Optimize Your Hormones For Fertility Success Transcript

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Introduction and Dr. Sharon Stillsu2019 Background

Welcome back to The Super Fertility Summit. I'm so excited to welcome you to this interview with an incredible doctor and also a dear friend, Dr. Sharon Stills Dr. Sharon Stills, you're a naturopathic medical doctor who helps Perimenopausal and menopausal women to pause and evaluate life so that they can live the second act of their story stronger, healthier, and sexier.

While aging backwards. Using your 20 plus years of experience and extensive training and background in European biological medicine, Pro aging therapies, and bioidentical hormone replacement, you have successfully helped thousands of women transition gently through the different stages of their lives with all natural methods, you're passionate about spreading the word about your signature RED Hot Sexy Meno(pause) Program The philosophy that you developed at to reinvent your health, explore your spirit, and discover your sexy so that you too, can create and live the life you desire and deserve.

You founded and ran one of the largest and most successful naturopathic clinics in the country for a decade, and you're the host of The Science Of Self Healing podcast.

You're also going to be launching an incredible I think that I have this right, 7000 square foot medical center in Scottsdale, Arizona. I am so excited for this.

And you're an expert physician for Women's Health Network, and you are chosen to educate other physicians as the co-lead North American lecture for the Paracelsus Academy in Switzerland.

And patients work with you in a variety of ways, including telemedicine and your life changing retreats for individuals and small groups in healing and rejuvenating locations around the world.

And you not only serve patients who are local, but you have patients flying in from all over the world to work with you. I want to welcome you to The Super Fertility Summit.

So excited that you're here. Thank you. I am honored and excited to be here. It's always beautiful talking to you mamas. dadas, parents of all genders, you're in for a treat to experience Dr. Stills spirit and wisdom.

And also her incredible expertise. Dr. Stills also has her own super grandbaby, which is so lovely and hopefully will come up in the course of the conversation today.

And I just really want to emphasize how our reproductive health and potential and longevity are on a continuum. And so if you're somebody who is perimenopausal or even may be very close to menopause or even looking like you're crossing the threshold to menopause, but you're still wanting to have a super baby of your own.

We have been successful at helping people back out of early menopause, or even not so early. We've had people who haven't cycled for four, six and up to 15 years go on to reinstate their cycles and have their super babies with the Primemester Protocoll.

And I know Dr. Sharon Stills is going to have so much to teach us about this. So, Dr. Sharon Stills, I want to welcome you. And I always love to start by thinking from the end.

Hope, Fertility, and Perimenopause

And when we think about what do we want people to take away from today, if they only remember one thing, what's the one thing that you hope they'll remember from the conversation between Dr. Cleopatra and Dr. Sharon Stills?

that they're that there's hope and infertility doesn't exist in a vacuum. It is a a larger expression of what's going on in your life. And that can be on an emotional, spiritual, physiological, anatomical level.

And so that there's always hope. And if you feel hopeless, maybe it's just you haven't opened the right door yet. That's the key and the answer for your experience.

And and I just want to tag on to what you said, because I'm glad you said that about premenopausal and that you can still have a baby. And so I do work with a lot of perimenopausal women, and that's one of the questions I always ask them in the beginning of the conversation is like, do you want to get pregnant?

You know, because some of them come to me for that reason, but some don't. And I'm like, you know, you have to be aware that what we're doing could open the door to you becoming pregnant.

So if you don't want to be pregnant, like, you know, I'm not taking responsibility. You know. You have. You have to wear a condom or do whatever it is, you know, but you know, that opportunity now exists.

And I think that's like, blows people's minds because it's something that, I mean, I think now in the general population, we call, a 35 year old geriatric pregnancy.

True. its so ludicrous to me. And it is ludicrous. It's very funny because I have had all of my super babies in my late 30s and 40s and, my insurance program.

I have this great medical insurance that they called me constantly because I was considered high risk. And they kept trying to, you know, support me and put me in these programs, and they wouldn't stop calling.

And my husband finally answered the phone, and he was like, listen, this woman is not high risk. She's high maintenance, but she is not high risk. And we.

Laughed and he was like, you don't. Need to call anymore. You know, it was just so funny because that is the message. And this is so internalized in our paradigm that the insurance companies, when you're 35.

Plus, if you. You know, if you have a, a caliber of insurance and they're trying to prevent any problems with you and the baby, they're all over you when you're when they find out you're pregnant and you're 35 plus.

So it's it's true. And it's funny that you say that about you. It's it's not even in their orbit. But you need to say to them what we're doing here together in optimizing your health and your hormones could open the door to pregnancy.

If so, if you if you want to have another baby or a baby, that's great. But if you don't, then you need to take responsibility for that, right? Because you don't think that you're you're immune to getting pregnant just because you're of a certain age.

And I think that's really important. And it's funny because we Dr. Terry Wahls is also part of this Summit. And she talked about how in her MS studies that she they suddenly had people who thought that they were infertile and getting pregnant wasn't possible for them getting pregnant.

And so they had to add to the consent form. You understand that you could become more fertile and get pregnant in the course of this study. Right? So, that's addressing MS.

But once you're addressing the root causes of the autoimmune disorder, then you're also increasing fertility for a lot of people. So it's really it's really interesting.

And you start out by saying you, you want people to know and remember and take away from today that there is hope and that infertility doesn't occur or fertility challenges.

Thyroid Optimization for Fertility

They don't occur in a vacuum that they're indicative of something happening in broader life, whether it's anatomical, whether it's spiritual or emotional.

I think that's going to be for for the people listening to us. This this isn't this isn't going to be, revolutionary idea because we're talking about this all the time in the Primemester Protocol We're talking about this throughout this throughout this summit.

But I think in the general population, this is a really groundbreaking idea. And I would love to hear your thoughts on this idea that I think many people who are struggling with fertility feel like they've read all the things they know, all the things that they they should be doing that people say will help them.

And they've tried all the things and nothing has worked for them. What would it what would you say to them? Where is that? Where? Where is the key and the door?

I know what, I know what I would say, but I'm curious. I'm curious about what you would say to them. Dr. Stills. I have a lot of answers to that question, but the one that just first popped into my mind is more on a physiological level.

And so some of the big things that I see from a physiological, hormonal perspective can be that your thyroid is not optimized or that your progesterone levels are not optimized.

And maybe you tried progesterone, but the infertility doctor gave you progestin, which is not bioidentical and can actually cause the problems we're trying to create.

Or maybe you were told your thyroid is fine, so the thyroid, is a huge player and I can't I mean, I've been practicing for 23 years now. Women of all ages from, you know, just born to 100 years and plus.

So I have a big experience, with looking at women and their hormones and so forth. And I can't tell you how many times it would probably be easier to tell you how many times a woman was told her thyroid is fine, and it was actually the truth.

Be agreed on. Rings are fine and they're not fine. Maybe they're fine on paper, but maybe they didn't run the right levels. Maybe they're not fine for you.

There's a there's a range that we look at in laboratory testing within that as a holistic practitioner, we look at optimal ranges. But then there's the whole realm beyond that of well, maybe this is what we've decided is optimal, but maybe it's not what's optimal for you.

so. A lot of times we're told this is fine. So you feel like I've been there, I've done that, I've tried that and it didn't work. And so having and an ability to have an open mind to say, okay I'm going to look again, I'm going to look again with a different set of eyes, with a different physician or a healer or whoever is guiding you and helping you can really.

I've seen this so many times where, oh, you just needed a little more thyroid support. You just needed some bioidentical progesterone suppositories to help you carry to term.

And even though those things were looked at and maybe you were, maybe you were put on thyroid hormone, but you weren't put on a bioidentical that has the T3 in it.

Or maybe you were put on bioidentical thyroid hormone, but you weren't put on enough or in the right dosage. And so it's always good when patients come to me who are looking to get pregnant, I'm I, you know, I understand and I'm like, I understand you've been through a lot and that's stressful.

But let's just kind of go back and look and let's see what you've done. And usually, you know, it goes into two piles. It's like, okay, this was really looked at and this we can put this away.

This is not the you know, your your nutrient status is good, but there's always a pile of things that they thought they did that go back and we need to tweak and you know kind of shore up and optimize.

That is so wonderful I would love to talk. Can we go a little bit deeper into progesterone and into the thyroid? Okay. So one of the things that I think about a lot with the thyroid is that there are people who so you talked about three levels of lab results, the normal ranges which are actually based on the not well population in general.

Right. So normal is not ideal for for the vast majority of people. That's really important to know. So if your doctors like your levels are in normal ranges, I would be very wary of that.

Then you talked about optimal levels, which many functional medicine doctors and others who have a more expanded view look at, which is great. But then you talked about the third level, which is optimal for you as an individual in your bio individuality.

So I just wanted to really highlight those three levels because I think that's important. Then there there's this nuance and complexity of people who some people who need, a combination of T3 and T4, which is the probably the vast majority, a small percentage of the population who need T4 only.

And then is there ever a time when people need only T3? Oh gosh. Yeah, I think so. Okay, let's talk about that. yeah. So yes. And so just because we don't want to be normal, right.

We want to be. Yes, we want to be right. Exactly. Normal. Normal is common but not necessarily normal. And so for thyroid specific. So there's like these six levels we look at or that you should make sure are being looked at for you which would be your age your free T3, your free T4, your reverse T3, your anti TPO and your thyroid globulin antibodies.

And so these last two are auto immune markers. And if those are elevated in your thyroid issue as an autoimmune issue then just giving you thyroid hormone, which I see done so frequently is not getting to the root of the problem.

It's just kind of slapping a bandaid. So you have to I'm always I'm like a two year old. I'm always like, why, why, why, why, why is this why you're in system attacking your thyroid?

And we have to dig and look. We have to look at gut health. We have to look at heavy metal status. We have to look at nutrient status. We have to look at our gluten.

Thiamin levels are optimization of vitamin D and so on and so forth. And so that's like a whole other realm if you have thyroid issues because of an autoimmune issue.

But if you just have a primary hypothyroidism, which is very common, then you have to look, well, what is my free T3. So for example, lab ranges are typically like 2.4 to 4.8.

So you could come back at a 3.6. And it looks amazing because you're right in the middle. So you think this is perfect. But my experience, which is extensive for how long I've been practicing at this point, which blows my mind, I've been buff, is that women need to be at the high end of normal or even above the high end of normal.

And so a 4.8 is the high end of normal. I have some patients they need to be at 5.5. That's their optimal. And that's where their thyroid is turning on.

And we can achieve getting pregnant and carrying to term. And so we have to I always say I, you know, I love lab work, I use lab work. It helps me decide am I turning left or right in your case?

But I also am looking at you, which. Is so critical. So important. Yeah. So even if your lab work looks perfect, if you are still having symptoms and the body is very adept at letting us know through symptoms if you're still feeling cold, if your temperatures are low, if your hair is falling out, if the weight's not coming off, if you're cold all the time, if you have muscle aches, if you know there's a long laundry list of symptoms associated with thyroid dysfunction that we

often don't think about, or if you're not overweight, you think, I couldn't possibly have a thyroid issue because I'm not overweight?

But that's not true. Women of all shapes and sizes have issues, and so it's like we have to be relentless. I'm relentless with my patients. If we are going to get this figured out, we are going to get you optimized.

Adrenal Health, Stress, and Cortisol

And so I notice a lot of in the alternative field, a lot of doctors will run the right tests, but then they're not really so sure what to do it. Like a lot of times patients come in to me and they have like 25 pages of bloodwork and I'm like, oh, awesome.

You know, they ran a full blood panel on you. Yes. And that's looking at it. I'm like, did anyone do anything about this? And they're like, no, no. So we have to get the right testing and then we have to get the right analyzation of our testing, and then we have to get the right protocol all implemented in our testing.

And so that's why it's so important. And even if you think you've been there, done that, that you open the door again and you take another look and we have to look at the, what you're experiencing, what your symptoms are saying and what the lab work is.

And I always say always a good doctor day when, like, the labs matched what my patient is experiencing. And that happens. Yeah, but it doesn't happen always.

And then I would be remiss if I didn't say, when we're looking at the thyroid, we have to look at adrenal function. We don't want to just address the thyroid and ignore the adrenals, because if we rev the thyroid, it will deplete the adrenals.

If we're not supporting them and they're not already on board. And working on getting pregnant is one of the most stressful experiences a human will go through.

And stress levels and elevated cortisol, and not having that proper circadian rhythm is another big implicating factor in having a difficult time conceiving.

And so we have to really then look at our I always if someone has a thyroid issue, I'm always running 24 hour saliva cortisol rhythms happening because I think we've been told a lot, especially by social media, that we all have high cortisol, high cortisol is takes the blame for everything.

And I can tell you that when I run these tests, more often than not we have low cortisol. We don't have high cortisol. I was just going to say that. So what we often see is a blunted cortisol rhythm where you're not getting the morning rise that you're supposed to be getting.

That helps you wake up and have enough energy and enthusiasm for the day. And then the pattern that you're expecting over the course of the day. So we we actually more commonly see this blunted cortisol rhythm.

And I was going to ask you about that because you know what what we know from the scientific literature, from the psycho neuro immunology literature, is that people who are exposed to repeated chronic stress that essentially is never going away, the, the, the HPA function becomes dysregulated.

And at some point the, the cortisol rhythm becomes dysregulated and you see it becoming blunted. And so it's not surprising that people who are in the stress of a fertility journey are having this dysregulated rhythm, but also people who have had this dysregulated rhythm seem to have a greater likelihood of having fertility challenges in the first place, which is not fit the the the relationship that we see people with a history of anxiety and depression and disordered eating and other kinds of things that can affect the HPA axis, have a greater likelihood of having fertility challenges.

People who experienced high adversity in childhood, people who were neglected. People who experienced abuse, people who experienced abuse as adults. These all of these things and especially anxiety can increase risk for fertility challenges tremendously.

I mean, some some estimates are in the 80s and 90, 93% or something like that. So I think that this is so, so important that you're talking about this.

Let me ask you, a couple more nuanced questions if possible. So when you are optimizing the free T3 and looking at, okay, this person's a their optimal level might be a 5.5 is the t h almost undetectable.

And is that okay in your mind. Because what we what we think of typically for fertility is that you're looking for a TSH that's close to one. And so but at the same time, you've got to be able to optimize these other levels.

And for a lot of people reaching the levels that you need on these other markers of thyroid function mean that the TSR is very low. So what what are your thoughts about that?

And then what are you doing to support the adrenals when you're so that you're not just dumping all this thyroid hormone into the system and stressing the adrenals out even more?

so for the TSA, I'm glad you asked that, because I've had and I tell my patients now because if they go see another physician, the physician freaks out because they're just low in there, like your hypothyroid.

And so it's normal that as you give free T3 or you give bioidentical thyroid hormone, whether it's a combo, certainly if it's just T3, it's going to suppress the agent.

And that's nothing to worry about. It makes sense. You know, if you have a suppressed PSA on your own without taking exogenous hormone, then that's something to look at, you know, is there something going on with your anterior pituitary?

What's happening? And if you are hyper thyroid, you don't need me to tell you your hyper thyroid. You're going to know it. You're going to have diarrhea, you're going to have anxiety, you're going to have heart palpitations.

You're going to hear your heart beating in your ears. You're going to be sweating. You're going to be anxious. Your eyes could be bulging. You're going to know it's not going to be a comfortable situation.

So yes, it is very normal to see that. And so I, I like because in the beginning, in my practice, I didn't realize that other doctors wouldn't understand that.

And like a patient would go see an endocrinologist or someone else and then they would call me, oh my God, the doctor says, I'm going to die. And I'm like, no, no, no, you're fine, you're fine.

So that is a good thing to know. I mean, you, you do me, I, I find that, you know, the women who watch these summits and are involved in their health care and are listening to podcasts and doing research.

You know, when I first started practicing, there was no computer. There was none of this. We had books. Yes. But yeah, patients have this opportunity.

And, you know, if you are here watching this summit, it's like your time is precious and you're choosing to be here to educate yourself. So it's so often that I say to my patients, you are smarter than your doctor at this point, right?

You know, more. We have to advocate for ourselves. And yes, and the doctors should be here. I hate to should, but they I'd like to see them here watching because a patient coming to a doctor, the doctor hopefully should know a little more so they could be guiding you not learning from you.

And so it is important that you understand that. And hopefully you have an open mind, a doctor who you can

educate and they can go, oh yeah, that makes a lot of sense.

So that's that. Question. And then as far as the adrenals, I'm supporting them in different ways. I have some patients who their adrenal you say blunted I say flatlined where they're. Yes.

No rhythm. Yes. Production. There's no anything. And I'll actually use bioidentical cortisol to bring their to cut. When we give bioidentical cortisol we do it in some physiological doses.

Don't go over 20mg a day. And I kind of when you do that, you're giving the support so that your adrenal glands can pack their bags, go to Hawaii, hang out in a hammock for a little while and just rejuvenate so that they can start to regenerate and support you on their own.

Sometimes with just with vitamin C or full spectrum b-complex with extra pantothenic acid, which really feeds the adrenals, we can use adaptogenic herbs.

Sometimes someone has low cortisol, but then it pops up in the day, so they need different treatments. They need things to raise cortisol in the morning, but then later on they need things like maybe melatonin or phosphor title screen or l-theanine or things that are going to help bring the cortisol down.

So that's why when you do, I'm a big fan of testing, not guessing because you can see and you can go online and there's all sorts of posts about if you're experiencing belly fat and feeling wired and tired, you have high cortisol.

But I can tell you, I take my patients cases, I get their symptoms, I think, oh, they're going to have high cortisol or they're going to have low cortisol.

And often I'm surprised what their symptoms were saying didn't really correlate with what we textbook thing. So it's really important to test and see what's going on for you.

And then I just like to add that adrenal support does you know I mentioned vitamins and cortisol and herbs like whether it's rhodiola or astragalus or ashwagandha, I mean there's lots of delicious Eleuthera, lots of yummy.

Yes, we like them. Adrenal support is a lifestyle. It's also emotional support. Social support. I mean, it's yeah. It's not going to you're not going to fix it out of a bottle.

It has to be a commitment to reducing your stress.

Emotional Healing and Fertility Blockers

Learning to say no as a full, complete sentence and standing by it, having boundaries. And it's about, prioritizing your sleep. It's about breathing. It's about realizing that meditation is medicine.

It's really about looking at your life in general. And it can mean making huge choices, stepping away from a job or a boss or a family. Number. So it really and the adrenals, you know, I burnt my adrenals out in my 20s.

I used to think that, oh, staying up for, you know, sleeping only four hours and staying up all night and going, going, going and being superwoman, you know, was the metal of the badge of honor.

And so even to this day, I'm 56 now. My adrenals are still like, you better take care of us, because if you don't take care of us, we're going to let you know that we need.

Yes. So it kind of helps you to get on this, on this journey of, you know what? Self-care. Self-love is not an option. It's mandatory. And we have to if we're going to raise another human, we need to first be raising ourselves properly and we need to take care of ourselves.

And when you are talking about, you know, the adverse childhood events and that being an issue, when I

mentioned that there's so many different layers.

So we have to really get honest with ourselves and our emotions, because if we had a troublesome childhood, which, you know, it's very rare that I find someone who didn't.

And when I do that, I'm like, oh, you are such a unicorn. And I'm so happy and I feel the same. I always have the same reaction. Like, I'm so excited for you because because it is so rare.

It is so rare. I hope to God my super babies feel that way. Oh yeah. They they they, I before we went live, they chose wisely, I think. Make you think you.

So but we have to kind of then do some subconscious work or some emotional work because maybe we're eating all the right things and doing all the right things.

But there's a subconscious fear I don't want to bring a child into. I don't want to mess up. I don't want to make a mistake. And so we have to look at all.

I remember a patient I had this a long time ago, and now she's got three beautiful babies. They're grown now. They're older. But she was really afraid of being pregnant and, the whole thing.

And so we had we worked with homoeopathy and, you know, some talk therapy and some somatic release and some color puncture. But once she got through that fear, it was like bang, bang, boom, you know, babies, babies on their way.

And so that's why I say, and this goes for anything, whether you're dealing with, having difficulty getting pregnant or you're dealing with a condition that's contributing like fibroids or PCOS, or you're dealing with headaches or chronic whatever you're dealing with.

As a physician, I'm always looking at it on all of the layers, because not always, but often there's kind of, you know, one from column A and one from column B that's affecting us.

And so I think we turn it around and, you know, it's easy for me to say there's a lot that goes into it. But when we can turn it around into getting curious about what's going on for us and seeing this as a journey, seeing this as an opportunity, seeing this as a learning experience, we take some of that stress away from it and we can really grow.

And then ultimately we help our bodies to heal, to be a better place for a baby to grow. And I know you have seen this. We've all seen this. Where once the patient, the woman or her husband, once they let go of it and they're like, I'm done doing IVF.

We've just accepted. Then they end up pregnant six months later. Really interesting how that happens. And, well, it's interesting. And it's, and it makes a lot of sense because when the central nervous system is allowed to race, that's when there are resources to funnel to reproduction.

And so it makes it makes perfect sense. And yet it's absolutely infuriating if somebody says, just relax and you'll get pregnant and there's there's a component of when you can be in your rest, digest, restore you, you give yourself even greater odds of getting pregnant and staying pregnant.

Super Fertility and Final Takeaways

So oh my God, I, I we I it's so unfortunate to me that we need to wrap because I have so many more nuanced questions that I would love to dive in to with you.

But let's say for the next segment, we're going to do a part two. because I have so many more things I want to talk to you about. And in closing, I would love to hear your thoughts.

Number one, if somebody could only do one thing to take care of their fertility in their future super babies, what would that be? And then tell us what super fertility means to you.

What does it feel like? What does it look like? I'm going to answer the the last question first. Good. Okay. It's a good one. Yeah. I love the Super Fertility term because when you just take in the resonance of those words and of super and, you know, you are you are phenomenal.

You are, you know, women being able to having a womb and having that magic and being able to create life. And you can tap into that and you can you can embody what it means to be super and means really getting honest with yourself about where you're where you're not taking care, where you're not paying attention, where, you know, if you notice, when we talk about the diet and you're like, you know, look at where you get resistance and that's probably the door you need to walk through.

So that's what I would say. And I love that. Look at that. Where you feel the resistance because that's probably the door you need to walk through. We actually have a weekly diagnostic in the Primemester Protocol, and that's exactly what we say.

If it's not obvious to you what your main area of focus is, then pay attention to where you feel the resistance. And that's probably the clue that you're looking for.

So that is amazing. and then, you know, my number one thing, it's hard to pick just one thing if it. Is. I would say, you know, I'll put my doctor my real, you know, physiological doctor hat on.

I would say, really look deeply at your hormones. Make sure someone who knows what they're doing is really evaluating you and supporting you, because that could be a real, factor in what's going on for you.

And so there's often nothing wrong with you. It's just the the right little tweak hasn't been made for you yet. I love that so much. Dr. Sharon Stills, you're a gift.

Thank you so much for the gift of being here. Thank you. Thank you. Right, right. You are right back at you. You're a huge gift. Thank you so much. Thank you so much.

And to you listening, thank you so much for being here with us. Please join me in the next interview. We have so much more goodness in store for you.