Introduction and Dr. Erica Bakeru2019s Background

Doctor Erica Baker, it's so lovely seeing you again. So good to talk to you again. We always take such great discussions, and I'm really excited to welcome you to Doctors talks.

And, I mean, you're amazing. I mean, just just a little bit of your bio, you're going to say more, but you are a triple board certified and affiliate gynecology.

You've got special certifications in functional medicine. You've served over 10,000 women in your private practice and millions more through your books, online videos, articles.

And I think key about you is how you blend basically holistic medicine and sort of traditional medicine in terms of helping women with the emotional health, mental health.

Welcome. Let me hand it over to you. If you could tell my audience a little bit more about how you approach your field in such a beautiful and unique way.

Thank you. Well, you know, there's that saying that your mess becomes your message. Well, it was true for me. Certainly here, I loved it, and and it was definitely true.

And through my experience watching my mother's health journey through our, you know, our best medical system, but causing, you know, resulting in her death at a young age.

I consider it young at age 67. That is young. Yeah. Being 58 right now, I mean, I really realize how young, how young she was. And then my own journey with early menopause.

Diagnosed at age 39, after being diagnosed with infertility and being told I wasn't able to have another child and then literally heartbroken, I went on a journey.

I call it my healing journey around the world, but as a result of the things I learned and God's grace that I reversed my early menopause, reversed early menopause, but more importantly, reversed infertility and naturally conceived my child at age 41.

And so yeah, so it was it's through that and and understanding that that was a perimenopause and the mental strain the brain fog, fatigue that I experience, anxiety, mood swings and resolving that not, you know, naturally beyond what I could write on a prescription pad was really empowering to me.

And so I set out to empower others to do the same thing. That is such a powerful through. You not heard this a couple of times because we've shared an average of books, and it was just as astounding to reverse infertility, to reverse menopause.

I mean, that's just the goal to to point, obviously to tell us about that. Tell us more about how you've done that, have you? Why is your practice different?

What can you and wise what do you do? So impactful in terms of mental health. Yes. Yeah. Well, when you know, at age 41, after I had my daughter and I had reversed early menopause, but then at age 48, I was feeling those full blown perimenopause symptoms, mood swings, brain fog.

I was burnt out. And Caroline, you know, I mean, I was at that point, I was a single mom raising my children on my own. And it was and running a practice solo practice as a gynecologist.

I literally just burn out. It was overwhelm. It was too much. And then I realized I was that, you know, looking at I was experiencing what my patients were experiencing.

And plus all those mood swings, brain fog issues and overall, and then the 20 pounds that I gained without doing anything different. And when my patients would say, oh, doctor, and I've gained 20 pounds and I'm not doing anything different, and I would think in the back of my mind, sure, you're not right as, as a young doctor, but living that experience really humbled me.

Personal Health Journey and Reversing Early Menopause

And so I had to do things different. And so that took me into what I call my keto grain approach. So really prioritizing protein, healthy fats and and and nutrition, nutritious grains and you know, but low amount of carbohydrates.

So also nutritious cruciferous vegetables which help with hormone detoxification. So the nutrients that help with detoxification as well and hormone balance incorporating that into what I call my keto grain with intermittent fasting.

No more snacking. That shifted not only to lose the weight, but to clarify my thought processes to be at peace and my body to be able to respond and not react or more appropriately, overreact to situations.

And so that then I brought it online to my audience. I called it Magic Menopause. And then from there wrote my first book, The Hormone Fix, and then Keto Grain 16 and then menopause.

Menopause. I love that it's such a cute name. So you actually literally reverse to early menopause. Well, early menopause through diet, through exercise and diet or to diet.

Yeah. What about diet and nutrition and some supplements. Yeah. You said. What? So what about. Sorry, I didn't mean to interrupt you. They. I so want you to kind of give the whole picture as well.

And you go into detail about all of those. But in terms of your mind, what what what are you how would you bring that into the process? Because it's one thing to have all the great stuff and the guidance that you give with the food, but what, what what role did your mind and mental health play in this process?

Because I know you see your mental health improve, but you've got to make a decision because you people can. People know that there's lots of things we can do.

So how did you and how do you help your patients get into the whole role of doing mental health? You know, using their mental health to succeed? Yeah. The 16 said question.

Oh, absolutely. And I was like, what. Role does the mind play? Okay. But a crucial role, crucial role. And for me it was bringing all of that together.

And so the process kind of went so at age, you know, around age 48 getting all these symptoms again, menopause symptoms again. Now I was able to, through what I were implemented, reverse that and finally became menopausal.

And at age 56. So like there's hope out there. Maybe we can reverse these changes. So what was happening with that like move or wow, right. Like I was so overwhelmed. I was so depressing.

I couldn't get out of bed in the morning. My youngest daughter was six years old at the time, and trying to get her to school was like, okay, we're late again to the bus.

Let's get to school. I remember walking in late one day, taking her to school barefoot and in sweatpants because I left my shoes at home, you know? I mean, that kind of overwhelmed crazy sense. Yes.

And then as I shifted. Physiology affects our behavior. We know that physiology affects our behavior, affects our mental health. When we are hormonally balanced, when we have inflammation, when insulin resistance is going on in our body that affects our thought processes, affects our cell, our neurotransmitters, we can't separate our hormones from our neurotransmitters.

So they all are interrelated. And so as I started cleaning up my diet, like eliminating the even though they were healthy carbohydrates, but eliminating really eliminating carbohydrates, focusing on the greens and the organizers.

So electrolytes organizers and good herbal detoxify are so supporting that aspect. And then working to get shift from a carbohydrate dependent diet to a to to shift from using glucose for fuel to shift, to use ketones for fuel.

Now ketones is like jet fuel to the brain, whereas glucose is gasoline. So with this jet fuel, I'm thinking better. I'm all of a sudden have more energy.

I'm more at peace and harmonizing with my, you know, in my body, nicer to those around me and, and miraculously, they became nicer to and was able to do all the things I love doing, take care of my children and then creating programs, writing books because I got the clarity.

So the combination I say is about getting periodically bumping into ketosis to use that jet fuel for our brain, especially in perimenopause when we become more insulin resistant and our less able to use glucose as a brain fuel.

And so we shift to ketones. But the key part, especially for women, is the organizers. And I always have clients check urine pH as a marker, urine pH as a biomarker, not blood page, not gender, not Salisbury, but urine because it's a marker not only of our nutritional status but also of our stress cortisol.

Because when we are stressed and we have that cortisol kind of breaks down the best boundaries, right? Cortisol is also very acidifying.

Keto Grain Approach and Mental Health Benefits

So breaks you down, breaks down, bone breaks down muscle causes hormonal havoc, depletes your progesterone and cortisol, creates an acidic urine. So when you're eating the best nutritious foods, etc., but your urine is still acidic, it's probably stress is probably cortisol.

So then we have to shift into practices very mindfully, even though we feel so overwhelmed at this stage of life. And these hormones are going on. But shift to practices that increase oxytocin and decrease cortisol, because oxytocin is the most organizing hormone, it's also the most, you know, prepared a regenerative hormone.

And it's a feel good hormone gives us joy, peace, love, connection. So this is really the foundation of most all my work with the Hormone Fix and my program, Magic Menopause, is to teach you how to prioritize oxytocin in your life and manage cortisol, the stress hormone.

So that shifts your physiology. And then in that in that space, you're better able to make decisions from a place from, I like to say from an overflowing cup, from a place of wholeness.

I mean. I love that so. But in order for you to get to your patients and yourself into that space. So this is feedback loop. So what you describe as a feedback loop, you've got to make these changes.

You've got to get the you've got to get the diet correct. You're going to get the hormones balance you to get that oxytocin up and the cortisol down. So there's a lot of stuff you've got to do.

But now if someone's in a really depressed, overwhelmed state, what was the shift for you and that got you into being able to obviously you had knowledge in that kind of thing.

But for yourself and your patients, getting yourself get the shoes back on to take a child to school, kind of just as an analogy, they said, because there's a feedback loop between the body, the physiology and the mind and the mind and the physiology.

I think what I want, what I'm trying to say is people often ask, well, how do I just I know this and I know I can learn from you, but how do I get to the point where I actually apply and we'll find out and, you know, get over that, that mental health hump.

What did you do to just get yourself going? That literally to pull myself up from by my bootstraps, like for like to say, you know, pull myself up by my bootstraps, how I did that.

And I've given this so much thought and I. Know you have that's that's why I wanted to ask you. Yeah. And it really is coming from what is going and what is my core essence?

What is my core goal? What do I want to see my children do when they're faced with adversity? How do I want my daughters if they're faced with trauma, if they're, you know, struggling or whatever it may be, how do I want them to take their next step?

And so for myself personally, it was like, okay, I have it by the end of one. And that is God. And in this audience of one, what is my next step that I have to do that I want my children to do in this situation?

Because sometimes we don't have the capacity to do something for ourselves. We don't have the capacity to do something because it's good for us, but we can do it sometimes because it's good for someone else.

I love it. At the state I was in at that time. That's what I had to think about. And I'll see you one next right step. I love that. So your first step and this is this is wonderful was actually it because it's research. It picks up that.

And also instinctively we know you basically stepped into love. You stepped in to what do I need. What do I what support do I need to give my family. So you started thinking of others and in helping others that was so important to you. You helped yourself.

And it's actually research showing that when we do that, when we step, when we start, when we are in a bad place, that often that kick start is to not think about how we feeling in that moment.

Not that we can ignore it, but to get ourselves kickstarted, which is what I'm hearing you say. Correct me if I'm wrong. It was to think of your children, to think of the patients that you see.

But your children were obviously the main driving force. You wanted to be able to be there to help them to deal with stuff. So and the research shows that if we get out of our if we focus on someone else, it helps our own healing by something 60% plus and higher to kickstart our own healing and making the right decisions.

And so that's a really that's a really great point to hone in on that focusing on others and helping them. So give some examples of how you did that or how you advise your patients to do that.

Yeah, no. And I love it. And this is something that I tell my clients too. It's like in order to help those around you, you have to help yourself, right?

And so knowing that they are witnessing you and through you being your best self, they're going to be their best self. Because oftentimes we try to fix everyone around us instead of realizing, when I fix myself, everyone else is going to get better too.

So I you know, the first is really understanding what is that? You know, what drives you, what makes you smile, what lifts you up in the morning? What's something that brings a smile to your face and just start thinking of that throughout the day?

Just start like shifting your physiology to something that basically increases oxytocin, that gives you a smile, that gives you a laugh, that gives you an inspiration, that makes you laugh.

You know what will what will lift you, what will support you, what will feed you, nourish your body, soul and mind. And so you start shifting your physiology from like all the things that are going wrong in your life with your body and your relationships, to what I love, what makes me smile, a happy thought, you know, and it's hard to do.

Yeah, I've been depressed and I've, you know, was in that place where, you know, I didn't want to see another day. So it's, you know, it is a practice and a discipline to do that, but focusing on really, you know, God gives us many purposes in our lives.

So what is that driving purpose for you right now?

Using Purpose and Family as Motivation

And and if it is someone in your life that inspires you or you want to model for you want to be a role model for that's again, that's a gift you give them that gift by being your best self.

And so encouraging people to take that step. So I love that. So step one is to find your essence, your purpose. And then see kind of step two is into to practice to focus on this during the day God gives you joy, etc.

and then three to focus on the impact you want to have in your clothes or closest dear ones that you love, and that you want to give the best to your children and so on.

And then in doing that, you can then kind of shift back and start saying, okay, now what can I do for practically for my hormones? And how can I make sure I'm eating correctly and not shifting over to the into the physiology?

So then then in that state, you ready to learn the skills that you teach and apply those skills, not just say, oh yes, it's too hard and just shove it out the door.

Is it my am I understand you quickly. So that's kind of how you advise yourself and your patients. Yes. And and also the way now is I really have I when I work with clients like really what is something you've always wanted to do.

You know like that's something. Yeah. That you always want to do that goal. And for me I walked the Camino de Santiago, the Portuguese thing for the summer.

But until that, until I have that goal in mind, I wasn't walking my 10,000 steps a day. But once I set that goal for myself, that helped, you know, that help tip or that health practice of walking 10,000 steps a day at least I wasn't doing it right.

But once I set that objective, that challenge to myself, it became easy to accomplish. So recognizing that and those types of things in individuals, what what is something you want to do that really inspires you?

Maybe you want to do it in your 60s, 70s, 80, but let's make short term and long term goals that way and that really drive us. That really will create motivational change.

And I love that. That's so important. Okay. Let's dive into this. Took a little more. You've explained very nicely how, for example, oxytocin is related to mental health.

And and the cortisol. Can you talk a little bit more about that in a little bit more. And you also talked about the alkalinity in our body. Can you talk about how those three are related to mental health or some others as well.

You don't just have to stick with those three. But that's what a lot of people have heard that thing. They may not fully understand how oxytocin, cortisol, that that relationship and then how to, you know, the whole principle of

keeping your body in the correct alkaline state, why that's so important. For. Our hormones.

And it does this apply to males and females or is it only two females. Yeah. Yeah. So that's a great question. So when I look at this best part of all oxytocin challenge.

And I wouldn't have honestly known about it myself if I hadn't had my own trauma and post-traumatic stress disorder. And so as a result, a post-traumatic stress disorder for me, you know, my late 30s, early 40s, it I became detached, burnout, divorced, I mean, disconnected from things I loved doing.

And I had to ask myself, like, wait, you know, I've always loved these things. And, you know, intellectually, I know I love doing this, or I know I love my partner.

I just don't feel that love and recognizing at that point really digging into trauma research. When cortisol goes up, oxytocin goes down. And so the oxytocin is our connection hormone, the hormone that puts us together, that is emitted in abundance with laughter, orgasm, pleasure.

You know, those are the things that bring us joy, increases our oxytocin. It's one of the, you know, factors of healthy community and spiritual factors, increases oxytocin and lowers cortisol.

So when but when cortisol is up for a long time, the pair ventricular nucleus in the brain will shut down cortisol production. So now you're in this dangerous physiologic state, both men and women, where cortisol is low and oxytocin is low at the same time.

So where physiology drives behavior, this suppressed state of cortisol and oxytocin is the physiology of disconnect physiology a burnout, physiology of depression, anhedonia, lack of pleasure, lack of joy.

And I think that's a really, you know, really important to understand that post-traumatic stress as well as chronic everyday stress can cause this pattern, can cause this pattern.

And still when we're in that situation, you know, again, it feels desperate. It feels isolated. I would tell clients like, for example, when you go into a restaurant, you see someone you've known for 20 years, but you pretend you don't see them, you don't know them, or and you start like withdrawing from social activities.

Yeah. Yeah. Becoming more isolated as, as in, as opposed to a part of a community or doing things socially that you've enjoyed doing in the past. So that's the and that can be because of this physiology.

So recognizing that and that is also a state when your body because of this physiologic depression essentially it's also more acidic state.

Oxytocin, Cortisol, and Stress Physiology

So you have more breakdown of muscle bound to keep our body in homeostasis. So we'll see that especially in women men have ten times as much testosterone.

So they're not going to go into a breakdown or a catabolic state as quickly as a woman. Well so you have to prioritize oxytocin. It's also important to understand when we are in that chronic stress state.

And we're going to producing cortisol, whether it's an overdrive or being suppressed. We're reducing the amount of progesterone that circulating in our body.

So we're sacrificing our progesterone to make cortisol. And so progesterone being a neuro steroid, it's going to be really a precursor to support neurotransmitters, especially the neurotransmitter Gaba, but really has a role in neuro protection in the brain that we see more of that anxiety.

So with less progesterone there's less Gaba, there's less serotonin, less melatonin, more sleep disruption. And

also, again, you know, more depression and anxiety and mood swings.

So this is a fantastic explanation. Thank you for explaining it like that. And to two questions I want to ask here. When we when we talk about let's talk about I want to talk about cortisol in a moment, but I want to also talk about the fact that life happens.

Things like you said, you got divorce and you had some trauma and various things happening in you in your early 40s. And so things happened, life experiences happened, and that impacted your physiology and disrupted the oxytocin, cortisol.

And obviously nothing operates in isolation plus the downstream effect from all of that. So because that's that's one route way life affects us and offers geology response that whole cycle your biological relationship.

So you deal with that as well as on the other side. When we hit menopause now you really are a specialist when it comes to menopause and hormone therapy and understanding how women changes, how they age as these physiology happening and the physiological changes, or having that or producing those mind effects.

And obviously on top of that is life. So you you're going through this divorce, you're going to these things. So life is hitting you changing physiology.

And then you hit maybe early menopause was part of that was the stress response. I would say that you didn't have that or someone's been in their 50s already and they go to life happens the stresses of life.

Plus on top of that, you've got this hormonal thing. So we've got a double whammy. So I'd love you to just talk a little bit to helping us to people, women that are in perimenopause, menopause or post menopause just about those changes.

And you've you've already said a few, but more specific. And if you could just give a few tips and then obviously people can go to your book. And then if you could just quickly though before you go into that, because I think that's going to take up the bulk of the rest of the interview, because it's really that really area of specialty.

So and you did so well, it's just to talk a little bit about cortisol because it has so much bad press. We know that cortisol is we don't want it to hype you down a too low.

But you've got to have some of it. I mean it does play a role. Would you mind just very quickly explaining what is the positive role of cortisol. And then let's dive into the physiology of menopause and how that does affect us and what we can actually do.

Some practical steps we can take to help manage that. A lot of questions. Absolutely. You know cortisol has is a double edged sword. So it is it's the hormone that wakes us up in the morning.

It's our natural anti inflammatory hormone. So it responds in our body when we have an infection when we get hurt when we're facing a danger of cortisol comes into play.

Makes us alert, hyper focused and able to accomplish what we need to accomplish. So that is and it is. Good. Roles. It's so good, right? It is so good.

And so that's as long as we're not continuing to press the cortisol gas pedal day in and day out, then it becomes a problem. So whether it's because of inflammation in our body, physiologic inflammation, infections disease etc., or it's because of trauma.

So and stress and perceived or real trauma. Right. So what. Combination. Or a combination. So that's with cortisol. And cortisol is part I mean again it's part of a beautiful hormonal cascade.

We need it. We would not be here without it. And and so that's critical. What's happening with our hormones as, as

we age is that we start to see a decrease or decline.

First, in our mid 20s to 30s of DHEA, a, which is a precursor to testosterone and estrogen. And then we see a really sharp decline in our mid 30s from our hormone progesterone, which is a precursor to really all our hormones.

So to DHEA, testosterone, estrogen and and progesterone and pregnant along these two mother hormones are literally that they're from cholesterol. We derive progesterone and pregnant allowance.

So these are our mother hormones and they're neuroprotective. So when they start to decline that's when we need to intervene. We need to intervene with things that support our adrenal glands.

Because progesterone and DHEA are made in women in our ovaries and in and our adrenal glands and in men in testes and their adrenal glands. So specifically for women in perimenopause, as our ovarian function starts to decline, we start to see a decrease in these hormones.

And with that we have to think, okay, physiologically, we need to do things to support our adrenal glands and to support our our stress response, etc.

but also we can supplement with adaptogen as well as bioidentical hormones to help kind of plug these holes in our physiology. So when the levels are good now, especially when progesterone decline results in insomnia, difficulty sleeping, or waking up at 3 a.m.

persistently, and as well as mood swings, PMS worse before your menstrual cycle, and irregular menstrual cycles that is often treated by supplementing with progesterone.

After we do all the nutrition and lifestyle aspects along with it, but it really does help plug a hole and then estrogen.

Menopause, Hormones, and Practical Treatment Options

So estrogen is, we know is key for our hippocampus, for our thought processes. And it's a very important hormone that in perimenopause menopause that we want to do everything we can to produce it through our body naturally, as well as support healthy estrogen detoxification and then supplementation when needed.

You explain things so beautifully. Thank you. So someone who's gone through menopause said that they're going to need supplementation. That's bottom line. Also a change in diet.

They're going to have to get in what's not no longer they in some form or another. So you and you is it's correct. And to you doing it to be committed through diet to various can you explain but can you talk more about that?

How would someone who's already in menopause, they don't have those hormones. You need the progesterone you need you need the adrenal gland. You need all of the special bodies that could making what it should.

So what should a woman in menopause do? Yeah. So big question big question. And you can obviously refer to your books and. Yeah. Give us a bird's eye view. Yeah.

And it's a great question. And it is also like theoretically when we look at the blues and when we look at those comparisons, when we look at the oldest living populations right now, they're not on hormones, right?

They're not on hormones. There are other characteristics that have improved their quality of life, a lot of which relate to improving oxytocin. Healthy community, faith based community, or strong faith and and good relationships.

All of those things increase oxytocin. So first and foremost, we look at all these hormones. But we want to do everything possible to empower oxytocin.

So great sex connection with people. Laughter good community. Whether it's Bible study group or a book club.

Right. And a good work community, our home, family, community, friends, group, things like that is really important.

And we know that's key for longevity. And then we look at hormone. What do we what can we do now if we have is not making enough insulin. If it's not making enough thyroid, we don't hesitate to say, okay, I need to give you insulin.

I need to get your thyroid. So there is a natural transition to menopause. We don't want to suppress it because no more than we'd want to suppress puberty because there's a hearing happening.

Exactly. We want to support it. And so that's where, you know, I love that with adrenal support and adaptogens. So for me, it's my mighty Mocha Plus product, which has 30 superfoods and adaptogenic support because we see an improvement in DHEA and we see an improvement in progesterone without supplementation.

So we've been wonderful when we. But then we'll add additional data and progesterone as needed too. So in menopause, like we have good research looking at bioidentical estrogen transdermal or vaginally as very supportive oral estrogens can increase inflammatory markers.

So by a time someone's post menopause I don't like to use oral estrogens. So I use transdermal oils or and or vaginal estrogen. But typically not so much vaginal estrogen.

Because if we're in a heterosexual relationship that estrogen will transmit to our male partner. And so I use DHEA vaginally or topically, because it works really great for badge on health and sexual health as well.

So estrogen topical creams or patches are great ways to support estrogen. But always start with bioidentical progesterone first, either in a cream form or oral bioidentical progesterone.

So those are good ways to support that. And then you know there's a place for data and testosterone. So we want to support that as needed to. Would you do that with supplements or with with or by identical?

I always go both ways because we all want to support our body. First of all, one, support our body's natural production. We want one process what our body's producing.

And that's what birth control pill starts, right? It's a process invariant function. So we want to support it and support our bodies making its hormones as long as possible.

So means you have to decrease exogenous hormone disruptors. So all the things that we say are endocrine disruptors or hormone disruptors is a great chapter in my book, The Hormone Effects on hormone disruptors.

So we want to kind of decrease the hormone disruption. We want to compartmentalize the stress in our life. That's what I call it anyway. Caroline, you get much better and you do very well.

You do so. Well. Analyze the stress so and then prioritize oxytocin. So that helps your body and then detoxification support. So in the supplements that I've created there's detoxification support as well that can that helps your body use what you're creating naturally as well as detoxifying it safely detoxifying hormones safely.

So I think it's a combination of approaches. So it's a East meets West philosophy supporting the body, supporting our energy body, supporting mind, body and spirit and and adding additional support where we need it.

It's amazing. And that's what you got people through with your clinic. And if they don't come to your clinics, they can get you books. Can you tell people where they can get hold of you and hold of your books and learn all this incredible information?

And then I've got one more question I want you to because I know people are saying, oh, I need this information. How do I get my hands on her and the materials.

That thank you. I created an online program called Magic Menopause. It's my eight week intensive to really empower. You can go eight weeks deep into kind of what I've summarized today to really empower you with knowledge, because knowledge is power and empowerment of everyone.

Listening is is really healing. And so. It's super. So that's my magic menopause program. And I have other free programs online, but my and my books you can buy anywhere books are sold.

I usually recommend you start with my book, The Hormone Facts, and this is true for men and women. A lot of good stuff in there too. But for me, specifically for women and before, during or after menopause and then Keto Grain 16, which is a 16 day plan that really helps with our brain function as well as our hormone function.

And so keto grain 16 and then my book menopause. So my website is Doctor anna.com. So Dre Anaconda and a lot of great podcasts. My girlfriend doctor show a lot of free material at Doctor Anaconda.

So definitely check me out there. Wonderful. That's fantastic. Quick last question. And this is someone that something that people ask me a lot about.

And do the experts always refer them to you and to to my other friend who's also it does biological hormone replacement therapy, the the pellets, you know, those weren't the pellets.

People ask a lot about pellets. It's because males and females can have them. And it's about you know what I'm talking about.

Pellets, Individualized Care, and Where to Learn More

What is your opinion on undo the pellets like once every four months or three months or six months or whatever is indicated on bloodwork? I think, again, pellets in and of itself, I mean, it's a great temporary solution.

I don't think pellets are good long term. I mean, it is a surgical procedure. It's every day it is six months. You get high doses, sometimes they're too high and they can have some irreversible side effects.

But in general, I only use testosterone pellets. I don't use estrogen pellets. When I do recommend them because estrogen and testosterone, they actually are eliminated from your body at different times, and especially if you have a uterus.

I don't like estrogen pellets often cause disrupted or uterine bleeding, and it can be a problem. So I rather safely give you estrogen through transdermal route and testosterone pellets for a short term can really be life saving for individuals when you're in that overwhelmed state.

And we're like, I can't even remember my name, let alone to take a vitamin every day, let alone. And, you know, any, any applying cream or patches or whatever out.

And so we can say or injections. Right. So here's the pellet. It's going to last you 4 to 6 months. Let's make sure we know what your body's doing with that testosterone.

So looking at the detoxification pathways I usually use the urinary metabolites looking at estrogen detoxification pathways. So I'll use a Dutch test for instance.

And and let's see what your body's doing with that. And then continue to support your body's own natural production. Testosterone and your natural ovarian function and adrenal function as much as possible.

So I think there's a place for them. Definitely. Do you know my patients on them for now. So it's usually like in maybe a year, a year to two years, and then we're moving into a different regimen.

Yeah, a different regimen. So that we have the, you know, the safest routes available for the longest amount of

time. I love that. Do you see men in your clinic as well?

I do. Oh, okay. Fantastic. That's wonderful because these men and women listening to this podcast so they can come to get that balance. And I'm so glad that you mentioned about the pill.

It's not being one you can't just take one solution for everyone. It so your approach is the individual. What does the individual need. And there's not just one thing for everyone in one.

It's it's so specific. So thank you for what you do. And and thank you for spending this time with us and for sharing your wisdom and knowledge. And I know people are going to benefit so much from what you teach and what you help people do.

And you still run a practice, don't you? You still have. Yeah. I'm hearing. That. Carpathia. Help! Yeah. Fantastic. That's wonderful. I'm so pleased. All the details will be in the show notes.

And thank you so much for joining us again today. I thank you and thank you for everything you do. You have been a mentor and an inspiration to me as well.

Oh thank you. I appreciate that so much. Thank you.