Podcast Introduction and Guest Background

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And I said, well, what have you done? And they'll say, I've take an antibiotic and then I take another antibiotic and I said eight times and they'll say yes.

And I look at them and I go, how's that working for you? That's why I'm twirling to try something new. Have you made it past menopause or are you going through it now?

I'm Dr. Pat McShane and on the Women's Health Span Voices podcast, I'll guide you through the health challenges of the menopausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

I'm delighted to have with me today Dr. Joanna Maytree, who has a lot of experience in functional and integrative medicine. She has a bunch of degrees after her name as well, including an RN and a doctorate in oriental medicine and homeopathy and So I'm going to let her tell us a little bit more about her practice and what she brings to us today, and then we'll start chatting about what specifically is useful information for senior women.

Dr. Maitreyi, please tell us about your practice and a little bit about your background. Hi, Dr. Pat. Thank you for having me today. I have been in clinical practice for almost 35 years.

I've been in medicine for 45 years, actually, one way, shape, form, or another in veterinary medicine, then as a dermatology nurse, and then as a holistic practitioner.

which involves many things, functional medicine, genetics, hormonal assessment, homeopathic case taking, Chinese medicine. There's a lot on the plate and then every patient needs something different and the art of really good healing in my opinion is knowing what is it that that patient needs, what's going to move them forward.

the best trajectory. And you stated in an earlier conversation that we had that many of your patients have been with you for 20 plus years. My oldest ones have been with me 35 years.

And obviously they bring different situations to you through that time space. And so you've watched women go through the menopausal transition and then hopefully thrive in menopause, which is what this entire podcast is all about.

Maybe you could tell us a little bit about that journey as you've seen it happening and some of the problems that women encounter as they go through that change of state.

There's definitely been a huge change and transformation in how menopause affects women. And also the earlier ages, I'm seeing women who, or have seen women who are in their late 20s become perimenopausal.

And with the type of testing that I do, I have found that most of it, almost always, is adrenal depletion. And we live in a culture that is terribly exhausting.

You know, women are trying to work. They're trying to raise a family. You know, the work field is intense. It's very intense. And aging parents. Don't forget about aging parents.

We're the sandwich generation. Yep. And I have one patient who was doing very well on Remedy and she took care of her aging mother who was mentally unfit, not doing well, a lot of Alzheimer's.

And I did say to her in the beginning, I said, I'm very concerned that you are going to burn out because she's in a legal profession. She works full time, then she comes home and there's you know, many things to care for with her mother.

And there were in her genetic lineage a cancer history and she did. She got a very aggressive form of breast cancer. And sometimes you can see it coming, sometimes you can't.

Menopause, Adrenal Depletion, and Hormone Testing

But when there's that level of exhaustion and you're trying to do it out of the goodness of your heart, and the love that you have for your parents, but it's not always sustainable.

It takes a lot of women down. And how can you specifically diagnose adrenal depletion? For the last 30 years, I've been doing a urine collection because I think it's the most accurate.

There's saliva. There's blood. Blood is the least accurate, in my experience. There was a very, very smart MD about 20 years ago at Stanford and she started drawing blood on women every 15 minutes and what she found was every 10 minutes women pulse their hormones into their blood system.

And so we don't know when you do a blood draw if you have just pulsed and your levels are high or if you are about to pulse and your levels are low. We have no idea from one random blood.

So to me, the 24-hour makes more sense. And you can see a lot of relationships that happen when I do the 24-hour collection. It's an easy task. You just collect your urine for 24 hours and then mail it back in and we get the results and we go over it.

And I'm pretty meticulous about going over it with patients. Do you have any experience with urine spot testing? Because I just came back from a conference where that was touted as basically the ultimate answer if you have someone on hormone replacement because the blood levels don't reflect what, if you're taking something dermally or vaginally, it doesn't show up in your blood very much.

So if we're trying to follow blood levels, that's kind of spinning our wheels. The colleagues that I've worked with who worked in labs are not that keen on spot testing.

If you want the best of the best to me, it's urine collection. It came back from that conference, so. It does have some really valid points, but I don't know that it is as widespread and diverse as what I'm getting.

So I'm getting all three primary estrogens. I'm getting the hydroxy estrone breakdowns so we can see what is more cancer leaning towards possibly and what is more cancer protective.

And then the methylation process that goes on, we can see that's really key. And there are doctors that are using methyl estradiol to heal cancer. I don't want to say heal, but to reduce cancer.

And then there's the progesterones of pregnenolone, the DHEA, the glucocorticoids, mineral corticoids, 5-alpha reductases. All these things tell us what's going on.

Thyroid, we can look at some thyroid analysis also from the urine. It's pretty detailed. So if a woman has seized her periods, let's say five or 10 years previously, but she comes to you with particular complaints and is not on hormone replacement therapy, how do you deal with that situation?

You do the testing, presumably, and then consider supplementation of different types. Exactly. And it will always be bioidentical. It will not be synthetic.

And one of the biggest things that I'm seeing over the years with diet changes is estrogen dominance. And that is not good, definitely not good. And most of the time it's because it was not opposed when it was given synthetically

with progesterone.

And it persists in the woman's body? Well, lots of things- For the effects? Yes, it can persist. Or more importantly, things like obesity, poor diet, you know, fat holds estrogen.

It's in your system. So if we can reduce the fat content on a patient, then we're already moving in the right direction. Yeah, that manufactures Estrone, one of the least strong but the most prevalent estrogen in the body of women past menopause.

So yeah, Estrone is very significant. Yeah. And then it converts to estradiol and you need estradiol for bone health, but the issue is too much and it can be very much waving the red flag for cancer.

So I'm very careful with that and very careful with estrone. Well, biased is estradiol and estriol and estriol is the least cancer, which you know, but yeah.

And then once my patients do this and they get on a really good protocol and they feel better, then I'll say, okay, let's check you. Normally it's once annually, but I will say, I want to check you at six to eight months just to make sure that you're metabolizing everything beautifully.

We're going down the right pathways. Okay, so tell us more about the protocol and I presume that includes lifestyle changes or lifestyle analysis initially and then changes oftentimes and then various kinds of medications and supplements.

I presume those are all things that might be checked off in a protocol. Yeah, there are very good supplements. It depends on what each patient is showing.

Some of my male patients, they aromatize, meaning they make too much estrogen. Instead of going from DHEA to testosterone, they make increase. That's why men have what they call man boobs, but when they get older, it's because there's always some estrogen, but it's becoming too high in elevated results and amounts.

That protocol would be very different, an aromatization protocol. Niacinamide is really important for keeping that DHE moving in the testosterone chain.

There are good supplements. That is very different than someone who is chronically tired, a female who's wiped out, incredibly tired. And then you find out that, you know, her glucocorticoids are really low.

She has almost very, very poor adrenal function at this point. And so the use of supplements for that is valuable, obviously stress. Diet is important too for any of these conditions.

You want a high fiber, low fat diet for women that are a little bit overweight and they're showing estrogen dominant symptoms. There are so many hormone disruptors and that has not really been addressed and that's another thing that I do and I look at a patient's genetics.

you know, how well are they metabolizing things? Some patients just don't metabolize well. They don't methylate well. And without methylation, you can't really, you can take in all this great stuff, but you're not utilizing it.

Yeah, again, at this conference I was just at, one of the speakers emphasized that absorption and metabolism is so critical and that brings us back to treating the gut.

If possible, sometimes the tissues are depleted and it's difficult to get the whatever change you want to get because the receptors are gone from many years of the hormone or the vitamin or whatever being absent, but we always have to start with the gut for many, many people.

You know, in Chinese medicine, this was part of my training. In Chinese medicine, the real brain is the gut. It is. They knew it. And they knew that transmitters in our brain came from the same transmitters in the gut.

So it's true. And unfortunately, the largesse of our country that we've been able to accomplish, we don't eat well anymore. We just don't. The standard American diet, I love the acronym, SAD, is very sad.

Bioidentical Hormones and Estrogen Balance

It's sad. Oh, that's beautiful. Yeah, exactly. And also, there's another thing. There's been a lot of usage of antibiotics for just common colds. a little flu, and I'm not saying that they're not critical.

They are. They're important. They're very important. But the problem with antibiotics is it just continually wipes out your gut biome. So when I have a patient who comes to me and said, I've had a sinus infection, this is now my eighth sinus infection in the last year, And I said, well, what have you done?

And they'll say, I've taken antibiotic and then I take another antibiotic. And I said eight times and they'll say yes. And I look at them and I go, how's that working for you?

That's why I'm twirling to try something new. So not only do we have to go after the sinus issue and find the right remedy and protocol for that, but we have to clean up some of the damage from the antibiotics.

So right now, since COVID, there's a lot more cleanup than ever before. Ever. Because so many people got COVID is what you're saying and took various things.

And so many people, I'm still treating a lot of patients with vaccine reactions. Really? Yeah. They just right afterwards developed autoimmune or things that wasn't even in their history.

I think it's much more prevalent than people realize. And I also think people don't connect the dots, which is fine. That's, you know, common. But I do, because when you see case after case after case, you start seeing a pattern, right?

So have most of the people who come to you have been down the conventional medical care road and have failed, or do you have a lot of people for whom you're their primary provider from the get-go?

Both. But initially, I was seeing patients that would come in with literally a little crate of Western meds. They said, I can't do this anymore. And I said, okay, let's get started.

And then there are other patients who just have an intuitive or instinctive feeling that Western medicine, if they can avoid it, there's some beautiful things.

a surgeon because surgery is pretty amazing. But for some of these patients, it doesn't get to the root. So we can work on what's called the branch in Chinese medicine or we can work on the root.

And my work is about going to the root because if we work on the branch, you're just going to feel better for a little while. And then either the problem will come back or after enough suppression, it'll change into something else.

So I would say all of my patients at this point, they don't want to do synthetic meds if they can avoid it. And it's working for them. I love the branch and the root analogy.

That's great. That's something to remember. Lifestyle, we touched on it a bit, but it's hard and there's many, many aspects of that that we could spend a whole hour talking about stress or sleep or diet or or whatever.

Maybe if you wouldn't mind giving me your overall approach and obviously talking to the woman about what she's willing to do, what she's able to do. Those are critical factors in this lifestyle modification, I would say.

And if you wouldn't mind giving me your perspective. There are a few things that I think are key, die hard, non-negotiable. Number one, I think EMF is a big problem.

A big problem. and it will deplete thyroid and adrenals. Electromagnetic force, right? And you're defining that as telephones and other things that we all have on our bodies at all times.

Yeah. So I will say to you that a lot of the women coming in now are saying, I just don't have any memory. And I went through this up until pretty recently, and I was getting blank spots, and I thought, this is not like me because I have a very active mind.

And I was word hunting, and I couldn't find things out. And a lot of these patients were having the same problem. And so what happened, I thought, well, what happened when COVID broke out?

Because that's when it started. If I asked all these women, that's when it started. And I think this is the next pandemic, actually. We're in this EMF overload.

And I thought, OK, well, I'm going to give them a remedy to clear EMF. I'm going to turn your router off at night. You don't need it on. It's fine. If you have an emergency, you can always go to your phone.

So that helped some, but not enough. And then I was kind of racking my brain about, I thought, what else was happening around that time? Well, 5G came out.

at the same time as COVID. Okay, maybe, possibly. Didn't do much of a change when I did remedies for reducing 5G in the environment. And then I realized it was blue light.

It's blue light from our phones. It's blue light from our computers. It's blue light from our TV. And when COVID hit, everybody was indoors. Everybody was on blue light full time.

And when I ask the women that I work with, they all said it started around COVID time. Interesting. So this is an action, the patterns that I make. So I try and get women like, get your blue blocking glasses, get your blue blocking readers, makes a huge difference.

I'm still watching it with patients and myself, but it is definitely a major shift. So that is a big part of well-being. Sleep is better. You absolutely need to sleep in order to have good adrenal function.

Lifestyle, Stress, Sleep, and EMF Exposure

It's your reparative time. And then a lot of foods that are, I would say the biggest issue in the food department is people don't eat enough vegetables.

They don't do their dark leafy greens. They may do say, well, I had a little piece of broccoli. I'm like, no, I want you to have three times the amount of vegetables compared to protein on your plate.

And so if you have six ounces of protein or eight ounces, then you need to triple that and get your vegetables in. And it's not just salad, salad, salad.

It should be kale and broccoli rabe or rapini and asparagus. And, you know, basically if it's green, it's your friend. And I give my patients a recipe for a green soup that they do love and they feel much better on.

It doesn't take long. So, so that is one lifestyle change that's really important. And I will say something else is really important, critically important, and that is being happy.

And a lot of people now are not happy. We're living in a changing world and they are overwhelmed and exhausted and they're not happy. They're not doing the things that make them happy because there's not much energy to do it.

Uh-huh. Yeah, I keep reading about stress and hearing about stress and how to reduce stress. And, you know, I've also heard some anecdotal stories. Well, I went to the gym and that was supposed to reduce my stress, but it

actually made me feel much worse.

And I'm sure you've had that similar kinds of feedback. You know why? Just because they're exhausted and they just spent a lot of their chi, a lot of their energy when they should have been banking it.

I think there was a study that came out of Russia about 25 years ago, if I remember correctly, that walking in a beautiful area just for 10 to 20 minutes a day already lowers your stress, but I mean beautiful, like nature.

And that was back in the day they watched cortisol levels just go way up. And that can be difficult for some people to get outside, but yes, yeah. Well, I live in the Midwest and winters are pretty brutal here.

And so someone will say, well, can't you go for a long walk? And I'm like, you got to be kidding me. I swear there's trees everywhere and I have a pond and.

you know, you can ice skate on it. And so you do, you do what you can, you know, you do what you can, but, um, yeah, being in nature is actually pretty critical.

And I don't care if you're living in an apartment and there's no nature nearby, go plant a bunch of herbs on your balcony. You know, that, that kind of thing, like just stay connected.

Do you advise people about early morning light exposure, besides avoidance of light, especially at night, the blue light, to get the light exposure in the morning?

I will say a fair amount of my patients, you know, there's light receptors, of course, in our eyes. And so as soon as it starts to get light, they wake up.

And almost all of them will say their energy is the best then, unless they're totally depleted. But some patients have receptors, light receptors on their eyelids, so their eyes are closed and they can still know what time of the day it is that light is coming in.

Some people do really well with, you know, the alarm that comes on with the light slowly increasing, and some patients do really well. Most of my people just know when it's light and they get up.

The only time it's a problem is when that adrenal depletion is so dominant that they just don't want to get up. And usually then, and even before then, you can see the signs coming.

If the adrenal's down, the thyroid's down. And if the thyroid is down, your get up and go is going to be pretty. pretty wiped out. So I always check for that.

And then if your thyroid is down consistently, usually those women have osteoporosis issues because the gland that sits on top of the thyroid, gosh, what's the name of that?

We're both blanking on it, yeah. The parathyroid regulates calcium going in and out of the bones. The parathyroid? Yes. And so, you know, we have osteoblasts and osteocausts and what goes in and what goes out, that calcium that goes in and out.

But if your thyroid is down, your parathyroid is active. higher active, more active, and then it starts pulling calcium out from the bone. And the problem is, or actually what makes sense to me of what I've seen, is that that Calcium extraction is what weakens our bones.

And so it's not about taking more calcium. It's about feeding the adrenals, feeding the thyroid, then the parathyroid is less active and the bone density can increase again.

And that's what I've seen in clinical practice. So it's interesting. What tests do you use for bone density at this point? I asked my patients to get a DEXA.

And I've had some patients that they were like terrified to get it because they knew they were osteoporosis. It was in their family. And I said, okay, take this supplement for six months and then I want you to go get tested.

And they came back and they said, Oh my God, I feel so much better. I feel strong again. And I only have osteopenia. Yay. And I knew they had osteoporosis because they did a hairline fracture in their rib or something like that.

So there is good ways of treating it. But again, stress is kind of the driver of everything falling apart. And then there's that chain reaction from the adrenal to the thyroid to the parathyroid to the bone density.

It's interesting to me that We're all connected. Yes. You know, this is one of the things that happens in conventional medical care, which is we call siloing, which is, you know, I'm your cardiologist and oh, you have breathing troubles.

Well, go see the pulmonologist. Oh, your hormones are a little bit off. Go see the endocrinologist. So you're not working together. They're not. No, and they're not making the connections.

And people end up on five to 10 prescription medications, and many of which give you possible side effects or complications. And some of them are at odds with each other, but everyone's afraid to stop them.

I did a whole video on the overprescribing and deprescribing. I think how deep can a practitioner go when you're only spending 15, 20 minutes with somebody?

Sometimes it's only 10 minutes. When I take a new case, it's almost two hours. So it's a completely different style. I'm not saying one's better than the other, because everything has its place.

That I definitely understand. And if I have a patient who suddenly calls me with back pain and nausea, I'm going to be the first to drive them to the hospital to get their kidneys checked.

So there's some things you don't mess around with, but I think the connection of how things are unfolding for a patient is really important. I remember growing up when my pediatrician would come to my house.

Yes, I remember that also. And some of our audience will also remember that, but the younger people in our audience, and the milk was delivered to the back of the house as well.

No ice, though. I don't remember the ice delivery. That was my mother's generation. Yeah, we are dating ourselves, aren't we? Tell me the things that are the most difficult for people to put their arms around and change and how one might approach that, and I'm sure it's different for different people, but just what little tricks you've learned maybe over the years.

Well, one thing that I've seen, and this is going to sound like it's off the mark here, there's two types of patients that are difficult. Not personally difficult, but one is an O blood type who will not eat any meat.

They just won't. And I am very frank with them. I say, we're going to put you on good remedy. You're going to feel better, but it's not going to hold because you are missing something elemental to how your body was designed.

So even if it's just bone broth, try and get it in you. And those are disheartening because I can see over time, they're just not going to hold the good results that we've been able to give them because they're not from a basic foundation getting what they need to thrive.

So that's one difficulty. The other is the habit of resistance. If it's anything new, there's like, now most of my patients are pretty good, but there's some like, nope.

I'm like, okay, so what would you like to do? And they don't have an answer. And I said, well, when you're ready, this is what we can do. You know, I just have a pretty light imprint about it.

Thyroid, Bone Health, and Resistance to Change

Resistance is a big key factor in healing. in the healing moment. Yes. Yeah. I heard someone say, she asks the women, do you want to get better? And I'm sure holding up that mirror to people that there's often reasons that people hold on to their infirmities or symptoms or whatever it is.

Yeah. The other thing. Yeah, go ahead. Sorry. I have a patient that was feeling good on Remedy and stopped. She stopped, completely stopped. And I said, why?

And she said, well, it's healing the grief I had for my husband's demise. And I don't want to be feeling so much better that I will forget about him." And that's why she stopped.

Yeah. That's a great example of what kind of benefit people may be deriving from their symptoms. Yeah. Yeah, that's very sad. Yeah, she was conscious about it, but a lot of patients aren't conscious about it.

But if I take a good history, we can usually find it. And I don't expect them to just make a shift from one state of resistance to openness, but think about it for a while and then they say, okay, I'm ready.

Yep, I heard at the conference that I keep referring to, start low and go slow with some of the remedies, the supplements or the hormones or whatever.

And often that will get people into the right mental framework. And then how are you feeling? I think in an average doctor's office with conventional medicine, how a person feels is probably the least important.

It's like, how does the DEXA look or the lab testing or, you know, et cetera? And really what we're all seeking is to feel better. Feel better and to have well-being.

And most people don't even know what that's like because they've been slowly and steadily living with exhaustion or living with biotoxins or living with, you know, low DHEA and progesterone, which to me are the two fountain of youth.

You can't… Women lived… When I was growing up, if a woman died in our neighborhood at 65, nobody batted an eyelash. It was normal. Now women are living into their 90s and early 100s, but they don't have the hormones to sustain them.

So they're dragging along. So there's a place where we have a… My patients have an aversion to the word steroid. But you know, because it means prednisone or, you know, those kind of steroids, but they don't understand that your body produces its own healthy steroids and you need steroids because that's how our hormones are made from.

And so once they kind of grasp, get grasped about that kind of picture, they do great. Then it's, and once they understand that there's an option from synthetic to bio identical, meaning it comes from a plant base.

I think there's over 5,000 plant sterols, which we eat, which we ingest. So we need good steroids in our system in order to thrive. And finding which ones it is that a patient needs through the testing is very gratifying because I have not had one patient in 35 years who got on bioidentical hormones who got cancer.

But I look at their genetics and I look and see, okay, you have family history of a lot of carcinoma. Let's do everything else and see where we're at.

you know, and they do well. The lowest possible dose or maybe some other medication will do the same thing. Or if they take Pregnenolone, they're going to produce their own estrogen from it.

So we don't need to give anything, you know, just give them Pregnenolone. So yeah, so that part is really gratifying to see. What have I not asked you about senior women that you think would be good to hear about in our last

couple minutes here?

I would say that magnesium is pretty critical. I would say liver cleansing is absolutely critical for methylation. People always feel better when they do some good liver cleanse.

Every practitioner has their own protocol. And if one doesn't work, try another one. You know, there's some very good ones out there. And thyroid support, that adrenal and thyroid support come hand in hand.

So the problem with thyroid support is that Most doctors won't prescribe T3 and T4 porcine unless they do blood work, which is understandable. But the blood work is quantitative, not qualitative.

In fact, most of the time, it's not. So I have my patients do a basal body temperature test, and they leave a thermometer, the old-fashioned oral rectal thermometer, by their lines, shake it down.

They put it under their armpit. Before they get out of bed, they just roll over and put it in for 10 minutes. and then they record their scores. And if it's 97.2, they are low thyroid.

And there's a fantastic book by Broda Barnes, he's passed away, called The Hidden Secrets of or The Hidden Aspects of Hypothyroidism. It's unbelievable, you know, cancer eczema, fatigue.

I mean, this book just goes on and on and on about, and people who read it, my patients who go, that's me, that's me. And their basal body temperature is really low.

And then they get a little bit of that T3, T4 and their body temperature goes up. We test a month later and their body temperature goes up. So we can measure how much they need based on what their basal body temperature is.

Wow, that's good to know. It's a big boon for women, really big. A biomarker, yeah, interesting. A biomarker, and they need to be educated about it so they can go to their doctor and say, okay, this test isn't accurate because I have this, I have this book, you should read it.

My basal body temperature is terribly low. No, I have some interesting like 96.8 and that's like, well, that's the lowest. You need a basal thermometer as I recall.

I mean, from doing fertility work, uh, a conventional mercury thermometer doesn't go that low. So probably the electric electronic basal thermometers or a mercury basal thermometer.

I don't even know if they sell mercury thermometers anymore.

Closing Remarks and Upcoming Workshops

If you have one in your closet. Yeah. Right. And my patients buy them on Etsy or eBay. Etsy is better. They have vintage ones and they're in great shape.

They're 20 bucks and they just leave it by their nightstand or in their bathroom. Perfect. Yeah, I'm not part of the electronic. I should talk to you about that, actually.

For fertility patients, that's what we recommended and that's what people used. And it seemed to pretty accurate just based on, you know, them showing me their charts.

So, yeah. Great. Great. Thank you. Yeah. Well, this has been an extraordinary conversation covering a very wide range of items, and I hope it will speak to many of our viewers and listeners.

And I really, really appreciate your time and your experience and your humor and openness to things as well. So maybe we can come back and talk in more detail about some of these issues in the future.

Yes, in fact I am putting together a six-week where women can do their hormone test and we go through each week estrogen progesterones. glucocorticoids each week so that when they get their test results, they're going to know how to read it and we go through it together.

Cool. Cool. So it's a workshop, you know, thing. Also on your website, you have products that people may wish to use as compared to some of the things that they may get at the drugstore or online for beauty products, body products, those kinds of things, and beautiful artwork as well.

No, thank you. Oh, you did look around, thank you. I looked at your whip, of course. But I would say this, there's a very good remedy to prevent COVID.

It's a particular bomb, you can put it, this is what it looks like, because mine's always on the desk, and it's by Belva Botanica, and every one of my patients that have used it have not gotten COVID.

Cool. Good to know. If anybody needs to reach me, it's info at corestarhealingarts.com. If they want to sign up for workshop lists, we're going to be doing long-term COVID and LIMES.

LIMES is a big deal in central part of the country. US, yep. US, eastern part. You name it, we're going to be doing it because I think people need, like what you're doing, they need options and they don't know that they have healthier options.

Well, good for you for doing that. Thank you so much. Yeah. And it's great to have your time and expertise, and I hope that our viewers and listeners enjoyed it.

I hope you will like and subscribe. Thank you very much, Dr. Joanna. All right, Dr. Pat, thank you. Take care. Okay. Bye-bye. Bye-bye. Thanks for listening to the women's health span voices podcast.

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