have enough hormones to fund your body's requirements for basic, healthy metabolic function.

These hormones are not only about sex, they they're about your entire body function. It's really a misnomer. You have more receptors for these hormones in your brain than anywhere else. Why?

Because it's important for your brain function. And in fact, rates of neurodegenerative diseases like Alzheimer's are markedly increase in women who go through menopause and don't use hormone replacement therapy.

And studies have shown that up to 77% reduction in the risk of Alzheimer's in women who use hormone replacement therapy. So they're very important. So if you're living in hormonal poverty for a third or a half of your life, you're going to have problems.

All right. So fast forward to why is testosterone so important. Hopefully everybody watching has gets it.

Why Testosterone Matters for Women

And if they're in your tribe they get it that they need their estrogen and progesterone covered. Well what about testosterone. Why don't doctors talk to us about it?

So first I think that again there's this there's this morality sexuality issue placed on top of it. Oh, no. Testosterone is for men, not for women. If you take testosterone, you're going to turn into a man, which is nonsense.

Right. Or you don't need it. You do need it. Just like I'm saying, a man doesn't need estrogen and progesterone. They would have a serious hard time with their health if they didn't have that.

So we will equally have a problem if we don't have testosterone. So I have a personal story about this, Sharon. So back over ten years ago when I went on my journey and I discovered all these things, and I was low thyroid and I was low progesterone at that time, I had gone through menopause yet, and I went through all my fellowship programs, and I did all the tests and I fixed all the things I lost the way, reversed my age, literally 20 years.

Well, then I was going on and I would say health is a journey, not a destination. So you have to navigate, you have to keep tracking your hormone levels and all these different things and adjusting.

And at one point I just started feeling poorly again, and I was like a few years after I lost all the weight. I was like,

what is wrong? What is wrong?

And of course, you know, they say that the doctor who treats herself is a fool, but I was trying to treat myself right, and I started just all my supplements and my hormones, and I wasn't getting better.

Finally, I reached out to a colleague and I'm like, what am I missing? I, I don't feel good, something's wrong. And of course, she's like, did you test? No.

Or maybe you need to do a test. So, we all need a guide, including me. So I did, and even though I was using the hormones estrogen, progesterone and testosterone at that time, I had gone through menopause and a transdermal cream.

I must not have been absorbing it because my level of testosterone had gone down, back down to nothing, and I was miserable. And so I was like, wow, I knew I needed testosterone.

That's why I was using it, because I was deficient. But I didn't know how much of a role it played. Like I was literally sitting around on the couch going, oh, I'd just rather watch TV and not go anywhere.

I don't want to do anything. And testosterone is the get up and go hormone. You know, if you think of a man who you think of masculinity, what do you think of?

You think of strength, power, initiative, drive, and what a guy say when they their testosterone is low. I've lost my edge. I've lost my get up and go like they just don't have that initiative.

It's the same for women. It helps to boost your dopamine neurotransmitter, which is your reward. Get up and go neurotransmitter. And when it's low, one of the symptoms you might notice is that you just don't feel like doing stuff.

You don't have the initiative. Sometimes women will say, like, I used to be the the go getter at work. I work with a lot of successful women, you know, attorneys, accountants, people who have been very successful in their careers.

And they're like, I just I just don't have it anymore. So that's one of the things they might notice. The other thing is we women start losing muscle mass at the age of 30.

If we're not doing something to promote that or stop that or reverse it. And that muscle mass is replaced by fat. That's one of the reasons that we gain weight as we age about 3% of weight we gain a year.

Well, testosterone deficiency occurs in over half of us by the time we're menopausal. So a big factor with that muscle loss is low testosterone. And so if you can maintain your muscle mass or even improve it, you can stop that fat replacement from happening.

And the weight gain, you can improve your insulin function because, your muscles, your biggest glucose or sugar sink, and utilizer, it it's like a sponge.

And, whether someone is watching might know that they have insulin resistance. It usually occurs with the menopause change. Or one of the things reasons why is because the lack of testosterone decreases that muscle mass.

And so that can be a problem. So women might notice their clothes aren't fitting the same. They're kind of, you know, they don't have the same shape that they do.

When you think of a man, you think they've got those well defined muscles. We don't have as high levels of testosterone, so we don't have that. The big muscles, the hypertrophy muscles.

But we do have definition. And when you don't have enough testosterone, you lose that and you start looking more blob ish and feeling more lavish. So mood, cognition, drive, musculature, energy levels these are some of the

symptoms that women will notice.

And now looking back with my incidents where I wasn't absorbed it, that sometimes happens. It's called tacky flexes. That was why. So then I saw wow, this is how important testosterone is.

Well, and what I find interesting is that you haven't even it. You haven't even mentioned sex drive. And I think every everyone here is testosterone and things sex drive.

And so I love that you just put together all these really important ways of feeling and important pieces of our health and didn't even mention sex drive yet, because that's how important testosterone is.

And I always say the hormones are a symphony and you have to you have to play with all the all the instruments, not just the percussion, not just the jazz band.

You have to put it all together. And so I love that you're really just bringing light to testosterone, because I think so many women, even if they do go get bioidentical, they are often not given testosterone.

They're just given estrogen and progesterone, and they're missing this huge piece. And look at how you were feeling so horrible in your estrogen and progesterone.

It sounds like we're fine. And so I could just imagine if you were an obsessed and doing all this research, I could see how many doctors would have just missed that in you.

Right. And, you know, this whole issue of that's what most everyone, not only doctors, but just regular people, think testosterone for women must be about sex drive.

But that is not the most important. It's about your function. It's about your overall health and well-being. Sex drive is a secondary concern, but it's interesting because they did this consensus report review of the literature on testosterone use in women.

I think it was 2019. They did a comprehensive literature review, and all they talk about in this consensus statement is the use of testosterone in women for sex drive.

And in my opinion, that is the least important function of testosterone. You know, one of the reasons why most doctors don't prescribe it or even look at it or talk to women about it is because they believe this too.

Like I said, I had to go back to school to do a fellowship training to become hormonally literate. I didn't realize when I graduated ObGyn training that I was hormonally illiterate, but I was, and most doctors aren't trained in that either.

There are no commercially available preparations of testosterone for women, so it requires a customized prescription to be made. And frankly, the average doctor has no training in that, so they can't talk to you about it.

It's like going to the hardware store and you're like, well, I want milk and eggs. And they go, well, this is the hardware store. We don't sell milk and eggs.

And so they say, go to the milk and eggs, store. So you have to go to someone who has this training. But it's funny because women say, well, why doesn't my doctor offer this?

And why doesn't my doctor know this? And why does my insurance pay for this? And I'm like, well, do you go to the hardware store and have, temper tantrum in the aisle because they don't sell bread and milk and you're like, why don't you sell bread and milk?

No, you go to the bread milk store. And but what most people don't realize that they're now waking up to is the fact that the business of medicine, mainstream medicine, is about what medicine?

What is the diagnosis? What drug, what surgery? It's not about why medicine? And it's about symptom management, not the creation of health and the alleviation of symptoms because you're fixing the root causes.

So I think people are waking up to this now and they go, oh, I need to go to the milk and eggs store, go to a different place with people with that expertise like you, like me, so that they can get their needs met and feel amazing and get access to the treatments that are needed.

I think that's such an important point. You brought up because we, we expect our OB GYNs to understand hormones. And so when we go in with that expectation and we're misled with their treatments, we just think oh okay, it must not be our hormones.

And so one of the most important sentences probably that we'll hear in this whole summit is just what you just said, that they are illiterate when it comes to hormones.

So you can't expect to go to the ob gyn and get proper treatment. And I love your your hardware store and milk and eggs. The analogy. That's a good one.

So it's so true is so, so true. So testosterone. How do you know? Does every woman need testosterone? How does a woman know if she needs testosterone?

Do women need it before they go through menopause? What's been your experience? Well, we we need it. Otherwise, we wouldn't have it, right? Everything we're born with, we need.

We need calcium. Magnesium. We need progesterone, testosterone. We need our neurotransmitters. Right? We need it, at at healthy levels. And so, you know, in the, the 30s to 40s, when we start going through perimenopause, about half of women will become deficient.

In my experience, when you get to menopause, although this the data would say it's half it's way more. And the women I work with, who are all or pretty much over 40, it's more like 80 to 90% are testosterone deficient.

So this is super important. We didn't even mention the effect of testosterone on your bones. You start losing a bone mass at 30 also. And everybody talks about estrogen for bones and osteoporosis.

But nobody says like testosterone. You need to start strong for that. So we all need it now I do I am a proponent of women, all women getting their hormones checked early and often.

You know, as soon as you learn about this, at whatever age you are, you need to get a comprehensive panel that includes dried urine until the very testing.

And then I think that women should at least get it annually when they're younger. And then as they start going through the perimenopause in their 40s, probably more frequently, especially if there are symptoms.

And then if you are testosterone deficient, that is one of the hormones that you should be talking with your provider about replacing. For all the reasons that we talked about earlier.

You know, it's kind of like if, if you hire me to come give you window treatments in your house, sometimes you go in these houses and they have these drapes that just hang on the side, dead panels, and they don't close.

And I always wonder why. Don't you just don't you what don't you wonder that you're like, why do you make drapes close so you can actually close the drapes?

And it's kind of like you hire me to do that in your house, to take care of your hormones. Or. And I go, oh, we only need to look at and talk about your estrogen and progesterone.

Those are those drapes that just hang on the side. Like, who cares that the light can come in? You don't have any

shade, cover or privacy. So it's incomplete.

And this idea, oh, that's a man's hormone. Oh, it's only about sex, right? Oh, you're going to grow a beard. Oh.

Testing, Dosing, and Pellet Concerns

You know, now, having said this, I have seen testosterone mis prescribed, if that's the word, and people given way higher doses, women than they were supposed to, than they should have been receiving.

So you want to make sure you have someone who knows how to monitor your levels to get you to physiologic levels? We're not talking about supra or above physiologic dosing, which some of you may be familiar with, some bodybuilders who they used to do that probably there's some that still do, because if you give high doses of testosterone, that muscular hypertrophy, you can really push that to the limit.

We're not talking about that. We're talking about like your calcium is low, your bones are thinning. Let's get your calcium up to where it needs to be.

Let's give you a little calcium. Let's give you enough testosterone to get you where you should be. So such a good point. So what are your favorite ways for for monitoring, for someone listening who is saying, I feel like I relate to this.

What do you recommend they do? How do they get started? What should they be asking for? Well, you definitely want appropriate testing test. Don't guess. And you want the right tests.

So blood is not accurate for these hormones. These hormones are steroid hormones which means they're made from cholesterol. Cholesterol comes from your fat.

Fat is oil. So these hormones are oily. Blood is water. So these hormones are not oil and water don't mix. They're not just having a pool party in your blood.

And you can just sample and see how much you have. They're carrying around in little protein carriers. I call Fedex trucks. So what is inaccurate notoriously for these levels.

So you want either a saliva test or, you want dried urine hormone. There are some fingerstick capillary blood ones that are good. So you want to have the right tests and you want them read by someone who knows how to read them.

Because I think people have the right test and then their provider, you can even buy some of these on the internet yourself, and then they take it to their hormonal literate doctor and they say, oh, tell me.

And the doctor looks at and goes, oh, you're fine. Nothing to do because they don't know how to read it, so you have to know how to read it. And then you need a prescription.

You need someone who knows the art and the science of giving you a prescription for exactly what you need. And this is why I created, like, the Hormone Club so that women can access this.

Because there are women all over Facebook. Like, I got this test. I don't know how to read it. I don't have a prescriber. You know, my doctor says I'm fine, and I'm so not fine.

So we needed more resources. And so that's why I created that. So you want people who are trained in this to help you. Yeah I, I'm, you're providing so much hope as I keep as you're talking, I just since the beginning you started talking.

There's just hope you exude hope for women who are listening that there are answers that even if you see someone and you've had their eye test and they tell you there's nothing wrong, but you still know inside and you

feel off that there's hope that you just have to keep searching and find the right person.

So I am curious because I totally agree with you. That blood is, not an accurate way, although I have sort of found that and I, I love your analogies.

So the pool party that's not going on in your blood with hormones, and I never really use estrogen, progesterone in the blood. I think it just totally misleads doctors and patients and women get taken off hormones, or that they should be on, or they get put on too many.

But sometimes I found because I play around and I test sometimes I found the testosterone when I have a woman on testosterone, and I'm checking her on a 24 hour urine, that I'll do a blood, and sometimes it correlates and just curious if you've played around with that at all or what your thoughts are on it, or I'll run DHT in the blood.

And that seems to be accurate. For. Yeah, I mean, I'm early on, I played around with it because I was like, that can't really be true. We can't get everything in blood.

So I would like I was going to defy and check it and I would do all this cross-checking. And I very quickly found number one progesterone totally inaccurate.

But also estrogen and testosterone not accurate. And so I just I it's like how can you properly manage someone if you you're measuring stick is wrong.

You're always hitting a moving target. That's incorrect. And so why use that when the dried urine is my preferred has superior accuracy. I don't know about you, but that's what I would do for myself.

Is the best, most accurate one. And why go through getting blood drawn if it's not going to be accurate? And then guessing and cross-checking and just I just go with what it's accurate.

The women on here, they've been listening to me and it talks. They know that I, I won't allow my patients to get their refills unless they're doing their 24 hour urine tests and they're they're checking and testing.

It's just it's for their I hate to be act like a pain, but it's for their safety. It's to make sure that everything is metabolizing properly and they're dosed properly and and things, things change.

Our stress levels change, our toxicity exposure changes. And sometimes our hormone needs change. And so we have to be it's a it's a commitment to yourself and to your health.

And if you're going to commit to that then you have to commit to testing and watching and making sure I think things are appropriate. So overdose. What have you seen?

Women who are overdosed. Are they growing beards? Are they breaking out in acne? What are they saying? I had one, patient come to me when I first started doing this years ago, and she.

She comes in and says, hi, doctor. Karen, I've been getting these pellets. I don't know what's happening, but I'm walking down the street having orgasms, and I don't think I'm supposed, that, she says in this deep voice.

And so I immediately diagnose the with, like, too much testosterone. Yeah. And so she was overdosed. And again, this gets to the blood problem. And there are a lot of people who use pellets and they only follow blood levels.

And in my opinion, that is a no bueno. I, you know, I had to switch to pellets for my testosterone years ago because I was taxi black and couldn't absorb it anymore transdermal.

And I monitor it with the same dried urine hormone. So I get that sweet spot. So I got her straightened out. The problem is with both estrogen and testosterone, because they're steroid hormones that if someone gets overdosed, it feels really good.

Like you could create a estrogen or testosterone addict out of anyone. If you give them enough estrogen and testosterone, you feel so good. Like if it's ever happened to you.

If anyone here has ever taken steroids for any reason, like, say you had a bronchitis and they gave you prednisone for a few days, you know what I'm talking about.

Yeah. Feel so good. You're like, I can clean my whole house. I don't have to sleep for three days. You feel amazing. Well, you know, testosterone are similar, and they will make you feel really good and high.

So you can create this addict. So it's very hard to get people who have been up there like she was down because they start feeling like, oh, I don't feel so good, or I want some more of that stuff.

But you do have to detox it. It's very delicate. Got to get the liver to get this, get it out and get the levels down. And there's certain things that you can do to help people come off of that because, you know, all of these hormones estrogen and progesterone, testosterone, I say they're Goldilocks hormones.

What do I mean by that? They got a sweet spot. Too much. No bueno, too little, no bueno. Sweet spot. Just right? Right. Just wasn't it. Goldilocks goes in, the bears come in.

Right, right, right. So they're Goldilocks. They got to be just right. So you can have just as many problems. Too high, too little. And this is why monitoring is super important.

If you are on or moms, you for sure need to be getting my opinion at least twice a year. Which, like you said, Sharon, it's a commitment. But in my opinion, because all of these hormones are going to preserve my brain function and help me not get dementia and Alzheimer's, they're going to preserve my eyes and help me not get macular degeneration and go blind.

They're going to preserve my heart and help me not have a heart attack or stroke. They're going to help my bones so I don't get thin bones and then fall and have a hip fracture and die from it.

Right? All these things we don't want to have happen. They're they're my my number one candidate to help me stay healthy. And so I'm going to I'm committed to monitoring it and managing it on my journey.

And I want to add I use testosterone frequently in the treatment of breast cancer. And so there is so many profound and and we are echoing that on here that it's great to get rid of your symptoms.

But bioidentical hormones are just like you said. They are so much more. They are a preventative treatment against some of the most chronic inflammatory illnesses.

So I want to talk and then I want to go back to the overdosing. Because I have always come from this philosophy of staying away from pellets, because that is just what I have seen.

I was taught to use transdermal creams, and I actually use them trans mucosal because you don't get that dermal fatigue. And so using it to the external labia, I find women don't get the fatigue.

They can use low doses and still get. But you have seen. So I kind of in this like no pellets no pellets. I've just seen women who've come in and they're like you said, they're overdose.

They've been followed in blood. They're like, they're they're not doing well. They're really out of whack. And I have to detox. I'm just like you said, but it sounds like you have had some good experiences with pellets, or that there is maybe a way to do them where women are not just getting so overdose, they feel great, and then they crash, and then they get kind of addicted and they got to go get their pellets.

I'd love to hear your thoughts on that. Yeah, I, I think there is a big cadre of I mean, I guess I can say the biotech people and, and it's they've made a business out of it, off of a book that is basically everyone gets estrogen and

testosterone pellets.

They follow blood. They may or may not give progesterone. And I have seen lots of those people overdose, like even in my coaching programs. The women come in and with the pellets and they're like, I feel terrible, but I'm on these pellets that are supposed to be the elixir of life. Help me.

And we check quickly when we do the right test, because they're only getting followed with blood and we do the dried urine. They're totally overdosed.

Totally. So I think it's the measuring method they're using. And also, I don't think that they necessarily teach the importance of proper progesterone dosing.

And again, they're only following blood. So I have seen lots of disasters. I'm with you on that. But I think in the right skilled hands like yours or mine, where we know this and we know better than to do blood and we're going to follow the drive urine or urine test.

You can do sort of probe really like I ha I still use a testosterone pellet to this day and I have patients who do it. But, when you do the right monitoring, then you can get the dose better.

So I haven't I haven't become a testosterone junkie. I don't have a beard. Right. You know, sometimes I worry, like, is my voice getting deeper? I've always been an alto, though, you know, I sing in the chorus that hasn't changed.

And so I think I'm doing pretty good. You know, in terms of my bones and my libido and all this stuff, I'm doing fine. And that's been my experience that, you know, there is this finesse.

And, like, I love how you talked about the labial application. There is as much an art to this science as there is science to this science. And so you need somebody who knows how to navigate that.

I mean, I've had people on sublingual drops, trapeze label. I mean, there's so many ways to get these things in and not always are right for all people at all times.

So you have to have a guide who knows how to help you navigate this journey. Good point. And I didn't know that they are prescribing testosterone and estrogen without progesterone.

That seems dangerous and inappropriate. I, I wonder how they even came to decide upon that. Why they left out progesterone. Do you do you know the I've seen it.

I haven't read their book and so I haven't done their training. I don't know, but I've seen it more than once. In historic times and non historic times, women and I just scratch my head and go, geez, what?

And I think it's this idea of a lot of the marketing around the diet I observe is very much come to this weekend training and earn all this extra cash in your practice.

Unfortunately. And so it's not necessarily the same. Rigorous training that you get in when you get your naturopathy degree or doing a fellowship in anti-aging, metabolic and functional medicine where you're like, mine took seven years.

You can do it faster. But that's how long it took me. So I think that they don't necessarily know. And just like mainstream doctors don't know, they still tell women you've had a hysterectomy.

You don't need progesterone. Wait a minute. I you women watching this, if you get nothing else from this progesterone, it's not just to protect the uterus against cancer.

And that's why I say that mainstream doctors are hormonally illiterate. It's not an insult. It's not meant as an insult. It's meant as, being discerning.

But they don't understand that. Oh, your brain needs the progesterone to help prevent deterioration of neurons and dementia. Right? Your breasts need it, right?

Not just your uterus. So I don't know the answer to why, but I do know that the women watching here need to know better and just say no. And it is it is so individualized.

So you I mean, I've been doing this over 20 years now, and there's the Goldilocks sweet spot, and there's what you expect. And you give a woman a certain amount and she does well.

But there's always outliers. And that doesn't mean you're not a good candidate for hormones or they don't work for you. It just means maybe you need to change the form or what you're doing.

Or look at your liver, or look at your liver. Look at something else. And so don't let someone tell you, oh, you're not a good candidate. These don't work for you.

It just needs it's as just as you said. It's a it's an art form as well as a science. And so do you. Do you find with testosterone that a lot of women are over converting to DHT and they're having problems with their hair?

Do you see that as being an issue? I mean, you definitely want to test. Don't guess, you know, are you alpha, dominant and going down that pathway, where you could have hair loss or male pattern hair growth, I don't see I do not see that in the majority of women.

Some. Well, and then there are things you could do to block that pathway and reduce it. You can use saw palmetto. So there are medications that asteroid that can help with that.

But I can't remember the last time I had a woman who needed that. Probably years probably because you're not overdosing them because you're not overdosing.

They're a good point. So anything else that we didn't discuss that, this is like our testosterone know it all episode.

Free Gift and Closing Remarks

Is there anything else? Because I totally agree. As you're talking, I'm thinking about patients that I have and just one recently who, when she wasn't on her testosterone, just felt horrible.

Oh, yeah. And the lab had shown that she had too much. And so we took it down and she it was like night and day from her workouts to her mood to anxiety to enter just all these things.

And so we always rely on labs, but we also look at the patient and we we marry the two together. And in your symptoms and how you're feeling is what matters.

Because sometimes you will need to be a little higher. And that's your sweet spot. And so she was so grateful and I said, okay, you can go back on, on this dose.

And just like within like a week, it was like her life returned and she felt much better. I literally say it's what turns the lights on in the house. And when I now look back at that time when I wasn't absorbing the testosterone, I didn't realize it.

It was like the lights are on. No one was home. That's how I felt like, yeah, I'm here, but just know vulva voom. And then I got my testosterone back and it's like, whew.

It's it's like takes you from gray to sunshine. I wouldn't be without it. So I, I think what's important for everybody listening to know is that testosterone is as important for you as estrogen and progesterone.

Don't let anybody tell you otherwise. Test. Don't guess. Do the correct test and have them read the right way. Find

a hormone literate practitioner who can work with you to get you a proper assessment and proper treatment, and then monitor you on your health journey so you can have optimum outcomes.

But just don't neglect testosterone. It's not only about sex drive. Sure, sex drive is important, but it's about so much more than that. So don't neglect your testosterone.

I feel like we have. We have redeemed testosterone. And so importantly. And for sex drive, I'll just throw out a little tip. If you are having problems reaching orgasm often I'll have women apply the testosterone right to their clitoral area.

And for some women, not everyone, but for some women, that will just work like a charm and it will turn your sex life around. So we're certainly process pro sex life pro orgasm.

But we're we're pro healthy aging. And so if your bones are breaking and it is inflamed and your brain is inflamed, then sex is sex is at the bottom. We have to be healthy before we can enjoy a sex drive.

And testosterone is certainly a key piece. And I love that you also brought up about its connection with dopamine. And so when you're feeling addicted or you need to see that like, or you need to go shopping or you need that sweets, you need to also look back to your testosterone levels and see, can low testosterone be driving some of these addictive behaviors.

So that was such an important point as well. So yeah this is amazing. Thank you so much. And I know you have a free gift for the ladies that I know they're going to want to read.

So what is that? Sure. So the reason why I want I want everyone to have this is, you know, we all at midlife think that it's about a prescription and about estrogen, progesterone, testosterone.

But actually, there are other hormones you need to balance. You don't need a prescription for. And the most important one is insulin. And it starts with what you eat.

And so what I'm going to give you is my diet. Deceptive dozen 12 foods flying under your radar, keeping you overweight and tired at midlife and your hormones unbalanced.

So you get this guide and I'm going to take you through things you need to just immediately get out of your diet. I'm also going to tell you what to replace it with.

Don't worry. So you'll get my Lean Protein report, 15 Foods to Add. So you'll be all set, but if you can get that one thing down, you'll be amazed at how much it goes to balance all your metabolic hormones.

So I hope you enjoy. Fantastic. Thank you for sharing that. And and it is it's so multifactorial. And once you work with someone who understands how to help you balance your hormones, to me the hormones are the easy part.

And then it's all these extraneous things. And so knowing what you're eating, because you could have all these great balanced hormones, but then you're sabotaging with your diet.

And so it really is a global multifactorial. So I can't wait to read the guide. So thank you for sharing that with us. And thank you for taking the time to be here today and share your expertise and just sharing your knowledge and your light and your wonderful personality and all your amazing analogies.

I love them, I, I use the Goldilocks analogy all the time, but I've never used any of those other ones, so they were just fantastic to hear and, just for giving us hope for showing us personally that at any time you can get control of your life and you can make a change and health can be waiting for you and for giving us hope that there are physicians out there who opened up their eyes and said, I have great training.

I am an MD, but there's more I can learn to help people, so I so appreciate that. So thank you for being here. Thank

you for having me, Sharon. Oh, you're so welcome.

And for everyone else, this was a good one. This was a good one. I hope you took notes. And I hope now you are embracing testosterone as part of your journey, as part of the healer on your journey.

And I look forward to seeing you all in our next next little chat. So be well till then. Bye.