Perimenopause Starts Earlier Than You Think Transcript

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Introduction to the Summit and Dr. Jen

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And how or where should they start when it comes to getting a doctor like you, who's an expert in that? What makes you an expert in that, Dr. Jen? How do they trust your experience as a practitioner to help heal them?

Yeah, that's a great question. So menopause is usually in the 50s, is average mid-50s. So perimenopause can be, they could start to feel symptoms five years before, 10 years before.

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Welcome to the Peptides and Longevity podcast. Each week, we'll dive into groundbreaking science, innovative therapies, and the future of health and longevity.

Alongside visionary physicians and experts, we'll explore how peptides, cutting edge medicine, and lifestyle strategies can redefine the way we age. Get ready to transform your health, optimize your vitality, and unlock the secrets to a longer, healthier life.

Let's get started. Awesome. Well, I want to welcome you guys to the bioregulators and peptide summit. I am Michael McNeil. I'm the director of education for integrative peptides.

And joining me today is the lovely Dr. Jen. Dr. Jen is an expert in literally any topic I could pick, but I feel like her specialty is with thyroid and hormones and women's health and it's such a hot button topic today because I feel like there's such an attack on us hormonally whether you come from toxins or you come from as women trans, you know, kind of the glandular system transfers as you age and how do you nourish that before, during, and after.

And so I'm going to get the beautiful opportunity to pick Dr. Jen's brain and let her help educate us on how maybe peptides can help you, bioregulators, what are some of your favorite treatments and plans.

So Dr. Jen, thank you so much for joining me today. Hi, thank you, Michael. I'm so excited to nerd out with you. And like you said, any subject we can talk about at all if you want.

Understanding Perimenopause and Hormone Shifts

I love that. I think I want to kick it off with a question, which is women are more hormonally complex than men tend to be. And so how do you approach a woman who's dealing with what they may feel is a hormonal symptom or something related to hormones?

What's Dr. Jin's approach to the diagnostic side of where a woman's at? Yeah, it's crazy because most of my patient practice is women. And these women just kept coming to me and pairing menopause because this is where they were getting symptoms out of nowhere, anxiety, weight gain, you know, all these hormones.

Our hormones, it's beautiful, right? It's a beautiful cycle, 28-day cycle. But when you hit that perimenopause, that

progesterone just trends down, just like enteropause with men and testosterone.

It's just slowly going down. But then it gets interesting because our estradiol, our estrogen is erratic. It gets more erratic during perimenopause. So then you have this slow decline of progesterone and then estradiol, which can be erratic, so then that makes it even bigger of a spread of estrogen dominance type symptoms and progesterone deficiency, add on stress, cortisol, and then it even widens more.

So that is what makes it very complicated and you know, during perimenopause when these hormones are going kind of wild, if we're not doubling down on healthy habits, you know, like movement, sleep, breathwork, prayer, our nutrition, then it just even amplifies and it gets worse.

So a lot of women are feeling very frustrated out there because then they go to a conventional medicine doctor and one, they won't even test their hormones.

They're like, wow, yeah, they're too erratic. We're not even going to test them or they don't test them because they don't know what to do with them. We've heard that from patients or, you know, We always cringe when our patients tell us this, but it happens all the time.

The doctor's like, well, you're just depressed or anxious. You need to get on an antidepressant and you're just gaining weight and no energy because you're a mother, right?

We hear that all the time. And I noticed a pattern like in like in perimenopause, like they're getting attacked hormonally with changes. They don't know what to do.

They're not getting help. Plus there's like a spiritual attack, right? They're more, they're just more vulnerable. So the enemy is going to attack them more, right?

And, you know, I play this game with my husband when he talks about someone going through a divorce or the mother just picking up and leaving. And I'm like, were they in perimenopause?

He's like, yeah, they probably were. They were in their forties. And I'm like, We need to help these women, right? And it's like, ah, it's so frustrating.

And we can help them with lifestyle changes, hormone balances, and then also layer in some peptides in there too. So it's kind of a beautiful symphony.

And you ask about testing. Absolutely, we need to test hormones. Like, absolutely, we're going to test, not guess. Me, I am going to break down estrogen differently than even my sister, who is genetically a lot like me, right?

We're all going to break down our hormones differently. We're all going to Gosh, process, you know, environmental toxins differently, we're going to go through, you know, the process of menopause, we're going to all go through it differently too.

And I explained the process of perimenopause, which is before menopause. as kind of like an oven preheating where my oven is going to preheat different than your oven, Michael, and different than the Airbnb we're staying at, right?

So we're on a different timeline and stress can, you know, can really accelerate this. not just stress from life, but stress from things like high blood sugar or mycotoxins or gut dysbiosis.

So it's really interesting because there are so many things coming at women in perimenopause and there's not a lot of help, but that's what we're here to talk about.

Let's go. I love that. So you get the archetype of a woman in a peri-mental puzzle state. They're probably feeling that down regulation of their hormonal power.

And symptom-wise, they're feeling stressed, anxiety, and they're just in a frustrated state. And so I'm curious, so you run like a full hormone panel.

Like you're looking at, T3 and reverse T3 and thyroid and I'm sure Dutch test and probably how the glandulars work together and it's not a one trick pony as far as testing is concerned.

That's what I find the conventional system is such a joke the way that they test us and they look at suboptimal markers. So even if it looks like semi okay, then they just tell you you're okay and send you out the door.

I'm curious what's the average because I am not a peri-menopausal hormone expert. But what is the average age of a woman when they start to feel that symptomatically on an average?

And I know, like you say, everybody has an individual blueprint. And how or where should they start when it comes to getting a doctor like you, who's an expert in that?

What makes you an expert in that, Dr. Jen? How do they trust your experience as a practitioner to help heal them? Yeah, that's a great question. So menopause is usually in the 50s, is average mid-50s.

So perimenopause can be, they could start to feel symptoms five years before, 10 years before. And because we think that progesterone is that gradual decline, and then you have that estrogen going up and down.

And really, when you start having that lower progesterone, you're going to feel that luteal phase deficit of progesterone. We're seeing this even in 20-year-olds or 30-year-olds where because there are so many environmental endocrine disruptors affecting not only estrogen but the estrogen receptor, all of our hormone receptors, that we're seeing symptoms earlier and earlier.

When a woman gets in their 40s, they're usually really noticing these symptoms, and we need to be proactive about this. We shouldn't wait until we're freaking out on our spouse and ready to sign the divorce papers, right?

We need to be proactive. Really, it's, oh, I was having a discussion with someone about this. They're like, well, maybe they're just more empowered because they're older.

And I'm like, no, they're just getting into this weird cycle. The enemy is filling their mind with stuff. They're more vulnerable. They're more sensitive.

They're more emotional. And then it explodes. We should not notice these big changes in our personality and emotions. That means that our hormones are not balanced.

And we should be doing something about that. You know, men, when they go through andropause, they get on testosterone. They make sure their testosterone is staying testosterone and not going to DHT and not getting aromatized to estrogen.

You know, we pay attention to that.

Finding the Right Hormone Specialist

But for women, for some reason, like hormones have not been talked about and they need to be done correctly too. So when you're looking for someone, Like, where should I go to get hormones or even get this checked out?

You should go to someone that's been fellowship trained, that has, you know, actual degrees behind their name, that studied, that sees patients, not someone that took a weekend hormone course or went on a cruise to learn about hormones.

That is not safe. That's not good. You know, I am personally not a big fan of pellets. I think that that is super therapeutic levels. And I go low and slow with hormones.

you know actually I was just doing a podcast and they're like oh when we started testosterone our libido went up so high and I'm like you were probably overdosed on testosterone I didn't say that but I thought that in my head because it should be it should be a balance we shouldn't be super therapeutic in stuff and that's similar to peptides you know we're we're just they work because they are turning on and off cellular signaling we're not overpowering things where medications you can give too much and have side effects like antibiotics or even blood pressure pills you use too much and you go hypo and then you know hypotension and then you hit your head and fall right so so we have to look at hormones with that respect so when it comes to hormones yes make sure that you also find someone that Also looks at other things too.

I'll give a quick story. So I had a patient that can't stop losing weight. She's like, it was actually really sad. She's like, Dr. Jen, she's like, I don't eat a lot of food.

Like I literally eat less than everyone and I just keep gaining weight. She went to one of those like online, like, oh, we'll take your insurance and you can get whatever hormones you want.

You know what I mean. Yeah. And that's not what you want. That's just as bad as conventional medicine. And she was just given hormones. They did do testing, but nothing happened.

She kept gaining weight. So then she saw me and I took a long history in physical, which is another thing. I asked her specific questions and We figured out together, based on her history and me listening to her, because the patient's going to tell you what's wrong, that it was a mold.

She has moldy stuff going on. So we're going to do some testing, or at least I'll have her do a visual contrast sensitivity test to just see if that was it.

But I'm pretty sure that's what it is. So mycotoxins clog up the liver, then you're not even getting rid of estrogens or other toxins well because your body is consumed with these mycotoxins.

So it wasn't just a hormone problem, it was other things. So this is this like integral balance. So, and one of the things I spoke with her, mycotoxins mold can make us very insulin resistant, and our bodies also under stress, and stress and cortisol make us insulin resistant.

And when you're insulin resistant, what does your body do? Just packs on the pounds, will not let the pounds go. So, I mentioned to her that I think a GLP-1, GLP-1 GIP, probably start lower dose, it will also help with the inflammation, help with, you know, inflammation in the brain, help with, you know, release, you know, fix some of that insulin resistance, that that would be a really nice tool to give to her while we are, you know, finding out where the mycotoxins or the mold exposure is coming from, and then also, you know, getting rid of it in the sinuses and the gut.

So that's where, like, you would think a straightforward hormone consult would be because I thought it was going to be at first because I didn't know she was already on hormones and already tried that, but it ended up being a little bit more sophisticated, you know?

And I'm sure you have a lot of examples like that where you can't, you know, everyone's like, I'm gaining weight, it's a thyroid problem, you know? Every patient that has Hashimoto's or everything, they're like, it's only my thyroid.

I know it's my thyroid. And we check, we check, you know, reverse T3, free T3, T4, TSH, we check everything. But we also check a saliva cortisol. And lo and behold, the thyroid labs are normal, but their cortisol is out of control and driving insulin resistance and weight gain.

So that's where it's beautiful to work with someone that has the training and they have the experience and have worked with patients and they know that it's not just the horse.

You have to look for zebras sometimes, even in integrative and functional medicine. That's so true. I also think at baseline, I would, if I was a woman, I would trust you because you're a woman.

Like I think it's just like you get the 28 day cycle, you get those feelings. I used to tell, so a classic symptom that I saw and because you're building like the archetypical woman that's going through this transitional period, there's probably toxin exposure.

A lot of times that I saw when they got into that insulin resistance, they were actually like, craving sugar and some sort of quick, stress-relieving, dopaminergic quick fix.

And even, you know, it's sort of like a perfect storm because I feel like if your drive went down, your cravings went up for things like sugar, probably candida overgrowth.

There's a little bit of that erratic behavior. Like you said, that's the perfect storm for stress to come in and for us to kind of get off balance and to not make the best decisions in those moments.

And a lot of times, you know, realizing that it wasn't just a thyroid issue. that there's this whole age-related transitional period that had a lot to do with the patients that I used to see in clinic that were sort of like hitting that perfect storm timeline.

And it's sort of like not just telling them to put down the brownie and then the cakes and the things. And I used to tell patients, you're probably the sweetest person in the room, but you're eating what you don't receive.

And I find that women give so much and they feel at a deficit just because mothers have this power to give is so powerful. The way that God created y'all so different than men and so much more cradling existence in a way.

Even men as we get older, there's just this superpower that y'all have. And so I can imagine reaching out to someone like you who has the ability to take all of those into play because cortisol competing with insulin.

So if you don't look at stress and the thyroid, but then you have toxins like estrogen, mimickers like BPA, and then you have mold, which puts you in that homocysteine insulin.

There's all these different.

Weight Gain, Insulin Resistance, and GLP-1 Support

components and I saw a lot of times that if you went to a hormone in the box type of institution like you said they give you a pellet your blood absorbs it super fast you have a high drive for three days and then all of a sudden you're back down to nothing and you have to go get a bigger dose the next time you go in and it's this constant sway of just, it becomes part of the frustration.

And I've watched a lot of my patients and my parents even waste a lot of money at the hormone in the box type of institutions. And I wish I had access to someone like you, now I do.

But for them, when they went through those transitionary periods, those quick fixes are not permanent solutions. And so I'm glad, Dr. Jen, for you to talk about sort of the whole perimenopausal kind of well-rounded out approach, because I hope people listening to this will get inspired to reach out to a practitioner like you.

At baseline, I feel like would be a woman, you know, just if it were me. But what are some, if you started a patient on HRT or an HRT peptide balance, you mentioned things like Trezepatide or GLP-1.

What's sort of like a Dr. Jin formula? I know everybody's bio individual and you probably create it for every person individually, not just a blanket protocol like a lot of those box places do, but what would be an average protocol?

Like if I'm a perimenopausal woman, I come in with the symptoms, the cortisol, the thyroid, the low energy, low sex drive. I'm a little bit erratic. Where do you start with me, Dr.

Jin? What's my solution? Yeah, well, the history and physical will give us a clue on if we need to double down on

gut health, if we need to make sure, you know, not living in mold, we need to make sure and roll out all that stuff.

If it's insulin resistance, while we're waiting for lab work, I'll slap a continuous glucose monitor on them. Make sure they're doing basic stuff. I would say if someone is very already refined on that, which I will get patients like that, where they're eating while they're sleeping while they're moving and working out and we balance hormones.

So let's say that they're already there and they still can't lose the weight. That is when I will add in a GLP-1, GLP-1-GIP and I'll start them really low dosing and go up slowly.

And sometimes it's inflammation, sometimes it's food noise they need help with and the you know those centers in the brain that make us feel satisfied it will just move the needle for them and sometimes they're only on them for a couple months and then we get off sometimes they're like I feel so good I want to stay on a lower dose just a really small like micro dose for a while so sometimes we'll do that.

Now I have some non-negotiables when I start people on GLP-1s and You know, it says something about the patients that come to see me for weight loss or specifically for peptides.

They can get peptides like wherever, whenever now. I mean, they're readily available, but it doesn't mean it's not done right. And we all see those people that just shrink on Instagram.

Or, you know, or a Facebook. Well, I almost reach out to someone. I saw a story of this girl that our kids used to play sports together and she doesn't look good.

She's not maintaining a lot of muscle like she should be, but you can see her muscle more because she's wasted away. And I'm like, oh, like you're in a perimenopause.

You can't be losing muscle. It's going to be harder to gain back. But I'm not her doctor, so I'm just gonna zip it unless she asks me advice. But the problem is when we hit 40, we're losing muscle, okay?

And it's harder to actually put on muscle, okay? Even if your hormones are optimized, it's still harder. So we don't want to lose muscle. So if someone goes on a GLP-1, we know from the studies that you will lose muscle on GLP-1s.

Like, we know that, okay? and that was a mistake I made probably like eight years ago when I started a patient on it and I didn't we didn't have that research and she she got really really really tiny right but but it's good because we built back her muscle we had time but she kept the weight off and did great.

So now my non-negotiables are, they have to lift weights. They have to do weight training, okay? They have to do creatine with the weight training. They have to eat adequate protein.

So that's at least 30 grams a meal, and I like them to be around 120 grams of protein. Those are like non-negotiables. And then I will add on PeptiStrong.

Have you heard of that plant peptide PeptiStrong? So PeptiStrong is a plant derived peptide. It's AI derived from a plant, fava beans. And yeah, and it has studies of that.

No, no, I wouldn't get it there. Health Jevity has it. Okay, I'm going to check it out. Yeah, in their longevity product. Oh, okay. So PeptiStrong is the base of it and that can help maintain like the muscle and that works really good with my patients.

The other thing that you can do instead of that is you can add on a growth hormone secretagogue too. which is going to, it's not growth hormone, but it's going to help your body secrete its own natural growth hormone.

So that's, you can dose it two to three times a day, but I usually just have patients do it at night on an empty stomach that mimics your natural growth hormone secretion.

So this would be CJC 1295. That could be something else that will help maintain that muscle mass while they're decreasing inflammation, decreasing insulin resistance, and helping get that weight off, right?

So we don't want to like go back to like being super skinny like that was popular in the 80s, right? We want like muscle, we want longevity through muscle health.

So that is a very good peptide when used correctly in perimenopause. Some of the other problems in perimenopause is libido, okay? Same thing, I will have women be like, it's my testosterone, it's my testosterone.

And I'm like, well, yeah, we could make, you could go to the med spa down the street and get a pellet of testosterone and be super therapeutic in testosterone, ruin your heart, right?

Because- True. Well, right? Think about impairing menopause. So testosterone without proper estradiol is dangerous to the woman's heart. We need to have adequate estrogen levels and then have adequate testosterone levels, right?

If we have low estrogen and really high testosterone in a woman, that is going to not be good for our hearts and our heart vessels. So you would be doing harm, right?

So first, I took an oath, you know, do no harm. So these women that are going down to the med spa, or I've even heard this was terrifying on a webinar that I just wanted to look at these products and see what the deal was.

And this girl who works at a med spa, she was like, you just dose hormones based on their symptoms. And I was like, I like, I like had to do some deep breathing and I was like, you're gonna hurt people.

Anyway, so I mean, I am, yeah, if she wants to get help, I know who to point her to and some mentors. But so, so these high super therapeutic testosterone, yes, if you're like, that, you're gonna have high sex drive, right?

But we don't want to be super therapeutic. We want to be balanced, okay? Now, if we're not having good sex drive, maybe we should look at other things.

Like maybe we should look at how's your relationship with your husband? Is there any foreplay? Where are you at in your menstrual cycle? What's your cortisol level?

That's the main thing.

Libido, Oxytocin, and Relationship Health

Is your kid sleeping in your bed? Do your kids stay up in the summer till 10 p.m. like mine? And then you're like, oh my goodness. Is it a spiritual attack on your marriage?

Because that is something the enemy wants to destroy is marriages. So I mean, there's there's all these other layers. So anyway, but but what can we do that if we're like, I just need some like a little extra help.

So I love PT 141 and oxytocin nasal spray. Yes. Two of the champions right there. It's in my fridge and it was so funny like my husband and I well when we lived in Ohio you know the car is basically a refrigerator so I would just bring it with me you know on date night going out to the steakhouse and we'd like squirt it on the way home and the kids would be in bed and and it's it's fun time because it's really nice because the PT 141 is going to increase your arousal, okay, so then you're maybe more apt to foreplay and you know all that and then the oxytocin is going to make it so you are just you feel more intimate and you feel more connected.

So that is a great one for women in perimenopause because we can blame it all on hormones but sometimes it's just stress and lack of intimacy in the marriage too.

Yeah. And then if you're not intimate, then there's even more lack of intimacy. So see how that can just spiral. So I

really like that one. My husband, bless his heart, puts up with all of my peptides and biohacking.

That's awesome. Yeah, I'm like, it's PT 141 time. But yeah, I mean, it's really important. And gosh, you know, when you're in when you're in perimenopause or aging as a woman or women in their, you know, early 30s, like you have new kids and you know, you're trying to figure out what preschool to put them in, I don't know, like you're stressed out.

And we know it's not a lack of testosterone at that age, but yet you're still probably having intimacy problems or lack of sex drive and stress is a big one.

So not that we shouldn't manage our stress and our cortisol in other ways and just take PT 141. No, I'm not saying that, but it's nice to kind of bridge the gap there.

So I don't know, I think those two are really good ones for women that are in perimenopause and just need a little bit of support in the peptide world.

I love that. Those are two of my favorites. CJC of Maryland is one of my all-time favorites as well, just because even for men, just to maintain some muscle growth.

And I've been on this big trying to become a Viking. And for the men out there, if you clean… if you support and you help your lady relax, then her libido will raise.

It's so funny, part of the libido play for me when I used to coach men is just to be more supportive. And if you take stuff off the plate, then it feels like something you can enjoy that's not a burden.

And I like a biblical approach to that because the servitude of a man towards a woman is actually the picture of marriage that was put in the Bible. And so I'm always aware of that.

It's like to be able to serve is such a blessing. And then you get a reward or a benefit from that. And there's so many more than just that. But I mean, it's just one of the many benefits of a healthy marriage with a healthy sex drive and a healthy relationship.

So I love that you take that in approach because I feel like a lot of practitioners wouldn't dare to bridge the gap of even asking those questions. If you're thinking spirit, soul, and body into account, then there is so many scriptures about how can two walk together lest they be agreed, and even things about everything's agreement, like the whole union is in agreement, and even if you decide to take a time for fasting or prayer, it's something that's agreed upon.

And there's so many things I've learned after I've had a failed marriage in my existence that I'm going to do right the next time when it comes to, you know, whoever God has for me, that I get to learn through that experience.

So it's just nice to hear you. It's refreshing to talk about that, Dr. Jan, because what a cool thing as a practitioner to be bold enough, I feel like, to talk about those things with your patients, because it's something that is almost a missing component in our reality of spirit, soul, and body.

They're all connected. Our emotions, the spirit realm, and our body's existence are tied 100% together. And any one of them or all three of them need the ability to be nourished.

So I love that you use peptides, use hormones, nasal oxytocin. You have all your little things, you know, and I I can't wait to be either the annoying husband or if I find a biohacking wife one of these days and we're just gonna be like cold plunging together and doing the sauna and just be a couple weirdos, you know?

No, that's awesome. Yeah, and you're single for those watching, right? Dr. Jit. It's true. Might want to use this as an opportunity, right? Oh, I like that.

On the summit. It's so fun. Dr. Holzer would love that. That's so funny. Oh, yeah. He would love that. Yeah. We'll

just like flash up your, you know. My info, my Instagram and all that.

Yeah. Who wants a nice biblical biohacking man? There you go. Okay. There you go. I'm starting to turn red over here. Plug it in there. Oh, you wanted to talk about skin.

Yeah, I want to talk about skin because I feel like one thing that I would see is patients would come through the door, especially women in perimenopause.

There's this whole hormonal relation to skin health that you guys go through that I feel like men don't go through at all. We only go through one puberty hit and we're basically our skins find the rest of our life.

But I'm curious, what is that? Why is there a breakout right here? Why is there Why is the skin reacting to your hormonal fluctuations and then also what are some hacks or tips that if we're going through that That's not part of like standard treatment stuff.

Maybe topically we can use or I'm sure you get all the tricks escape You got beautiful skin, which is a sign that you take care of your skin Yeah, yeah.

So in Ohio, I owned a natural aesthetics place attached to my brick and mortar. And I learned a lot, a lot about how to do skin natural. Now, obviously, like food is medicine.

So what we're eating, if it's clean, our skin is going to be better. So that is really important. You know, grass fed meat, make sure the dairy is clean.

You know, I would drink a lot of raw dairy in Ohio. I still have to find a farmer that is does it in a good way in Tennessee. For right now, we found someone that is pasteurized but non-homogenized.

So it's a good in-between for now. So anyway, make sure it's clean what you're having. If you are getting breakouts, then yes, that is a hormonal imbalance.

Skin Aging, Topical Estrogen, and Peptide Skincare

Sometimes it can be insulin resistance and then driving towards more androgen, okay, androgen stuff. And that's like polycystic ovarian syndrome, which is the root causes insulin resistance, right?

So with regards to peptides, that would be maybe we have GLP-1s or maybe we start with berberine or metformin or something like that or diet. just do carnivore for a little bit.

So there's a lot of different things we can do. Aging skin. So aging skin is going to be saggy, right? Estrogen, we have estrogen receptors on our skin.

So a lot of the times like you can see who's on hormones and who's not by their skin quality. So what about women in perimenopause? Well, perimenopause, we don't like giving estradiol, right?

Because we're having those big spikes. So I will do topical estriol, which is a weaker estrogen, E3, and we could do that on the face and we can also do that in the vaginal area.

So if a woman is going through perimenopause and this brings, you know, sex and sex drive back in there, if there, you know, I've had women that are literally like tearing down there, the tissue is so dry and void, so we give them some estriol down there.

and it perks back up. Those receptors are awakened and then they do fine. So we usually dose that like daily for a couple weeks and then we just go to a couple times a week.

Now that is being systemically absorbed also so we have to watch that. We don't want to be slathering Estrel all

over our entire body. We want to just use a pea-sized amount.

I had a patient that did that because she listened to a podcast and they said to put it… I just can't. I can't deal with it. So we're here. Squash misinformation.

Okay. No. So a really nice cream that I started using, oh, just about, I finally gave in about four months ago, a little bit of Estrel with some Retin-A and basically some Retinol in it, which will help skin turnover.

So you're helping that. And then I also will use GHK Copper, which is a topical peptide. And that helps with elastin, collagen, and actually it's anti-aging because it's helping fight free radical damage in the skin.

you know, helps with wounds and everything. I actually will just have a GHK copper peptide serum, Vitaly makes one. I will bring that with me on vacations on everything because it can work on wounds, it can work on bug bites with inflammation, it can work on sunburn, and then it's anti-aging.

So that's a little hack. I've given it to people. Yeah, with like wound healing and scars, I've gotten like some sample bottles and I'll just like hand it out to people to help with healing.

So GHK copper is great. And then you could do, you know, we don't want to fill our bodies. If you're on here listening, you probably are more into natural things.

And there are a lot of influencers out there that are biohackers, but they have filler and they do Botox. And you don't have to. There's other options.

There's RF microneedling. There's lasers. There's different things. You can do PRF or PRP where they pull your blood and spin it down and then inject platelet-rich plasma back into your face.

That is what I've been doing to help combat aging. Another thing that I really like, I don't know if you've ever seen these, they're called frownies. Yeah, I've never tried them though.

Do you need them? I mean, I don't think I need them. I do skincare stuff for fun. Like next week, I do the Potenza with exosomes in my hair and on my face.

Yes, exosomes. Yes, that's exciting. And then I use the Glow, which is the GHK copper, it's basically a peptide blend with BPC and TB 500. And I've been using that and it just makes you glow from the inside out.

Is that Dr. Kent? Yeah, I didn't know that that was new. Okay, I didn't know about that. So now I'm going to have to have to and it also starts to prevent graying or reversal of graying.

So like I got a couple grays in the beard and some in the hair. So like I'm just curious to see as I do it, it you know shift so. That's exciting. Well, because it's reducing the free radicals and everything and the aging.

But frownies, for those that might not know, it's literally you plaster your forehead. So my forehead is flat and I don't do Botox. Never have, because I don't need to, because I just go to bed.

Now, not that I look super cute, you know, like when I have frownies on and I'm mouth taping, that I'm asleep. It's okay. It's okay. So this is put that on after the PT-141, right?

Like way after. Okay, there you go. Way after. But the frownies, so what Xeomin does, which is a cleaner of tox, if you're going to get tox, get Xeomin, it casts your forehead.

So I can move my forehead, but my Forehead is trained to just stay flat. So like if you cast your arm and then the muscle, you know, is not used to moving.

So those are kind of like, if you want to do more natural skin biohacking, those are some tools in the toolbox. And

you said your office has Glow, you said which has MPC, Cape, what else?

Or TB500 and GHK, Copper. That would be such a good blend. It's such a powerful blend and even orally I've been doing the way that I found integrative peptides and Dr.

Kent's company was in clinic. I had patients who were in Lyme and mold and their hair was falling out and their skin health was rough. And so I started doing KPV, BPC and TB4.

orally and noticing massive shifts. And so I've been doing that as well. I'm the only one of my brothers who follicularly I have follicles left, which is really nice.

But I've been like actively doing things. I'm a big like derma stamp person, but I'm just taking care of myself. So those types of blends are extremely powerful.

The glow blend is you just do a sub cue. little injection here and there and you notice that it affects you so positively as far as like hair, skin, nails.

It's basically replaced a hair, skin, and nails vitamin for me and it works so much more powerfully. And they have like the Potenza, they have all the laser, all the things that I love.

I try and do like I'm a very metrosexual guy, but I try and do like a facial at least once a month and do things to like take care of my skin. Because I feel like guys neglect their skin and they just kind of pour whiskey on their wounds and hope everything's going to be okay.

So, you know. Well, I mean, in aging, like, yeah, we need to be taking care of our bodies on the inside and that will show on the outside. I mean, my gosh, I don't do facials or anything.

I mean, we brought the equipment with us in my office here in Tennessee just to use because I wasn't going to sell it for pennies on the dollar. But I mean, I need to be more diligent.

You know, if you're listening, you're a busy mom in perimenopause, the things that I told you that I did do, I mean, it doesn't take a lot of time. So the biggest thing is, is obviously like what we're putting in our body, If we're using peptides or bioregulators to help with aging, then that is going to show in your skin.

It's going to show in all the ways. So definitely these are great tools for the basic pillars, movement and sleep and all of those things. True that. I love that.

I love that we're ending on glowing skin tips. That's such a powerful…

Where to Find Dr. Jen and Closing Remarks

I feel like patients that I couldn't get to do anything, if I mentioned aesthetic benefits, they were like, I'll take whatever you say because it's such a part of how we feel in our bodies and how we de-stress is just to feel handsome or beautiful is just nice.

way to live you know and so I love that we're taking like biohacker tips and making them practical to like I love things like red light therapy and you know sauna and all these things have aided over times I've been using them for years I mean, probably half of my life I've done what is now a biohacker therapy used to be like just a functional medicine treatment in a clinic.

Now it's all polarized, but it's become part of my everyday life and part of the way that I have fun. Like I'll go to the spa for fun, you know, so I love that.

That's a good… That's a good way to live. Well, Dr. Jen, I appreciate your time today. You're like one of the most amazing women. How can people on the summit get a hold of you?

Where do they find you if they're interested in getting your peptide knowledge or hormone knowledge or just want some treatment? Yeah, thank you so much, Michael.

You could find me on Instagram, integrativedrmom. That's also my YouTube, especially if you want to watch funny videos about our mini farm in Tennessee.

Go to my YouTube, I have a podcast there too. Healthy by Dr. Jen is my website if you want to work with me. I think by the time the summit's out, my new book will be out called The Perimenopause Reset.

And if you go to Dr. Jen book, that will be on there. And that is really, I talk about peptides, I talk about all the things except more detail in that book.

So check it out. That's awesome. Very cool. Well, thank you, Dr. Jen. Appreciate your time. Thank you. Thanks for joining us on the Peptides and Longevity podcast.

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