Intro and Hormone Testing Overview

It's very true. And there is a marker on the geo map that kind of tells us how is that immune function doing in the gut? If it's really high, it's usually because it's really pissed off about something.

You have a lot of infections and it's trying to fight it, but sometimes you have a lot of infections and you have very low levels of that immune marker.

And we really need to work on building that up. And so colostrum or these immunoglobulin products can be really helpful there as well. And then I think the, the one thing that I really think that people don't appreciate so much, and I know that you feel is the impact that stress has, that like, you can load yourself up with all of these supplements and these are great supplements, right?

But if you don't have your stress in check, that is going to wreak havoc on your gut health. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome back to this week's episode of back to the basics. I'm sure you guys have heard me say this, but 1.3 million people in the United States, women, that is inner menopause every single year.

If you think that's an alarming rate, about 75 million women in the United States are either perimenopausal in menopause or postmenopausal right now. So odds are you know someone you know, a woman that's having hormone issues.

So today I have a very special guest, Amy Newman. She's a nurse practitioner. We are going to talk about hormones. We're going to talk about hormones from a Dutch Dutch, testing perspective.

So this is dried urine testing. We're going to talk about gut health and how important that is. And we are also going to talk about mold toxicity. So stay tuned. You're in for a treat.

Amy Newman is a nurse practitioner with 17 years of experience and double board certified in women's health and functional medicine. After being diagnosed with stage one cancer, stage one breast cancer at the age of 28, she embarked on a journey to uncover the true pillars of health.

Passionate about empowering others, she specializes in helping individuals identify the root causes of their health issues, guiding them towards holistic healing and well-being.

So very similar to what we do at Modern Endocrine. I'm going to link all of her stuff in the show notes so you guys can follow her on Instagram. She has some very interesting stories.

But please help me welcome Amy back to the Aces podcast. Thank you, Doctor Cassie. I'm happy to be here. Yeah. So we were just chatting before this started about how everyone meets in the world now.

And so, you know, we we met on Instagram. You know, we know people who know people on Instagram. So it's

pretty cool. So even though she in Minnesota, she knows people that I know.

And so that's how we kind of got connected. And then I've been very interested in some of the stuff she's posted recently because we're getting into Dutch testing at Modern Endocrine, which is dried urine testing for hormones.

And so her and I were just chatting about how unfortunate it is that a lot of women have hormone issues in this country, but can't get anyone to either figure it out or listen to them.

And so if you're one of the many millions of women out there who are listening and you're having issues with brain fog and you're tired and you're having low sex drive, and all of a sudden you have this muscle, this muffin top, and you're losing muscle mass and you know, you have hot flashes, then know you're not alone and know that even though your labs are potentially normal, your blood labs, that doesn't necessarily mean that nothing's wrong.

So Amy's going to talk to us about that and some other testing we can do. So thanks for joining us. Yeah, you're very welcome. So I think it's kind of important to talk a little bit about my backstory.

So I practiced in conventional ObGyn medicine for 14 years before I sort of branched out, to the lighter side of things. And I think this is becoming more well known now.

But even my background, I'm trained not as a family nurse practitioner who just happens to work in women's health. I'm trained as a legit women's health nurse practitioner, but I did not feel very confident dealing with hormone issues when I came out of school because we just don't have very good training in that, you know, and so over, you know, my years of practice starting to get more into functional medicine, things like that.

I've done all of this hormone training on my own and sort of get like really pissed off that as a women's health nurse practitioner, I was not very well equipped to treat perimenopause and menopause based on my training.

And so that's why so many women in this country are struggling, is because to find someone who truly understands and does hormones well, you need to find somebody who has gone the extra mile and done a whole bunch of extended, advanced education beyond what we're given in school.

And so a lot of women get frustrated because they their intuition is usually correct. They suspect that they are having hormone issues, but they go to their doctor and they're usually told, well, it's just normal.

Just you just have to deal with it. It's just part of getting older or they're just flat out refused any testing.

Dutch Test Basics and Hormone Nuance

And so that's how they end up in my office. Right. And I do like to validate them and also explain, you know, hormone testing is very nuanced and complex.

And it isn't just as simple as let's just test your estrogen level, right. Our hormones are going to fluctuate depending on where we're at in our cycle.

So it's just a very, very nuanced conversation to have. And I always tell them the easiest one to check is testosterone, because it doesn't really change much throughout our cycle.

Right. So that part's easy. It's the estrogen progesterone piece that gets really complex. I usually tell them I will often try to troubleshoot some things with hormones because with my background, I've worked with hormones enough.

If you give me your symptoms, I can usually maybe figure out what's going on. But if we're really struggling and we can't seem to figure out what's going on or can't seem to get you feeling better, something like the Dutch test can come in on the back end and be incredibly helpful for women.

So, you know, for your listeners who aren't familiar with it, the Dutch test stands for a dried urine test of comprehensive hormones. So you're peeing, collecting your urine, using all of these test strips for an entire day, usually a 24 hour period.

And you're doing it hopefully at a specific point in your cycle. Based on the information that we're trying to get, it's usually halfway through the luteal phase or like the second half of the cycle.

So about halfway between when you ovulate and when you are going to start your next period, that's when we get the best data. Usually. So this test can give me some sort of idea of levels of hormones, whether they're maybe too high or too low.

But what it's really looking at is the metabolites in the urine. So it's basically helping us to understand what is your body doing with those hormones.

Not only how much do you have or how little do you have, but how is your body processing the hormones? I really like to use analogies for my patients a lot, so the analogy I use is sometimes we get kinks in our hose, right?

And so the water can't flow through it very easily. So looking at the Dutch test can help me figure out where are those kinks and if I know where they are, I can start to try to unpick them.

And there's actually a specific order that we want to try to, kink them in too. Because if you're unthinking it further up, but you leave a blockage closer to the edge of the hose, you're still going to get a water back up.

You're not going to get very far. Right. So that's really where there's a science to the Dutch test, but I think there's an art to interpreting it and implementing a treatment plan for patients as well.

Yeah. So that's yes, that's a lot of knowledge, a lot of information for our patients. But I completely agree. Like I think it's really important to start with some blood tests like you said troubleshoot a few things.

And then if there are certain things that just aren't, you know, working and hormones are very complex, like you said, like not just hormones, it's thyroid and it's insulin and it's progesterone.

And to your point, like hormones are really hard. Estrogen and progesterone because they teeter totter with insulin and cortisol and so that's what a lot of providers forget or don't know or never knew or don't understand.

You know, your your estrogen and your insulin are very closely correlated. Your progesterone and your cortisol are very closely, correlated. And so, you know, you have to know what's going on with all of that.

If you just do a blood test and you don't know what their insulin or their cortisol is, then you know, you can be way out in right field or you need to be in left field.

But I do agree, you know, you can start with things like that. But then the other thing that's near and dear to my heart and yours as well as gut testing, right?

So your gut is so important. And so I agree like we you know, we do all these hormone tests and we do gut testing, but then sometimes you're still kind of like scratching your head or you're like, what is going on?

So then Dutch testing is a great way to look at dry and urine specimens for specific hormone levels at a specific time in your cycle to figure out how those hormones are breaking down, basically.

Right. Like how they're making different hormones and how they're being kind of excreted in your body. So I think that's the thing that's important for people to know.

And there's not very many providers that know what Dutch testing is or can even read one of these appropriate drugs. And so in medicine, you know, I joke that like if a provider doesn't know, then the answer is you must be

crazy as the patient, right?

Or like, I mean, it's just like most providers like, oh, well I don't know that. So that's not right. And that's not how it should be. What should happen is we should say, okay, well, something's not right.

You know, you know yourself. Let's figure it out. And so you've kind of taken that extra step to doing that with the Dutch testing. Yeah. So that's kind of in a nutshell what Dutch testing is.

So tell me how important you think it is. So I tell my patients all the time how important gut health is, but I like for other people to say it on here.

So people don't think I'm just, you know, drinking this juice on my own crazy person. But how important do you think, you know is gut health as far as when we're talking about hormones?

Is gut health important? Is an important with thyroid like talk to me about that. All of all of the above 100%. It's so when it comes to hormones in particular, you know what most women don't understand what I never learned as a provider.

And I'm sure in medical school you didn't learn either, was there are multiple different phases in terms of our estrogen processing. And phase one and phase two happen in the liver, but phase three really happens in the gut.

So you can try to, kink the hoses. You can try to work on supporting the liver. But if your gut is a mess, you're still going to run into major problems.

One of the most common, yet easily fixable things that I have seen with my patients is just women who struggle with constipation. So they're just not having a bowel movement every day, and they come in presenting with hormone issues.

It's usually always signs of higher estrogen, because what most women don't understand is we our body makes the estrogen. Our liver has to process it.

It sends the excess metabolites into the gut so that we can eliminate it. But if you're not eliminating on a regular basis, then you're going to have this buildup of excess estrogen and toxins and all these other things.

Right. But, so I have been able to help many women with their hormone issues, not by giving them any hormones or even really doing anything to address their hormones, but by addressing their gut health and even something as simple as getting them going to the bathroom more often can actually have a lot of impressive downstream effects for their hormones.

And then there's this whole, you know, everybody kind of knows about the microbiome now, right? We understand we have all these, you know, bacteria that are super beneficial in our gut.

But there's something called the astro blown, which is how like certain parts of our microbiome really have an impact in how we break down and process our hormones, specifically our estrogen.

So I think those are kind of the two easiest ways for people to understand how the gut is impacting the hormones. I think what's maybe a little bit more overlooked for some patients and a lot of providers is the inflammation aspect.

And so if you have a lot of messed up stuff going on in your gut, you can have a lot of systemic inflammation or whole body inflammation stemming from that gut.

Gut Health, Estrogen, and Thyroid Connections

And one of the reasons why women can struggle with their hormones is because of the systemic inflammation that they have going on. Not to mention, I think if you have a lot of gut issues going on that can actually raise your

cortisol, right?

Because it's just a stressor that your body's trying to deal with. So now you've got the cortisol jacking up your hormones, jacking up your thyroid. We know that those are closely connected.

And a lot of women will struggle with thyroid issues when their gut is not in balance as well. Because if your gut is not right, you can have nutrient deficiencies that can circle back and cause some thyroid dysfunction. Right?

If your gut is not right, you can develop autoimmune issues. And that's how you get your Hashimoto's driving your thyroid dysfunction. And then, you know, most people don't fully understand thyroid physiology where the thyroid gland is only making mostly this T4 hormone.

But that has to be converted to T3, which is the active hormone. Now a lot of that conversion happens in the liver, but 20% of it happens in the gut too.

So it's it's all interconnected. And in functional medicine we kind of learn this really cool pyramid where at the top of the pyramid is your sex hormones, your estrogen, your progesterone, your testosterone.

But below that is your thyroid, your cortisol in your adrenals. And at the very base of your pyramid is the gut. Right. And it's not the tip of the iceberg that sinks the Titanic.

It's everything below it. And so I usually tell my patients, if your hormones are off, likely it's that they're off in response to something else going on in the body.

Now, if it's menopause, that's a whole different thing. We got to replace the hormones. And even sometimes in perimenopause, that's just the natural process.

Sometimes we got to replace the hormones. But for younger women who maybe are not in perimenopause, I was struggling with hormone issues. You really have to be looking at the thyroid, the cortisol and the gut because if you get those into better balance, then those hormones are going to kind of sort themselves out.

Yes. Did you guys hear that? In normal we hear that your hormones at the top maybe imbalance. But if they are not you must work at the you must look at the thyroid, the adrenals and the gut in order to fix all of that.

Yeah. So all of my patients who come in and they don't want to do gut testing and they get, you know, it's just my hormones. And I'm like, yeah, this is why.

Because the bottom of the pyramid is your gut. And it is so important. And it makes sense, right. Because like everything, you know, I was having this conversation with somebody today like we, we, we are supposed to eat to fuel our body most people eat because it tastes good, because they want to, because we forget that the point of nutrition is to fuel our body.

And so the point of eating is to provide good nutrition to your body so that it can absorb nutrients from your food, so that your cells have the things that they need to make energy, like vitamins, B, vitamins, and, you know, CoQ10 and just all the things it needs to actually run through the ATP cycle and produce energy.

Now, when we are feeding ourself a bunch of garbage or our GI system is inflamed for whatever reason, we don't get those nutrients. If you don't get those core nutrients, it's ridiculous to think that you're going to have anything in your body working well.

Any hormone cortisol, sex hormones, thyroid hormone. And so that's why for me, it's really, really hard. You know, we're doing a lot of membership type stuff in our clinic now.

And we're probably going to get to the point where it's just membership based because, yeah, I find it so difficult to take care of someone unless they will be all in, like, I can do a half assed job of taking care of you with half the

information, but I don't like that.

Like that's not pleasing to me anymore because I did that for ten years, right? Yeah. And people will say that, you know. And so what I really want is I want the whole thing.

I want everything out on the table. Like, I want to know what is your gut look like? What are your hormones look like? What are your diet like? Let's get down to the bottom of it and fix it.

And so it's really important. And, you know, I think people forget that, like, like you said, we have this whole microbiome. We have this whole, like, just the way that our estrogen is metabolized in our gut is so influential.

The weight I will tell you that, you know, I've been doing a ton of I've probably done 200 GI studies recently, but most of them are people that have hormone gut issues, but a lot of them struggle with weight issues.

Nobody has normal acromion issue like this is a key organism for good gut health, right? Like nobody has normal accolades. Yeah. It's like, what are you like what is going on in your gut?

You know? Yeah, it's really hard to lose weight and to fix things when things like this aren't in line. Right. Yeah. And so it it's very important. And so I guess my question to you is like, what are some things people can do to help fix their gut?

Like what are some easy things that people can do? Oh, wow. Yeah. That's tough. You know I do I'm a big, big fan of like personalized medicine and like, let me do a stool test on you.

Let me see exactly what you need. But I've also done hundreds and hundreds and hundreds of stool tests on my patients. And so there are themes that you start to see right?

A big, really common theme that I see is people aren't digesting their food. Well, yes. Now, some of that can be because you're eating on the fly. You're not taking the time to chew your food properly, things like that.

So just like sitting down when you eat, taking some deep breaths before you eat, chewing your food appropriately. Those are all very simple and free things that you can be doing to make sure that you're breaking down that food properly.

But I see a lot of patients come back, you know, with low last days, which is a marker on the GI MAV, which is a marker of your digestive enzymes. I give a ton of digestive enzymes in my practice.

So things like digestive enzymes are easy and relatively inexpensive to try. I tend to use a lot of butane HCl, which is like extra stomach acid support.

That can be, really helpful for digesting your food because that's really where it all starts. You want to kind of work upstream, right? You want to optimize your digestion.

I think a lot of people do really struggle with their good bacteria, right? No. Ackermann. You. No. For bacteria. I know we're spitting out some big words here, but these are just, like, very important keystone species that should be present in your gut, that are often very low or sometimes not present at all in the gut.

And so I'm a big fan of using higher dose probiotic. I typically like at least 50 billion CFU. I often use 100 million C of use for my patients. I typically use a blend of three different types of probiotics.

I think there's so much confusion out there. So many patients ask me, I don't know what kind of probiotics to be taking. I don't know what's a good one, right. And it's tough.

And that's where the stool tests can kind of help us narrow that down for you. But, I typically describe it as there's your kind of OG probiotics, which are like your lactobacillus, Bifidobacterium.

Then there's this newer generation of probiotics called soil based organisms or spore based organisms a little bit stronger can survive the digestive tract a little bit better, actually can really helps to kind of kill off some things that maybe shouldn't be there.

So I like to throw those in and then there's a really nice, product out there called Saccharomyces Boule. Already really long name, hard to pronounce, but that's the benefit sack B yep.

Actually, yeah, that's Plymouth. So sack B is actually a really beneficial yeast that acts as a probiotic and can actually help to kill some things in the gut too.

So I kind of try a lot of different companies are making different blends that have all three mixed in together in high doses. And I find that a lot of my patients have been doing well on those.

Ackerman Chia is one that I do see really lacking a lot. And so sometimes I'll just periodically pulse in like a couple of months of just straight back or Manuka to try to build that up, because that is so important for our metabolic health and our weight.

So I think you can't go wrong usually with a good, high dose, high quality probiotic. And I think the other thing that I tend to give them most for my patients is something like colostrum or immunoglobulins, kind of depending on how much support they need in that area, if they truly have like a dairy allergy or really don't do well with dairy, you know, I might shy away from the colostrum potentially and go to the immunoglobulins, they can be a little stronger.

But you know, I think we've all kind of heard most of our immune system is in our gut. It's very true. And there is a marker on the GI map that kind of tells us how is that immune function doing in the gut?

If it's really high, it's usually because it's really pissed off about something. You have a lot of infections and it's trying to fight it, but sometimes you have a lot of infections and you have very low levels of that immune marker, and we really need to work on building that up.

And so colostrum or these immunoglobulin products can be really helpful there as well. And then I think the, the one thing that I really think that people don't appreciate so much, and I know that you will is the impact that stress has on our gut.

Like you can load yourself up with all of these supplements. And these are great supplements, right? But if you don't have your stress in check, that is going to wreak havoc on your gut health.

You like what you've heard so far? If so, modern endocrine is now able to provide telehealth services in eight states, including Arizona, Nevada, Oklahoma, Texas, Ohio, Illinois, Michigan and Georgia.

If you would like to become a patient, visit our website at dot modern endocrine.com backslash contact. You can also email us at hello at Modern endocrine.com, or call our office at 405 286 1571 to schedule an appointment.

Please note we no longer accept insurance for new patients. However, we do have customizable membership programs available. Your first visit will include a detailed intake, and lab orders will be provided to further assist us in developing your ten Stages to Ultimate Health Plan.

We do offer discounted lab rates with a nationwide lab service. And now back to the show. Yes. Yeah, I feel that my, my gut and stress put myself in check this summer.

You know, I'm very good about what I eat. I'm very. I mean, I have a clean diet. I'm a pretty healthy person, but, yeah, when we were building our new clinic and moving in, I left the group that I was with.

And there was just a lot of things going on. A lot of irons in the fire. There was a two month period where I just was not feeling very good recently, the summer.

And I was like, you know, so I did another GI map. I was like, well, I know it's out my gut, but guess what? It was like, guy and it was all stress induced.

Like when I got my GI that back, I was like, man, come on. But like, just like you said, I'm not setting down to eat. So, like, walking up the stairs, eating in the middle of stuff.

My last days was low. I had a little bit of pylori. My stress was just, you know, I had some Candida. I was like, what? You know, but I'm happy to say that I finished my gut protocol last week.

I feel much better. Oh, good. Yeah. So I, I think I fix myself, I'm going to do another school study. But to your point, it's it's stress related. Like when you're stressed, you get a lot of really bad things that happen in your gut.

I mean, having to everything. Right? Your cortisol, your sleep. Yeah. But really going and I am I was doing a lot of mindfulness and for like two months I got busy.

And so I stopped, you know, I wasn't doing my morning mindfulness.

Improving Digestion and Rebuilding the Gut

I wasn't doing all the things I tell people on here to do. And so I got got put in check for a couple months with bummer. But I'm I'm back. So yeah. Yeah.

I would I would agree with you. Stress is huge on your gut and sleep too, right? Because when you're not leaving and you're not sleeping consistently, that does cause stress and it changes your cortisol level.

And then I truly believe that cortisol and insulin affect a lot of what's growing in your gut. You know, so absolutely. What do you see as far as like when estrogen.

So let's say when estrogen starts to change because I see very vast differences in microbiome, with estrogen and without. So can you kind of speak the like when you lose your estrogen, when you lose your testosterone, what does that do to like the microbiome of your gut?

That's actually really interesting because I don't know that I've ever I work in an insurance system right now, so it's actually like pulling teeth for me to get some of my patients to do these tests.

Right. Okay. That's why I usually have to troubleshoot for them first and say, listen, my troubleshooting has not gotten us the results that you're looking for.

Now it's time to actually like spend the money on these tests. Because both of these tests that we've been talking about, the Dutch test and the GI, MMF are unfortunately not covered by insurance.

And they're both several hundred dollars. So, you know, I get it as an expense for patients. But I guess I have not actually personally really stopped to pay attention. Okay.

This is like a menopausal woman versus, this is a premenopausal woman. That's interesting. But I would actually be curious, like, what have you noticed?

So when you start to lose your estrogen, your microbiome, just like the good guys, just they dwindle. It's crazy. Like there's, you know, that the literature supports that.

Yeah. It's so true. Like when you go through menopause and your good guys start dying, you get a lot more bad guys. I would say also, for whatever reason, after menopause, I see more yeast overgrowth and I see a lot more pancreatic insufficiency, which is interesting because I know there's a lot of literature that shows that estrogen does make your microbiome more robust.

Right. So and then also it makes sense, right? Your insulin levels go up when you lose estrogen. Right? When you go through menopause, when you're insulin's high, you're going to crave a lot of bad stuff.

When you're eating a lot of sugar based bad stuff, you're going to have more bad guys that are growing. Right. And the yeast. Yeah, the yeast. So it's very interesting.

Like like, you know, it's done hormones and how they change. And just fixing someone's hormones helps their gut a time. So it's pretty fascinating. I have actually had several patients who I've talked about, you know, okay, well you've got your menopausal we need to get you on hormones.

You've got these gut symptoms. Let's figure out your hormones. And then, you know, we can tackle the gut later. But several of them have felt like they don't need to tackle the gut anymore, because just going on the hormones has helped resolve, like their bloating or their they just their heartburn or whatever.

Yeah. And you know, when you're insulin's high, you're going to be more swollen. You're going to have more, water retention and bloating types of. But then also I find too and I haven't even looked at the literature, but this is just women that don't have estrogen are much more constipated as well.

So like if you have somebody who's like lost all their estrogen, they tend to be more constipated. Especially my PCOS girls. I saw a couple of them today.

You know, PCOS actually can have high estrogen so they can have lower estrogen. The same thing with testosterone. When you get these PCOS with really high testosterone, really high estrogen levels, like super high, they have diarrhea.

Not even on that. But then whenever they have maybe high testosterone, but when their estrogen is low and their progesterone is low because they're cortisol so high and they're insulin's high, they're constipated.

It's interesting. I mean, that starts to pay attention to that more. Yeah. That's what I've seen is like when your hormones are really low, they get constipated.

But when they're high, a lot of times they'll get diarrhea. And I wonder if some of it is the way your estrogen, you know, is, is digested in the body, right.

So when you've got a lot of it, you've got a lot more stuff moving around. And so you get more, more diarrhea. But it's pretty fascinating. That's interesting. Yeah.

So that kind of segue is me talking about estrogen in the gut and whatnot into the the Dutch testing. So whenever you do have somebody and you can't figure things out and you do do the Dutch testing, when do you find that it's like most beneficial?

Is it most beneficial with PCOS people? Is it just when you can't figure out what's going on? Is there like certain symptoms that you typically want to use it for?

Like what have you found? Yeah, I generally I think a lot of it is because I'm an insurance based practice right now. It's usually okay, we've been trying all these other things and we can't seem to figure it out.

I will say the few situations when I found it most helpful are in women who I have started on hormones or, usually menopausal women, because I've brought in at their on estrogen and progesterone and testosterone, and they're not doing well with their estrogen, particularly some of my pellet patients, my hormone pellet patients.

And they just kind of balloon up and they're just not feeling good. You know, if we get your hormone dosing right, you should be feeling good. But if they're just really, really struggling with side effects, then I have found the Dutch test quite helpful because it's usually there's at least one kink in their hose that I have to go in and try to, kink for them.

So we're giving them all of this estrogen and their body is just like paralyzed. And it can't do anything with the excess. So that's when I have really found it most helpful also actually in the setting of like uterine fibroids, endometriosis, because usually they have some estrogen processing issues as well that we need to sort of try to rebalance for them.

So people that get really bloated with with hormone therapy and or just around, you know, the time of their cycle, people that aren't, you know, cycling normally, endometriosis.

You said uterine fibroids. Do you find it helpful in PCOS? Usually to. Yeah. What about acne? Like people that struggle with a lot of acne? Yeah. Acne.

Acne is a real tough one, as you probably know for sure. The Dutch usually isn't always my go to if it's my first visit with a patient and they're complaining of acne.

But I'm also really trying to figure out, does this sound more like hormonal acne? Does this sound more like, man, they're just eating a really crappy diet and we gotta start to clean that stuff up first thing, though.

Yeah. You know, because acne can have I can. I always say this, I can have ten different women in this room with acne, and they can all have different root causes for their acne.

I find a lot of acne can be driven by gut health issues. Yeah, I would agree. Yeah. So I guess what I should have said is if you have a woman who you've looked at their gut health and they are.

Yeah, sure. Then the Dutch test sometimes, like I saw a girl today and I think it was it was helpful because we were seeing that. Oh, well, you know, you're not even really processing your testosterone correctly.

Like, you know, different, different things like that, but, okay. Yeah. So I stopped her own metabolites on the Dutch test can be very helpful. So for your listeners, there's really like two main pathways that our body can metabolize our testosterone.

Even as women, we need testosterone. Right. And one of them is called the five alpha pathway. And that tends to be more what we call androgenic or causing things like hair loss and acne and things like that.

So, that usually tends to light up quite high in women with hormonal acne issues. Yeah. And so for people listening, if they think, oh, maybe that's me, maybe I'm a five alpha, you know, reductase, is there things they can do for that or just give up and say, oh, no more testosterone?

No. Definitely not. I usually it kind of depends on the patient and what they've tried already. I'm always looking at inflammation markers, too, because that's going to drive that pathway a little bit more.

If they do struggle with insulin resistance issues, that's going to drive that pathway a little bit more. So we need to figure out if we need to address those things or not.

But on the natural side, things like zinc, things like saw palmetto can be really helpful. Stinging nettles. So we'll bring in some herbs. Or sometimes people have to go to some prescriptions like a spironolactone or something like that, if it's just really bad and they're not responding well to some of the other non harm or non prescriptive methods.

Yes. But for the people listening it's important to realize you said after we clean up your gut meaning we're not eating a bunch of garbage. Yep. And we're trying to get rid of gluten and dairy.

Dairy is a huge quarter of acne in women. Dairy and sugar. Yeah people can get as mad as they want. You can throw things at me like, I get it. I used to think that cheese was its own food group like staple in my life, and I haven't had it for two years.

But I also haven't had acne issues for two years, and I also haven't had sinus issues for two years. And I also, you know, so, acne is a dairy is a huge indicator of of acne or.

Yeah, there are people who, look at me like I've just told them their first child has died in this life. I tell them, I really think you should at least try eliminating dairy.

That would help soothe your heart. 1 to 2 years ago, I was like, I don't think I understood what you just said. To my medicine provider. I was like, I don't think you understand.

Like, my fridge is full of 20 delicate uses, like, I mean, it is I think all my life, you know, but I don't even. I am actually, 13 years dairy free here.

Oh, wow. Yeah, 13 years gluten and dairy free. Almost. And, I actually don't miss them. It was hard in the beginning. I'm not going to lie. It was. It was a challenge.

But when I realized how much better I felt without them and really, not even a thing anymore. No, you don't even care. So do you care if I ask, was it gluten and dairy free?

After this stage one breast cancer diagnosis? Is that what happened? Okay. Yep, yep. And so then is the Dutch testing also beneficial for people who maybe have estrogen metabolizing issues or are concerned about the way they metabolize estrogen 100%.

And so I am a very open, flexible provider more so than others. And I am always willing to work with people and meet people where they're at. I see myself not as a dictator.

I'm here as your educator and your guide. And so I do have some women in my practice who have had breast cancer, who I have on hormone therapy, you know, but one of my requirements is you will do a Dutch test so that I can see usually, before and often usually after we start hormone therapy as well, so that I can see what your body is doing because there are for the listeners, there are certain metabolites of our estrogen that can't if they're if they're too high, can potentially increase the risk for a breast cancer developing.

Now, some of that can be medication induced. A lot of it is driven by genetics.

Stress, Menopause, and Hormone-Gut Interactions

And as a breast cancer survivor, I do a Dutch on myself, usually, about every other year right now. Because I'm just very, very early in perimenopause, so my hormones haven't been changing a lot. I kind of know what they're doing.

I'll probably start to do it yearly on myself going forward, but I do happen to send, slightly more than I should those metabolites down, what we call this four pathway.

But there are things that I do to help try to push them down a more protective pathway like them. Yeah, yeah, yeah. So actually that's a good point. So I, I am the same as you.

I do not feel like I'm a dictator. I don't feel like I'm put here to, to dictate anyone's care just to give them advice, cheerlead them and then do what they feel is best.

So I also have lots of women in my practice who have had cancer, who are on hormones, who have had all different types of cancer. Because I'm I'm not one to believe that if you are so miserable, you would rather die, that you should be, you know, denied hormones, especially with all the research coming out showing how actually safe it is.

If you do it in the correct doses, in the correct frequencies and you know the correct concentrations. So that's a whole nother, whole nother and a whole nother podcast.

What I do do with women who have had breast cancer is we check Astron levels in the blood to make sure they're not making a bunch of strain, which is why medical traditional oncologists don't check this in women is beyond me.

Why don't we check it in? Every woman is is beyond me. Kind of like lipoprotein a when we go through menopause. But these are just things that you should know.

Are you. Do you have lipoprotein a and are you an astronaut maker? I mean, that's like it's kind of like, what is your vitamin D or what is your sex? I mean, you should just know these things.

Yeah. But to your point, I think it is a good, good idea to start checking Dutch testing on women who have had breast cancer, to see how their hormones are metabolizing.

And that's a that's a great idea so that you can help. And not saying that you would stop the hormones per se, but you can at least shouldn't try to shut them to do exactly better things.

Right? Yeah. Because what I like to tell my patients is I can give you, you know, I could give you Amy hormones and I could take them myself. And we can both metabolize them very differently.

Right. Like everyone's going to metabolize things differently. That's why everyone's kind of an innocent. And I'm with you as like, individual health care.

And so without knowing how you how you metabolize your hormones, it's it's hard to treat some of those people. So that's a good idea. So Summer, if you're I know you're listening to this, my nurse practitioner, you're about to hear what a Dutch testing sister, because all of our patients who have had cancer need to have some Dutch testing.

I think so, yeah. And I think it helps make them feel better, too. Yeah it does. And I always preface it and say, you know what? I'm not going to guarantee you that.

Just, you know, you might be metabolizing your estrogen beautifully and you still could potentially have a recurrence. Right? I'm never going to promise that.

But at least they know. Okay, well, this is one thing that doesn't seem to be stacked against me. Right? And I think it's also important for your listeners to understand, you know, I don't want people who have had breast cancer to just rush out and think, oh, my Dutch chest looks fine.

Therefore I'm probably not going to ever get cancer again. I can use hormones, right? Because I'm also, if you are in my practice and I'm sure the same for you and you've had breast cancer, we're not just looking at your hormones, we're looking at your insulin and your cortisol, and you're like, we're looking at all the things because it's not just the hormone piece.

Like, there are so many things that will go into your risk of cancer returning. So we're trying to minimize all of your risk factors. Yeah. And what you brought up earlier, the word inflammation like that's the biggest risk factor.

Your weight your inflammation and your age like yeah. And you can't do anything about your age. But you sure can do something about your weight and your inflammation.

And that's the problem, you know, in this country is just everyone's walking around as this giant ball of, like, inflammation, you know, like somebody needs to do a Ted talk on that.

Like inflammation is the root of all evil. You know, how can we fix it? Maybe that'll be my my, my Ted talk for 2025. There you go. Inflammation is a is a huge.

So yes. So all of this is this is great information. This kind of segues me into the last question I wanted to talk to you about, because you do a lot of this and this is how I, why I originally kind of reached out to you is mold.

So mold kind of goes hand in hand with all this. And there's lots of people I see who think, you know, oh, maybe I have mold or but let's talk about mold toxicity.

Like on a high level, like what is it? What are some of the symptoms? And then when should we think about about testing it and maybe what sort of tests like you and I were talking about.

There's, there's two different schools of thought when it comes to mold. Yes. I will try to keep mold is such a complex topic. So I will try to keep it as like high level as I can, as I can easily go into the weeds here.

But mold toxicity is a very, very real thing. And anyone who says it's not has never treated patients with mold toxicity before. Right? So, you know, the classic way you're going to end up with mold toxicity is from a water damaged building.

And a lot of times when I work with patients, if I'm starting to suspect mold and I might ask them about it, I'm either I'm met with one of two scenarios either.

Nope. I live in a brand new house. Nope, that's not me. Like full stop hard denial of it. And I say, okay, we can move on or I'm met with Holy shit. Yeah, I always thought that that building I worked in or that dorm I lived in in college was a disaster or there was mold growing along the wall or.

So I feel like either people they kind of know or they're in complete denial, but usually it's water damage. Buildings is going to be your primary source of exposure.

And I think the big misconception is you can't always see the mold. The mold can be hidden. Okay. I have had many patients who have sworn to me up and down that they don't have mold in their current house, but once they actually go digging, they find it.

It's usually like a dishwasher. Leaking is very common. Or, I had a patient who, when they moved, they remodeled the bathroom, tore out the shower surround.

There was black mold everywhere. Windows can be a big issue for people, so it just it's sometimes subtle. So if you've ever had leaking issues in your house, just flooding issues, water damage issues in your house mold is something you might have to be concerned about. Now.

Mold affects everyone differently. There are a lot of people who can live in a water damaged building and have that mold exposure and be totally fine, and that's what also makes it challenging, because you can have an entire family living in the same house, and maybe only one person is actually sick from the mold.

So those of us who do tend to get sick from the mold usually we genetically have some issues where we our bodies just don't detox it very well. Or there's, you know, a lot of times it's, I find people with a history of trauma because they're nervous system is so dysregulated that they just see everything as a flight or as a fight.

Right. So, so it's very, very complex in that way. Now, typical symptoms that make me think about mold, this can really run the gamut too, which is why it's so difficult to diagnose, because it's not like the same set of symptoms that we're taught in, in school.

Right. A huge issue for me is if you have a lot of gut issues that you're working with, somebody like us, we're running the stool tests, we're giving you the protocols, and you're just not getting better.

Or sometimes it sounds like we're it feels like we're playing whack a mole in your gut. Like we might get rid of something here, but something new pops up.

That's a huge sign that there's mold issues, because mold has a huge impact on the gut. Another key thing that I'll ask people is when did you start to not feel good?

And if it's, oh, it happened, you know, in this year, I haven't felt well since this year. Okay. What happened? Did you start a new job? Did you move.

So if your symptoms all started after you moved into a certain house or started working in a certain building? That's another really classic sign that we might be dealing with some mold exposure, but I'd say gut issues, fatigue, brain fog, thyroid issues, joint pain, hair loss, hormone issues, especially with too much estrogen or symptoms of high estrogen.

Those are all things that kind of make me think about molds for patients. But the tricky part is, every single symptom that I listed could have at least six other different root causes to it as well.

So I usually tell my patients I have some spidey senses for mold because I've worked with it enough. So by the end of my first hour with you, if I tell you you have mold, I've been right 100% of the time, you know, because it's just it's just this clinical picture.

And once you start to treat it and see it more, you just the pieces start to click together. But sometimes I work with people and mold is not anywhere on my, you know, list of potential diagnoses.

And it's not until we've been working together for a while and it's again, things just aren't doing what they normally should do. Or another kind of classic symptom is when people tell me, gosh, I take melatonin, which should help me sleep, but it keeps me wide awake at night.

So that's called like a paradoxical reaction. Like I take this thing, but the opposite thing happens that I see a lot in my mold patients too. So that usually raises my spidey senses.

Okay. Yeah. So that's interesting. So then I can think of a few people off the top of my head that maybe like, oh, she probably as well know. So, you know, it's true.

Like if you're working with somebody and you're really doing what you're supposed to do and you really like, I fixed your hormones and you're doing what you're supposed to do for your gut, and you're still just having a really hard time, then maybe that's something to think about.

And so for you, one of the symptoms too is fatigue. Like if you just have debilitating fatigue, just like changing your diet. And by sleeping. And so then you would think about maybe some mold.

Yeah. Yeah. Because mold, going back to what we were talking about before, mold actually creates a lot of inflammation in the body. So the thing that people don't understand about mold is it's not so much the mold itself.

So if you imagine oh, sorry, my dog's kind of making an appearance here.

When to Use Dutch Testing

If you imagine in like an area sitting next to you that was growing some black mold. Right? It's not that black mold that's causing the issue, but that mold is released being what we call mycotoxins.

I call them mold farts for my patients. You can't smell it. You can't see it. Right? But it's this noxious substance that you can then inhale and it gets transported all over your body.

And so it's the mycotoxins that cause all of the inflammation and cause all of the damage. And they really tend to hit people in their, in their weakest areas.

Right? So for a lot of people, it's their gut. For a lot of people it's chronic sinus issues or their asthma or they have lots of allergies. For some people it's their thyroid.

For some people it's their hormones. So it depends on sort of what's already going on in your internal biochemistry.

And it also depends on the type of mycotoxins that you're being exposed to.

Because different mycotoxins, are known for causing damage in different areas, like there's a certain one called Zero Unknown, which your listeners don't have to remember, but that one is notorious for causing hormone issues.

And there's another one that's notorious more for causing like kidney issues. So that's another sign, too. Sometimes I'll see, like seemingly healthy patients, but their kidney function is not good.

And it's like, what? There's nothing else to explain this. Then I'm usually thinking about mold toxicity as well. Okay. Very very interesting. And yeah and I with that too.

And you know what's crazy is in Oklahoma where I live. You know there's a lot of mold and people don't realize it because it is so dang humid here. And you know people will have these brand new houses.

But I hate to tell you unless you had a real good contractor. And even if you did have a really good contractor, I mean, you can't humidity things like that happen, right?

Yeah. And so I do think that mold is probably something that's under looked, I have thought about it more recently now that I've been doing gut stuff and like, I mean, because like you said, I can fix you 99% of the time, like, if you'll do what I say, if you're I mean, you know, and that's so awesome when you have these people and they come back and they feel so much better every now and then.

I'm thinking of a couple people right now where I know they're doing what I tell them to do. They come in and they're just not maybe getting better. Those are the people who you're like, okay, we need to work with this.

We need to dig a little deeper. Yeah. And and here's the other thing that I think a lot of people like, let's say we think somebody has mold toxicity.

Does it mean that everyone that lives in that house will have the same symptoms? No, not at all. And I think that's where a lot of people get like, well, nobody else in my house has those symptoms or nobody else.

Like, well, not everyone has your body and like everything that's. Yeah. And just like I said, it'll depend on what type of mycotoxins and what's already happening with your internal biochemistry and where your sort of weak links are.

That's where it's usually going to hit you. So if somebody is thinking like, oh, maybe that is so, so again, fatigue, let's see. Big brain fog or big ones.

Lots of gut issues. Some hormone issues, lots of food sensitivities or food allergies. Another thing that I haven't mentioned yet is people who are extremely sensitive, people who have, you know, we call it multiple chemical sensitivity, like you walk down the laundry detergent aisle at target and it gives you a headache, right?

Things like that. That also makes me think of mold issues or lots of histamine issues. Now histamine that everybody kind of thinks of related to seasonal allergies because we take antihistamines.

But I have a patient that I just saw last week who, I'm fairly certain she has mold. I've talked to her about it before. She's kind of not ready to go there, which is fine.

You know, we can't force that. But every time she eats avocado, she turns bright red and flushes because avocado is a high histamine food, right? She struggles with seasonal allergies.

She struggles with a lot of issues. She's lots of bloating, things like that. So, people who really struggle with histamine related issues often can have mold driving those histamine issues.

Not always, but very. What about rashes like unexplained rash? Yeah. Next screen rash. Yeah. That can be tough because that can be food allergy food sensitivity.

But the food sensitivity could be driven by the gut dysfunction caused by the the mycotoxins. Right. So rashes aren't always related to mold but but could potentially be okay. Yeah.

So if somebody feels like maybe I have I mean like some of this is resonating. Yeah. When, I take melatonin, it makes me wide awake or you. And so we were talking about this.

There are two schools of thought with mold. There is urine and there is what? Yes. So what do you. Yeah, I let me back up and say for anyone out there thinking, oh my gosh, this sounds like me, I need I should get tested.

You cannot, unfortunately, go to your regular primary doctor and ask for a mold test. None of this is recognized by conventional medicine, so you are going to have to search for more of a functional medicine provider and not even all of us in functional medicine know how to treat mold.

It's like you have to have your classic training, your functional medicine training, and then you have to do even more training. On top of that. Understand mold.

Okay, so you do have to do your research and try to find providers. Okay. But I am of the camp. How I was trained is I use a urine testing for it's called urine mycotoxins testing.

So I will often sort of do a provocation, which means the night before you collect your urine sample, you're going to either sit in a sauna, take a really hot Epsom salt bath, or use a supplement called glutathione to make sure that we're trying to push these things out into the urine.

Because some people struggle because their body doesn't detox them very well. So it's actually not unusual to do a mole test on a patient, have it show moderate levels, and then we work on some treatment.

Maybe six months later. We redid the test. That second test can often look worse than the first test. It doesn't mean that their mold issue is worse. It means that we've actually enhanced their ability to excrete them and detox the mycotoxins out.

So that is a very real thing that we see. So urine testing, is what a lot of us will use. There's 2 to 3 main companies out there, and there's all sorts of debate on which company is better.

They all use slightly different methods. But, any of them are. Something's better than nothing right now. There's this other school of thought which I am not as well versed in, but that is a blood test.

It is not a blood test. You can get through your regular doctor or lab or quest. It is a test called my my colab and my SEO lab and it was created by this doctor named Doctor Andrew Campbell.

And that is looking more at antibodies to different molds, toxins. Now, unfortunately, those two schools of thought that people who believe in the blood testing and the people who believe in the urine testing, they kind of don't always agree with each other. And, kind of talk shit about each other. So, personally, which I'm not good, but.

Yeah. And it's not really like that extreme. It's more like I don't agree with what he says and vice versa. I don't agree with what he says. Right. So have you done both of them on a patient.

Like are they both valid or you don't you don't that. Yeah. I personally have not I'm in a mentorship group and I think there are some patients or some providers out there who have and find them both sort of helpful and interesting in different ways.

So as Doctor Cassie and I were kind of talking a little bit before we came on with mold in general, I think the general consensus is because it's not really recognized by the conventional system.

There's not a lot of funding if there's not a lot of research out there. There is research on on mycotoxins and how they damage various different systems 100%.

But, in terms of the treatment, this has become a lot of US providers who kind of go rogue and start to treat this, and we're just starting to throw things at the wall and see what sticks.

And it seems like certain things tend to commonly work. But even mold patients can be very hard to treat because every mold patient that I have has a slightly different treatment plan because they often are very sensitive and can always handle the supplements.

They even need to get better certain supplements, they will respond to certain ones they won't. So we're constantly having to change things up and they usually also have other underlying issues that we're trying to manage at the same time as treating their mold toxicity.

So it's it's very, very nuanced.

Mold Toxicity Symptoms and Testing

And a lot of us who are out there doing it, we're all kind of trying to band together into these mentorship groups to to sort of share our experiences and knowledge and research that we come across so that we're all trying to just further the treatment of our patients, and we just want to help people get better.

Yeah, it's it sounds very complex. It's very, you know, it's sad because it's kind of like gut health stuff too, right? Like gut health. A little more mainstream. And functional medicine.

But I would still say that a lot of it is just people trying different things and then kind of putting their heads together and saying, you know, at least for me, that's I have providers reach out to me all the time and say, how did you learn how to do gut testing? How did you learn?

And the answer is, I kind of just did it like, that's crappy, but it's like I knew patients needed it, I did it, and then I started treating them based on what literature said or what, you know, and then I adjust it based on what I've learned.

So how I treat it now, not the same how I treated it six months ago, you know, and like that's just unfortunately kind of how medicine is. And it's just like cooking, right.

Like there's, there's a recipe, but there's little modifications that go into it. Yeah. So what I'm telling you is I'm kind of sad that we had this conversation because it seems like something I would love.

So now I feel like there's something new I need to learn, which is more. That's cool, because that's like my I mean, if there's something out there that's like complex and hard to fix and like, but there's a way to fix it.

I'm all, you know, I'm all in because, like, I love that, I love peptides, I love ozone. We do some cool stuff with ozone in the gut. I don't know if you've ever done any ozone, but like, I don't have it in my clinic.

I have I have wanted to explore that for a while because I know that there's some really cool stuff you can do, even actually, you can use ozone for mold treatment for some people that can respond really well for it.

I. V. ozone. So see, I mean, I was like and so there's just some cool stuff I've done microdosing GLP ones for inflammation. That's amazing. And when I say microdosing I mean true microdosing like yes,.05 milligrams point one milligrams of semaglutide, like one unit, you know, not like point five like, but I mean, there's some cool stuff you can do.

So now I feel like I'm going to end up in this rabbit hole about mold in the next few months, and my team is going to kill me because I promised them we weren't going to do anything with you for the rest of the year.

Well, you only have a few more months and then it's 2025, so you can just wait until January. And then you didn't technically lie to my husband and my clinic manager, Josh.

And I was like, no more news for Kathy and my five patients need it. And they're like, no. And honestly, I got into it only because this was my story.

I have been working on my gut for years, and I did chemo, and I know that that wrecked me. And I've had gut issues my entire life, but I was working with my own functional medicine provider, and I was getting better, but it was still like, why can't my gut just, like, get past this threshold?

So I finally, just on a whim, tested myself after learning a little bit about it. And sure enough, I tested positive for mold. So it was me just digging in to figure out how do I help myself.

And then I started to like, see some trends and patients. And then it just, it just kind of spiraled. Okay. Yeah. So yeah. So that's very fascinating.

So that's a whole nother avenue besides hormones and besides that testing and besides gut health is, is mold toxicity. Yeah. And so I just wanted people to kind of be aware that that is something you can do.

There is this camp of people that believe in blood testing. But most you know, most people are going to do your own urine testing and then that there are actual ways that you can treat it, which are supplement based, some ozone.

What are some other. Yeah, it's a lot of supplements. We use things called binders, which are things like activated charcoal that will bind onto these mycotoxins.

So I use a lot of like charcoal, Chlorella, bentonite clay. But a lot of it is also like a lot of patients think that. Well, I lived in a moldy dorm in college, but I'm not living there anymore, and I don't suspect mold issues currently.

Why am I still having these issues? And so a lot of times what happens is we will colonize mold within us, which is really fascinating. Usually in our sinus cavity.

So people who just have a ton of sinus stuff and lots of sinus infections, I'm that's a real big red flag for mold for me. But we tend to colonize it in our sinuses and in our gut.

And so then you can be living in the most pristine environment, but you are now your own walking source of mold because you have colonized that mold in your body.

And that mold is continually producing these mycotoxins. So the mold is like the fire and the mycotoxins are like the smoke. So you in treatment you have to deal with the smoke, which is you bring in the binders to bind onto that smoke or those mycotoxins to pull them out.

But you also often have to go in with antifungal therapy. Now for some patients, I will try to use herbs for that if they're very, very sensitive. This is one case where I, you know, I like to be natural and use herbs when possible.

But I actually often find that prescriptions work better. So I will use prescription antifungals for my patients. And that's when I usually see them start to progress and get better.

But when you're doing that, I'm assuming you're supporting their gut with good, healthy like probiotics. Usually we're supporting them. Should we have to pay attention to their liver if they're on certain antifungals for a longer period of time so that it's not just molds toxicity like you?

In order to treat mold, you really have to like sort of become an expert in all different areas of the body. Yeah. Sounds right up my alley. No. Yeah.

I mean, I know so so, in that, in that being said to when you're treating mold, just like when you're treating the gut, I think it's also important for people to realize in order to clean yourself out and detoxify yourself, you must detox, meaning you must poop every day.

Gosh, you must want every day. And I think that's one of the things that people like, look at me and they're just like. Like today I talked to two people.

I did some gut reviews with this lady, and she's like, I'm Doctor Cassie. I'm never going to poop every day. And I'm like, sister, you are. And we're good.

I mean, you have to like, you have to to clean this up, you know? Well, I never have my whole life. Well, that doesn't mean that's normal, you know? Yeah.

And so sweating and, you know, having a bowel movement is how our body detoxifies like that is how it works. And so getting people on that like train of, like if I'm not doing that, that's a problem because I feel like most women especially feel like, well, if I go twice a week, that's great.

And it's like, no, that's not great. It makes me like cringe a little. I know, like think of all those nasty toxins that are just recirculating in you, like, come on.

And the interesting thing about that is, you know, some of my mold patients are my most constipated patients because the mold impacts their gut to such a degree, or they end up with like issues with their vagus nerve, which is this major nerve that innervates our gut.

And if that isn't working properly, you can struggle with constipation issues. But that is the real sort of conundrum, is I need you to be having bowel movements more often in order to really help to detox you, but because of the mold, you can't have found movement.

So sometimes I have to throw everything at them. And this is I do not love this, but if it's a mold patient, I say I don't care if you have to take a miralax for a while every day, like you have to do something in the beginning to get you moving.

And then, you know, with these binders that we bring on board. Ironically, I'm always leery about giving people binders if they're not having bowel movements regularly, but some of my patients that actually gets them going more often, which has been very cool.

But for some people it constipated them more. So then we have to say, whoa, whoa, hold on. We got a pause. We go and then work on something else first.

Same thing with GI stuff, right? When you start giving people IGA or IgG and like when you start giving them binders or trying to give them immunoglobulin. Same thing.

Some people, I find it constipated that some people it actually. So again individualized medicine like there's yeah you know I have so many people that reach out to me on social media.

So if you're one of those people that are listening to this, it's not that I'm trying to be an A-hole and not answer your question, but it's like, I want answer that question because there is not a generic protocol for fill in the blank like I have so much else of what's going on.

Like, can I give you what I typically do? Maybe if you give me what else is happening, but like, you know, I might treat a lot of people ask me all the time, how do you treat H.

Pylori? It depends like there are four ways to treat it, five ways to treat it, and it all depends on like what's going on. And if you just pick away and have at it, I mean, you've got a 20% chance of getting better.

That makes me look like a real idiot, you know, like, right, I know how to fix it, but I have to know everything that's going on. And so and also in general, I think with the advent of social media and so many health care providers being on social media, this is just a tip for like patients out there.

I get it, we want to help you. That's why we're here. But we cannot give you medical advice over social media. I won't, I just refuse. I will not do it. You can't. Yeah.

It's true. And so as much as you want to tell us your life story, we would love to help you. But we can't on social media. Which is why Roman Endocrine has a license in ten states.

Now, we actually got a medical license today in Pennsylvania as well. So nice. Yeah. So we we do a lot of telehealth stuff, but yeah. And I'm hoping to one day maybe have one in, in all states and that would be awesome.

But exactly. We just need more providers like we know. Yes. Which brings me to the next point. You're still taking insurance. Like how does that happen?

Like how do you do you and then insurance. It is what would you like for move to Oklahoma City and come be a part of Martin. We do not take you. Yeah.

And I actually had this conversation with a patient today. Most functional medicine clinics. It's not that insurance doesn't cover functional medicine.

I mean, they will not cover, like, the mold testing or the Dutch test or the GI map, but how I do it is in the insurance system I bill for my time. So I bill for the time that I spent with you and I don't.

There is no code for mold toxicity. So for patients out there, when you see us as a provider and we submit things to insurance, I have to use this special fancy code.

And so, you know, like there's a code for fatigue, there's a code for brain fog, there's a code for constipation. So I just tell your insurance company, hey, I'm seeing her for fatigue, brain fog and constipation.

And I spent 45 minutes with her. Right. And your insurance will reimburse me for that visit. Now, a lot of functional medicine clinics don't do that because, one, it is kind of a pain in the ass to work with insurance.

I don't think that's a big secret out there, but, you have to also have people who know how to work with insurance and know how to do the billing side of it.

And so that's as a practice owner. That's another expense that we have to deal with. And sometimes that expense is not always worth it. I think the interesting part is there is in my area up here, she was actually in western Wisconsin, but there was a functional medicine provider who was in an insurance based system for a very long time.

But because all of her visits were long, right. We spent. My shortest visit is 45 minutes with a patient. It's usually 45 minutes to an hour. The insurance companies don't like to always reimburse at those higher rate.

And so they came back and said, you Bill, too many of these extended visits. So going forward, no matter what you tell, we're only going to reimburse you no higher than this level.

And and so her system said you can no longer spend 45 minutes or an hour with your patients. You need shorter visits. And she actually left. She left and started her own practice.

That's not in the insurance system. So it's very complex and nuanced and it's sometimes hard because I'm going to be very honest. Sometimes the patients that come to me, I don't think they're fully committed, right.

And they're not willing. And sometimes that and it sucks that it is this way. But some of this stuff does cost money, you know, and I always try to keep budget in mind when I am making treatment plans for patients.

I always try to not do more tests than I feel like are necessary, but sometimes I need that data and that does require money to be spent. Yeah, I mean, your health is an investment.

That's what I tell people all the time. And whenever you allow an insurance company to dictate how your health is, you know, is is ran, then that's where I have a problem.

There's a middleman there. And I did take insurance until July of this year.

Mold Treatment and Detox Support

And what I found was when I did take insurance, and I did try to bill fatigue and brain fog and things like that, I would get pushback. I would get, you know, they didn't want to pay or they would take forever to pay, and then they didn't pay.

And then my patients would get a bill, but it would be six months later and they would be mad. And it's like, well, you know, I spent an hour with you.

Somebody has to pay me. And so it's just like you said, I'm just like, okay, I'm done playing the middleman. I'm happy to give you whatever, and you can submit it to your insurance.

And you can see that the headache and the runaround that, that that causes. But it is frustrating that it is it is so frustrating that there is a company out there or somebody on the other end of something that says, no, doctor Smith, even though you, a dual board certified endocrinologist, is actually helping this patient get better.

I'm sorry. Denied. I'm not going to pay you back. And it's like, what? You know, I went to school for like 15 years. And so I just it's very frustrating.

Yeah. But to your but to also to that point, you know, I just tell patients like it's an investment in your health, you know. Yeah. Take it or leave it.

Unfortunately I hope in ten years it's different. But yeah, right. I'm off my rant if you would like to come Oklahoma. Oh. There. But, but yeah, the modern industry would love to have you.

You know, and, and, and I'm sure our patients here would love you. And it's not as cold as where you live either. I'm just going to put that out. Yes, yes. No.

It was like, you know, for your listeners, it's what it's the end of October. And in Minnesota, it was 80 degrees today. That is very rare. So I don't know, check back with me in mid-January.

And my students from Oklahoma. Then you're like, yes, exactly. A winter in Oklahoma. We'll take you. Okay. Well, that was very informative. Thank you very much.

We may have to just have a whole session on mold and like six months or something. We could go down that, like mold train. Yes. Sorry, Josh. Sorry, summer.

Okay, so I keep my promises that no mold. This year, I end my podcast with three questions. And people love this, so don't overthink it. It's easy. I just want whatever comes to mind.

But number one, what is the food? The one food that's most beneficial? And why? Oh gosh. I mean, the first thing that came to my head was broccoli. Okay, broccoli roots I guess.

Okay. Because it's a good source of fiber, right? It's in the cruciferous vegetable family. And we know that that's very beneficial for hormone health and for overall just supporting your liver detox pathways.

And broccoli sprouts are, like, even more powerful for those things than the actual broccoli. So I guess I'll go with broccoli sprouts. Okay. The only other person that.

So that's Doctor Corey Rice. He's, diet provider, somebody I talk in the morning and he said, well, I actually

currently have a Instagram video that we put out with him and I trending where he said that it's got like a bazillion views.

I don't know why, but oh, interesting. Murmuring about broccoli sprouts. So it's funny that you say that. Fantastic. Yeah. Broccoli sprouts okay. Number two, what is one thing, that anyone can do that would benefit their health? That's absolutely free meditation.

Okay. And I like that. I don't get a ton of that, but I agree. Like, do you have a specific amount of time or way of doing it that you think is the most beneficial, any way that will make you consistent with it?

Because that is the key. It is. I tell my patients this all the time. It is called a meditation practice for a reason. You're not going to be good at beginning.

So if you sit down to meditate and you're like, I couldn't completely silence my thoughts. The very first time I did it, that's like saying I couldn't run a marathon without training for it, you know?

But I because I think that stress is just such a big issue for our health. And so I'm just a big, big believer in the power of meditation. I agree, and everyone has monkey mind.

So keep that in mind. So that means when you sit down and you try to meditate, your mind will wonder. Thoughts will come in, you let them come in and then you let them go.

Right now everyone has monkey. Yes everyone does. Even have been meditating for ten years regularly. And I still have sessions where it's just all over the place.

But it's it's developing the awareness of your thoughts and the awareness that you are separate from your thoughts. And for those of you out there who are very, I wouldn't say A. D. D., but just very like have a lot going on in your head.

Have all to do list that's a mile long all the time, too. Like you're always behind. Meditation is actually really good for you. It's hard to start, and the way I would recommend is staring at a lit candle.

So if you stare at a lit candle, okay, hard to think about anything else. So you sit comfortably in a dark room and you just focus on that candle and you try not to.

Again, if something comes in, you let it come in and come out. But if you're focused on something, it's that's how I started doing it. And it's it's, it's fun too, because I would sit and I would be quiet for 30s and then my to do list would be like, ding ding ding ding ding ding ding ding ding.

And I'm like, damn, I didn't do so. But if you're looking at something, then it's better. So oh, I like that. So what I tell patients is start with guided meditations because there's so many free ones on YouTube, Spotify, the, the apps that they have.

Right? Because then you still get to think it's nice that somebody is directing where those thoughts should be going. Sometimes that works for people.

For me, it doesn't, because when I hear it, when I like somewhat like let it, you know, kind of drift out here. And then this part's doing this. So yes.

So now you have both. You can try the candle or you could try the guided and figure out which one works best for you. Because I am a person that's like always multitasking.

You know. So I'm like, okay, I can hear this and figure this out and be thinking about this and like, dang it, no, Cassie. No no no no. Okay. And then the last question, if there is one thing that you could have done differently for your health 15 years ago that you know better now, what would it have been?

What would you have done differently? Just, you know, so that's really interesting for me since I was diagnosed almost 13 years ago, and I have completely changed so much about my life.

I'm also really bad at whenever anybody asks me to pick one thing because I'm just like, I can't ever pick one. So I'm going to give you two, okay. It would be figure out my gut.

And it was messed up since I was a kid, you know, so it would be figure out my gut and it would be sauna. Yeah, I think those are my sauna and gut. I like those my I think honestly, my number one is, is sleep.

I think that as a provider we are just taught. So just to be so bad to ourselves and just. Yeah, I never prioritized sleep until probably two years ago.

Closing Advice and Rapid-Fire Questions

And I look back now and I'm like, I don't know how I functioned, you know, like I am just so much more in tune with myself. Like today is a prime example.

We were traveling yesterday, got back last night, you know, did a later workout this morning I woke up like I always do. 5:00 I go, I do my red light, I go my cold plunge.

I literally drove to the gym. Amy got out of my car, walked into the gym, got on the treadmill for like two minutes, and I was like, I am so gosh dang tired.

This is just proven. I got back in my car, drove home, and took another hour long nap before I went to go see for, you know, I was just like, are you?

I'm going to have A2C workout. I'm going to be in a bad mood. I'm going to yeah, I'm tired, so I'm just going to go back to sleep. And two years ago I would have never done that.

But now it's like, I'm tired, I'm going to go to bed. I'm going to take a. I took a nap. Yeah. You know, on vacation last week, I took like three naps.

Like, I never done that before. Like what I'm doing for you. Yeah. That's awesome, I love it. I had a personal trainer once. Tell me your body, because I used to get up at, like, 430 to workout, you know, and my trainer was like, your body is going to thank you for that extra hour of sleep.

More than it will. Thank you for that workout. I just stuck with me. I agree this morning. I'm telling you it would it would it I just would have been in a bad mood.

It wouldn't have went well. You know, when we get done with this, I'm going to take my dog for a walk for like 45 minutes, I call it. Yeah. Perfect. Yeah.

So awesome. Okay, well, Amy Newman, thank you so much for joining us. I'm back to the basics. I'm going to link all your stuff in the show notes. So guys we'll put all of her stuff in the show notes.

If you don't follow her on Instagram you should make sure we put her information there. And I just appreciate everything that you do for patient. So thank you for, you know, being a being one of us functional medicine people out there on a limb.

And just thank you for, you know, trying to learn about mold and and take good care of patients. We need need a million more of you in the world. Yes we do.

We really do. Because any functional medicine provider, you know, out there, we are all like maxed out, right? Like we can only help so many people. So thank you so much for having me.

This has been a real treat. It's been an honor. Yeah. All right. And if you guys liked this show, make sure that you please are following us. Leave us a review. I really appreciate reviews.

And then if there's anyone you think this could help any woman out there that may have issues or anyone that you think we're having gun issues, please share this with them. We would appreciate it.

And remember, modern endocrine is now available in ten states. And we do virtual appointments and those ten states. Have a good day. Thank you for tuning in to Doctor Talks.

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