Podcast Introduction and Guest Background

Women who are treated with hormones. All right. Less risk for breast cancer, heart attack and stroke than women who were not treated with hormones. That's the actual science.

Men who are treated with testosterone are less risk for prostate cancer. And men who are not treated. You can even go further. Women who've had breast cancer and have had that breast cancer properly treated.

They happen to be at an increased relative risk for recurrence than a woman who's never had cancer is for developing a breast cancer. Given these women or increased relative risk for recurrence, there are less risk for recurrence if they're treated with hormones than if they're not.

This is doctor talks. Real talk from real doctors on the issues that matter to you most. Welcome to the Longevity Leaders podcast. I'm Doctor Isaac Jones, and this episode is part of our exclusive series recorded at the Exponential Longevity Summit, a global gathering of cutting edge health experts.

Exploring. The edge of human performance, healthspan. And longevity. Let's get into it. Welcome, everyone. Today, we have Doctor David Rosen. Sweet. I'm doctor Rudy Mueller. Doctor Rosen. Sweet.

Thank you so much for for being here today. Just want to give a little brief introduction to Doctor Rosen. Sweet. He is the founder of the Institute of Bioidentical Medicine and the Menopause Method, as well as an author of many books, one of being the happy, Healthy Hormones.

So with over 30 years of experience treating things from Andrew Paws to menopause, he has trained thousands of medical professionals and compounded bioidentical hormone replacement therapy and helped thousands of women through his protocols.

Doctor Rosen Sweet is a nationally recognized speaker as presented at, different organizations like a forum, a cam, AMG, and the National Academies of Science on bioidentical hormones.

So I'm excited to hear his insights on hormone optimization, hormone replacement, and its role in longevity. So welcome, Doctor Rosen. Sweet. Thank you, Doctor Miller.

Yeah it's great. So I mean, big picture when, we're hitting that age of Andrew pause for men menopause for women. What are some signs and symptoms that would be a clue.

An individual in the to think. You know what, maybe I need to consider hormone replacement. Well, in both men and women, since the hormones are some of the most powerful biochemicals in our body, and they're universally distributed through our body and have many different functions, about the time they start declining.

So many people, the majority of men and women, have symptoms because they've lost the power, chemicals and losing them. So, for example, in women, periods can get a regular, can get painful.

They can start having difficulty with their sleep, their mood. These hormones are so related to brain function and emotions. They can start having pain on intercourse.

Hot flashes, night sweats. These are strong symptoms. Life interrupting symptoms. I think that's a very beneficial thing because they're strong enough to catch, individuals attention.

And so many people respond with, God, what's going on here? And and, an appropriate response is, there's something that I need to do here. I need to seek some help here.

So the variance this these strong symptoms are very inspiring to do to go out and seek that help. And for men, yes, there's fatigue. There's loss of motivation.

There's, loss of muscle strength. But the big one is loss of erectile function. So as a man starts experiencing issues there when he never had issues, this is a very strong inspiration to go seek help and ask what's going on here?

Yeah. And so, you know, when we get a lot of, clients that come to our office, you know, they're, they're questioning and there could be 30 or they could be, you know, 50, 60 years old, and they've never had their hormones checked before.

When to Consider Hormone Replacement

So is there like, is there a time or an age some sort of, you know, time when they should be getting their hormones checked so they can have some marker to go back and look at, you know, age 25.

I had a testosterone of X, Y or Z, or my estrogen and progesterone levels were perfect when I was 32. Is there some particular recommendation you have around what age a person should have these hormones check?

Well, oddly enough, I'm not going to recommend that any woman or any man bother getting their hormones checked. Okay? If anything, the symptoms themselves are so strong and so life diminishing that that's the real signal that there's time to, do something about this.

The laboratory reference ranges are so broad that it. It's hard to say when you have a woman who's got normal periods and she's in her 30s, that whatever number she comes up with.

And this is the same for true for men. Whatever numbers he came up with. They're they can't we can't pronounce a man normal by the numbers alone or a woman.

But we can pronounce a man low in testosterone when he can. Cannot sustain, erection in, in penetrative intercourse anymore. We know his testosterone levels are low.

Now for fun. I know I don't often have an opportunity to do this. When we test a young woman, for example, we get a look at when she is young and regularly menstruating and very healthy.

I think it is could be useful 2030 years down the line to compare her following hormone levels with what she once had. But only entertaining. And I've had the opportunity to do that with two women.

Their mother thought who was very much using hormones in menopause and thought wouldn't it be interesting if we tested my daughters when they're young and healthy and regular menstruating so that when they go into menopause we can have a base camp and it was I think you you were suggesting that it's interesting, but not necessary.

I got you. Yeah. So we're really we're we're basing it off of okay. When we're having symptoms that make the point to a hormone deficiency of some sort, whether male or female or an excess of hormones.

Then that's when we're going to go and look at, what's going on. Yeah. And interestingly enough, we as far as women go, by the time they show up in a professional's office and they're having symptoms and let's say they're in perimenopause, which means they're still having they're still menstruating.

But it may not be regular or it could even be regular. There is no value whatsoever in testing their hormone levels. We the symptoms alone are going to tell us that they're low.

And because of this unusual thing that happens in a woman, when their hormone levels start to drop, their brain and pituitary and hypothalamus go, whoa, got some drop in hormones here.

Wonder if we could waking up those ovaries again. And the pituitary gland puts out these powerful, stimulating hormones to the ovaries, and you can get a burst for a day or two, but you can't sustain it.

The ovaries aren't strong enough to keep that high level going. You get a full burst, full burst, fa burst fall. So it totally depends on what day you test them.

And you know, the confusing thing is, a woman could be having hot flashes or wake up in the middle of the night, and we're 100% certain her estrogens are low.

But if you test her on the wrong day, one of those days when she had that pituitary bump, you could read high estrogens and say to her, I still think you need estrogens, and the woman will look at you like a woman looked at me 30 years ago and said, are you are you kidding me?

You just tested me. My estrogen levels were high and you want to give me estrogen. So it's confounding to the both the provider and the woman to test in the perimenopause.

Testing a woman when she goes into menopause has done a period for six months or so. It's a waste of money. We already know her estrogen levels are super low or progesterone is bottom basement low.

Her to end her testosterone, we can just tell from symptoms whether it's low. So it's a waste of money to test her. Now we test 100% of women when they've come in for treatment.

They have a lot of symptoms. We go through a process to and give them hormones, and the symptoms go away. And we wait for the day that they say, wow, I feel better.

This is great. Thank you so much. We test 100% of those women at that time. It's usually anywhere from 3 to 6 months because it's a gradual replenishing process that brings them up to decent levels.

It's very important that we test them at that time. We use 24 hour urine hormone testing, which I highly recommend and do not recommend other testing methods at all.

And we we know the parameters, because what we learned is when you test a woman who says, I feel great, 50% of those are not going to be on quite enough estrogen to protect their bones and their vagina over the long period of time, and 25% are going to be on a little bit too much that could put them at risk for breast glandular cell stimulation.

We don't want that in a menopausal women. So we test 100% of the women then men. We do it a little different. I hope this isn't too deep in the weeds there.

No, this is great. This is great. Yeah, man. We do it a little bit different. Blood tests can be useful for us, for men, providing we get enough different analytes, like about five big ones.

And, we do tests. The men prior to treating them, and then we follow up with the men when the men say, wow, I've gotten restoration of my erection.

Testing Hormones in Men and Women

This is fantastic. I thought I had lost this one forever. You know. Yeah. And when they say that they're feeling good, we test them, too, because it helps us dial in the optimum dose because we don't want too much and we don't want too little.

So we do that refinement of retesting the men, once they're feeling good again at a couple months, two, three, four months. And so that's great. So I have a couple of follow up questions.

And just to stick with the most recent point that you made with the men, what are those five markers that you're that

you're looking at for. You know pretreatment or even post-treatment when you're looking at blood?

Well, we want their testosterone level. Yeah. Now, just to get a little technical about it, my favorite way to do it is through a, a specific test called the LCMs.

It's highly refined test the the old fashioned type testosterone levels were measured by immune mechanisms and they have some value, but they're a little nonspecific.

And they can pick up metabolites. So they can throw you off a little bit. But the LCMs method that all these labs the especially the big that I labs lab corn quest, they all are for LCMs.

But you have to ask for it. It's a little more expensive. So total testosterone and free testosterone again by LCMs. Now you don't actually need free testosterone.

If you have total testosterone and you have this unusual thing called FBG sex hormone binding globulin, we always measure that because steroid hormones, whether from the ovary or the testicles, they don't just they're fat soluble and they don't just get squirted out into the blood as fat globules.

That would be unsafe. So what the body does is it makes carriers that pick up the these fat soluble hormones, and that's how they get distributed, run through the bloodstream, around the body.

And one of the main carriers for testosterone is sex hormone binding globulin. And what we really care about is how much is bound up and how much is free, how much of the testosterone is really free to do its job.

And it's a small percentage. It's 1 to 2%, usually of the total testosterone we want to know what that free testosterone is, because that's going to be most tied to what symptoms are.

So, so so far I've gone through total testosterone sex hormone binding about one and free testosterone. We also want to know a man's estradiol levels.

This is a principle, hormone present in women. Well, it's present in men, too, and we need it. And we need it for a lot of stuff, and especially protection of our arteries and and also libido.

Interestingly enough, we're we're we're such a combination. When you hear about a man who never sick a day in his life, and he had a heart attack on a tennis court at the age of 40, a high percentage of those men had very low estradiol interest because estrogen is protective to the arteries.

So I'm just giving a little background to each one of these things. We test. We definitely want to test the estrogen. We don't want it to be too low or too high.

We also happen to test another estrogen called this strong. And we also want to know there's some a hormone called LH. It's luteinizing hormone. It's coming out of the pituitary gland.

And it's what the pituitary gland tells the testicles to produce testosterone. So these are some of the things we also want a hematocrit and level of measure, the red blood cells.

And this of several of the things that matter. But I've given you the big ones around hormones testosterone free testosterone, FBG, Astra, Dallas drone.

I lump them as one and LH why? LH it's because if you've got a man who's 35 and he's starting to have erectile dysfunction and he hasn't any any kids and he may want to have kids, we treat these men very differently. 35 this was unheard of when I was in medical school.

You didn't hear about, men getting declining testosterone. Back 50 years ago. It there's this new phenomena that's occurring in men and women of these massive declines.

So even though it's not common for a 35 year old man to have decline testosterone to the level where he's having trouble, it's appearing all over the place, right and left.

So that's why I mention this. But here you've got this young man. He's 35. He still wants to have kids. We want to know what his LH level is. Is his pituitary gland adequately stimulating his testicles to produce enough testosterone?

If, if, if the if the pituitary number is a little lowish, we can do this other way of dealing with this man. Instead of giving him testosterone, we give him a stimulating hormone to his own testicles, and we can get an elevation of his testosterone by doing that.

That's very important for these young men, because if you treat a man with testosterone itself, you're going to shut down the pituitary glands, stimulation of the testicles part of the pituitary gland is doing is it's stimulating.

The testicles produce testosterone. All that that one LH is no longer going to be elevated, but another hormone comes out of the pituitary gland called FSH, that stimulates spermatogenesis, the development of sperm that will get shut down to.

If we treat a man with testosterone, we have a 60 year old man who's got erectile dysfunction, doesn't want to have kids anymore. You give him testosterone almost every instance.

Yeah, he's got a 35 year old man who's got lowest testosterone. And if he can, if we can stimulate his testicles and not shut his testicles down, not shut spermatogenesis down.

That's the that's the road we want to take. Because we can do that. There's sophisticated ways to increase his own testosterone production. If the issue is low pituitary home hormone.

But testicles that if stimulated enough could still produce enough testosterone. Got it, got it. And so then with women why urinary metabolites or urinary testing versus serum or saliva.

What what's the benefit there to to doing the the urine. Well for one thing what when the blood tests. Let's take that. They're valuable in a young woman.

Because you're measuring what's coming out of her ovaries. But once you start treating a woman or a man your, your number is going to be dependent on when their last dose was.

So they take their morning estrogen for example, when you draw your blood you draw it prior to them taking their morning estrogen. Do you draw it a half hour later?

An hour later? Two hours later, three hours later, four hours later. This is the major issue here with this, because we've done studies, we our group does many studies and we've drawn blood from men and women prior to them taking their morning hormones an hour later, two hours later, three hours later, four hours later.

It totally depends on the individual like we can if we draw a man's blood. One hour later, after he applied his hormones, we may see a peak or we may not.

He may not peak till four hours later. So when you test him. So this is an intricacy with men that we've got strategies to deal with. But with women we don't want to go through this.

You can't you can't predict when you're going to get an accurate number. But when you collect urine for 24 hours, because there are hormones in the urine and metabolites in the year, and it's the state of the art, it's the gold standard for a woman that you're treating with hormones.

Timing doesn't matter. You just have them take their dosages whenever they take them. In the 24 hour period. Yeah. And so the. Go ahead go ahead. And my next question was so the metabolites that we're capturing in the

urine are going to help guide along with, you know, their symptoms.

The any changing and dosing will guide us in understanding any risks that could be associated with the hormones or how they're breaking down or metabolizing.

Well, it's a it's a great question. Let me give you a roundabout story. Yeah, that's great. But what we're.

Male Hormone Markers and Fertility Considerations

Really testing there, but we knew from the works of the Chinese a thousand years ago this is what the Chinese aristocracy did. They collected the urine of young, healthy women and batched it and dried it out into powder form and fed that powder to their risk to aquatic women.

They did a similar thing with men. They collected the urine of 20 to 30 year old, vigorous, healthy young men, dried it out, gave the powder to the aristocrats.

They could have given it to the whole population. But my understanding is they just gave it to the aristocrats who organized this thing. Why did they do that?

Because these people did it a lot better. Because there's actual hormones in the urine. There's not only there's the hormones, and then there's what the hormones become in the process of being utilized, called metabolites, what the body does with the hormones, once they get both things are in the urine, the actual hormones are there.

In the 1940s, when in the United States, we were looking for a way to treat women in menopause, this urine experiment was done again, collecting the urine of pregnant women.

Because the levels were so high in pregnant women, much higher. So they could do a lot more harvesting if they collected the urine of pregnant women. But that didn't work out too well, and it was too challenging a source for the pharmaceutical industry to collect vast batches of it in order to treat vast numbers of American women.

So instead of collecting the urine from pregnant women, they collected the urine from pregnant horses. And they dried that urine out, and they came out with the most popular and profitable drug of all times, called in pregnant mare urine.

In fact, when you cracked open a premier in pill which had a very, thick coat, you could smell the urine. I learned that from a pharmacist who said to me, do you ever wonder and wonder why the coda coating of primer and was so much thicker than other pills?

I didn't know that. He and I said, And he said, well, I wondered, so I bit into one once and out came the smell of urine. And they were trying to. Wow.

Yeah. Well, my main point is the hormones are in the urine. Right? Or active hormones are in the urine. And so we measure when we do a 24 hour urine hormone collection, we not only measure the actual hormones, we have the side benefit of measuring what the hormones become in the state of being processed and in a state of doing what they're doing and called metabolites.

It's a debatable issue about whether these metabolites are related to causes of breast cancer. It's debated. And when you see debates in medicine, you wonder, why in the heck is there a debate there?

Isn't that clear? No, it is not clear. And how could it be clear? Because cancer is such a complex illness, probably has hundreds of causes and it isn't in the hormones.

The hormones don't cause the cancer. So that's why you can't really find the evidence. We've actually had this debate recently in our weekly grand rounds that we do with providers.

And the doctor was reporting on this, said, well, what my conclusion is, is we can't tell and nor should we tell. And now we can look at these metabolites and we can notice some things.

We can we know what healthy looking processing of hormones is. And about ten, 20% of the time we'll see an unusual pattern of processing hormones, things that just don't appear that way in a young, healthy woman.

And we know something there. We know that the liver is not doing its job properly. So we started wondering about liver health, and the liver is not doing its job properly.

We wonder about the intestinal health because the intestinal stuff goes to the liver. So it's a functional medicine detective story. We can learn that.

And just for someone's general health better their liver should be functioning better. So we can use the metabolites and abnormal metabolizing patterns to really get a general look at oh, look at that.

This liver is not doing its thing. Well, we can also learn that just from asking a couple questions of the patient. Is this okay? What do you think. This is great.

Yeah. No, this is great. We can also learn this kind of stuff from asking a couple questions like, we'll ask a woman, could you drink a cup of coffee at 6:00 at night?

And, they'll say, no, I'm not going to do that. I mean, I won't fall asleep. How about when you're 20? Could you drink a cup of coffee with dinner? Oh, yeah. No problem whatsoever.

When we learn there that the caffeine is not being processed midlife at the same speed by the liver and gotten rid of like it was in the young, healthy liver of 20, or if a woman says, we ask a woman, can you go into a mall and hang out there and shop for a while and there's certain number of women are going to say, hey, I used to be able to, but I can't now.

Urine Testing and Hormone Metabolites

I just can't go in there. I get a headache, I get weak, I get tired, I got to get out of there. And what we learn about that woman is she's not processing all the toxic chemicals that are in the air in them.

Well, and there's plenty of them. Dry cleaning fluid, all kinds of stuff they add to fabrics. I mean, what does the mall smell like? It smells like something.

So we learned that a different phase of the liver is not working well. So there's lots of clues in medicine when things aren't working well, we don't need the 24 hour urine hormone test to tell us that there's liver compromise.

In other words. Right. I like that. And so when we're thinking about the patient and their specific, you know, testing regimens, their exposures. Well, I'll just say like one thing that we get a lot is with women who are interested in hormone replacement.

We've got the symptoms that that indicated potentially we have some lab tests that that also indicate it. They're concerned about the risks associated with hormone replacement.

So I heard you mentioned earlier that the hormones are not necessarily the the cause of cancer. But I'm curious your opinion and your your, experience in looking through the research and understanding when we have a person who has fear around hormone replacement therapy developing and turning into cancer, how do you walk that person through that?

I think this is one of the most important questions of the day. Yeah. And I mean, not only today, I mean of this time in history. Sure. Because this extraordinarily unusual thing happened in hormonal medicine that I've never seen happen in my whole career and any other branch of medicine.

So just for example, hormones were so popular in the United States that 40% of all American women in menopause were on hormones in just prior to 2002.

That was 18 million American women were on premise in our prime, pro pregnant mare derived urine hormones. And then out comes the study reporting of a study.

Now let me say it was a false reporting. But it exploded out into the in the world and it was called the study was called the Women's Health Initiative 2002.

And what it claimed was that women who were on hormones were in increased risk for breast cancer, heart attack and stroke. It was a total misreporting when you actually I was shocked too, when I saw this come out because I had been treating women for ten years on hormones.

I was concerned, but then I read the report and I was so surprised because there was 20, 30, 40 really good studies prior to 2002, that one after another after another talked about the benefits of the hormones and that the risk.

But here we got this one study that comes out that says, no, it is risky. Well, I looked into the study and I was so shocked because there was no real statement said that there was increased risk.

It wasn't in there. What was stated was that women who were on prem or in pregnant mare urine derived estrogens had a 21% reduction in risk for breast cancer, 21% reduction in risk.

I was in the study, but there was a second arm of the study were premature and was combined with this a little bit of a funky molecule, in my opinion, a progestin, not progesterone, called progesterone acetate was called.

And there was a what was reported to be a 1.26 relative risk, which was immediately followed by, which was not statistically significant. This is in the original study.

Well, any scientist knows that when if it says not statistically significant, that don't pay attention to it. Don't try any conclusions. Do it. You can.

It's it doesn't it doesn't cross the measure of being significant. But that's not what the press reported. They just went to. There's an increased increased risk.

And that those 18 million women who are on hormones, it dropped to 2 million with with horrendous consequences. And I won't give you the, I won't talk more about that right now, but what I would like to say is, as popular as that study was that frightened women and health care providers all over the planet and caused that drop from 18 million to 2 million.

The the study committee continued to follow those women, and in 2016 came out with a report, same study committee, same journal, that after 18 years of follow up, there was no increased risk.

Hardly anyone has heard of that. No kidding. Now it is becoming more public in the medical community. Thank goodness. Thanks to the efforts of an extraordinary, physician who's been really doing the research there.

But what I'd like to do is tell you what the actual science is around risk. Not necessarily, but your audience. Yeah, yeah, I know, thank you that, you know, you're a physician.

You know, we know that we're all at risk. We're human beings. We're at risk for thousands of diagnoses, and a lot of them are not pleasant. And as human beings, we're at risk for hundreds of cancers.

And as a male, I have especially increased relative risk for prostate cancer. And there's new reasons for this. This was not true when I was in medical school.

And women are an increased relative risk for breast cancer. Also, something that was not increased when I was in medical school. Given that we're all at risk women who are treated with hormones.

All right, less risk for breast cancer, heart attack and stroke than women who were not treated with hormones. That's the actual science. Men who are treated with testosterone are less risk for prostate cancer than men who are not treated.

You can even go further. Women who've had breast cancer and have had that breast cancer properly treated, they happened to be at an increased relative risk recurrence than a woman who's never had cancer is for developing a breast cancer.

Given these women are increased relative risk for recurrence, there are less risk for recurrence if they're treated with hormones than if they're not.

That's the science, folks. You don't have to take my word for it, although in the book that you can offer to your, they can download a free copy of our book in chapter three, I cover this subject of risk.

And this risk is subject to risk for women, is covered phenomenally in a book by, oncologists who specialize in breast cancer. His name is Abram Blooming, and he and Carol Tabriz wrote this book called Estrogen Matters.

Any woman who said breast cancer, we automatically say to these women, read, estrogen matters. You'll get the details of what the science is, what. And it really ultimately comes down to women who are treated with hormones are less risk for breast cancer than women or not.

And women who've had breast cancer are less risk for recurrence if they're treated with hormones. And it's it is really a phenomenal book. They're not fans of bioidentical.

So I don't like that aspect. And and that's a whole other story. But at any rate, the science is really profound. Backing up the statements, I just met men to run less risk.

Yeah, men. There's a book called by Abraham Morgan Taylor. He's a urologist. He's a Harvard professor. It's called testosterone for life.

Cancer Risk, WHI, and Hormone Safety

He goes through the same kind of discussion with about men and reduced issues with treatment with testosterone. Well, I think that that is a, mic drop moment for you with those statements.

And I hope that hopefully that reaches everyone and if you are interested in, Doctor Rosen Sweet's book, he has been so kind to supply us with a free copy that you can download as one of your gifts for signing up for, for the summit.

So thank you very much. And you mentioned chapter three as being the place that they would find that. Yes. All right. Perfect. So I think that that can bring us to the next point.

We've kind of push the risks outside of it. Obviously we've we've mentioned some of the symptoms, the signs, the testing. And I think, we've talked a little bit about benefits, but besides the reduction of signs or symptoms and feeling better, more energetic, what are some additional benefits or the main benefits to utilize and obviously risk reduction of, of cancer and recurrence of cancer?

Are there any other benefits that you want to mention to utilizing hormone replacement? The most profound question that can be asked the benefits? Yes, yes, the benefits are huge.

And we think and I mean, you talk to any man who's lost his erection and the benefit to that erection returning is really dramatic to that man. Sure. Or any woman who used to enjoy intimate, intimate contact but cannot actually

cannot actually stand it because of the pain.

And of course, when she gets the restoration of that, that's just the sexuality part. These hormones are so powerful that they affect our mind. So there's a large percentage of women who get cognitive issues.

They're not thinking clearly. These are professional women at the peak of their knowledge and experience, and they can't think clearly and they can't remember.

For them to get restoration of their ability to think is humongous for them. Just think about not being able to think and talk. And you know the bones well.

The greatest benefits people don't actually understand. But health care professionals do. Like any physician that is taking care of people of all ages, we know what happens to people when they're in their 80s and 90s, and the main thing that happens is what a specialist in aging medicine, a gerontologist, taught us in the 1960s.

He said, here's what's happening. Old people, they're losing their muscles through a process called sarcopenia. They can't stand and walk with stability.

They fall onto their osteoporotic hips and they die. You want to help older people, help them with their muscles, their bones, and also their mind. So on our medical board, we have an, physician who spent a large part of her early career, assisting nursing homes.

And I asked her once what percentage of women in nursing homes you think are there because of low hormones. She said 80%. And this is the big one that we I tend to think in terms of, yeah, it's really nice to not have night sweats and be able to sleep again and have a good mood and get your erection back.

But I've been there in the moments when elderly folks, they realize they have to enter a assisted living facility and it is a real tough moment for them.

They like being at home. They don't want to leave the family their lives. They don't want to go into what we used to call old folks homes. And it's it's they're strong and they will do it.

But the main advantage that I think of replenishing hormones for both men and women is to allow them to live at home and walk and talk and think and a lot more for every day that they're on the planet Earth.

I think that's the biggest benefit. Yeah, beautiful. And I think that really ties over to, you know, the theme of longevity, right? It's not only the avoidance of the the scary conditions that cause death, whether it be cardiovascular disease, stroke, Alzheimer's, cognitive function, cancer.

So you have you get the protective benefit there with making sure that your hormones are are in good operation, but also increasing that healthspan versus lifespan and being able to live your life and be able to be energetic, to be able to be productive, live and and be in your own home for as long and you know as you possibly can. So, resonates perfectly for, for the reason that that hormones, are an integral lever or dial or button that we need to be thinking about pushing when we're talking about longevity.

You said it so well. There is so many of those deep conditions, heart attacks, strokes prevented, not for everybody, but in a large measure by adequate hormone levels.

Bones, brain. You said it. There. The big stuff that we all face as people and as health care providers. Yeah. And we've I mean, we've seen it in our clinic with the help of your tutelage.

You know, especially with, with some of our female patients dealing with cognitive decline and on that, you know, had that genetic predisposition for, for Alzheimer's.

And this is a huge lever that for, for some of them that when we were able to get those hormones right, it it makes

the changes or you know, I say overnight, not literally overnight but rather quickly.

For they've been experiencing cognitive decline for slowly over many years within months were able to get, you know, their brains back up and running and their families see it, their friends see it.

And then it's also a great business model because the friends see it. And then they want to know where they're getting their hormones. Right. Yeah. So, I think right now when we're talking about, you know, hormone replacement, like one key thing that people might be wondering is okay, well there's pills, there's injections, there's gels, there's pellets, there's creams.

So many different delivery options. What or why does the delivery method really matter? And how do you help patients choose. What's the best option for that?

Yes. The there are a lot of methods to deliver these hormones. And they've undergone a history back from the Chinese. And I want to give you my best shot because I think there's been an improvement over time in many aspects of hormonal treatment, including the delivery system.

So I'm going to cut right to the chase for women. There's four major ovarian hormones to replace. There's the estrogen family. There's progesterone, there's testosterone and there's DHEA.

And by far my favorite way for a lot of reasons is to apply them to your skin in oils or gels or creams. And so there are many topical. That's what it's called application methods.

And then years ago, I was I was used to prescribe these hormones and topical gels and my pharmacists instead of shipping you as usual to my patient, the gel, they shipped one of my patients estrogen to my office and I had been treating for ten years women with these gels.

And I was prized because I had never seen a hormone. And so I went open and cracked the seal to the white cosmetic jar and opened it up. And outcome came this odor.

And the odor is a strong solvent because the steroid hormones don't dissolve well unless you use a strong solvent. And here I was, a functional medicine dog trying to detoxify people, and I was did the math, and I realized I was asking them to apply a strong solvent about a quarter a year for ten, 20, 30, 40 years.

That added up to a lot. So my son and I went on to develop an organic oil base. That's my favorite way women, so many will do best with an organic oil delivery system of a compounded bioidentical hormone, molecularly identical to what your ovary put out.

And they're, they're dispensed. And, by compounding pharmacists all over the United States is over 8000 of them in the United States. These people really care about the best themselves, and they can individualize therapy.

So for women, individualized, hormones being prepared by compounding my identical hormone compounding pharmacies. And my favorite is in the organic oils as the delivery system men do what I do, I take my testosterone every day.

And this is an oral syringe. It's not an injectable. This just helps me measure the right amount of testosterone to apply to my skin. I do it after my shower every single day.

It's testosterone in an organic oil base. This is my favorite. We discuss it in the for women in the book that, you can download. That's my favorite way to do it.

Interestingly enough, if you go to a provider who really cares about this work and has done some studying and really understands the process of dose determination, almost any form of hormone that you can think of can be beneficial.

Yeah, you can win, said horse urine derived estrogen. Like, who would want to do that? I've never written a prescription for it personally. But you know, the women who are on premiere and they were doing a lot better than the women who weren't, and they had that, interestingly enough, better, reduced incidence of breast cancer that wasn't reported that way, but it was the reduced incidence.

So when someone knows what they're doing and they've got a favorite method and you can find someone who's good at it, almost any way of delivering hormones can be beneficial if done carefully.

Benefits of Hormone Optimization

And, again, I want to give you my best shot. Topically delivered ovarian or testicular hormones in an organic oil base. That's the top of the mountain.

Yeah. Very interesting. You saw a need there, to be able to give people organic. Right. And because we, as a functional medicine provider, we're trying to get toxins out.

You know, I, I meant to ask this question earlier, but neglected to ask, what are you seeing as the we talked about, I mentioned that we're seeing these hormone deficiencies occur earlier on or becoming more common when they're they're occurring earlier on in a person's life.

I'm assuming chemical is one of those causes. But if you could elaborate a little bit on some of the causes that you see or you think are driving some of this deficiency earlier on in life.

Well, you name the big one, the, like, who knew that so many of the herbicides and pesticides that have been produced, tons and tons and tons of it is put on this planet every year, how would they behave if human beings were to be exposed to them in their food supply?

For example, they behave like hormone disruptors. This has been known since the 80s. A colleague of ours, a chiropractor and in Texas, Bergson has written a book about hormone disruption and about what the trouble that these chemicals cause in our hormonal system.

And you're in Florida, and I'm sure you've heard the story of a researcher who went down to study the Everglades because the alligator population in Florida was doing some unusual things, like, number one, not reproducing like it used to.

And number two, getting low sperm counts in the males and even getting some hermaphrodites, some males who were turning into females. And what he discovered it was coming from the pollutants in the major lake that fed the Everglades, where these alligators is their that's their hometown.

And so it's not just the theory, these this, these chemicals that are in there are water and are plastics. They don't act like hemlock did in back in ancient Greece, or arsenic did when you took a glass of hemlock.

It all of a sudden you, you, you keeled over and left Earth died. In other words, they're not like that. They're toxic. But you hardly notice the individual exposures.

But those individual exposures add up, and it's our food supply is loaded with it. What is it? What does it take? Look, what kind of chemical power does it take to kill an herb or kill an insect?

You don't, you don't. You're not able to do that with fairy dust. You got to use something that is really strong. And this roundup, glyphosate, that's, almost universal.

On this Earth. And it's right here in my own neighborhood, out in the countryside in North Carolina. We see where they put it on the ground. It turns the it turns the Earth into this just extraordinarily unusual orange color that, you know, something is wrong.

Well, that's where it's coming from. All the chemicals and all the toxic chemicals. And then, like you say, is yourself as a, health care provider, people come here and not feeling well.

What do you do? Well, one of the things we got to do is get rid of their poisons that they've acquired in their body, because these things are fat soluble, too.

So big story, their toxicity. Wow. Want to make change? Eat organic. Yeah. Eat organic and and start detoxifying. I mean, I think one of the most, beneficial tools for detoxification and especially with some of these, these types of chemicals that we're talking about is a sauna, right?

An infrared sauna. And that's that's probably one of if not, in my mind, the most important investments into your health could be purchasing an infrared sauna, whether that's a stand up unit or blank, you know, a covering or a sitting down, your head's out or whatever.

I just think that that saunas are one of those things that we all need to be considering. If we're looking to help with detoxification. And of course, that's state of the art.

Yeah. Because sweating this stuff out. Yeah, it'll metaphorically bubble out of your fat tissues if you heat them up for now, a pathologist, that's, quite famous in the circles that I used to travel in.

He said, you know, a poor person's version of a sauna is you buy one of those radiant heaters, those things that look like those old fashioned. They're about a hundred bucks.

And you stick it in a closet or bathroom and you heat it up at 104 degrees. So where you're sweating a small space, small heater. And he says, so many of these toxins are, will come out of the fat cells at a low temperature, and you can do it in your own bathroom or in a closet, right, if you're willing to sweat it out in there.

Delivery Methods and Toxic Exposures

Yeah. Infrared sauna. Absolutely. I know, state of the art. Yeah. That's great. Okay, so we've gone through some of the, the causes of, of hormone, issues.

We've gone through symptoms and signs. We've gone through some testing, we've talked about some of the best ways to, help deliver those hormones. And with the organic oil, we're reducing the number of toxins that we're putting in our body.

We don't want to necessarily add any more toxins into our, you know, into our soup or toxic soup that we're exposed to. So from there, I mean, as a, as a person who's looking to come in with hormone replacement, are there particular guidelines that you give them when they're searching for a practitioner who can help them, whether that be local or, you know, now with, you know, all the things that happened with Covid, we've got more virtual practices.

Any particular guidelines that you would give them to make sure that they're going to somebody who's knowledgeable and can do this the right way? Well, I think you're naming the number one job of any person who's concerned that their hormone levels are declining and is giving them trouble, and it's to find that professional provider.

This is a very unusual field hormone replenishing what I observed over the course of my career was the differentiation out into medical specialties. There used to be generalists when I was in medical school, I was I graduated as a general practitioner, but the knowledge base got too big and medicine really got it.

Providers really got it. I'm going to choose the lane. I'm going to get good at it. I'm going to get great at it. You choose a narrow enough lane, you start getting really great at over a period of time.

Well, this has happened all over medicine, neurology, obstetrics, gynecology, endocrinology. And it did not happen

in hormone medicine. And because as all these differentiated specialties were occurring, this is occurring at a time that the Women's Health Initiative came out and it scared professionals away from hormone treatment.

In fact, if you talk to a large majority of professionals, say, I think I want to get on hormones, doc, what do you think? I said, no, no, no no, no. Even though this has been refuted for the last 20 years, has been refuted, they still got poisoned by the same, poison that we all got back in 2002.

So it's the Wild West in hormonal medicine, and that's what I think the question you just asked is the most important one. How do you find a provider who really knows what they're doing and that's your job?

There's a couple ways to do it. What you want in that provider is that they've really acquired an interest in replenishing hormones in men and women midlife, that for some reason or another, they thought, man, this looks like a great idea.

And, not all of these providers, but a lot of them have gone through menopause and, and poised themselves. And that's why they thought it was. Really. A good idea.

Not although we know a lot of young, health care providers who got interested in really early on. Why? Because it's one of the most important things to improve someone's health that you can possibly do, lose your most powerful biochemicals, replenish your most powerful of the, your most powerful hormonal hormones.

So you want to find someone who's taking a special interest in is reached out to get post-graduate training, because none of us are taught any of this stuff in our primary, training programs.

And there's a lot of training programs out there that you can, learn quite a bit on. And so you want someone who's followed that bouncing ball. Now, there's a lot of ways to go about it.

For one thing, if you might have a friend who's already on, compounded by the identical hormones, and that's a key point. Although any hormones can be valuable if done properly.

What do you want? You're going to want the best you. You're not going to want a model-t Ford. You may want an electric car. Maybe you want a Tesla here.

When you go out doing this and you're going to be doing it for the real rest of your life, you're going to want someone who really knows what they're doing, and you're going to want them to be giving you the best stuff possible in a very individualized manner.

Well, in order to do these individualized prescriptions, you're going to be needing to deal with a compounding pharmacist. That means the provider is going to be able to write a prescription for individualized dosage for you, is they're going to be able to figure it out with you.

They're going to put you through a process. Do it. So a keyword is compounded by identical hormones. So when you're talking to people, ask them, do you know anybody who's doing this.

You can spot these people. Take a look at the women in their 60s, and you're going to be able to pick out as soon as you decide to which women are in hormones and which ones are not.

And if you don't have a friend who's on hormones, go up to one of these women because women are great networkers and say, are you on hormones? Okay, I'm looking for hormones.

Can you help me out? You know, anyone is good. That's one way to do it. Referral from a friend. There's nothing like it. Another way to do it is these best hormones are being delivered by.

Compounded by identical pharmacists. And there's one in your town, and God, there's both. Must be three for ten in the southern Florida east coast. There are easily.

These is easily. Yeah. And here's what I recommend that you do.

Finding the Right Hormone Practitioner

You actually go to your nearest local compounding pharmacies and go into their pharmacy. Don't try and do it by phone call. These are busy folks. But if they see an actual potential patient in their pharmacy, they like to talk to people.

These are very interested folks and say and ask for the pharmacist and say, I know I need hormones. You're you're receiving prescriptions from a lot of providers here in your area.

Is there anyone that you'd especially recommend that you think is really good at this? They're going to know. They're going to know by the quality of prescriptions, because there's a lot of people don't know what they're doing, and you can see it in their prescriptions.

So these pharmacists are often going to know who the very best ones. Also from testimonial, they're going to they're going to receive testimonials from their patients who are picking up these hormones and saying, boy, Doctor Jones, they're fantastic.

I feel so much better. So they know that they're getting these testimonies. So your local pharmacies, another way that you can do it is we've trained over 1000 providers in our organic oils method, and you can contact us through our book or through our website.

And very often, no matter what state you're in, we'll have trained somebody there who's doing this method. So there's a lot of ways to ask your friends.

Go to your local compounding pharmacies, take a look at our book and contact us directly. We'll refer you to someone. Most often we have someone. These are the best ways.

Perfect. And I think that that would be a perfect time. As we close out this interview is to share if you have, be thinking that if there's people on here that are looking for your website, feel free to share that or how to get in touch with, you know, your, your group, your, practice.

And then if there are practitioners that are interested in being trained, what's the best way for them to to reach out to you? Well, well, thank you for that.

For women or men who are seeking treatment and looking for a provider, go to bright that live bright that live unusual website, bright Dot live. And we have mechanism there for you to get referred and for those providers who are seeking education, that's the main thing I do is I train and mentor and I mean train and mentor.

Answer yes, you do. And that would be io bim.org I o b as in boy I Amazon mary.org album.org. That's how providers can link up with our training program.

Excellent. Well, Doctor Rosas, we thank you so much for your time today. You've provided a ton of benefit and a lot of knowledge to through your experience today for our listeners.

So I just really appreciate you and all the work that you've done. Thank you so much for joining us today. What a pleasure, Doctor Miller. I've, I've known about you and that for so long and, real pleasure to hang out with you.

It's always interesting to see the spouses. The equality there is so beautiful to see. So it's been a real honor to meet you today and salute you for your great work that you guys are doing.

Appreciate you, man. All right, well, everyone live long, live happy, and we'll look forward to the next episode. Thank you so much. Thank you for tuning in to Doctor Talks.

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