S3 EP 39: Hormones Aren’t the Problem — The Education Is: Reclaiming Women’s Health with Sarah Hu... Transcript

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Podcast Introduction and Guest Welcome

Hey everybody, welcome to the Eat Pray [music] Faith podcast with Dr. Tracy. That's me. I'm going to be your host today as always. And I'm super excited to bring in a great friend, colleague, and professional in the industry primarily in hormones, women's health, and even men's health. Um, you know, Sarah Hufflinin is here. She is a boardcertified naturopathic practitioner as well as a holistic hormone practitioner. So that's not always a combination we see. Uh so very refreshing. She owns the practice Healthy Revolution. She's based out of New York. And so we're just so glad to have her here today. We're going to be talking about the mismanagement of women's health through failed hormone education, which is a little bit of a twist. We're really talking about the fact that alipathic and even integrative and natural practitioners are not educated to understand the hormones, hormone patterns, hormones through the decades and also labs and interpretation of those labs. And I have to say I am so excited that Sarah knows all of this. So Sarah, welcome to the podcast. Thanks for coming in.

>> Thank you Dr. Tracy. I'm glad to be here. >> Yeah. Well, exciting news, guys, and we're going to announce it later that Sarah has actually created our, I would say, premier hormone course uh on the Academy of Abiding Wellness. I'll make those show notes available, but I'm not going to give you the discount until you listen to the whole podcast. Um, and you have to hear what Sarah has to say because we had a little chat right before the podcast talking about women's health and education. And a lot of people like to segregate it out. Sarah, they like to say like the alipathic, you know, does X and we over here on the natural and integrative side do Y. But I found truly and I'm going to let you kind of express on this. You know, it's on both sides. There's not enough education on hormones and understanding hormones. >> So, can just just lead lead from there?

>> Well, I honestly when I started my journey, I exactly fell into the same thing. You know, when I was younger, my mom passed away at 22. when I was 22.

So, it was a very emotionally challenging time for me. And looking back now, I realize that she was going through menopausal shifts. So, her estrogen dropped and I'm sure amongst other things that led to a lot of imbalance in the body circling around hormones. But the conversation was not there. It wasn't there then and it really isn't there now.

Hormone Education Gaps in Womenu2019s Health

And you know as I maneuvered through the health world and looking for answers and looking through things I would say more I wanted a more functional approach. Um that is really what has driven me to where I am today because I do feel there is a big disconnect between teaching and empowering women about their own bodies and the answers aren't really there. So as a practitioner going back I had to go back and learn specific holistic hormones because I felt I didn't get that information either as a practitioner. So I really struggled. So that is one of the reasons number one I'm a huge advocate for it and I have really pursued that path um to empower women to really know about their hormones because I do feel that there is a lack of information. I I agree 100% and on both sides like and I don't mean any disrespect to the alipathic or the integrative naturopathic world but it's just not taught and there's no resources for it right you I can't uh I mean here's some of the examples that I'll give and this is probably real life where people will be like yeah I I feel that right as a teenager if you have an irregular messes you go to the OBGYn your gynecologist uh and there you are pro maybe have never had any type of intimacy of any kind and all of a sudden you're subjected to a very intimate appointment >> and then you are given birth control if you have irregular periods and that's that's the that's the health care that they put on young girls in a developmental time.

>> They're not running any blood work. They're not talking to them about nutrition, hydration, movement, sleep elimination, most They're not talking to them about how to track their periods and what each phase means and what to expect. And you know why they don't do that, Sarah? Cuz they don't know.

>> They don't know. >> They do not know. And then you come over here because maybe the mom is like, "No, I don't want to manipulate my developing child's hormones at 14, 13. I'm going to go over here on the natural side and see what I can find." And you know what happens then? They say, "I don't do hormones." >> We don't know either. Right.

>> Right. So, I love that you put together this course. And I guess I want to know first, let's just start at the developmental side of hormones and teenagers. >> Yep.

>> Now, why do you think that the education is not there within the practitioners that help them? I honestly think it's a very complex system, but I also feel the system isn't taught necessarily correctly. I'm going to say only because again, I think when we talk about hormones and how I've heard women talk about hormones is they come to me and say or just in right conversation, you'll hear women talking, oh, I think my hormones are out. Well, it's not a whole other system in the body, right? And we have never really been taught what is it, what are they? And I really don't think a whole lot of people know what they really are. So that's a big piece that is missing completely.

>> Well, let's pause there because what are they? Let's just give a high level for the people that are listening. What are >> what they really are is their messengers. They are messengers in the body. and how they land correctly depends on your foundational health. And there we have to go back way to the beginning. And I think that's the piece that people don't understand how to go and how to maneuver through.

And that is probably why when people embrace things like BHRT or HRT that it's not always effective or they're not getting the desired results because the same me message is being construed just louder, right? So, it's like, hey, my estrogen is trying to tell my body to do something and I may not have enough estrogen, but the message might also be wrong because I'm not eating right and sleeping right and moving right, my metabolic function is low and all of the other things. So, we add some hormone replacement therapy and now the message is just getting screamed to the cell although it might not be the right message. Is that correct? you're saying >> that is 100% correct and I touch upon this in the course um because there is nothing wrong with women pulling in BHRT sometimes it is truly needed but the fact if you truly have foundational health in place prior to you won't need as much >> or it's it's going to be much easier for the person to maneuver through to get a balanced state because your hormones aren't landing loud in the body.

>> Yeah. the the great I mean darn it, it always comes back to what we have at the end of our fork, doesn't it? Like >> Oh, it does. [laughter] >> Lifestyle. >> It does. It does. And honestly, I feel that I have a great opportunity to talk to a lot of my clients about that. Um because my husband and I have chosen the path to be organic dairy farmers. And that is not you don't find that a lot, but we had chose truly to do this probably almost 20 years ago when people truly looked at us crosseyed. But we decided to be true stewards of the land and of animals that we raise because ultimately what is on the end of your fork does matter and it matters on how it was raised and the soil that it was raised in, >> right? And the environment it's raised in >> 100%. >> Agricultural, you know, raised food of any kind is going to have a little bit of trauma associated especially when they're going to slaughter. And sometimes the the way they are raised isn't always and that impacts the quality of the food. You know the think about if you were in a stressful environment all the time and scared how your body would respond and what the chemicals would be inside of your body being naturally sick. It matters in the food too.

>> It matters and it matters for people to start paying attention to that piece. And I and I know that I talk to a lot of women and they come to me and say, "Well, I do have foundational health in place. I drink water.

Foundational Health and Hormone Messaging

I only eat out two days a week. I take multivitamins. Super. That is that is an amazing start and I'm that is great. But then I challenge them to take a step back and go, what kind of water are you drinking? What kind of supplements are you taking?

Did you get them off the CVS shelf? Are they synthetic? Right? Like what are you eating when you eat out? Have you ever thought about what where that food truly does come from? >> Yes. you know, so it's taking it the next step so they can truly understand what I'm talking about when I say foundational health and why that matters for your

overall balance and certainly how hormones land in the body. >> Yeah. Very interesting. So let's I think hormones for teenagers, birth control was the answer that was usually and you know I mean I was a victim of it. >> I was a victim of it, right? I was on all kinds of birth control all the way up into my late 20s.

>> Yeah. And I was diagnosed with PCOS. >> Ah, >> so I was that same teenager. I had irregular cycles. I didn't know. I thought something awful was wrong with me. I mean, you know, I went to the doctor. They're like, "Oh, you had PCOS." Again, I was young and I had no idea what that meant. And they didn't explain it to me. You know, they suddenly wanted to put me on metformin. And I was scared that I was never going to have kids. I was scared of all of these things. No one explained it to me.

So, you know, maneuvering myself through this, I realized truly what it was. And again, how to balance myself in order to get myself out of that state and I did it. Um, but again, that is also something right that young teenage girls especially are, well, you have PCOS or you had this or you you know, and quickly it is the whole answer all the time is birth control. All the time.

>> All the time. >> All the time. you know, we don't even know what they're getting. I mean, there's there's rings, there's, you know, IUDs, you know, there's ovulation suppressants, there's there's all different kinds. And so, >> uh, you really need to understand what you're putting in your body. >> But then we jump all the way over here to pmenopause and menopause. But what about the middle? Doesn't that matter?

We just don't care. We just don't care. And that's why some some women come to me and they're like, "Okay, I am in balance. I've had my kids. I'm they're probably 40, right? They're kind of in the prime of their life, I would say.

And they're ready to feel really kind of kick-ass amazing, and they don't. >> And they're saying to me, I went to the doctor and the doctor's like, "Eh, you're probably in parameopause >> or you're depressed, right?" >> And they dismissed and said, "Go to the psychologist." And she's like, "I'm not crazy." So, >> we can feel like it sometimes. >> We can feel like it. Um especially if you do have teenage kids at home. But the truth of it is we do get ignored at this at this piece at this time >> right unless you have something medical which we are seeing more infertility >> uh a lot of it and you know I'd like to to touch on your thoughts there as well but that middle gap you know it's like the silent struggle >> it is >> so there and I just want to address hormone imbalance as symptomology real quick so people realize what it is. >> Yes. First of all, the inability to conceive or the struggle to conceive is a hormone issue. It's not that you are broken or infertile or can't have babies. There is an issue underneath where the body utilizes different hormones, progesterrogen, estrogen, all these things to balance the normal cycle of the diff phases of hormones, which probably nobody even understands what the phases are. Maybe you can help us there. And then to have the egg implant into the uterus is another thing. And then to be able to sustain that, that's all hormones. Then when you have baby and let's say you get postpartum depression, >> they put them on psychiatric medications. Tell me if I'm crazy because I think it's a hormone issue. It's a hormone issue. It is. And that's the piece that again, we have post, we have pre, we right, we have all of these phases that the body is going to require different things and it's going to need to be supported through all of those phases with certain pieces of nutrients that you're sometimes your body's going to use more of, sometimes not going to have enough of. Like there's lots of phases as our body works through. And honestly, it's sometimes it's the smallest ingredient that we are lacking.

And I honestly see a lot in women. It's zinc. It's boron. >> Yeah. >> It's a lot of these trace minerals. And I'm gonna go back to the fact of our soils depleted. Our food's depleted. And we do not have a lot of the minerals we need to make hormones land correctly.

Hence the infertility issue a lot of people are seeing. >> Yeah. I'm not even going to get into men today because maybe we can Sarah back to talk about the men later. But it takes two to tang >> and men not having optimal hormone path which nobody looks at men unless they're looking at testosterone and that's really it. And they look at that in conjunction with PSA. I mean even men are mistreated in hormones but we're not even it's not your day guys. It's not your day but hang tight Sarah back for your day today. >> It is true. It is true. And in the course I do touch on men again you know there is a section of that because they can't be ignored because when we do talk about fertility it is also too that do need to tango and it is a big piece of it because again they're going to they eat the same things that women eat and they are also depleted when it comes to their own hormone state and what they're encountering as even an environmental impact. >> Yeah, absolutely. And you know, again, we are talking

today high level. She gets in very deep with the course and all of the modules. So again, that's going to be in your show notes. You can find that link there to go sign up. It's an excellent course. Let's get into um pmenopause and menopause. >> Uh and and give me kind of your insight on what's happening there. So what I see the most common is I'm going to tell you the symptoms that people usually come to me and why are they're coming because this is kind of my my era right now. These are the women that I get. So they are definitely within the mid-40 range to 47. Um and they are feeling the uh cortisol belly, right? The mid the spare tire we like to call it. Um, a lot of times they're in the foggy brain state. Um, weight that they just don't understand. They intake, their calorie intake is the same. Why in the world am I not losing weight? Those are a lot of the symptoms that I hear the cry of. And that is that parameopause state. Um, and again, I'm going to touch just a little bit on cortisol because this is what we are bumping up against. It is that that stress. It's a lot of um I'm going to say it is a lot of stress emotion. It's a lot of emotion that women don't really know number one how to talk about. They feel embarrassed to talk about it.

Teen Hormones, PCOS, and Birth Control

Um but it is a big driver in keeping their stress and their body in a constant state of panic and they don't even understand that it's happening. Um that their body seems to be on all the time and that message is landing incorrectly.

Mhm. >> So, it's us literally going back and rewiring and resetting that foundation of what it needs to be. >> Yeah. So, even if they would receive BHRT, any type of thing like that to replace, they still have their cortisol issue.

>> Correct. >> And so, just give us a high level. What's cortisol just for our listeners because we have a whole different genre that listen. >> So, when I talk cortisol, very simply, cortisol is that stress response hormone. So, I kind of put it in layman's terms, like if you were to, you know, be out in the wild, we'll say, and you know, you got chased by a tiger, cortisol is what's going to save your life. It's going to pump all that glucose to all those muscles so you could run like the wind to get away. But in a healthy state, the body relaxes and everything goes back to how it should be. The problem is now women are on all the time and that cortisol stays heightened like you are running continuously and it never comes down. So it creates that that high level cortisol where your insulin is raised, your glucose is is imbalanced and you start to create the weight typically around the midsection. Uh, and you know, I I touch a little bit about in this in the course only because I have recently seen this. I've recently seen this on like the Facebook feeds and they're talking about cortisol detoxing and or your cortisol face. Get rid of the puffiness. Like they're they're trying to sell you I think it's like a drink or a I don't even know what it is. But >> my my encourage is women need to understand it's not something you purge from. It's not something you detox from. It is in your body for a god-given reason. And it's not something to be just stripped away. We have to understand what it is and what it's doing, >> right? And that starts with understanding your own triggers, >> right? Because cortisol is a result of stress. What makes you stressed out, Sarah? May not even bother >> 100%. But I do think we share the same stress with teenagers and throwing clean clothes on the floor.

>> My cortisol is at like a thousand thousand just yes. So I >> salt belly is my son's fault. I want everyone to know that. >> That's [laughter] right. Me too. >> See still blame those kids. That's >> and that's what women share. And again it's I encourage women to talk about it because it is nothing to be embarrassed about. We all bump up against it. We all experience it. So, as a group to really be educated, empowered to come back and understand what it truly is. And you you have the power to rebalance it. You can do it. >> You can do it on your own. You know, really to take the responsibility piece of your own health. You can do it.

>> Yeah. And I love because earlier you said, you know, the messaging is landing wrong. >> Correct. >> So, and this is part of that, right? So, can you just extend a little bit on that? Like what messaging is landing wrong?

>> So, what ends up happening is when you're in a heightened state, I'm going to I'm going to kind of put it like a symphony, right? Because the body is a little bit like that. When you're in a really heightened state, I want you to think of, you know, the the orchestra would be super super loud. There's a lot of loud music in the body when cortisol is heightened. So when all those other hormone messages that need to go into the body like where is estrogen going to land, where is progesterone landing, where is insulin, all of these things that play a piece, they they can't find their way because the music's too loud because cortisol is just pumping the jam, right? So those things aren't going to land correctly because the body is too it's too loud.

>> Yeah. So to we really have to take a step back and learn how do we have to calm that down rebalance. Maybe we need to put certain nutrients in. Maybe you know we need to rebalance that in some way so that message can the body can calm down >> and that that message can actually make it to where it needs to go. >> Yeah. So it also comes down to not only what you're eating and how you're living but what you're thinking and behaviors and the responses to that. Yeah, I look at cortisol like when I try to park and the music's too loud and I can't see. So, I have to turn music down so I can park. I mean, it's really important. So, my son's always, "Why do you turn the music down when you park?" I'm like, "So I can see better, >> right? [laughter] >> I do the same thing." And they ask me why I'm doing that. I'm like, "You just need to you just need to be quiet for a minute." [laughter] >> Right? I'm concentrating. I need to be able to see better. So, I have to turn this music down. Just pay attention to my logic. >> [laughter] >> my son. Okay, mom. Yeah. So, uh, that's so so fascinating. Well, we've been talking a lot about hormones. Maybe people that are listening don't even understand what female hormones are. So, let's Can you give me a list of the hormones that you like to test? >> So, I am a big um proponent of the mirror. Honestly, I I pull it in. I use it. I encourage my clients to pull it in because it it can tell you real day hormones. So, what I test in that is you'll get your estrogen, you get progesterone, a lot of times you get LH, you'll get FSH. Um, but really what people think about when you say hormones, obviously it's the basics, right? And that's really where I start with the hormone course is let's just understand what we're talking about, what they are, how they land, because we know, we hear about it all the time.

Estrogen, progesterone, testosterone. We all have them. Yes, they're all different levels, but yes, men have them, too. So, you know, it's one of those things that I encourage you to use the mirror and my clients to use it to get a baseline of what your hormones are, you know, so it charts them daily.

The app is on your phone. It's in your home. It's not, you know, invasive. Um, but you can get a real life, you know, look at what your hormones really are on a daily basis and then see what they are over a month and track along with symptoms you might see. So, I think it's a very empowering tool that a lot of people can can pull in and use. >> Yeah. And the mirror, just for people that are listening, it's a pod and you have strips that you put into your urine daily and you insert those strips into the pod and it gives you a calculation daily of your hormones. Y >> I like to use it because for women that are in menopause or pmenopause uh and I want to clarify the phases and have you do that but you know different phases of their cycle their hormones fluctuate. In the beginning their estrogen can be very low but right before their menstrual cycle if they're still getting it or even if they're not it can shoot up really high. So let's say they're on the same estrogen patch all month.

>> Correct. >> Week day one through seven they're feeling great. They're like, "Oh, this is the best thing I've ever done is this replacement therapy." Week two, they're they're okay. They're like, "You know what? I'm all right. My foggy brains." And then week three, they're like just they're they're crazy and they can't think and they have no energy and their body hurts. And then all of a sudden, they get their menstrual cycle or they go through that phase even if they're not having their cycle anymore. And then it starts over. And so after 2 or 3 months of this, they're just like, "This isn't working for me.

Perimenopause, Cortisol, and Midlife Symptoms

I still feel bad two weeks out of the month and it's not the optimal outcome. So the mirror when you have cases like that at least for me I might do Dutch first. That's a type of test that you also use as urine for the listeners. It gives you not only your hormone levels but the metabolites on how your body's using those hormones. And you add the mirror in for you know two to three months because you need a good like span right of what >> you need a chunk of time. Yeah. >> Yeah. And it always helps to have a practitioner to look at it. You know, I know that people are going to listen to this and be like, I'm going to order the mirror and I'm going to get it and that's fine, but if it becomes overwhelming, reach out. Like, we'll we'll help you. But, you know, blood is not always my favorite. Although it's the standard, you know, it's the standard. So, >> yes. And I talk about in the course, you know, I go through each testing. We talk about blood serum, we talk about the Dutch, we talk about the mirror, we talk about how you would triangulate those because they're all valuable. It's just they're telling you a different story of the movie, like different snapshots of what's really happening. So, you know, I I try to do a a good job at telling you when you would pull this in, when you would then maybe turn to a Dutch, you know, if you have XY symptoms. Let's just say, let's just say we have a a client that might be showing, you know, high estrogen symptoms. So, we wouldn't immediately go to the mirror. we would probably utilize the Dutch because then we can see those

pathways and we could see how their methylation was the detox is it are we having a detox issue is that what's happening are those pathways even open you know before we so that would be a foundation we have to go back and work because again now we can see that we do have an issue we have a pathway issue here's a foundational reset we need to do because this is why we're have bumping up against a hormone issue >> so I try to kind of go and show, you know, when you would pull a certain test in, why you would pull a certain test in, what symptoms you might see, and how then you would triangulate maybe pulling in the mirror at a later date.

>> Yeah. And here's a really important thing because you kind of said something um that just stimulated a whole thought process in my head. One of the biggest issues with healthcare in general and especially women's health is that it's in people are always looking for insurance coverage. Now, you just mentioned three tests. >> Blood, which is kind of the standard in the alipathic. And most of the time, if you get a referral, if you're lucky enough, if they don't say you're crazy, and they might suspect it's hormones at your PCP office, they normally won't run blood for you because it's not in their scope. And they realize that the health insurance may not reimburse that doctor for that appointment if they script that test. Nor will the insurance cover that blood work. So the PCP will say to you, "It's not really my scope. I can't run hormones. I'm going to send you over to your gynecologist." So you hop, skip, go over there. And the gynecologist either will run it or will tell you that it's normal. You're in pmenopause or menopause. Good luck. Sorry to hear this. Right? So let's pretend that you get the blood work. It's very rare that they'll know how to interpret it. And I don't know many gynecologists that use hormone replacement therapy because they don't know how to use it. They're not trained on it. So that's left the woman like she's like, "Where do I go?" >> And then they get sent back to their PCP with this. Okay. Yeah, you need some hormones. And then you get some person who's never had a maybe had one hormone class in med school because it's not in their scope. Remember, they wouldn't run the blood work. who starts prescribing you things like estrogen or progesterone or testosterone and then you never see them again maybe for a year. What I mean and wouldn't you expect your body to change in like three months? And here's >> So this is why women are afraid of hormone replacement. It's in the alipathic. It is heavily controlled by what the insurance companies deem is somebody's profession. So doctors can't even be your doctor, nor are they trained educationally. So I want women to hear this today. The reason that Sarah requires three different tests perhaps is because she's making datadriven decisions about your body in real time. She's not interested in seeing you once a year and then pushing you away and saying, "Good luck, Chuck. Hope your hormones feel great. Sorry if they don't. See you in a year." That's not happening. She's monitoring you. So, I want women today to realize that you are worth the investment. You're worth it. We have been brainwashed since teenagers to take the easy way out. And I'm just going to get real soap boxy right now. We take the easy way out on women's health all the time. You go into your gynecologist at 15, you get put on birth control. Right now, your period's regular and you can have sex anytime you want. You don't have to worry about getting pregnant. But uh-oh, then it fails. Then what's the easy way out? Let's go have an abortion. But they don't tell you about the potential risks to your health, to your future health, to your hormone health, and to your health of being able to conceive again. Plus the psychological impact on the fact that you did that, right? And it was these.

And it's just this is this is called women's health. Murdering, sorry, I'm getting soapboxy. Murdering a child is called women's health. So, I'm going to start to preach now. And the reason that it's accepted is because no one ever went back to that little girl who's 13 years old sitting in a very scary office with some big guy who's touching her in places that she's not even ready for. I think that's just criminal. First, second, giving her basically castration drugs at that time to stop a natural progression of her body's development.

And that's normalized. And basically, she's told her body's broken. This is the standard of care that you can accept for the rest of your life as a woman.

Congratulations. And we take that. And our moms are the ones that take us. So, I'm going to talk to the moms today. I'm going to talk to all the women today.

You're actually worth the investment on these tests. You're worth the appointment with Sarah. You're worth it. You're worth it. You're worth it. And instead of going and buying your makeup at Ulta and getting your nails done this week, which is going to have a lot of carcinogenic stuff in there, hormone disruptors, don't do that. and buying some, you know, lattes at Starbucks. I want you for the next two months to save your pennies, make the appointment, and go figure this stuff out because you are absolutely 100% worth it. Although the industry has not taught you well. Okay, I'm done, Sarah. Go ahead.

>> Yep. I Hey, you did it. You nailed it. But you are right. And and I honestly 110% because I I want women to really understand when you do take that step and you do take the investment, you are teaching future generations how to truly take their own health >> in their own hands. You're teaching them. And not only that, you can teach millions of women below you because it's it's that it's that one step that you need to take, right? I mean, I can remember growing up, I didn't have this education. I had to go and seek it out, but you're you are 100 and 10% correct that I did teach my daughter this, >> right? >> Like I wanted her to know, you know, how how number one your hormones were, what's normal and what's not normal because guess what? She's a teenager and she's going to school and she's coming back and saying, "Mom, you know, so and so, she didn't feel good today. She couldn't even come to school because she had her she had her period." That's not normal, folks. >> Not normal. So take what you think is normal because that's not. We have to kind of rewire and retach what we just chalk up as normal. >> It's not normal.

>> It's not normal. It's accepted, but it's not normal. >> It's not normal. >> That's right. So, let's talk about the phases of the menstrual cycle. Can you just walk us through quickly like what they are and what they do? >> Yeah. [laughter] So, I mean, everybody's probably used to kind of how, you know, you you go into the cycle. What you're going to hear me talk about, especially in the course, is the follicular phase, right? The ludal phase. And those are kind of the the big ones that we we talk about a lot because it's leading up to what you actually consider or you hear about as the bleed time, right? So, we have the the leading up, the bleed time, and then the after, which is the ludal phase.

Hormone Testing and Interpreting Results

So, you know, we kind of break those down and talk about those and talk about what hormones would be surging and then what falls off and then how it comes back around. So, we we kind of break that down so women can understand cuz honestly guys, when I was younger, I had no idea. I had no idea what any of that meant, what it was happening. I just know, you know what? It just happens. This is what it is.

>> Happens. It's magic. I didn't even know the hormones involved and what was high, what was low. So, you know, just to clarify, obviously that is when women cycle. But when we bump up against parameopause, that's when you start to see, you know, the showing up of, you know, you might have your cycle and then four months you don't and then it comes back and then you don't. So, that is really signifying you're bumping up against that phase. Metopause phase is when you go a whole year and you do not have any sort of bleed time. You are in menopause at that time. >> So those are kind of the different phases of because people like I don't even know if I am. You you know you are when you go a whole year with no bleed time.

>> Yeah. It's really interesting too because it it's so diverse the way women experience their cycle. You know, you have women that absolutely know. I have clients that are like, I can feel which side my egg is coming down. And I'm like, >> yeah, >> you know, and I'll have conversations about travel or something with my assistant and I'll be like, I wonder if I'm going to get my psych. And she's like, no. And I'm like, no. >> It's not that it's irregular. It's that I'm so asymptomatic that >> I mean, I really am. I just >> honestly that's good. I mean, I tell women >> probably more attention to when, but >> you really shouldn't had these crazy symptoms that are all like all surrounded by women in their cycles.

They they are down and out. They're on the couch. They have headaches. They have cramps. They need a heating pad. They guys, not none of that is normal.

None of that is normal. I encourage you to take a deep dive in what in the world is imbalanced and landing incorrectly to get you back um with no symptoms really at all. So obviously I would say you you really shouldn't have a whole lot of shift in your life when your cycle happens.

>> But the propaganda out there makes women think that you know a this incredible system that we have that creates life really is what it does, right? It creates renewing and life. And hormones are anti-aging. I mean, they're anti-inflammatory. So, when they're balanced, you have low oxidative stress.

When they're balanced, you have low inflammation. When they're balanced, you have babies, you know, and

healthy pregnancies and all the things. But they have really made have demonized the cycle and made women hate it.

You don't have to you don't have to experience the symptoms, you know, from the propaganda on commercials where it shows exactly what you just said. And then there's Motrin, the magic savior. And when we take those things, what that does to our body and to our cycles and to our anti-aging and to our oxidative stress and all the stuff that I just mentioned for what hormones do, you stop that when you do stuff like that. >> Yes.

>> Um, and it's >> it's really sad. >> Yes. And I encourage even the you know the the menopausal women were in that phase because I do a lot of times pulling mirror for that because um I know it's not necessarily marketed as that but I have found that it helps women in that stage know where their estrogen levels are because obviously menopause we have it that's what happens. We have a tendency for estrogen to completely drop, but we don't want it to necessarily drop off the chart because again, that's what creates that feelgood for women. Women need estrogen and it makes them their immune system stronger. It makes UTI less. That's what you'll see a lot of times in those clients is it's chronic. It's chronic pain. It's chronic UTI. People don't know what's wrong with them. So that's a whole different layer of okay what what can we do as far as foundational health and what can we pull in to support these women at this phase in their life.

>> Yeah. Exactly. So the course that you designed it talks about all phases of hormones ages of hormones testing everything. It's super comprehensive. Uh, and I would encourage every practitioner in our space and scope, you know, we need to be better. The alipathic has its place, and I'm not downing it because they do a really good job at emergency acute trauma. Really good. But in no way, shape, or form has the alipathic ever been for lifestyle medicine. It's just not. And I'm sorry, we cannot take a square peg and stick it in a round hole. It doesn't work. And since Sarah, we have this our whole life. This is really lifestyle medicine and it requires someone who understands how to implement a good lifestyle around maybe a condition that you know they're experiencing that could be a little bit offset. So I would encourage practitioners to take this course and even lay people so you can learn.

>> Yeah. >> I want I want to ask the big question because this is what women get told of all the time. I mean I'm 51. I don't go to regular doctors. I haven't been to a regular doctor since, oh my gosh, I think I was maybe 20ome years old. Um, you know, but I'm not opposed if something catastrophic would happen. However, if I would walk into an OB.

Now, I'm I'm completely regular, but let's just take a hypothetical situation. I've gone a year without having a cycle. Um, my bleed time and I'm going to go to my OB and they're going to tell me what >> honestly they'll probably tell you nothing because you're not symptomatic.

They cannot push you in any direction. So, they have nothing for you, >> right? >> Good for you. See you really. Because I have women come into me and that's exactly what they tell me. Those are their words. This is what I and they have symptoms. They'll come in and say, "Oh, this is what's going on." And I went I did go to my doctor. Because they'll ask them, "What what have you done?" And they'll say, "I went to my doctor and um they said, "Congratulations, you're in med you're in menopause >> or you're in parmenopause or whatever it is, what stage they're in." Um I've had more than I can count clients been referred truly to a psychologist. Um, and they look at me like and they tell me they're like, "I don't think I'm crazy." >> Right. >> And I think I'm probably the only one that said, "You're not. You're just imbalance. It's just it's just landing incorrectly." >> Yeah.

>> So, you know, they don't really tell those women anything. There's nothing they can offer them unless it is birth control. >> Yep. Well, let me ask you. I got a few myths I want to go over and I want to get statement. Okay. Myth number one. You don't need estrogen after menopause, nor do you produce any kind of it. >> False. It's false. Um, no, you you are going to obviously still produce some estrogen. It most likely will definitely be lower. And again, this is why I encourage women to empower yourself. And if you are coming up and bumping up against symptoms, I encourage you to take a look at something, seek out a holistic practitioner, deep dive into truly your hormones because this could be a time where you might want to pull in a bio identical. If you have foundations that are truly set and you are doing all the right things and you still feel you have symptoms, you could still just need a little bit more estrogen. That's why bio identicals are a thing and they can be pulled in to support you in that phase.

>> Takes me to my myth number two. But Sarah, bioididenticals cause breast cancer. >> Yeah. See, that unfortunately scared a lot of women way back in the day and that is just not true. Um, so again, bioididenticals are exactly what your body would produce. Um, so it's not a synthetic. That's why it's called bioididentical. And again, when you have your foundations and you are set and you are balanced, it can be a very very useful and helpful tool for a lot of women.

Myths About Hormone Therapy and Menopause

>> Yeah. And what I tell women is, you know, back in the day, a 100 years ago, you know, we even 150 years ago, 200 years ago, things were different. Sanitation was different, atmosphere was different, you know, I I understanding of the body was different. I mean, my goodness, they didn't even wash their hands when delivering babies after um going in and doing an autopsy on a corpse. >> Yeah.

>> And so the infant death rate, you know, within hospitals was astronomical until a doctor suggested that they wash their hands. Like, whoa, that crazy, you know.

um that doctor at the time, they actually were so upset and didn't want to be exposed as to why they took that physician and tricked him to go to an insane asylum as the physician that was going to be in charge over there and instead they threw him in the insane asylum and beat him and he died. Um so that was how >> the propaganda versus the science, right? So you have this cycle and I tell my women like you're going to live a lot longer than women lived 150 years ago, 200 years ago due to modern technology, sanitation, hygiene, etc. It's a long time to live without estrogen if you need it from the age of 55 to 85. >> Correct. Correct. And I'm just going to throw in, you know, this piece of propaganda. if they truly cared that estrogen was causing these issues when they, you know, gave hormone therapy, we're going to say back in the 70s, they wouldn't be putting sodium laural sulfate in our laundry detergent because guess what that causes? Estrogen dominance. So, they're not concerned about the estrogen piece of it. Let's just be honest. >> Yeah. And we also have to remember that that study which came out and scared everybody in the whole world was done with conjugated equin estrogen. So um the Lancet is the one that came back and um you know said that that's kind of not true in the whole World Health Organization effort on trying to make people believe that hormone replacement caused cancer was debunked in 2025.

So um you know when we look at breast cancer in general and it's multi- factual you can't you can't just say one thing causes I mean you can be er positive PR positive her two negative triple breast can triple negative breast cancer like it's not one way and one thing so when you have systemic estrogen only um it didn't risk increase right so but when you have vaginal estrogen it was different so it al depends on the delivery system So, there's so much that goes into this. This is why you can't just take these blanket Tik Tok statements and be like, I'm going to go with this influencer or that. Go get tested. >> Yes.

>> Get data instead guessing your health path. Like, go and make the appointment and really get this um figured out because I trust me, I mean, I did it. I spent thousands of dollars on testing just to figure me out. And I'll tell you what, skin, hair, nails, sex drive, like all the things that women can insomnia, mood swings, brain fog, you know, fatigue, all of that, recovery, aches, pains, that's stuff. And I promise you, it's your messed up hormones. And once straightened out, guess what happens? That all goes away.

>> And you feel better. So that's the hope that we carry forward. And I I do hope I hope people that take your course, listen, if you're not that type of person where you're like, I'm just not medically minded or I don't think I'll understand it. First of all, there's no refunds on my courses, so if you take it, you're stuck. Second, um Sarah's done such a good job explaining it. You you won't need to even worry about that. Like, it'll be great. And I tell people, I even tell you guys in the modules because I I know I'm I'm sick of listening to myself talk about it, but I keep reiterating going back of foundational health and how it pulls it in. So, I really try to tie in as I even move forward going back to module one of truly what this means and how this would look like. And I tell you, I'm like I'm getting I know you're sick of me hearing me say it, but it has such a big piece of it that I want people to truly understand what it means and how it affects you as a whole.

>> Yeah. [clears throat] And beautiful thing about the course is that they can go back and watch it over and over again. They can take their time through it, watch the video over and over again if they don't understand it. And

there's actually an area where you can comment and or reach out to our team if you have questions and will help you. So practitioners, this is just one more tool in your toolbox. I'm telling you, women are being every single day gas lit in this industry. Um the alipathic has no answers. Our side had no answers. uh we need to come to the point where we realize where our limits are as practitioners and be like you know what I may not want to be a hormone specialist but I need to understand them.

>> I need to understand them so I know who to send them to or I know what to recommend even if it's not in my scope to prescribe or whatever. I need to know when to hand off this patient and say to them, you may need some bio identical hormone replacement and I'm going to send you to, you know, so and so down the road who can prescribe that for you. So, >> we need >> Yeah. And I do talk, you know, in the course I just because maybe some people have not heard this, but I do touch about obviously all those testing that we have talked about, but I also touch a little bit on HTMA. So, it is something that I utilize. I do pull it in. Um, it's just another test that I do because I want to see where people are as far as their mineral status because those significant ratios do have a lot depending on where hormones are and what glands they affect. So, I do also pull in that testing on other multiple because I do feel it has a really good place especially when I'm dealing with hormones. Yeah, I will tell you when I do hair analysis for heavy metals, you know, you know what the nutrient that's missing the most on that test? No, no trace of it. Boron.

>> Boron >> all the time.

Course Launch and Final Takeaways

>> And I'm telling you guys, boron is a huge player in hormones. Just so if you don't know that, that is a one piece to go back and really understand how all that kind of intertwines and correlates together because minerals are a huge piece. >> Yes, absolutely. Well, Sarah, this course sounds amazing. What did you call it in our academy?

>> I mean, I think it is um >> I'm trying to think of what it is because we changed it a couple times because when I first started it was just going to be a 101 and then it became a complete hormone course, I think. So >> well it we kind of went back and forth on the title exactly what because of what you're saying like >> you start out like we just need a basic one and then as you got into it Sheranne our dean of education was like this isn't basic like you know she said and and it's not over complicated but right >> definitely is something that you know everyone could take but it's so comprehensive you know we we really need to, you know, make sure that people know what this is. So, uh, I'm truly thrilled. Thank you so much.

>> You're welcome. Thank you, >> guys. If I'm going to put Sarah's contact information in the show notes, uh, so that you know, if you want to make an appointment with her, um, absolutely reach out to her. You know, our team as well can take appointments for hormone, hormone testing, all of that. Um, but I would also encourage you guys to um go in and take this course even if you're not a practitioner because it really matters how we, you know, take care of ourselves, how we take care of our families. Uh, we want to make sure that we're giving them the right information that they are, you know, staying healthy and doing all the things. So, go to the Academy of Abiding Wellness. The link is down there. I'll also put a special coupon in there for you and you know you can absolutely 100% come back and tell us how wonderful this program is. So, thank you so much Sarah.

I really appreciate it. Comprehensive hormones in the Academy of Abiding Wellness is ready. Any last words for our audience? Um, I appreciate number one everybody that would be willing to take it. And remember as a practitioner, um, you're definitely making a difference because this is a piece a big piece for you to take and to truly understand as far as you relaying that information back [music] to your clients. And if you're just in general, I encourage you to empower your own health um because it matters.

>> Yeah, absolutely. [music] Healthc care is the new self-care, right? Or selfcare is the new healthcare. That's really all right [music] guys. God bless. Thanks for being here and we'll see you next time.

[music]