Introduction to Female Hormones and Longevity

Well, welcome back to the Longevity Summit. I'm your host, Doctor David Jokers, and today I'm interviewing doctor Michelle Sands. She is one of the nation's leading authorities on female hormones, longevity, body composition, and sexual health.

She's a number one international bestselling author and licensed natural path physician whose groundbreaking work is redefining how women experience every stage of life.

She runs Glow Natural Wellness, and you can check out her website, GlowNaturalwellness.com. And today, we're talking all about how to optimize female hormones for vitality and longevity.

So we're going to talk about the problem with the modern medical approach to female hormones, to perimenopause, menopause, to dealing with menstrual problems.

There's a lot of problems. There's a lot of issues that the mainstream medicine medical model is just not doing a good job with. We're going to talk about the difference between synthetic hormones and bioidentical hormones, the role of toxins, nutrition and lifestyle, and female hormones, and the best ways to test and address female hormone deficiencies.

You guys are in for a treat. Again, check out doctor Michelle Sands website, GlowNaturalWellness.com and let's jump into this interview. Well, I'm here with Doctor Michelle Sands from Glow Natural wellness.com.

She's been a good friend of mine for a while, and she is one of the nation's leading authorities on female hormones. So I'm excited about this conversation because, you know, female hormones, you know, so many women are struggling with different issues with perimenopause.

Menopause and optimal hormone balance is so key for thriving in life and then also for longevity, for living longer and living stronger. And Doctor Sands is really an expert in this.

So Doctor Michelle Sands always enjoy our conversations. And let's start with just, you know, your thoughts on female hormones and how important they are for longevity.

Yeah, I love this conversation because a lot of women still tend to believe that our estrogen and progesterone are really for and reproduction. And then once we get past that stage in our life where we're not going to have children any more, it's not that we don't need those hormones.

And that's kind of been the overarching theme for many, many years. And I feel as though it's only been in the last decade that people are talking about hormones as important for all aspects of our life.

Every system of our body, for longevity, for living not only more years, but living more life in those years. Being able to be active, being able to have our our cognitive abilities, being able to look like we feel look younger with our skin and our college and our urinary tract system, our digestive system, or mitochondria, all of our systems in our body communicate and depend on our hormones, our sex hormones.

They're called sex hormones. So I think that's where the confusion comes in.

Why Hormones Matter Beyond Reproduction

They're really steroid hormones and they're all made from cholesterol. So we have our estrogen or testosterone, our progesterone and our DHEA. And then we have cortisol and fire roid which are in that family.

But they are all so important for really every aspect of our life. And women have been kind of given a delta bad hand, because there is a study in 2002 that kind of vilified hormone replacement therapy.

So women over reproductive age, either with who had a hysterectomy or who naturally just stopped producing their hormones, were kind of stripped from the ability to have these life giving hormones.

And still to this day, we have so many practitioners in the media and even just women who still believe some of the falsehoods about hormones. So I've really dedicated my practice to really spreading the truth and the research and not just in my opinion, but really the research backed information that shows that women really should fear not having hormones, a set of fearing the hormones themselves.

Yeah, it's really good. And these hormones play a key role in mood, brain function, bone health. Like you talked about muscle mass, libido. Right? I'm pretty much every every element of life.

Weight loss, fat burning. Absolutely. Absolutely. And there are there's actually a lot of research where they've looked at women who have been on hormone replacement therapy versus a set of women, not hormone replacement therapy over ten years.

And what they found is a 39% reduction, all cause mortality. That means dying for any reason. But then they did break it up. It's a 52% decreased risk of heart disease or cardiac events.

There's a 28% decrease or fracture. There is a 35% decrease risk of new onset diabetes. And then even the cancer, 26% reduction in your risk of breast cancer when you're on hormone replacement therapy, which is a shocker for a lot of people.

And then metabolic syndrome down 21% all time, a disease down 22%. So this is a over 10 million women studied all of reproductive or all of menopause and post-menopausal ages and over ten years.

So it's pretty amazing. And this is an analysis of a lot of different studies as well. So it's not just opinion. And you know, we do see how our brain cells need the AstraZeneca testosterone to actually do their jobs.

We see how all of our body really does interact with these hormones or chemical messengers. So it's like, think about like our Wi-Fi. You need that message in order for your computer to work and to do your work.

Well. The hormones are messengers for all different areas of the body. And so we're starting to understand that more. But we still have to get over the stigma of the hormones.

And the reason why. I will just say there was some negative impact of the hormones that they used in the study in the 2002 study, because it's not what we use now.

And just saying hormones is like saying food, right? So we can go to the grocery store and we can get grass fed, organic ground beef with no other ingredients in it.

Or we can get the frozen hamburger that might be made of some type of meat and has a bunch of fillers in it, right? So those are two different things, but we're both going to call them burgers.

So when you look at hormones, we call everything a hormone. But in the 2002 study, the group of women who had the increased risk of cancer and heart disease were on an oral hormone that was a Madrox progesterone acetate.

Even though it has progesterone in the name, it was not progesterone. It was a synthetic progestin. It acted kind of like progesterone in the body. But the body is very smart and you can't trick it.

Knew it was not progesterone. So the byproducts of metabolism, when it went through that first pass through the liver created byproducts and proteins and enzymes that actually acted to cause stroke, cause DNA damage and inflammation in the body.

Synthetic vs Bioidentical Hormones

And that's why there was that some bad effects from those hormones. But the, the, the message was hormones cause cancer. Now we use bioidentical hormones which are biologically identical to the chemical structure of the hormones that our body makes.

So your body is it's identical. So basically the lock that's in the key, the hormone that you take is exactly the same thing as the hormone that you would have made.

But that's not where it ends. We can't bioidentical hormones. And then we can also have other things in with the hormones. So that's the thing that I'm starting to educate on now is just like we look at the ingredients in our food labels or our personal care products, any moisturizer we put on our skin, what we're cleaning our house with, we have to look at those additional ingredients in our hormone products and our medications as well.

Because what I found when it was my turn, when I had my son, I was 41. And then my hormones didn't come back and I started getting all the symptoms I had when I was diagnosed previously, I was diagnosed with ovarian failure in my 20s, but it was a false diagnosis.

And so it turned out that I just had a lot of problems with all my systems in my body. Once I was able to fix that, I was able to actually have my son, naturally.

But after childbirth, a lot of women will realize their hormones kind of they sink. And so you start to kind of have some hot flashes, you start to have some weight gain.

You start to have some of those menopausal symptoms until your body is able to come back online. But when you're empowering menopause like I was, it didn't come back right away.

So I knew I had to look for some hormone replacement therapy because I had already gone through school and learned all of that. But when I looked at what was available, I noticed that there was methyl parabens, there was petrochemicals, there's propylene glycol, sodium, little sulfate.

There's all these things inside the hormone products that were actually hormone disruptors. And so it was really, really hard to find a compounding pharmacy that would make these products without the additional ingredients.

Even. There is a number one prescribed vaginal insert for vaginal estrogen. It has red number 40 in it. There's no need for there's no there's no violence or physiological benefit to putting a die in these medications.

But it's in there and nobody really knows about it because it's when you get your tube of estrogen or you get your insert, it just says estradiol on the front, and you have to read the little, teeny tiny little insert the tons of your medication, you need a magnifying glass to read it.

And so I think it's really important to really ask the pharmacist, ask your doctor like what else is in these products? And so I actually created a line of clean hormone products that do not have any of those toxins in them, and they're clean label projects certified, because I think that if you can use a gentle approach, a transdermal approach is the safest way to put hormones back in your body and not put anything that's going to counteract that.

That's the best case scenario. We do also offer the commercially prescribed products, but I always try to go to the cleanest, gentlest way first as possible.

Yeah for sure. And so with your bioidentical hormone products, you said they're transdermal meaning that they cross through the skin. What is the benefit of that compared to like oral.

Because I know there's also oral. Yeah. So the benefit for especially for estrogen. So estrogen and estradiol when you take so there's there's many types of estrogen.

There’s extra dial which is the one type of estrogens E2 that we when you hear estrogen, when we talk about the benefits of estrogen we’re mostly talking about estradiol.

Then estriol is a helper hormone. It is a little bit of a weaker estrogen. It helps with moisture. It helps with it’s good for people with autoimmune conditions to add in that estriol along with the estradiol.

And then we have but it’s not going to alone. It’s not going to give you all those benefits of the heart protection, the brain protection, the bone production.

You need the extra dial. Now we have estrogen. That’s the fat. That’s the estrogen that our fat cells, mate. We don’t really know of the benefit of that right now, but I always like to say we don’t know right now because a lot of things we don’t know about the body.

And so we might find in the future that there is some benefit to that, because I don’t think the body makes anything by mistake. And so we will look into that later.

But as of now, there’s no benefit to replacing your estrogen. So when you take extra dial orally, it’s very this prescribed a lot of people do prescribe that when you swallow it.

It has to go through your digestion and through your liver for first pass metabolism. That changes the chemical structure. Now it’s a different component.

It’s a different biologic when it comes out. And that can cause in some women risk of blood clotting or stroke and increased risk of heart disease. So I would rather not go with that risk and go with the transdermal.

Transdermal is going to be through your skin so goes in through your skin. It does not have to go through your digestive, does not have to go through your liver.

So you get all of that estradiol unchanged going to yourself. So that is my favorite way to replace hormones. The patch is also a transdermal delivery system, but it does have that adhesive and some women are sensitive to the adhesive.

There’s microplastics in it. There’s some other chemicals in it to help it absorb into the skin. And it also doesn’t work as you’re active like me, like I swim in the other shin, I go running, I send the sauna, and so the passage is going to fall off.

And so for some people, it just doesn’t work. And there’s other methods. There’s vaginal inserts for progesterone, which is actually a really good version of women who don’t answer it well through the skin.

Progesterone micro pedestrian does not really have two big of a problem if you do take it orally. I mean, it does for somebody to make them really drowsy.

And so for sometimes that’s a benefit and then sometimes it’s too much if they need more progesterone. So we can do a combination. Is that because progesterone is a Gaba agonist.

So it helps to enhance basically the function of Gaba the neurotransmitter.

Transdermal Delivery and Clean Hormone Products

Yeah. Brain. Absolutely. And actually it actually converts into Ella pregnant once you goes through the liver. So it converts into a type of hormone that that actually apps on the gavel receptor.

Yeah. So that is super calming. A lot of times women who first enter into perimenopause, one of the first things they notice is difficulty sleeping, feeling a little bit of anxiety, agitation, things kind of like throwing them off when they didn’t used to.

And that is loud. Has a progesterone going down? Yeah, I would say most women as they get into perimenopause they're experiencing some of that. Unfortunately.

I always tell people it's really sad that the way we practice medicine in the United States, when a woman goes into her doctor's office and she's in her 30s or in her 40s, and she starts explaining, I'm not feeling like myself, I can't sleep.

I'm having anxiety. I'm getting a little weight around my midsection. I'm still doing the same diet and exercise I always did, and my joints are starting to hurt.

Like all these little things. Hot flashes, no libido. The doctor oftentimes is like shocked or like she's like, oh, I wonder what it is. You know, maybe you need to take the antidepressant or, you know, like you're drinking less of wine and you need to relax.

Maybe you're doing too much. Why would we not just say, oh, ma'am. Yes, you're 35 years old. Every single woman who lives to your age is going to experience this transition called perimenopause.

It's completely normal. It's your hormones declining. This is what progesterone does. This is what estrogen does. This is why you're feeling how you're feeling.

And what we can do is we can help support you by replacing those hormones. That is never the conversation. So these antidepressant first pain pill, maybe a birth control pill because not because your doctor's mean or not because he's playing a trick on you, but because in medical school, traditionally they don't learn about perimenopause or menopause or hormone replacement therapy.

And so they use the tools that they have. Could you imagine if our kids, when they got to like 12 and 13 and our daughters started to get the period like, I don't know what it is, you might be internally bleeding.

Not really sure. Like you would never do that because that's a normal life transition. Or like, yes, you're going to start hanging hair under your arms.

Yes, it's going to start smelling kind of funny. That's normal. This is what happens as you get through that transition. But women are not given that when we go through perimenopause.

So we all think we're going crazy and we're not. It's just a natural decline that happens after you reach that age. And there's things we can do about it.

So you can feel absolutely amazing. I'm 52 years old. This year I did a fitness competition and I won against like 20 year olds, you know, and I feel more energetic.

I feel like more mentally focused and just more subtle than I have, you know, all my life in my 20s, especially, because I had the variant failure. So I had the menopause in my 20s.

But it's absolutely possible to look good, feel good, have a great sex life, have a great energy, travel the world, do things that you want to do in your 50s and 60s and 70s.

You have the whole second half of your life to live, and it doesn't have to be in a steady decline. It can be actually improved. Yeah, for sure. I think I met you like ten years ago.

And, you know, you've always been in good shape, but but you've definitely transformed your physique. Now you're like bodybuilding. And you weren't doing that when I first met you.

No, no, I was running. I was running a lot, but yeah. So I started doing weight training, which is great for your hormones. A lot of people don't realize that the like astro and progesterone winter ovaries.

Stop putting it out in progesterone. You make very little amounts through your adrenals, through DHEA. So a is a precursor hormone to estrogen and testosterone.

That's a very little amount. But testosterone is the one hormone that you can actually really help to boost with with heavy weight training. When I say heavy, I mean heavy for you to where it's hard for you to do maybe ten reps and you do that 3 or 4 times, and you really get your body to the point where it has to work harder to make more muscle, optimize your vitamin D, and a well-balanced diet with enough healthy fats is going to be important for your testosterone as well.

Your your hormones are made out of cholesterol, but that's the one hormone that we actually can do stuff about, you know, and they actually said that I was reading this study and I don't have the study because it was like three years ago, and I'd have to like, verify it.

But it was like, wait, Cheney was number two. Way to boost your testosterone or activity to boost your testosterone. Number one was chopping wood. I don't know why that is.

Maybe it's because the guys that go out and chop wood tend to have higher testosterone are like, maybe they're maybe they're out in the forest. And so they're getting, you know, they're they're nervous system is more bad.

Yeah. They're in nature. Yeah. Yeah. Exactly. I just thought that was funny. I was telling someone who's a PhD that and he he was challenging me on that.

He's like, well, maybe it's because they're tougher because they're out in there. Guys that would chop wood would naturally be people that would live on a farm, and therefore they eat whole foods.

So, you know, you don't know how much is causative, how well just correlated. Yeah. Yeah. And then things you were talking about like squats, for example, squats or death exercises for deadlifts, right.

Things that are working large muscle groups and zinc is really critical as well. Yeah, right. Super critical people are deficient in zinc as well. Yeah. That is that is true. Yep.

So you know you grass fed meats, seafood that's all. You know great sources of zinc that you want. You want to get from a plant source. Pumpkin seeds are probably be your best source of zinc.

Yes. Yeah. So that's the nutrient deficiencies are a big issue. And people just automatically go to I just need to take a hormone. And I am a big hormone pro hormone.

Perimenopause Symptoms and Medical Blind Spots

But I'm all about the lifestyle, the hormone balanced lifestyle first and foremost and then the hormones to support that. And even if you do do the hormones first because you just need something, you need to have the hormone balanced lifestyle to support your hormones. Otherwise they're not going to work because you think about a 20 year old girl.

Her hormones should be at their height. There she is eating Doritos and all day and smoking cigarettes and not doing living a lifestyle that is to support her hormone.

She's not going to have great hormone balance either. So it's not necessarily your age, and it's not necessarily just about taking hormones. It's really about supporting stress reduction.

It's about supporting healthy nutrition. So you get your protein, you get your micronutrients, get your healthy fats. Definitely about sleep right. Getting your sleep is going to be so restorative for your hormones.

Exercise a time out in nature. All of those things are super important for hormone balance, and your stress can affect your hormones negatively. Being in a difficult relationship could affect your hormones negatively.

Not getting access to whole real food can affect your hormones negatively. So it's not just aging that affects our hormones, but aging is the one thing that we don't have control over.

So, you know, that's why we do all the things. And then aging, we can't we can't control aging, but we can control how we age. Yeah for sure. Lifestyle is a big factor.

Now, you were talking about testosterone and changing your physique with testosterone. And most women, when they think about testosterone, they think that's a that's a main hormone for males.

I don't want to get bulky. I don't want to have two big of muscles. I don't want to stop. So they either think that or they think of PCOS, right? Which is what OS polycystic ovarian syndrome, which is now renamed.

What is it? Poly metabolic ovarian syndrome. Yeah. What is the better name. Because it doesn't always have sis. Yeah, exactly. So they're thinking of like either okay, I don't want to be a bodybuilder with big muscles.

And I also don't want to have PMS or. Oh, that's a that is a good thing to be afraid of. It's actually a good thing to think of because there are a lot of clinics out there.

Pretty women on way too much testosterone right now. So women need testosterone. It's not a male horror. And men have ushered in, women have testosterone.

We actually have more testosterone than we do Ashton and progesterone in our bodies. But relative to men, we have a very small amount, and we need a very small amount relative to men.

So when we're replacing our hormones and we need to replace testosterone, we have options. We can start with DHEA. If we want to go a gentle route Da will convert some to testosterone, especially when it's applied transdermal.

So some women will get their testosterone into the physiological ranges even at the higher end of the physiological range. With DHEA so wonderful, you can't really overdo it too much to do.

You want to make sure that you're working with the practitioner that really understands female testosterone levels, because you don't want to do too much to stop shown to much.

Testosterone will create an imbalance, and the less that's an imbalance. Being some bulky or getting hair on your lips or the midsection, or losing your hair on your head, acne, oily skin, all those things, your voice deepening, all those things are a result of too much testosterone.

And so I see a lot of times, women getting prescribed testosterone in like a, a vial that's 200mg per ML, and that's a man's testosterone. It's very hard for her to get 1 or 2 units on that syringe to do that injectable.

So for women on, a lot of times I'll start them with a gel or topical cream because you can get a little bit less. It's a little bit easier to control.

One of our compounding pharmacies does make an injection that is a 50mg per ML. So it's you're able to actually get a smaller amount of women shouldn't be taking any more like 15mg a week to get their levels up into a physiological range.

And everyone that's going to be different. So there's some women who are naturally just a little bit more, I don't want to say more feminine, more like ballerina style women.

Then there's like Sporty Spice kind of women. And so they need different levels of testosterone to feel good. Some of them are fine at the lower end of the range, and that's how they feel.

Some women have to be a little bit above the top of the range. This ranges are averages, so you don't have to be

exactly in the range. You can be a little bit above, but too much above is really going to cause issues.

And it might make you feel good at first. So I don't like pellets tell it's another way of taking hormone replacement therapy. And you get a big dose of hormones in this pellet that's basically a little green of rice size implant that could send plants it into your butt, and you cannot make any adjustments.

So if it's too much hormones for you and you're starting to come negative reactions, you're kind of stuck with it till it wears off in three months. And a lot of women are taking down the pellet.

The first pellet, they feel good. The second pellet, a lot of times they start to get some symptoms and then they'll start doing things like they're getting hair loss.

They might start taking a medication to be a blocker like this for an electron, or they're gaining weights and they're taking on GLP one. And now we're medicating a medication, which to me is not a good route to go.

I'd rather toned down the testosterone so you don't have those side effects. So you don't have to treat those side effects with another medication. So testosterone important for women but important at the right amount.

Well, what does a woman experience if she gets the testosterone right? I know it obviously plays a role with libido, with metabolic confidence, energy, libido for sure.

Even just like having that desire. And then if you do have our having intimate relationship, you're going to have better orgasms. Your skin will look better and less dry skin, you will have more assertiveness.

Testosterone, DHEA, and Female Vitality

So if you are in a role like management or sales or or any anything that you're going to be able to, you're going to have a little more assertiveness, you're more energy.

And so definitely it is important to have that testosterone at a high level. I did level for you in order to feel your best. But not everyone will need testosterone, because sometimes when you're over working, your testosterone is still made in the body.

So some women don't need it right away and some wouldn't need it later down the line. Yeah. And then are you testing before you are you doing any sort of lab testing before you get women on various hormones?

What do you look, we do do testing. It's we don't mandate it though. So especially with our clean hormones, we can go super low dose to start so we can go off symptoms.

Testing is so for women in perimenopause especially. Testing is such a snapshot in time that the day, in the moment we took the test to hormones might be one level, but later that day, the next week, the next month, they're going to be different.

And so not always the best. And even with testosterone, if you don't take it first thing in the morning, you won't get an accurate read on your testosterone for the title raises in the morning for men and women.

And so we like to go mainly off symptoms. We do do testing if somebody wants a test or if they're a difficult case, if they've had issues getting their home runs right before, or if we're having issues getting their hormones to where we the dose that we feel is right, we will definitely test in that case.

But we don't mandate testing just because symptoms are really the best way to determine hormone balance. So what would be the main symptoms a woman or experience if she is low in estrogen.

So a low estrogen she's going to have hot flashes night sweats. She's going to have dry skin, joint pain, memory issues, sometimes, irritability, heart palpitations possibly.

And a lot of different. So estrogen is hydrating. So she's going to have vaginal dryness dry skin joint pain. That's all the things drying up in the body.

And then temperature regulation. That's her her hot flashes and night sweats. Sometimes they get cold flashes too because it's your temperature can swing back and forth.

Astro is also really important for collagen in our skin, so you'll feel like you've aged ten years overnight when Esther ten as well. So there's are just some of them, the main ones.

And of course, in the beginning and one of the first things is going to happen is your cycle is going to change. But, you know, if that's not something that's erratic or not something that you can actually track, a lot of times it is when you get to later stages perimenopause.

You don't know when it's coming, you know it's going to end. So you have to go off the other symptoms as well. And then for gesture, we talked about that.

Progesterone is going to be a very calming hormone. It helps you sleep. It helps you control your emotions and your thoughts. It also helps with your digestion as as estrogen.

So positive and diarrhea can be part of that as well. For progesterone also hair and like your hair can get dull or dry as well. There can also fall out when you don't have enough progesterone to to counteract the DHT, which is the byproduct of testosterone.

So those are some things for progesterone and then testosterone we just talked about. But yeah, I mean it's sometimes it is a combination and it's usually a combination actually for women that they need a little bit of each.

But some women in the beginning, right when you first start noticing symptoms, it's likely going to be a progesterone, the first one to fall, then your estrogen, then your testosterone.

Not everybody is like that. But that's sort of say like 80% of women. Yeah, there's there's a lot of overlap there between you gave some differentiating factors.

But of course there's a lot of overlap. Yeah. And then like the, the bigger part, you know for longevity, part of it like Estragon is so important for our bone health.

Yeah. You know, so if you start, if you go to the doctor and they do a scan a density scan and use during osteopenia and then you're in osteoporosis, taking hormone replacement therapy can turn that back.

And you have many, many women. Over the past seven years in our practice you have been down that road osteopenia and osteoporosis. Then they got hormone replacement therapy.

Then they went back to osteopenia, then nothing. And so it's definitely doable. And without the osteoporosis medications that can actually make your bones more brittle, which is the major side effect of most osteoporosis medications.

If you read the side effects it's fracture, which beyond me is crazy. Yeah, yeah, no doubt about it. Now you're you're 52 and you've been on these bioidentical for, what, five, six, seven years?

Actually, you know, when I first started, I got on the hormones and then I actually stopped taking hormones, so I didn't think I needed them anymore, and I didn't because of my lifestyle change.

And now I just take progesterone and estrogen and they're very low dose. I don't even need a testosterone I think because of my weight training. Yeah. Good.

Good to know. Now at 52 have you hit full menopause. Like taking bioidentical. Does it delay menopause. It

doesn't really delay menopause. So technically I'm not in menopause because I haven't gone 12 months without experience.

So there's one. Menopause is one day. It's the anniversary of 12 months without your period. So I will go like four months that I'll get her period. And so now I'm just.

Yeah. So on the tail end of perimenopause. Yeah. So I was still pretty. And then once that day is over, then you're technically post-menopausal. Although myself and most of the other menopause experts and doctors, we just say menopausal or menopause the metabolize transition to kind of denote perimenopause menopause postmenopausal.

We love it all together. Yeah that's good. So when you started with bioidentical, what sort of dosage were you looking at with estrogen and progesterone.

And what's kind of the typical dosage that, you know majority of women that you're seeing are what are they. Yeah.

Testing, Dosing, and Symptom-Based Care

So I would say for, for progesterone most common dose is going to be like 100 150mg for estrogen estradiol. It does vary. It's between half 1,000,001.5mg is what we see.

Most of them like to some women are super sensitive, just like with foods and supplements. Some people know that they're sensitive. They're very like they're hyper reactors, you know, like they they take something and they feel it.

And then there's other people that take something like, I don't know if it's doing anything. And so the women who are sensitive, they usually need less because they actually they uptake it and they use it right away, but usually for extra.

So you go with, yeah, I like to start low, especially for people who are sensitive because let your body acclimate. And then also for women who are older.

So there used to be a thought that once you were ten years past the menopause, your window had closed. You can no longer take hormone replacement therapy.

It would actually be dangerous for you. That is not true. That was true for the synthetic oral hormones that were dangerous anyways. But now we know that women in their 70s and 80s, they can actually benefit from hormone replacement therapy.

They won't get as much a benefit as the women who are never without their hormones, because these women had 20 years without estrogen, so affecting their brain, affecting their bones, affecting their college.

And so they have to do some catch up, but they still do get benefits. And so we usually will start then lower, because their body has been without hormones for so long that we need to finally gently reintroduce the hormone so they don't get a reaction, like a kind of like a like, oh my gosh reaction.

And so gentle is always better. I like to do that with supplements. I like to do it with hormones type. Training up just takes a little more time to get to your dose, but it usually is without any repercussions.

The one thing that people always ask me like, what are the side effects of taking hormone replacement therapy? There aren't really a lot of side effects at the right dose and the right delivery method, but the one thing that bothers some women is you can get a little fluid retention when you're first starting, because your body is actually like helping those hormones get through your system, and they might hold on to a little bit more water.

It’s not fattening and it’s not permanent. It’s temporary. Once your hermann’s balance out and your body gets used to it, then your body will let go of that water.

But some women think, oh my God, hormones making gain weight because they see that water retention, but they actually do study after study shows that they will actually help you to get to your ideal weight and your ideal body composition.

Yeah. That’s interesting. So when you were talking about those dosages, is that one application like you’ll give a certain certain cream transferrable cream and it’ll be okay.

You know, two pumps or whatever put in once a day. Is that going to give that that clinical dose. Yeah. So some women do once a day does it. Some women do it twice a day dosage.

So it depends on like how their symptoms are depends how their body metabolizes. Some women do like they have like symptoms or symptoms in the morning.

And a lot of times at night we’ll split the dose so that they they have it throw out. It doesn’t like kind of like lean down by the time the next morning comes around.

And then some women, just because they’re lifestyle like, I just want to do it all at once and that’s fine. And so we’ll give them that. They’re just all at once.

I do like to do like testosterone or Da in the morning because it is kind of a energizing hormone. And I do like to do progesterone, the, the majority of the dose in the evening because it does help you relax.

But we do have some women that do a little bit of progesterone in the morning for anxiety purposes as well. And where’s where’s a good spot for them since it’s transdermal.

Can they put it on any place of their skin or is there like a preferred area. I, I anywhere on your skin that doesn’t have a lot of hair follicles. So like on the inner side of your arms you get on the outside the inner side arm, inner thighs, your neck, your chest, your lower abdomen, behind your knee.

Someone even do the top of their feet. So those are the best areas. Yeah that’s key. So knowing where to put it on when you know all the right timing and you guys and then you want to release it.

Get someone in a sensitive we can put it on there. But because they tend to have a little more back there and so it takes a little longer to get through that.

So that’s for someone will do that as well for a slower release. Yeah. That’s that’s great. So people can go to your website Glo Natural Wellness. Com and they can purchase these and they can work with, you know, one of your practitioners there as well.

Absolutely. So we we believe like all women should have guidance when it comes to hormone replacement therapy. So if anyone buys one of our bundles of hormones, they get an intake, a 30 minute consultation with the hormone specialists and a custom designed protocol so that we walk them through.

And then we do have an ongoing coaching that they can do for a very like $49 a month, where they can call in any day, any time and talk to a Herman specialist, because the worst thing to do is like when you have a symptom, call your doctor and they’re like, we could see you in a month and a half.

I’d like to have the symptom now, like, what do I do?

Estrogen, Progesterone, and Bone Health

And so I think like guidance is important because that’s going to get you the best results. Yeah. So that’s great.

So they can get those hormone bundles.

Now how about thyroid. How does that interact. So many women I mean middle aged women. It's like every lab I've seen. It's typically there you know under active thyroid usually.

And so here with these. Yeah. So and when your estrogen progesterone balance that supports your thyroid because they're all in the same team. But it's also important to know if you are on thyroid medication.

When you start taking hormone replacement therapy you may need to adjust your thyroid dose if you're on medication. If you're not on fire, you think you should be.

That's something that when we do your intake and your symptom analysis, we will ask you the questions and we will kind of determine if you possibly should do a thyroid test.

We do like to do testing for thyroid to see if it's your free ts h you I'm sorry your free T3 free T4 total 323. Total 32424. Is it the most abundant thyroid hormone that we put out.

And then it has to be converted to T3 to do all the things we wanted to do in the body, and that's what gives you the energy regulator temperature, your metabolism, all those things.

And some people just have a problem with that conversion. So that's not necessarily that they need more thyroid hormone. Sometimes I just need to change their nutrition, lower their stress and change their lifestyle.

So we don't want to mitigate you if we don't have to. And then sometimes we have something called reverse T3, which is your body's natural kind of control system.

If you're making too much, if you're making your normal amount or too much thyroid hormone, actually kind of inactivate some of that and your body does that for times of like emergency or famine and wants to tone down your metabolism, make you kind of slower in burn less calories so you can survive longer.

We don't have those situations so much in 2026, in modern America, but it's there for a cause. So if you're under less stress, your body might turn that on, thinking that your life is in danger and you need to conserve calories.

But that will make you gain weight that you don't want to. And so if that's the case, then we also you might not need more thyroid hormones into your body.

You might just need to adjust that stress level. Or it could be a medication you're taking or something in your environment or mold toxicity or something like that.

So we want to look at those things. And then of course, if you're just not making enough, then we definitely want to look at that. And then we have our autoimmune markers, in case your body is attacking your thyroid.

So that's another situation that we want to monitor. A lot of doctors, conventional medicine will just look at TSH, which unfortunately it's not even a thyroid marker.

It's just your brain telling your thyroid to make more thyroid hormones. So you really want the whole picture when it comes to thyroid. And we're able to do that very easily.

You can do the tests from home with a little device that sits on your arm, draws your blood and you mail it back and you only have to go get your blood drawn, which is actually amazing.

So we have different methods for doing that as well. Yeah. That's great. And you know, high cortisol or high stress hormones driving that reverse T3. That's a big factor in our society.

So many people are stuck in fight or flight, you know. And so and when people are really, really stressed does that

impact the results they get with bioidentical hormones?

What are the bioidentical hormones? In a sense they help bring that stress level down. Or how do you see that interaction? Well, I think that when women, especially menopause, when they're not making their own hormones and they are under stress, getting those hormones in place can really help them to deal with the issues that come up during the day in a manner that is not as hyper reactive, and they actually can lower their stress just from how the hormones in place so they feel more resilient.

However, being under stress even while you're on hormones will reduce your benefits. Like you're not going to see. You're not going to feel as vibrant, you're not going to feel as a lot of that much energy.

You're not going to have that libido if you're under a lot of stress. So the hormones aren't magic. They can't take away the stress, but they can make you more resilient.

Or you can think clearer. So just think like if you've had a good night's sleep and you're thinking clearly and you can make decisions, you're less likely to get stressed should something happen.

Because you could be like, okay, let me deal with this. They figure it out. But if you're frazzled and you haven't slept and you just can't remember anything, that's very stressful in and of itself.

So it definitely causes more stress and more kind of react in this amongst women. But if you're still cycling years, so if you're still making your own hormones, the stress can actually steal away the raw materials that your body needs to make hormones.

So it actually make cortisol instead of making progesterone or your other sex hormones. And that's just that's survival mechanism again, because your body is like, okay, if there's danger because our primitively like we're we're made humans are kind of like designed for the stone ages.

Thyroid, Stress, and Hormone Interactions

So primitively like as it would be like if we wanted to stress it wouldn't be because a credit card bill, because that didn't exist back then, it would be like we're being chased, or we're going to fall in a fire pit like something's going to happen.

So your body is going to pump out cortisol and adrenaline so that you can run or fight. It's not going to pump out progesterone. So you can be calm and relaxed like this doesn't do that.

But the modern times for sex, right. In a sense. Yeah. Exactly. Yeah. It's not going to it's not going to let you just start getting busy with somebody when you were following the fire pit or Tiger's going to get you. So yeah.

So it's like we have to think about things like, like a lot of times women are like, well, why is my body doing this to me? It's like, well, your body's trying to protect you.

Doesn't realize that we have food everywhere and that we have shelter and that, you know, we live in this modern world. Our body is still reacting kind of primitively.

Yeah, yeah. So true. Now, what are your top foods for good hormone balance. So good. Harmon balance I really like a good protein. Like good grass fed beef.

I know a lot of women are like, I don't even read me because that's for you. But it's actually really great for you because it has all the minerals I like.

Probably something with magnesium, like green leafy vegetables or even chocolate, even a dark chocolate, because magnesium is great for your hormones as well. But healthy fats is going to be like fighting for one go to for hormone balance.

A lot of people are afraid of fat, especially like in the fitness industry, or just they think the fat is going to make them that it's not like that. That is like going to make your skin look great.

It's going to allow your body to make hormones. It's going to make your hair look nice. It's going to make your eyes look clearer. A lot of times people fear fat.

The fat is really our friend that the right kind of fat. So things like olive oil, things like salmon, that's like fatty fish. Some even like coconut oil to be another good one or grasping D so those, those fats like really, really good for your body.

And then bone broth is like my favorite hormone balanced food because it's something that you can just sip on. And it has so many minerals and so many like good ingredients in it.

Yeah. That's good. What are your favorite lifestyle strategies like? Maybe whether it's exercise or calming, relaxing strategies that you recommend for hormone balance.

Yeah. Herman Valens one of my favorite things to do is first, when you wake up, go outside and get sunlight on your eyes and go for like a ten minute casual walk.

So I'm not talking about a power walk. I'm not talking about a run, but just getting outside within ten minutes of waking up. And you don't have to, like, do your walk right, then you can get outside, like get light in your eyes.

You can still be in your jammies, then go in and drink a big glass of water and then go for a ten minute walk. And then a ten minute walk after every meal is going to help you with your blood sugar balance.

It's going to help you in metabolism. It's going to help you with your energy levels. So that to me is going to help you get those steps into so it helps you to maintain your weight.

Those are really important. Weight training three times a week. Heavy weight training. This is a non-negotiable. I know women don't want to get bulky, but you will not get bookie.

Cupcakes make you bulky. Weights don't make you bogie like. I've been training like, every almost every day for two years, and I'm still small because I'm not taking I'm not eating excessive amounts of calories and I'm not taking any drugs to make me big.

So if you see big women like big, bulky women, it's usually because they're taking some type of performance enhancing drug or they're eating excessive amounts of food.

So that's definitely and then talking like actually communicating with somebody every day. So some people live alone or they work from home. And I think getting on a phone call or going to meet just someone who could just talk to you for a few minutes, having some type of human connection.

And if you do have a significant other or pet hugging them, hugging somebody physical touch, you're going to release oxytocin, which is another hormone that we didn't talk about.

But it's our connection hormone. It's our feel good hormone. So those to me are like going the best things you can do and then honor your sleep.

Nutrition, Lifestyle, and Supplement Strategies

Try to like really think about sleep not as a waste of time, but as an actual like hormone balance. Daily protocols that you do every day, something that you're doing for your body, for your health, for your lungs.

And make sure your room is like a sanctuary. It's cool in there. It's dark in there. You're comfortable bedding, comfortable clothes to wear to bed, and that is going to probably do more for you than like ten of like weighted vest.

You're getting on the the vibration. She like all the things that we hear like the bio hackers do. The sleep is going to do more for you than all of that.

Yeah. That's so so important. Got it. Got to prioritize good sleep. And then what are your top supplements like? What are some of the favorite ones that you use that you recommend for others.

Yeah. So I, I like I take like a multivitamin that has some adaptogens, herbs for adrenal support, magnesium, zinc, things like that for thyroid and then just some other minerals in it.

So kind of like it all in one, because I used to be like one of those girls that had like a suitcase full of supplements and it's very, very hard to just keep that up.

So I do like a multivitamin at night. I do some calming herbs, magnesium and melatonin, and then I do a really good curl for some, like healthy fats. And then what else do I do?

Those are really my main ones that I actually take vitamin D also. So in the wintertime, in the summertime I don't take as much vitamin D, but in the wintertime I do a vitamin D plus K two.

Vitamin D is really cool. You're living in Florida, so you're you're out in the yeah, yeah, I'm out a lot. And so, so I am so lucky enough to be a person who can convert the sun into vitamin D.

Some people don't do that as well either for their like cultural background or just as they age. Some people lose that ability to synthesize the the sunlight into actual vitamin D, and then some people don't get out and the out in nature.

So yeah. Or if they're magnesium deficient, they're not going to convert it. Yeah. That is true. That is true. Yeah. So that's key. This has been a great interview doctor Michelle I mean you're a wealth of knowledge and an expert when it comes to these bioidentical hormones and just really thriving as a female into your 50s now, which you clearly are.

And I would recommend everybody go to Glow Natural wellness.com. That's Glow Natural Wellness. You can check out all the work that Doctor Michelle is doing.

They also have all of her hormone bundles there and different supplements and products. And they have the coaching and the support. So if you're looking to get these by denticles, it's a great place to go.

And their team will take great care of you over there. And Doctor Michelle, any last words inspiration here for our audience. Well, you know, I say like for women, your final period is not the end of the story.

You got so much more to give. It's just the beginning. And for everyone else, like your diagnosis is not your destiny. Whatever you've been told you have, you can overcome.

Your body is amazing. It can do so many things. All you need to do is feed it, train it and believe in it. And then anyone who has questions, you can always reach me on Instagram at Doctor Michelle Sands I answer all my DMs.

So let's connect over there. Say hi.