Introduction to Hormones and Brain Health

Hello and welcome to another special interview for the Reversing Alzheimer's Summit. I am your summit co-host, Doctor Kristine Burke. If you've been watching this summit, you know that over the last decade, I've helped many patients reverse their cognitive decline.

And in this summit, I am bringing you interviews with thought leaders who can help you understand how you can prevent and reverse cognitive decline and Alzheimer's for yourself and your loved ones.

Hormones are one of the most powerful and often misunderstood drivers of brain health, especially as we age. And today, we're joined by someone who has spent over two decades helping women navigate that transition with clarity and precision.

Doctor Sharon Stills is a natural medical doctor with over 20 years of experience focused on women's health, particularly the hormonal transitions around menopause.

She has advanced training in European biological medicine and is widely recognized for her expertise in bioidentical hormone replacement and individual root cause care.

She is the creator of the Red Hot Sexy Menopause program, designed to help women navigate midlife with intention and a renewed sense of self. And she is the host of the Future of Menopause Medicine Summit.

In addition to her clinical work, she has served as a physician educator, including as a North American lecturer for the Paracelsus Academy in Switzerland, and has contributed to the field through her involvement with Bio Regulatory Medicine Institute and as a board member with the Archive of Healing at UCLA.

Doctor stills is the founder of Stills Health Clinic in Scottsdale, Arizona, where she focuses on complex chronic illness and personalized health optimization.

Her work has been shaped by her own health journey, which continues to inform her perspective and commitment to patient care. Doctor stills. Welcome to the summit.

I am really looking forward to this conversation. Thank you. It's great to be here. I'm excited too. I know, I know. All right, well, let's jump right in, because I know one of the things that I want to hear from you is when we're specifically talking about hormones and brain health, what do you think is the most underappreciated in how they influence cognitive aging?

Yeah, that's I mean, I think a lot's underappreciated because I think just in the general society consensus, even in medicine, we really still think about sex hormones as sex.

Like, do I have a libido or not? And for hot flashes, do, do I have had flashes? Do I want to get rid of them? And if it's a cycling woman, we think about it for her period or for fertility.

But we forget like the depth of hormones and how they affect our brain, our immune system, our lymphatic flow, our gut, everything. Like there's nothing the hormones don't touch.

So I think it's a lot like if we just take progesterone, for example. Pretty much there's like this old outdated school of thought that you only need progesterone if you have a uterus to protect your uterine lining from building up.

And we know that's not true. And so women, even in like the bioidentical in hormone therapy field, if you take it a step more than women or physicians might start to think, well, progesterone is like your chill pill.

And so it's metabolizing down to allow pregnant alone which is hitting the Gabor receptor sites. And so it is down. It is up regulating Gaba which is our down regulatory.

It's our neuro inhibitory trans neurotransmitter. And so I always call it it's like the hormonal Valium or Xanax or whatever you want to call it. And so it's really good for sleep and anxiety.

But progesterone is also supporting mitochondrial activity in the brain. It's supporting the myelin which is super important for formation repair. Just in you know we think of myelin sheath.

We think of M as. But in general we want good neuro neurological conduction. It's down regulating glutamate which is the opposite of upregulated Gaba.

So glutamate is like the brain is on fire and Gaba is like I'm the fire department chief. And here I come with my water. It's decreasing inflammatory cytokines.

It is reducing micro glial cells.

Progesteroneu2019s Role in Cognitive Support

It is calming. It is stabilizing. It is reparative. It's a great thing like post-concussion. So there's like all this physiology and biochemistry that these hormones are doing on a deep level that we just don't really ever talk about because we're a very pharmaceutical based society.

And so we're missing out on the beauty that these hormones are giving us on a really deep level, on a really deep level. That was just a beautiful overview of how deep that hormones can actually touch us.

And, you know, while we're talking about progesterone, it's also something, you know, in the same way that, you know, we need to be focusing on, you know, estrogen is the primary hormone of women, and testosterone is the primary hormone of men.

But we each need the other. And the same is true about progesterone for men. For all of the reasons that you just listed, like we need to win, especially when we're treating someone that has cognitive decline, I think we need to be looking at not allowing their progesterone to be basically undetectable, which is not uncommon.

Yeah, I mean, I probably treat 80% women, 20% men. And doctor been my son who practices with me. I tend to give him all the men because he treats women.

But he also, you know just like you treat all the men. But yeah, I mean I have all my guys in that category or as they're aging, I'm not waiting for cognitive issues to start where we're, you know, preparing so that they never do start.

And we're protecting and preventing. But yeah, I like of course I give men progesterone and people think that's so weird. Like, oh, but is that going to turn him into a woman is like no, no, no, no, no, no.

It's going to help him just like it helps her. And same for testosterone. And I picked progesterone. I was kicked around and say like, you know, they think diamonds are a girl's best friend, but it's truly progesterone.

But but, I didn't pick estrogen because I think, you know, you said, like, what is underappreciated. And I think and I love, you know, Queen estrogen.

All hail. She's amazing. Like we think estrogen. You know, whether it's brain health or bone health or cardiovascular health or whatever health we're talking about, we're always like putting estrogen at the forefront and forgetting about testosterone and DHEA and progesterone and oxytocin and thyroid hormone and adrenal hormones, and they're all really important.

So yes, I love estrogen. And estrogen is very important. But to me it's like they're a team. They're a symphony. They're a baseball team. You're not going to get to the World Series if you don't have your first base, and you only have your pitcher.

And so we have to really think of it that way. And I don't know about you, but I see so many women who come in and they're just put on an extra dial patch and an oral Prometric.

And no one's even had the conversation about their DHEA, their, their testosterone, their oxytocin, their melatonin, all the things. And so if you take nothing else from this talk, at least for starters, like, there are a lot of hormones, it's not just estrogen and progesterone if you have a uterus.

Yeah. That's so true. And the symphony analogy is so applicable to. Right. Or actually I, I really love the baseball team because it's like a, it's like the perfect number for the hormone conversation.

But it really does emphasize like all of our systems are a balancing act. There really isn't. Well, we tend to hone in and focus on one thing as the hero.

Just like anything else, it it's really the supporting characters that make it all work. Exactly. And I mean, I think about it, I mean, I'm a natural pathway position, but I also while I was in that path, like medical school, started studying European biological medicine in Switzerland and Germany.

And so I take everything through like a terrain based lens. So even hormones they need, it's not just about hormones. And a lot of people know me for hormones because I'm always talking about hormones, but it's what kind of a terrain are these hormones going into?

And is the fascia unrestricted? Is the lymphatic system flowing? And especially when we're talking about brain health, like we have the whole lymphatics, which is the lymph of the brain.

And if you're glimpses and moving and I could totally go off on a tangent. I love this tangent. If your goal in life is in moving and you're not getting into deep sleep and your glimpses and draining, that's just the perfect disaster for setting up cognitive issues and dementia and Alzheimer's.

Because you're not cleansing out the towel, you're not cleansing out the amyloid, you're not draining, you're not regenerating, you're not resetting. And so, you know, we just keep stepping it back like further and further.

And then, you know, why is your lymph not draining well? Are you stressed and not sleeping. And so are you stressed and not sleeping because you don't have enough progesterone and testosterone and estrogen?

Or are you stressed and not sleeping because your nervous system has dysfunction? Or are you stressed and not sleeping because you have cavitation in your mouth and you have drawn sections and this is affecting the flow, or you have scars or I mean, so we we talk about hormones, but we have to remember, no matter what you're talking about in health, like there is a whole system, a whole body that has to host the hormones, that has to encourage the hormones to flow.

So get it. You know, it can be very simple and it can be very complex. Yeah. Yeah. Absolutely. So we touched a bit on the underappreciated hormone progesterone.

Estrogen, Brain Function, and Alzheimeru2019s Risk

And when we're thinking about the other hormones like estrogen what do you think. How do you view estrogens mechanism like at a physiologic level. Like how it's interacting in in the brain in ways that may impact Alzheimer's risk.

Yeah. So I mean it's definitely increasing synaptic plasticity. And so I mean, I don't know how long ago is where we didn't even think that was something that was possible for you.

And and it's like, here we are. So I mean, that alone that you know, this doesn't have to be your, your life sentence. Like you can make change and it's also helping with glucose metabolism.

And so we think of it as like type three diabetes Alzheimer's. And so you know, then that takes us like out of the brain and into our mouth for a second as to what are you eating?

Because what you're eating is definitely playing a huge role in your brain. And so estrogen is there to help with glucose metabolism, but it's not like the be all, end all.

It's not like you can pack down, you know, a bag of Snickers bars. And as long as you take some estrogen, it's going to metabolize properly. So your diet, you know, you go back to the foundations of like diet and sleep and community and sunshine and hydration and hydration is super important for brain health.

I mean, estrogen is decreasing inflammation. It's decreasing neuroinflammation. It is helping with mood regulation because of its connection through serotonin, which is connected to melatonin, which is connected to sleep.

And so to me, like I've been doing this for 25 years and like everything starts to fall back on itself. And it all comes down to like, your trauma and your nervous system and your stress levels and your sleep and your hydration and your diet and your movement.

Like we go back to you see the on like Instagram, you know, nature's best physicians. And it's like, you know, bare feet in the ground and sunshine and you know and it really is true.

So Master Gin is also helping with cholinergic signaling. It's doing a lot of profound things in the brain, again, not just modulating through the hypothalamic axis that like, you shouldn't be sweating, you know, or having a hot flash.

And so, I mean, it is really like when a woman or is deprived of estrogen and you give that back to her, it is literally, I hear the same, you know, it's like someone just turned on the switch.

They just flipped the switch. And it's like all of a sudden I am not concerned about why I walked into this room. I mean, and you know, you're not going to be perfect like even the best of us.

I'm like, you know, have like, those little moments where, you know, and I think part of that is also because we are just bombarded. We're bombarded with technology, we're bombarded with chemicals.

We're bombarded with emfs. And so it's hard to be a human. These. Yeah, our bodies have a lot more to do than they used to. One of the other things that I've learned along my own journey into this cognitive decline reversal work that was really interesting, is that the same areas of the brain that atrophy in Alzheimer's disease are the ones where we have the highest estrogen receptor density.

Yeah. Right. We're really programed to need this to support the brain. I mean, if you think about like who gets Alzheimer's, right? It's, you know, the majority, you probably know the statistics better than I do, but it's more women, it's more post-menopausal.

It's you know, it's such a to me. It's so clear. Right. You see this? You see that? And my dream is to be the hormone fairy. Like I live now in Scottsdale, Arizona.

And so this is a retirement community to a great deal. And so we have a ton of aging facilities, whether it's memory care or just assisted living. And I would love to go in dressed as the hormone fairy and just give everyone hormones because so many of them are just sitting there and it's like heartbreaking.

And I truly know because I see it in clinical practice. But if we would just go in and going have those places would shut down there, wouldn't be a need for them anymore.

It's a real travesty of what's going on and how people are suffering, especially women. Yeah, it really is. And that

kind of brings us to the idea about the timing and the timing hypothesis.

And so talk about how important you think timing is when it comes to hormone replacement. And brain protection. So, you know, I'll make it really easy to understand, like as you start losing estrogen, as you start losing anything that is important in your life, it's good to replace it as you're losing it.

So I'm testing and looking and treating in perimenopause before menopause. So timing is important, as if you lose something and you replace it right away, then you've never really lost it.

That being said, so there I so I see women come from all over to see me because they have been told by their doctor and it makes me really angry. That well, you're 75, so you missed the window.

And I don't care that your life is horrific and you're suffering every day. Sorry, no hormones for you. And I'm like, that's ludicrous because. Yes. And I tell them, you know, yes, it would have been better if you were here in my office when you were 48.

But you know what? You're here now. So let's do something now. And we give hormones. You know, the one thing you want to make sure like cardiovascular wise, you want to make sure there's no high concern that there's plaque that potentially is going to be set free.

But barring that aside, I give them hormones. And I mean, they're like, you know, they they're like my my raving fans because they're like, oh my God.

Like I just wasted 20, 20 years of my life. It's so sad. Two decades you gave me hormones.

Timing Hormone Therapy for Brain Protection

And the beautiful thing about hormones is like, it's not like, well, it's been 20 years when I was in medical school, like they taught us, you know, if someone comes in and they have autoimmune disease and they've been sick for five years, they can't expect you to get them better in two weeks.

Like they have to give you some time because they've been sick a long time. But the beautiful thing with hormones is like, you know, we give hormones and then we do a clinical check in four weeks later and within four weeks, like there's significant change.

They are like, wow, I am, you know, remembering things. I feel like myself again. My mood is regulated, my sleep is better. And of course, like I said before, if you get that sleep, you know, you get that deep sleep, you get that lymphatic drainage, you get that re regeneration, renewal.

Like, I don't feel like if I don't sleep, you know, I'm worth nothing. So. But so it's all pieced together. But you know, even within four weeks they're starting to see changes.

And it's like it's such a mixed bag because they're obviously they're super excited. But there's some anger that comes up with that because it's like I mean, literally they've been suffering since they were 55 and they're 75 now.

I mean, like we need to scream this from the rooftops. That's like 20 powerful years that just were lost. And so like, you know, it's just B. S. that you you missed the boat.

There was no missing the boat. And, you know, I had a cute little woman fly in from Hawaii. You know, she's like 85. And I'm like, let's, let's do it, girlfriend.

You love it, I know it is. It is very interesting just to see like it's like a re blossoming. It's a reawakening with the hormone replacement therapy.

And I think, you know, a lot of that came from how hormones got so controversial for the last couple of decades.

And, you know, most of those causes for concern if you will have been retracted.

So what do you think now? What do you think clinicians are still getting wrong about hormone replacement therapy. Now, do you have three weeks? Well, I do, but I don't know if the rest of our viewers do.

So I started practicing. I graduated in 2001. So I opened up my clinic in 2002. Not the one where now, but my old one. And, it was right when the Women's Health Initiative, this study that, like everyone you know, was poorly performed, poorly analyzed.

But it was like, right at that time. And also, Suzanne Somers had written a book and honestly, like, I went to Catholic medical school to be a pediatrician.

So, you know, did a little women's health when I was doing my training because, you know, we treat everything as a natural path. But it wasn't like I went to school, like, I'm going to make a difference in women's lives and their hormones.

But I had a patient come into me and she had the book, and I was like, Suzanne Somers, like Chrissy, I'm just got her to help us with our brain health.

And but I have a really open mind. So I was like, all right, give me the book. Give me a couple of weeks. I wasn't as busy back then. I was like, let me read the book. And see.

And I thought, well, you know, Christie Christie was pretty smart. She got it going on. And but I can even improve upon this because of what I know about liver health and gut health and lymph health. And so forth.

And so I treated her and she got better. And then like all of a sudden she told everyone. And then before I knew it, I was like, bioidentical hormone specialist.

So it was happening at that time. But so I tell this because I've been doing this a long time. And so my mentor was Doctor Jonathan Wright, which yeah, I know, you know, it makes me sad because a lot of the big hormone experts don't even know who he is.

And it's like he is the grandfather of biomedical hormone replacement. He wrote the first script for bias. There's a reason why bias 8020 is a starting prescription.

Because of his studies and what he found in the urine of healthy women, that most women, prior to popular belief, are actually producing a lot of estrogen.

And because doctors are looking in the wrong place and they're looking in the blood where you can't find it all because it has a short half life, they don't realize that.

And so I forgot what your question was. What a question too. Well, we started off talking about why it was a controversial and then not just lead us into kind of your your journey into it.

You kind of you got clocked in right at the beginning of the controversy. I, I've been in practice a bit longer than you and a decade longer. And so I had been doing all the hormone replacement the way that we had been taught.

Right. Primer and then Provera, and then that's what was studied in the Women's Health Initiative study. So it was it was a complete flip around for us, and everyone was throwing their hormones out like babies with the bathwater.

And then it was devastating to women. But the fear about the breast cancer risk was so great. And then, you know, my career was also actually influenced by Suzanne Somers, because that book came out around the same time.

And so I had patients in my practice that asked me about bioidentical hormones, and I told them what I had been taught. And, you know, we don't know that it's safer.

Just because it's natural doesn't mean it's safe, like blah, blah, blah. All the things I had been taught to say. And then they would, you know, smile politely and then they would go find it elsewhere, but then come back to me because I'm a family physician.

So then they would come back to me a year later for their annual exam, and they would look fabulous and feel like, who are you? And vibrant? And I started noticing that the difference between the women I was treating the way I was supposed to treat them, and the ones who were getting bioidentical hormone replacement was really a big gap.

And that made me question like, hang on, is what I learned really the best thing? And then, you know, the no evidence thing that I had been taught, if you start looking, then you find, no, there is a tremendous amount of literature that thyroid, I mean thousands of articles.

So that was the beginning of the crack for me of transitioning into root cause medicine, because it was the first time that, you know, the paradigm of what I had been taught had really cracked open right in front of me.

So when the controversy was happening, I was like, this is this doesn't make any sense. So I was like, everyone's bioidentical hormone healer because I just looked at the physiology.

I'm like, this makes no sense. I looked at the study. I thought, this makes no sense.

What Clinicians Get Wrong About HRT

Why don't we villainize progesterone, which is toxic and is, you know, synthetic progesterone. So what do people get wrong? They get wrong that all is not important.

And there's like this weird online thing. Now everyone is like a villain. Not, well, not everyone, but these influencers who I think are just trying to make a name for themselves, be controversial so they get more clicks, you know, are villainized all, which is like extremely important for our brain, extremely important for our cardiovascular system.

So you know, they're getting wrong, that they're just using patches and they're not testing the right way. So we do 24 hour wet urine testing, the dried urine test that so many people are familiar with is inaccurate.

You cannot get a circadian rhythm of hormone production by just taking four samples. That's like very random. Not to mention dried urine is not as accurate as having actual wet urine.

So the way we test is very specific and very accurate. The way we dose, the way we compound, like so people just think because it's bioidentical that it's natural.

And you know, I learned that like my first year in practice because I wasn't yet on hormones. I was younger and like my patient took out the hormones I had prescribed for her.

And I was like, why is that red? And she's like, I don't know this, but you gave me. And I'm like, oh my God. Like the compounding pharmacy is putting like dyes.

Your cap sulfur, progesterone. So you know, you have to be like, we're you know, I'm not an anal person, but I'm super anal when it comes to what you're getting and what you're putting in your body on a regular perspective, like premature Amazon peanut oil.

And it's not GMO free, and I'm sure it's rancid. And if you were doing it for a week, I wouldn't be that concerned. But you're doing it day in and day out because hormones are forever, you know, and I'm taking on, you know, I'm like, yo, prime out of my dead hand.

I'm keeping them. I don't know what you know, just in case. I don't want to be without them. So I mean, there's a lot that they're getting wrong. They're just measuring in blood, which does not tell the whole story.

They're not a plot, you know. They're not applying hormones properly in the right form. They're using pellets which overdose and burden the liver. You know, I can go on and on. They're, they're not a plot.

Like they're using creams and putting them, like, here or to the abdomen. And then that causes dermal fatigue. So they stop working as much. So like if you're on hormone creams, you want to apply them to mucosal tissue.

So we do trans mucosal application not transdermal because you can use less and get a bigger bang. So there's a lot I mean I see women literally from all over the globe and like the stories and the things I see them coming in with, you know, are just like, if I banged my head against the wall every time, I'd be like, very bruised.

You'd have cognitive decline is what you would I would definitely I'm not. Why? You know, and we're just talking about sex hormones and, you know, there's cortisol, there's thyroid, there's melatonin, there's oxytocin, there's insulin.

I mean, there's all these other hormones that play a role. So people are seeing it like this instead of like this. And so when you go to a doctor, you really want them to see the whole you.

And like I was saying before, before we came live, live like you don't want to be, you know, in a doc in the box where they're just injecting you with something, they're not paying attention to how it's metabolizing.

Because I see women on estradiol patches, and then I check how they're metabolizing and they're metabolizing down very inflammatory, dangerous pathways, or they're taking that estradiol patch and they're turning it into estrogen, which is an inflammatory estrogen rather than into Israel.

So, you know, you really want to have a balance of estradiol and estrogen and not everyone needs an 8020 bias. But biased is still the way to go. But they might need a 50, 50 or 60.

You know, you have to be testing, you have to be monitoring, and it's truly the art in practice because you also, as a clinician, as a physician, you need to be looking at the patient in front of you because everyone is I have some patients, you know, I get like super sensitive patients, as I'm sure you do.

And sometimes it blows my mind. I'm like, I cannot believe your levels are optimized and you feel good and we're giving you like half a half a line of cream, like, but, you know, everyone is different.

And so we have to take that into account and we shouldn't settle. Like if you're working with a physician who has you on hormones and you're still suffering, like I see patients come in from other, you know, all the time and they're like, well, yeah, I've been on hormones for three years, and now instead of having ten hot flashes, I have seven a day.

And so, you know, and I said, well, that's good. You've improved. And I'm like, no, you know, if you're symptomatic and these your hormones are dialed in, they need to be dialed to you, you know, feel good.

And I'm not saying hormones are, you know, I used to always say like it's a myth of a magic bullet like that. You know, everyone comes in like, do you have the magic pill for me, doctor stills, you know, like, I wish it did.

That make my job a lot easier? Here, take the magic pill. But, you know, as I've gone on, I mean, I do think the closest thing to a magic bullet is replacing your hormones.

Because, like I said in the beginning, it has just such an overarching effect in so many things. And so I've kind of started calling myself like with patients.

I'm like, I'm a hormone first doctor. Like if you are applicable for needing hormone replacement and you have a laundry list of things that are concerning you that you want to prevent that are bothering you, that are symptoms, like, let's do your hormones first and then let's see what's left.

Because sometimes nothing's left, right? Like it was just a drought of hormones. And so rather than chasing every little symptom and every little thing and a stack of supplements, you know, it's like, wow, that was kind of like a magic bullet.

Yeah, that's really interesting perspective. Like thinking about the I love the I love your comment, a drought of hormones because that really can be so applicable.

You know, you've talked to in different places about how you kind of think about the approach to hormone replacement therapy or how how you think it should be done thoughtfully.

Walk us through maybe just at a high level, what you think that that looks like in practice, like just, you know, maybe like, where do you begin and how are you assessing it so that people, our viewers, can have a better understanding of what they should be expecting to experience?

Yeah, I mean, the first thing is, you know, getting to know you like, you know, like really taking a good detailed case about who this person is because their history will tell you if they have had hormone issues their whole life.

Yeah. For with infertility did they have PCOS? Did they deal with fibroids. They have endometriosis on and on and on and on. And so it's like just seeing who's in front of you.

We do baseline hormone testing. We kind of do like a high five promise. Like you're not going to just get hormones, like you're going to be engaged in your health and you're going to be an active participant, and you're going to support your liver, and you're going to support your hormone receptor sites, and you're going to take the supplements that do those things, and you're going to do toxicity testing and gut testing.

So we can make sure everything because there's so much out there, like I see women come in and they go, well, I'm on Dune and I'm on calcium glue. Great to, you know, for my beta, look around this and I'm on demand because I'm not even sure why I'm on it, but it's because they think it's estrogen.

Is it on to prevent cancer. You know, so and I'm like, well let's find out what you actually need because yeah like beta look, you're on a screen high in your gut.

And recirculating estrogen is a really riveting story. A lot of times when I do gut testing, it is not an issue. So you don't need to have that support.

Like we test, we work, we retest. So you know, we're doing baseline testing. Then we're starting hormones. We're doing a four week check in. You know there is for some women they go on hormones and like literally the next day we get phone calls to the front desk. Oh my god.

So many hours I was up nine hours or my brain is better. This is better. That is better. You know, we had one woman come in like she literally couldn't walk like her hip was so messed up.

Joint pain. And like, she called the next day, like, I was like, I just walked 15,000 steps and I was like, wow. So, like, there's that extreme of, like where it is this overnight sensation.

Then there's women who go on hormones and, you know, their bodies like them. I haven't seen you in a while. And there's like a period of adjustment. And so often, you know, it's why we do a four week check in.

So if we're getting calls, you know, this is happening that is happening. We're maybe tweaking some things or we're just saying, you know, if you can handle it, handle it.

Because almost like 99% of the time we get to that before we check in. And I'm like, so how's the bloating or the 3 pounds or whatever? And they're like, I'm like, yeah, remember you called my office three weeks ago and like, oh yeah, that's totally gone.

So, you know, check in. And then at eight weeks we do another test so we can compare and we can make sure, because you can't tell like, oh is like you can feel better and that's great.

But when it comes to hormones, you can tell, are you metabolizing to an inflammatory way or are your symptoms gone? I see this a lot, especially with women who come in who are on the patch like they feel better, but they are not optimized.

Their levels are still low, they don't have the right ratio of estradiol to is still there, you know, so you yes. I want you to feel better. That's like but I also want you to be optimized because it's like not a conversation.

I enjoy having where like, I know you've been on hormones for ten years, and I know that you don't have hot flashes anymore, but you're not really optimized and you're not really getting the protective benefits.

And like, that's, that's that makes me sad too. It's a sad is the woman who's been suffering for two decades. So there's a lot of intricacies that go along with what when I'm saying we're doing thoughtful, you know, and we're not overdosing.

We're not saying we want you to be 15 again and get a period and have these high, high levels. That is almost dangerous and certainly not necessary. And we're dosing to optimization and symptom reduction.

It's like the best of both worlds.

Thoughtful Hormone Optimization in Practice

My best friend and I, we went to med school together, and we call each other at the end of the day. And it's like you have a good doctor day and it's like a good doctor day is like, the labs look good and the patient feels good.

You're like, yeah, a good doctor day patient feels good, and the labs don't like good advice, you know. So we want to have both because we want you to be getting that protection.

Because that protection is profound. Yes. No. And I, I've had women like I've been practicing 24 years. And so I have patients who've been with me since this is, you know, since the beginning.

And so I have this whole stable of women who are now in their 70s and 80s and have been with me for 24, 20, you know, almost almost a quarter of a century.

And they are so awesome. They are like so sharp. They're like riding motorcycles and sailing the world and traveling and having amazing sex and sharp as a tack and all the things.

And I'm like, you know, that's good evidence to me. And it's very good evidence. That is very good evidence we had a couple of years ago. We took a picture in February for Heart Health Month of all of our or a group of our patients, our female patients that were over 70.

And it's just such an amazing, vibrant picture. It always brings me such joy when it comes up in my memories and I get to remember, you know, it's it's just really it's fun to see and to help people to really shine and to feel great.

It's awesome. I mean, it's my whole definition of aging. And what the aging process looks like has significantly changed. Like, I think about what I saw growing up, like my grandma, my mom, my aunties, like, you know, love them dearly, but they were old when they were 50, right.

And now, like you said, we have this huge patient population in their 70s. And so I'm 50, I just turned 58. So I'm like, these women are like rock stars.

I'm like, I'm I haven't even hit middle age yet. I'm like, you know, just can't. I mean, so it's like aging is such a privilege. Aging is such an opportunity.

And and I truly believe I mean, not only but having proper hormone balance is such a huge piece of it. Like if, you know, Doctor Lindsay Berkson, I don't.

So she's a hormone guru queen, I love her, she's brilliant. And you would think she's like 45 and she's in her late like like and she you know, is walking the talk.

And I hope when I get to be 78 people will say that about me. Things I have now. But so it doesn't have to be like, I think this is our most vibrant age.

I mean, I just start a brand new clinic, like most people are winding down. I'm like, no, no, no, I got another rodeo going on. So that's why it's so sad when you hear these women who are, you know, had decades robbed from them, but, you know, in they're like, yeah, it's just aging.

And you're like, no, no, no. With I mean, if you're listening, it's like I always think of when I go to yoga and, you know, in hot yoga, they say like it's never too late to build a healthy body.

And like, it's never too late to get your brain back, to feel good, to reverse cognitive decline like it's never too late. I mean, you know, we do all sorts of stuff from red light and photo, bio modulation and neuro viser and, you know, there's so many tools that you can be used with your hormones, with your healthy diet, with your movement, with your prioritization of sleep, with purpose.

Right. Like, what's your why? You know, like me, I'm gonna live 230 because I'm very attached to my granddaughters. How very, very long time. So I can see their kids and their kids.

Kids. So you know what's here, but they show, like, studies show, right? That, you know, the more purpose you have, why you get up in the morning, what you're doing, you know, keeping your brain active.

And, you know, I alluded to it a little before, but like the society we live in is such a double edged sword. Right. Because like, this is awesome. Like, you're hosting a summit.

I host a summit. We touched thousands and thousands and thousands of, you know, all of you listening, like, without technology, you wouldn't know this.

You wouldn't be hearing this awesome, you know, interaction. But then there's like the flip side of that, that we're just, you know, we're just glued to our phones.

I mean, even just like posture and fascia. And I keep saying like, babies are soon going to be born, like with their next curve. So they can just automatically look it up, look at their phones, you know, and I mean, I work on it too.

I'm like, I'm, you know, I live in the society too. I'm not perfect. And so we have to like turn off. We have to meditate and go inside and be okay. And quiet and be okay with silence and be in nature and all these things like it's it's a lot and it's a little.

And in it all is important. So like if you're taking hormones but you haven't really worked on your emotions and you're inside all day and you're scrolling, scrolling, scrolling, and you're looking at the, you know, hormones will help.

But to me, like I want you to heal and healing is multifactorial as a human being and as you're going through the aging process. And I mean, when I say, like, aging is a privilege, like every day I get up and I thank, you know, who I thank for, like, I get a I get a gift of another day and how am I going to use this gift and protecting our brain, you know, so that we can because I don't want to be 130 and not, you know, maybe my last, you know, my last ten years, I'll be a little loopy and, and I, I just have to go.

But, you know, I want to be functioning. I don't just want quantity. I want quality and good quality. And so we all have that. You know, I, you know, I did not come out of the womb like a superstar healthy.

You know, I was a very sick kid. And, you know, it's probably why ended up on this journey. Right. As many of us do who become healers. Right. We're trying to help ourselves.

And then we go, oh, well, I can help people to up. So, you know, I always say, like, if I can do it, you know, anyone can do it because I, you know, had a horrific and horrific hormones.

Like, you know, I had PMS that was like I was either bleeding or I had PMS. It was like maybe I had like four good days during the month. And so, you know, I know what it's like.

I've been there, I have suffered and I know. And so there, you know, there's hope, there's always hope. Don't let anyone tell you it's too late. You missed the boat. There's nothing we can do.

This is just aging. You're getting old. Suck it up, buttercup. You know? Know there's always hope and there's always looking. And you have to be. You know, it's easy to take hormones, but can you really eat a nutritious diet?

Can you can you turn off Netflix and prioritize going to sleep so you can get that glimpse to drain? These are the harder things, right? Yeah, they really are.

Well, I think that we have covered such great ground. And I don't even need to ask you this question, but I will so that we can leave our viewers with this thought in mind.

And that is, do you view hormone optimization as optional or foundational in a true crime prevention strategy? What do you think the answer to that? Well, we know what the answer is.

But what I will say is, as a natural ethic physician, I treat everyone individually. You know, I work with a lot of patients dealing with cancer, a lot of patients dealing with autoimmune disease and now long Covid and vaccine injuries.

And, you know, and they all get treated very differently because the pathophysiology of why someone develops, let's just say cancer is unique. It's like a fingerprint.

You know, there's like all the overlying things we think of like emotions and toxins and gut health and diet and trauma and all these things. But it's different for everyone and how you know your body.

So it's like it's unique. It makes my job very complicated because I don't just go like, here's my cancer protocol. Yeah. So but when it comes to hormone decline, although, you know, as I talk like there's intricacies in dosing and who's going to who needs more help on your baseball team?

Everyone needs hormones because losing your hormones is not a disease. It's a natural transition. I mean, if I could redesign how we age, I'd probably tweak the whole.

But I wasn't asked so. But you know, so yes, it's not optional. It's foundational because we're all going through the same transition and men to, you know, like we didn't really talk about and then a lot but you know, they go through and your pores and they lose their testosterone.

And we didn't really talk about testosterone, but testosterone also for neuronal growth and dopamine. And it's anti-inflammatory and handles, you know, it's muscle mass which helps to maintain neuroplasticity.

And for most people, yeah, I know I thought of that earlier in our conversation. And I was like, well, we missed that. Yeah. You know, we didn't even talk about you know, we didn't talk about a lot.

But yeah. So, you know, it is not optional if you want to age healthy and keep your brain intact and have your, you know, your wits about you, I feel like it's it's a necessary thing that everyone should be looking into.

Yeah, it's absolutely foundational. If those are your goals, I totally agree. My gosh doctor, this has been such a

great discussion with you. I'm really grateful for you and sharing your time and sharing all of this information with everyone on the summit today.

And we talked about your upcoming summit, I think, in August. Correct. The Future of Menopause Medicine Summit. Yeah, we changed the name. It is is it that the name of it, you know the name better than I do.

Yeah. I think it's your menopause medicine summit. We'll have to have you come on and speak up. That would be lovely. About. Yeah, we have a cool tagline and we we just changed it because it's the fifth year. And I was like, we didn't. The name.

But yeah. So I definitely encourage people to look out for that coming out in September. And if people would like to know how to get in touch with you, how they might be able to work with you, where can they find you?

Well, we opened up a new clinic called Lasting Wellness Center, and maybe by the time this is airing, our website will be up. But Dr. stills.com is where you can find me.

You can find me. Dot Sharon stills just by googling Instagram, I try to hang out there. I don't do a great job of it, but I'm trying to of yeah, I'm I'm pretty.

I find online. Well my viewers, if you have enjoyed this discussion today on the Reversing Alzheimer's Summit, I invite you to join us for some of our other sessions where we continue to dive into my passion solving the root causes of cognitive decline.

Thanks for joining us. Bye everyone.