Introduction and Guest Background

And we use Designs for Health Sensitol for PCOS people that need the myoinositol. I don't use a lot of N-acetylcysteine or glutathione. Not that that stuff's bad, but I think to tell somebody, the biggest thing I find is I'll see a lot of women, they're like, I went to this person and they had me on 85 pills.

Yeah. And what right people broke and they get really frustrated. So if you can spend money on your food and a lot of things too, especially PCOS patients, they feel that because their testosterone is elevated that they shouldn't exercise or shouldn't lift weights.

And that is really far from the truth. You're an insulin resistant person. So muscle mass is actually more important for you because the more muscle you can create, the more you can put that glucose somewhere.

So I would definitely exercise. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome to the Functional Edge podcast.

I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine. Today, we're honored to welcome Dr. Diane Ginsburg to our show.

In this episode, Dr. Ginsburg will be sharing insights on PCOS and endometriosis, offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

So stay tuned for an engaging conversation that promises to empower and inspire you to your wellness. Dr. Ginsberg, thank you for being here and welcome.

My pleasure. Thanks for having me. Just tell us a little bit about yourself and your background. So I am 60 and a board certified OB-GYN and I'm also a fellow and a professor at the American Academy of Anti-Aging and Metabolic Medical Institute.

And quick story behind me is that I did OB-GYN until I was about 40, kind of on the straight and narrow path like we learned in school, until I had two kids that wound up with language problems.

They were very, very delayed speakers. And at the same time, the Women's Health Initiative came out where the article said that hormones are going to cause breast cancer.

So I found myself with two non-talking kids and a bunch of miserable women because everybody threw their hormones out and then went, oh my God, I can't live.

It was a small compounding pharmacy near me that used to talk about bioidentical hormones, which are different than PremPro and healthier for you. And I was kind of dabbling in that until I realized, I don't know what I'm doing.

And I Googled bioidentical hormone conference. and A4M came up and I went and my world was opened up and vitamin D and health and microbiome and I brought a lot of this home and changed the life of my kids.

So now my non-talkers are both very successful. One graduated med school, one graduated with his master's and then I started using functional health and infertile patients and Helping women that just didn't feel good and then got more and more into the longevity space.

So I do kind of overall functional balance menopause management now because the biggest complaint right that we all see is that your typical OBGYN or your typical doc doesn't have that integrated I mean, you have to go back and relearn it all.

We learned it in med school, right? But you got to go back and learn it again and doesn't really have the time to

help patients of any age through what they need to do for optimization.

Understanding PCOS and Endometriosis

So that's what I try to do on a regular basis. Yeah. Yeah. And I do see that a lot. Patients come to me and they've seen their GYN doctor and they're like, why doesn't my GYN doctor manage my hormones?

I'm like, because there really was no training about hormones in medical school or residency. Not that I remember. And I think the big thing I tell people when it comes to whether you're looking at endometriosis or PCOS or menopause management is that, you know, we go to four years of high school, then four years of college, then four years of med school, and then four years of residency.

And in those four years, we have to learn to be a surgeon. I mean, you have to deal with postpartum hemorrhage. You have to become somebody that can do a hysterectomy.

What happens when you do a major surgery and you find terrible endometriosis and the Colon is wrapped on top of the uterus on top of the ovaries So we in those four years have to be surgeons and there's just not a lot of clinical time And I think you can't there's only so many years you can keep somebody learning So by the time they sort of set us free I think they figure we have the surgical skills and we'll do the other as best as we can Yeah, yeah, absolutely Well, so I guess you've answered the first question that I had for you.

So we'll just kind of jump into the next few questions. We'll just go straight into PCOS is polycystic ovarian syndrome, right? And can you explain a little bit about what that is and what that looks like?

So a lot of people, the best way to think of it that I tell them is remember the bearded lady in the circus, right? A bunch of years ago, that was severe PCOS.

So what happens is, I'll talk a little bit about where it comes from and then sort of where the naming came from, but I want everybody to look at it more from a Paleolithic survival technique or understanding, right?

So the ovaries themselves will only ovulate and have a baby if everybody's happy, if your vitamin D is happy, if your blood sugar is stable, if your nutrients are where they need to be, if your circadian rhythm's online.

So, the body is meant to pulse from the brain to the ovary. The ovary should respond. You ovulate. You either make a baby or you have a period. So, when I tell people to think of PCOS, you think that the brain pulse to the ovary, maybe genetically those pulses are a little bit irregular.

and then the ovary looked around and said, okay, how's my vitamin D? What's going on with the circadian rhythm? Is everything good? Should we have a baby in this?

If everybody's happy, the ovary will make testosterone from cholesterol, because that's the first hormone, right, that it makes, and then it makes estrogen, pulses to the brain, you ovulate, and you make a baby.

If the ovary says, I'm not having a baby in this mess because of environment, then what's gonna happen is you're gonna make higher levels of testosterone that you'll pulse to the brain and all around the body.

The brain's gonna go, oh, shouldn't ovulate, and boom, the cycles get irregular. Well, why? The testosterone goes up, the ovaries make a bunch of little cysts, the dominant guy doesn't ovulate, and you have irregular cycles.

So you have more and more testosterone, that's where you get what? Acne, hair growth, that was the bearded lady in the circus, and that was actually Put together as a syndrome by rate Stein and Leventhal two docs back in the 1930s It used to be called Stein-Leventhal syndrome and that was because they would cut women open and they would see oh these little pearly things on their ovary and that was it was called Stein-Leventhal and then years ago as we started to learn more a Society the society got together and turned around and said, okay if you have these three symptoms the irregular cycles the cysts and the androgens Would they renamed it PCOS or polycystic

ovarian syndrome?

Yeah, right. Okay. And endometriosis, just a brief definition, that is… Think of a backup. I tell people, think of a backup, right? You bleed into the real world, onto your tampon or your pad, and you also bleed out your tubes.

And so if the system is where it needs to be, it's really very similar, right, to PCOS. If everything's where it needs to be, and you detox, and you can offload, and the immune system's happy, you will clean up the mess that is created in the pelvis.

If the system's off, genetics meets environment meets lifestyle, the mess stays, it gets sticky, and boom, you get the endo. Right. Okay. So PCOS and endometriosis are often treated with birth control, metformin, or even surgery in conventional medicine.

How does your approach differ?

Conventional Treatment vs Functional Medicine

So the way conventional medicine looks at PCOS, endometriosis, a lot of even other situations, I hate to call them diseases, but you could say sicknesses or illnesses is something's broken like a broken arm, and I have to put a patch on it.

So if right, if you break your arm, you have to go to the operating room, get your arm reset, and then it will heal. The same thought process, unfortunately, I think, is what conventional medicine does.

It says, okay, you have these multiple cysts on your ovaries and you have a high testosterone, almost like, okay, you have COVID. or you have a broken arm.

And so they say, okay, let me put a Band-Aid on that. And that's where the typical birth control pill comes in. I will now make your cycles regular. And because the big hit of estrogen in the birth control pills creates an elevation of binding proteins in the body, those binding proteins bind testosterone.

So what happens? Your acne goes away. Your cycles normalize. You know, you look from the outside like everything's normal. And unfortunately, a lot of patients, they can't put together, oh, this band-aided, it's like, oh, everything's better.

Same thing with endometriosis. If instead of fixing the problem of why it tipped in the first place, I'd put you on birth control pills and a lot of, Conventional medicine docs will then put you on pills back to back So you'll take instead of taking the fake pills.

You'll just go real pill real pill real pill So what they do is they just put they clamp you down with a little bit of estrogen Progestin please everybody remember progesterone is not in the birth control pill and It's a fake progesterone, a progestin, and it sort of just clamps the system so you minimize the amount of blood that's made in the uterus so you don't flow and you don't get symptoms.

And you, from an 800-foot view, look cured. Right. Right. Okay. So what are some of the biggest misconceptions you see regarding PCOS and endometriosis treatment?

Probably, that's probably two separate questions. The biggest misconception probably with PCOS is that, let's break down the treatment. If you give somebody with PCOS birth control pills, you are not treating them.

You are masking them. Now, if you take a step back, for PCOS, one of the biggest things that creates that problem, whether it's all environment paired with some genetics, is insulin resistance, is your inability to utilize your calories efficiently.

And so you wind up with blood sugar dysregulation, the glucose doesn't get in the muscle, doesn't get into the cells

as well, so therefore you have all this leftover glucose floating around, then the insulin elevates, and then the elevated insulin creates the elevated testosterone, and hence we get the syndrome.

So the misconception is that the pill is fixing that, and the pill's not going to fix any of that. The answer is to figure out where the problem is, is to go ahead and treat the insulin resistance, work with lifestyle changes, worry about circadian rhythm sleep.

So there's a big separation between walking into your OB-GYN and getting pills for, oh, I look better and my PCOS is gone and now my numbers look better.

And you'd be surprised the amount of times I'll have a young woman come to me and she said, oh, my hormones look normal and somebody drew them on the pill.

Oh, it says testosterone's normalized. Well, my grandmother will have normal hormones on the pill. So that's your issue there. The pill is here, but it's the baseline.

You got to get back in line. Endometriosis is a distox problem. So same thing. If you give somebody right back to back to back pills and now they go, oh, my pain is gone and I don't even know when I have my period and my endo's not a problem.

Whereas if you work on estrogen detoxification, if you have a genetic rate, if you run genomics, like we were talking about before we started, you run somebody's genomics and you say, hey, you've got four of these genes that are really bad for estrogen detox, or you have certain genes that create more of this dysregulation in your gut, now you can say, oh, it makes sense, I have to support this system.

And if you really have a lot of endo, I don't think surgery is a bad option, right? Sometimes you do have to clean the big scar tissue out and kind of de-bulk the endo, if you would, but then you got to turn around and go back and go, okay, what can I do to support the detoxification?

And if you really think about PCOS and endo together, It's a dysfunctioning system, and the last thing it needs is oral birth control pills. Right, what damaging are they?

You waste E6, B12, folate, zinc, MAG, you use your clotting proteins.

Testing Root Causes and Hormone Labs

I mean, birth control pills are so hard on the system that if you've got somebody that's already half a bubble off, the last thing you wanna do is dump that on them.

Yeah, yeah. So how do you go about determining the root cause of the hormonal imbalances for these patients? So PCOS is very interesting. They did a study where they looked at women that couldn't get pregnant and with polycystic ovarian syndrome characteristics.

And they took one group and they gave a metformin. So they treated their insulin resistance, right? Metformin makes it easier for the insulin to get into the cell.

So they worked on that. The second group they gave Clomid, which kind of kicks the body into gear and says, well, I know you may really not want to get pregnant, but I'm going to go ahead and kick you a little bit harder.

And then the third group was Lifestyle. And the only group that had a statistically significant higher live baby was the Lifestyle group. So usually what I do is I draw blood.

So I draw the traditional FSHLH and I draw testosterone and free testosterone. So a couple things about those numbers. Everybody needs to remember LabCorp and Quest are telling you the average, the 90% of the women that walk through their door.

So when you look at a lab core value for testosterone and you see four to 60, that doesn't mean that 58 is normal. That means of the 10 million people that went through the door, right?

Bottom five, dump the top five, and this is where their ranges so an actual uncomplicated healthy walking down the street I can have a baby woman runs a total testosterone of 20 and women that start to have irregular periods and acne and hair growth and other symptoms those women actually run a total testosterone closer to 36. Okay.

So if you have a testosterone of 42 in your lab and it's not in the red range in lab core, please remember it doesn't mean you don't have a problem. Same thing with DHEA.

DHEA balances cortisol. We draw that also. Normal DHEA 140, high normal 180. This was a study that was done back I think in like 1998, but they looked at women with irregular cycles versus normal cycles and that's where they got those numbers.

So I look at that. We also do fasting insulin, fasting glucose, fasting leptin, C-reactive protein, and I look at thyroid with those patients because I think it's really important.

There's a lot of women that have an undiagnosed Hashimoto's, right? They have undiagnosed gut or autoimmune inflammation a little bit and when you have that that is going to dysregulate your glucose.

So a lot of times when you find that you've got a little gut tip you get your gut back in line and everything else will follow. Right. Similar for the endo because you want to look at kind of, I use the word hormone balance, but you want to make sure that your androgens aren't too elevated.

But a lot of times with endometriosis, I'll do salivary testing because you can see the lack of detox that's there because you know that a healthy woman should have X amount of estrogen that gets into her tissues.

So you start to see those elevated levels and you know, okay, you have some detox problems and that's what I got to work on. Yeah, right. So what role do diet and lifestyle play in managing these conditions?

And are there specific foods or habits that you recommend? So diet and lifestyle are basically everything, right? So the simple stuff is three supplements that I tell everybody, right?

Your probiotic, your vitamin D, and your omega. It's easy to start with that. You don't have to over or under do. You don't have to take 800 pills. And make sure that you're taking enough vitamin D.

So what I tell people is use the drops. The patient says use the drops, right? It makes it easy. And keep it simple. It's like zero, three, five. So if you go to the beach, You're out in the sun, you know, lunchtime with a lot of your skin exposed, no vitamin D.

If you get a little bit of sun, maybe you're working in your garden or you're taking a walk the middle of the day, you use three drops or 3,000. And if it's a day where you're inside all day, use 5,000. You can't overdose and generally you won't underdose.

So you take your fish oil, your vitamin D and your reasonable probiotic and usually a mix of lactobacillus and bifidobacter. is an average mix, right?

And people go, oh, well, how many billion, and do I need to rotate them? You know, in talking to the microbiologists, that's who I learned about the gut from, they will tell you that we really don't have spores naturally in our guts, so the spore biotics are more to clean everything up.

But a blend of lactobacillus bifidobacter, as long as it's from a reasonable company, and you know that you have live bugs, you're good. It's not a problem.

Circadian rhythm is very, very, very dysregulated, naturally, in PCOS patients.

Diet, Lifestyle, and Detox Support

And I actually saw a really good paper where they talked about it helped them paleolithically, because if they ran a little anxious, and if they had some pulsatility, irregular cycle issues, and you only had four kids in caveman times rather than eight, because childbirth would basically be the highest chance of your death, no longer and so you pass your jeans on so the the the actual nervous system the sympathetic nervous system runs higher.

In women that tend to develop PCOS so in type of yoga you know meditation box breathing calming breathing paired with morning sunshine in your eyes. is hugely important, hugely important.

You also want metabolic flexibility, right, as much as possible. You want to be able to burn glucose, but also burn fat. So it goes back, we say the same thing.

It's really important to keep your body balanced in your diet. But what I think is most people don't really understand that they don't get enough fiber, they don't eat enough of the non-starchy vegetables.

People will go, oh, women will go, oh, I eat a cup or two. When you ask them to lay out their diet, it doesn't happen. So really getting three to four cups of your non-starchy vegetables in, because those guys are the ones that turn into the byproducts that detox the estrogen.

Right, right. I read once, if you eat a pound of broccoli a day, you'll never get cancer. because there's so much estrogen detoxification in it. So I think it's just simple things, like a lot of people get up in the morning, maybe they'll go to the gym, maybe they won't, maybe they'll get into their car, go to work, but how many people get five minutes of sunshine in their eyes?

So sometimes it's the smaller things. Melatonin at night, do you need to take melatonin? No, you can stand outside for five minutes, the melatonin will kick in, dim the lights in your house and just respect your eight hours of sleep.

Don't watch TV in bed. You know, make sure you do something calm before you go to sleep. Just understand that you have a little bit of a, maybe a weaker link in the system.

And that's what has to be respected. And the endometriosis people, not that it's not gonna benefit everybody, but they really have to focus more on detox.

So Epsom salt bath, Right? Bentonite clay, sauna, like your hyperbaric oxygen, anything that's going to help flow through their system. That's really going to make all the difference.

Great. Yeah. So that brings me to my next question about what are some of the strategies you use for endometriosis patients to deal with their chronic inflammation and pain?

So it really depends, again, where it comes from. So part of the labs, which I don't remember if I said, we get a C-reactive protein. And so the C-reactive protein, as you know, elevates when the body can't handle the inflammatory load, right?

So the body's always kind of inflammation getting better, inflammation getting better. Genetics will tell us that there is a certain set of people that don't manage that inflammation well.

Their body throws those markers out and they can't clean up their mess as well. So chronic inflammation is going to mess with the immune system and create a whole problem in the endo area.

So anything you're going to do that's going to calm that system is going to help the endometriosis more than anything. So again, it's not about birth control pills.

And not that I'm against it if you're young and you don't wanna get pregnant. I mean, I don't want people to think, oh, I definitely don't want ever to take birth control pills.

For the right person, it's not a problem. But endometriosis, again, goes deeper into detox, vegetation, and a lot of times we'll do microbiome testing.

besides understanding your genetics, what is actionable. So a good microbiome, a look at microbiome balance. I think what a lot of women don't realize how important the gut link is to this is that when the bacteria balance or the good bugs are off and the bad guys are overgrowing, the body has an enzyme that's going to come out to try to get the good guys back in line again but the second job that that beta glucuronidase or that enzyme has is to dump estrogen so i almost describe it like the water wheel gets sped up that you recycle the estrogen so now you wind up overloading the system so a g i map or whatever microbiome test that that you particularly like and then I could take relief.

Sometimes we'll do micronutrient testing to see where real deficiencies are to help the system. If your B12 is terribly low or your B6 is low, then all of those are cofactors in the detox system.

But I think the biggest thing for most people is make sure your detox is working and your microbiome is optimized. That's great. That's great. And then as far as specific supplements that you find effective for these patients, I know you mentioned the vitamin D, the fish oil, the probiotic.

So Designs for Health makes a two-week detox, and I happen to like this one the best. They call it the Paleo Cleanse. I like it. The reason I like it, and a lot of companies make one, Metagenix makes one.

Ortho makes one. I like the Paleo Cleanze because it's not calorie restricted. It lets you eat as much as you want, but they're just adding back in cofactors that are going to help the offload of the extra estrogen.

The detox part of it, no gluten, no dairy, no alcohol, and really watch your grains. Big thing for women, especially with PCOS, to remember is that anything that's pulverized is going to absorb quickly.

So if you eat a sweet potato or a white potato or a carbohydrate from the ground, a root vegetable, you have to break that bad boy down and get rid of the fibers before you absorb the sugar.

When you eat something that is like in a bar, like any kind of bar, an oat bar or something like that, or eat something that's in a grain this way, it's pulverized, right?

So it's broken down really quickly in the stomach and it's absorbed quickly. And in somebody who can't handle that, that's going to affect the system negatively.

So when you do the two-week detox, what it's going to do, it's going to pull those bad guys out. So you can have as much of your starchy carbs as you want, although your other guys are gonna be off and now you're adding a two week period of cleaning the system out.

So I use that a lot. Then I have two options afterwards. The two week detox will tell you two shakes a day with two pill packs, but again, all the food you wanna eat with it.

But then I have a lot of patients that what I'll do is tell them to do then one shake twice a week. So they'll do the two-week detox. It gets the system back balanced.

And then like every Monday and Thursday, they'll do a shake and a pill pack.

Supplements, Exercise, and Environmental Toxins

And then that just kind of, if their genetics predispose them to this state of being. And you know, we all have to live in society. Everybody goes to a wedding and wants to have a piece of cake or live their life.

This gets you back in line. The other thing I like is estrogen. By orthomolecular and we use designs for health sense at all for for PCOS people that need the myoinositol I don't use a lot of N acetylcysteine or glutathione.

I'm not that that stuff's bad But I I just I think to tell somebody the biggest thing I find is I'll see a lot of women They're like I went to this person and they had me on 85 pills Yeah.

And then what right keeper will broke and they get really frustrated. So if you can spend money on your food and a lot of things too, especially PCOS patients, they feel that because their testosterone is elevated that they shouldn't exercise or shouldn't lift weights.

And that is really far from the truth. You're an insulin resistant person. So muscle mass is actually more important for you because the more muscle you can create, the more you can put that glucose somewhere.

So I would definitely exercise. And I think women seem to think it's sort of unreasonable to exercise six days a week, and I don't really understand why.

A lot of women will think walking three days a week is enough. It's not. Whatever age you are, if you want to walk 10 miles three days a week, I think that's okay.

But it's really, you have to put hours in to move the system and you have to do a low level cardio. And it's okay if you sprint and I'm okay with a little elevated heart rate, but it's really about getting into that fat burning and getting into that detox system, both for your endo and your PCOS patients.

So that would be like an hour, five days or six days a week, at a heart rate of like 130, 140, depending on your age, paired with lifting, I don't think it's terrible to do an exercise twice a day, lift in the morning, run at night, especially if you have a medical condition.

Yeah, and I do come across a lot of women who avoid weight lifting because they are afraid, I don't wanna get bulky, I don't want it to get big. That can happen.

And I'm like, unless you're doing steroids, it's just not gonna happen, yeah. well because it's also i think it's very interesting it's a it's sort of a backwards understanding because women actually seem to think that if my testosterone is super elevated then i'm going to bulk up which is really the opposite because if that was the case then the menopausal woman who has testosterone high relative to estrogen would bulk and if anything she's turning around and saying i can't put muscle on It's really about the correct ratio in the system.

And if you are driving this testosterone up, you're not going to bulk up. And even if you do, you'd really have to drive the levels elevated to be a problem.

So it's getting in and lifting, and you'll find that you'll actually balance the system out better. So, what role do environmental toxins play in hormonal balance, and how do you help patients kind of lessen their exposure to that?

So I think same thing with that. I think you can make yourself crazy, right? You could go to Whole Foods and you could say on beauty counter and I'm gonna use this is clean and that's clean and I'm gonna buy the $800 laundry detergent and I'm gonna use the shampoo that doesn't have any of this or that in it.

I think it's really what I tell women is or eat as clean as you can. Do I think you have to give Whole Foods, you know, $85 for the four strawberries in a box?

No, right? I mean, I think there's a point, right? So you do the best you can with your food. And then I think the stuff that's really going to get on your skin, like maybe your moisturizer, like I use a beauty counter moisturizer or something along those lines, Focus a little more, don't make yourself crazy with your makeup.

Focus a little more on maybe a little bit cleaner soap, anything that you're going to put on your skin. Try to look at deodorant. Wellness Mama, her website is free, right?

She's been around for a hundred years. And if you go to that website, there's always, she's got how to make your own deodorant and how to make your own foot soak and things that you can do that can be for you.

That's really reasonable. It's all free. And what you can do to kind of minimize the exposure of that environmental toxicity on you. Awesome, awesome.

What advice do you have for women who feel unheard or dismissed when seeking care for these conditions? Oh God, so hard. And I understand it because it's sort of how we feel, like as a physician I understand that, but it's sort of like how I feel when I go to the car mechanic.

Right as I walk in and I'm like I kind of hear this clicky thing and and and my mechanic I go to is wonderful but there's a little bit of that there where if he'll talk to me and I'm like no but you don't understand it pulls a little I have no idea I'm lucky I know the engines in the front of the car.

So when you walk in as a patient, the thing you're going to get is take birth control pills and eat right and watch your weight. I mean, that's what you're getting over and over again.

And I think that's also why a lot of women, especially with PCOS, have turned to the GLP-1 agonists, right? The Wigov and the Trizepatide and all that, which I think is a whole conversation on itself because you can sort of maybe get to where you want to be, but then what do you do once you're there?

And I think that there's When you get off, have you really tracked and watched and did everything you needed to to maintain your muscle while you reverse the system?

So I'd be very careful with that. It's probably good to see a functional medicine doc if you can, if you feel like this is irregular or even if an OB-GYN gives you that diagnosis to turn around and say, I got to see a functional medicine doc.

Or you can see a really good nutritional person. A lot of women don't want to invest in day-to-day nutrition support. And I think that that is something that women with endometriosis and PCOS both need to really consider because it's kind of like somebody who wants to stay fit, they have to invest in a trainer.

You have to go and he's got to say, pick that barbell up. And he may say to me, pick that barbell up the same way for 15, 20 times, I may always need that little support.

I may get to the point where I can do a little bit on my own, but I think that you really need to have an understanding. She may or he, the dietician or nutritionist may put a glucose monitor on.

Sometimes it's important to see that, right? You got to start somewhere. So I tend to have more insulin resistance. What's gonna drive my glucose numbers up?

Okay, these four foods, I'm gonna try to stay away from, or I'm gonna be very conscious. If I eat them, I gotta walk 10 minutes after, right? I've gotta get that glucose number down.

Advocating for Yourself and Hormone Health

So I'm not gonna eat, like for me, when I did the monitor, I really drive up with sweet potatoes. So I'm not gonna have a sweet potato at night and then go to bed.

So I think really investing in nutritional support in somebody that knows that can guide you a little bit with supplements and then seeing a functional doc for your bigger picture.

That's what I do a lot. In other words, I'll manage the labs and then the nutritional personnel will work on the day-to-day supporting. Yeah, we've been playing around with those continuous glucose monitors, and I have to say just completely eye-opening as to what is spiking my blood sugar and what is not, and the timing of, you know, eating different things, you know, with protein, without.

Yeah, it's pretty amazing. And we both know that everybody was on this big intermittent fasting phase. Only the

problem with the intermittent fasting with women is everybody was eating from one to eight.

So now, right, all the literature comes out that says, no, you can't store protein. Women need protein in the morning. So you'll have some women get up and do her exercise or live her life or proteins not there.

That's not helping her, especially somebody with polycystic ovarian syndrome. And then what happens is, is then she eats from one to eight. So now she's eating dinner, say at seven thirty or eight, because that's in her feeding window.

And then she goes to bed at nine. So I think that I would stay away from that. It's really about personalized nutrition, getting your protein in, and staying with somebody that's really up on the latest of what's going to keep you optimized.

Yeah, awesome. If there was one thing you wish every woman knew about hormonal health, what would it be? That's a really good question. So the pre-menopausal woman, right, the one who is still making her hormones, Please understand, 99.999% of the time, your problem is in hormonal environment.

And I wish those women knew that. I see so many women that say, my hormones are a problem. Unless you are in premature menopause, your hormones at 32 and a half or 35 after your third baby, when you're exhausted, don't jump out the window.

it's environment. They do start to change a little, but they need environmental support, and that's what we talked about. The other group of women, as they get to the other end and the cycles get irregular and they're noticing estrogen changes, what I wish they knew about hormonal health is that hormone replacement is safe.

The right hormones are safe and beneficial. I don't care if you don't have hot flashes. It's not about hot flashes anymore. It's where you are 10 years down the road.

And one of the big reasons sometimes the OB-GYNs have a problem with this, I think, is when I was 30 years old and I came out of training, I never thought I'd be 50. Nobody thinks about it.

So the investment, I'm studying babies and delivering babies, but the thought of that person, I wanted to help her, but I saw no connection there. And so I think that's where it's sort of, if you go into your OBGYN and you say, oh, I'm generally doing okay, right?

They will, they're not gonna say any, if you don't have hot flashes, they're gonna go, oh, do it naturally. But then you find yourself 60, 65, and you're gonna find bone density problems, you're gonna find issues, and you can't get your brain back.

The rat studies that they did found that the further away from menopause that they started estrogen, and then when they looked at the rat brains, the worse they were.

So that group of women, don't be afraid of hormones, ask questions, listen to as much as you can, find somebody that understands it, and don't be afraid to get on it early.

It's sort of, I'm sorry, you saw it in your own life. I had a lot of women that felt like they wouldn't have a good baby if they got an epidural. I never understood that.

Oh my God, I gotta squat in the woods and have pain and this and that, otherwise I don't get a good kit. So please- I think I was the exact opposite. I think I had my anesthesiologist on speed dial and I called them when I went into labor.

Every six weeks put it in. So all you got to do is dose it up. Believe me, I was the same thing, but a lot of women aren't like that. Same thing with C-sections, right?

You're blessed that you live in a country that you can have a safe C-section. So please women that are in that menopausal transition, don't be afraid to support your system to age well.

Awesome. Where can listeners learn more about your work and connect with your resources? So we have two big things. Number one, you can go to my website, Dianne Ginsburg MD, and we actually have a YouTube channel that I tried to explain a lot about God and hormones, and I'm trying to update some of the videos.

I've been busy seeing patients, so I'm trying to update some of the videos, but on YouTube, it's Dianne Ginsburg MD, Optimal Health Redefined. We tried to do like 10 minute snippets of what bioidentical hormones are and what to do for this for PCOS.

Just kind of nickel and dime things that people could do on their own. So by the time they get to a physician, they've done a lot of those things. So now it's the physician becomes icing on the cake rather than sitting down and saying, well, I have all these problems.

Where do I start? And I think that's really the big way to go do everything you can on your own. We've got a lot on our website and a lot on our YouTube channel.

That is awesome. Thank you so much for your time and for answering all these questions. Really appreciate it. It's so enjoyable. Thank you so much. My pleasure.

Here's to good health. Thanks. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.