The Bioidentical Revolution: Dr. Randy Birken on Restoring Hormonal Balance Transcript

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Introduction and hormone benefits

That's a very good question. The hormones actually reduce the risk for breast cancer, dementia, they have protection on the bones and the colon. If a patient has had breast cancer, even if it was hormone sensitive, I am willing to give her a testosterone without estrogen and they do amazingly well.

Hot flashes, sweats go away, they feel good. And there was a study done by a breast cancer surgeon, Rebecca Glazer out of Ohio. who has shown the health benefits of testosterone in women.

And the misconception is that testosterone is the main reproductive hormone in men. It is the most important reproductive hormone in women. And there is no FDA approved testosterone ever created because the pharmaceutical industry really doesn't like people going on testosterone and they need less medication.

But to answer your question, even breast cancer patients, men who've had prostate cancer, we're very happy to go ahead and give testosterone. Your health is shaped by more than symptoms.

Dr. Berkin's background and shift to bioidentical hormones

Through real stories and expert insights, we explore how your genetics, environment, and daily choices affect your wellbeing. We uncover root causes and share practical tools to help you find the healing you need.

Welcome to the Forum Health Integrative Medicine Podcast. Welcome back for another episode of the Integrative Functional Medicine podcast. My name is Amanda, your host today, and I'm joined with Dr.

Randy Berkin. Dr. Berkin, thank you so much for being here today. Dr. Berkin is one of our providers in our Woodlands clinics. Dr. Berkin, tell me a little bit about yourself and what you do in your practice and how you got into bioidentical hormones.

Yes, Amanda, it's been quite a journey for me. So I started studying about bio-genical hormones about 25 years ago. I'm actually a board certified gynecologist, uh sub-specializing in urogynecology.

So I was more of a pelvic floor reconstructive surgeon. And that meant that the majority of my patients were women who were either menopausal or perimenopausal.

Because of that, I used to prescribe a lot of hormones. Unfortunately, I prescribed commercially made synthetic hormones. Why? Because my medical society say don't use the plant-based hormones.

They're not regulated. You have to stick to commercially made synthetic hormones. So I've always been a rule follower. That's what I would prescribe. My wife became menopausal early 2000, started her on the commercially made synthetic hormones, but I've really had worries.

I mean, I used to see on the average one case of breast cancer per month. And I told my wife, I think it's synthetic hormones. Sadly, the drug companies tell you they're safe, you have nothing to worry about.

But then studies started to emerge that showed a potential link with the synthetic, not only a higher risk for breast cancer, but a higher risk for heart disease.

That's when I told my wife, okay, I don't care what my medical society say, I'm gonna start taking courses on plant-based hormones. I'm going to study the science.

If I could validate their efficacy and safety, I'm going to switch you and all my other patients. Well, I started taking courses and the more I learned about these hormones, the more I realized molecularly they're completely different from synthetic.

They're similar to our own natural hormones, very safe, very effective, better energy, better mood, better sleep, better metabolism. So I started switching everyone, including my wife from the synthetic to the plant-based hormones.

And women would come back and see me five or six weeks later and say, Dr. Perkin, I'm a new person. You know, my energy, my drive and motivation, my sleep, my bluesy, my libido has improved.

We got busier and busier. More more women were requesting these hormones. And I was quite delighted to be getting them on it, knowing how safe they were.

What I didn't predict was about eight or nine months later, the husbands or male partners of my female patients started calling my office saying, Hey, you my wife, my partner is doing really well.

Can you treat me? Because I'd like to feel as good as she is. So I had to make a decision about treating men being a gynecologist. And I told my wife, look, I don't think it's fair not to treat the guys.

So as a courtesy, I started treating them. Well, they did well. And they started referring more of their buddies to me. And three years later, my practice goes from all women to pretty much 50-50 men and women.

My personal journey, I don't mind sharing that. I mean, I'm 75 years old. When I turned 50 and I work out every day and I eat clean, I hit, I just felt terrible.

I was tired, mental fog, I didn't sleep well.

Personal hormone optimization story

My drive and motivation was somewhat compromised. So I decided to look at my labs and sure enough, I discovered several deficiencies. My vitamin D was low.

One of my adrenal hormones was off. My thyroid was not optimal. and my testosterone levels were low. So I put myself on a protocol and within a few weeks, I just get transformed into my old self.

Energy, driving motivation, sleeping proof. I had a lot of aches and pains, they went away. And three months later, and I did not change my diet or exercise, my body fat fell.

I went from 28 % body fat down to 12. My waist size dropped from 36 inches to 31 inches. I used to take cholesterol medication. My cholesterol dropped 100 points and I was able to get off of it.

So I'm very passionate about these hormones. My wife and I are both in our mid 70s. We'll never get off of them. We want to be fit. We want to have a good quality of life.

And I became a physician to help people. So it's so gratifying to get people off of medications like antidepressants, anxiolytic medication, tension deficit drugs.

We get people off of blood pressure medicine, sleeping pills. Drug companies hate what I do because people are healthier, but it's something I will never stop using or prescribing.

That's a powerful, powerful story. And in just a few weeks, you you just, you started taking it and you felt that big of a shift. I did. In such a short amount of time.

Yes. It varies for patients. absolutely. Medicine is an art. we come up with a protocol, discuss it with the patient, and

we look at labs again in about five or six weeks.

And we may have to tweak things as we go along, but eventually you'll find the right protocol for that patient. Yeah, and it's the test and the retest.

You really need to be looking at them. Very much. And making sure that you've got your dosing right and also listening to the patient. That's one thing.

It's, you know, I've seen a lot and I've been around a lot of different types of practices. And one of the things that really draws me and I think a lot of our patients to functional medicine and form health is the time we get to spend to listen to patients.

Labs are so important, but so are the symptoms. A lot of prescribers get caught on looking at different levels, and that's not the way to do it.

Testing, retesting, and interpreting labs

And by the way, that is an interesting thing I want to bring up. When you get lab values back, they have reference ranges. A reference range only means a certain percentage of all men, of all women fall in that number.

But we try to get hormone levels back what they were when you were in your 20s. That's when they're peaking, and that's when patients feel well. But you're absolutely right.

Everyone's different. I have some men who do well on a certain amount of testosterone. Other men need more. It's not even related to size. can have a male who weighs 160 and needs more testosterone than a guy who weighs 280.

So it's really challenging, but once you get that right protocol, patients are good. Yeah, absolutely. I love that. So for patients who are struggling with fatigue, sleep issues, weight gain, or libido, how do you determine if hormones may be a part of the picture for them?

Well, we have a standard panel that we use and we look at all those levels, ah particularly thyroid. Thyroid is kind of misunderstood. ah Most patients who have a thyroid condition take a synthetic thyroid called levothyroxine, which is only one thyroid.

It's T4 thyroid. It doesn't have any T3 in it. But T3 is really the one that gives patients better energy. Even psychiatrists have said it improves mood and depression and it can affect metabolism.

We look at basic blood tests, first of all, and then second of all, we look at the reproductive and metabolic hormones, and that's what we optimize. But again, as you said, it depends on the patient's symptoms.

And even when we repeat labs, we might see values that look optimal, but the patient may not feel that way, and that's when you have to kind of get creative and come up with a different protocol.

So it's challenging, but it's actually rewarding. absolutely. And you you said T3. I think, you know, going to like my primary care or, you know, doing my regular check-ins, um some of those labs get ran too.

And when I started visiting a functional and integrative provider, they were running labs also, but they ran some different labs in addition to what I was getting done.

Reverse T3 was one of those things. Is that something that you guys test for? Because a lot of patients might… do that, but I'm fine with that. I look at free T4 and free T3, and that's really more accurate.

Now the sad thing is most doctors are taught to look at TSH, that's your thyroid stimulating hormone, which comes from your pituitary gland. Your pituitary acts like a thermostat.

So if your thyroid gland in your neck is not producing enough thyroid, your TSH will go up. That means you have an underactive or hyperthyroid condition.

So I do look at that, but I look at free T4 and free T3. And most doctors don't look at the T3. So I can have a patient come in with a normal TSH and a normal T4, but as we get older, we don't quite convert our T4 to T3.

And if their T3 levels are in the suboptimal range, we will add a low dose biological thyroid. And has a profound effect on energy, metabolism, and mood.

So it's something you have to learn.

Thyroid, T3, and optimal hormone ranges

It's not conventionally taught. But once you get them right, patients are very happy. And it's not just the sex hormones either. We're talking about the estrogen, the testosterone, the progesterone.

It's the thyroid. They all have, they all play. We look at DOGA, that's really important too. All those decrease. We start losing, both men and women, we start losing testosterone after the age of 35.

So you have to look at these levels, but you have to get them back to what they were when you were in your 20s. That's when patients feel the Yeah. And what's a reference range of testosterone levels for 20s for men and women?

Well, we look at both total and free. So free testosterone, the reason we look at that is that we have a protein that is produced by the liver called SHBG.

Your testosterone will bind with it, and when it binds with it, it makes it inactive. So I have to look at total, how much is in your blood, but more importantly, how much is in the active phase, and that's your free.

So occasionally, I'll get a mail come in, with total levels that are not that low, but the free level's low and they have classic low T symptoms. So they've gone to their primary care and the primary care will check total and go, well, you know, you're really not bad.

But if you don't look at the free, you're gonna miss those men who really need to be scotched. Usually they correlate, the total will be low, the free will be low, but you gotta look at both those parameters to really get them ideal.

That's great. Yeah. Are there things that if somebody is feeling the symptoms of low T, or is there anything that they can do from a lifestyle perspective?

Well, there's no doubt your lifestyle has a lot to do with it. mean, weight gain can decrease your testosterone levels, so you have to do that. Exercise can improve it as well.

Certain supplements can help. But you know, Amanda, if you're low, even with those lifestyle changes, you're not going to really get to where you want to be unless that testosterone gets optimized.

Yeah, I mean, really when you hit certain areas of um life, lifestyle does a lot and it's the foundation for everything. Absolutely. But it's not going to get you back to your biology at 20.

That's a well put way. I agree with you. Yeah. Yeah. Lifestyle, no questions about it. Absolutely. Got to have that. But it's interesting, once we get the reproductive and metabolic hormones optimized, patients actually wanna change their lives.

Yeah, Because they feel good. They start exercising, they start eating better, and they sleep better, which has a profound effect on how you Absolutely.

So I love seeing that. I had patients come to me who were struggling, and they go, not only do I feel well, I really wanna work out, and I don't wanna eat those bad foods anymore.

Yeah. And I love hearing that. Absolutely. You know, when I used to do more health coaching, a lot of times people, you know, they get started on their care plan and there's a lot sometimes for people to do.

Lifestyle, low testosterone, and mood support

And, but just being able to three, four weeks after starting some hormones, the amount of energy and motivation, the shift in the mindset and just realizing that I am capable of this.

Yes. But having that little boost of energy, that little pep in your stuff to make the changes. really can make a difference for a lot of people. And not only that, once you get those hormones optimized, they actually improve your brain hormones called neurotransmitters like serotonin, dopamine, epinephrine, norepinephrine, GABA.

They all improve. So mood really improves as well. Yeah, absolutely. And you know, I don't know the exact statistics on this, but as we age, stress resilience decreases significantly in both men and in women.

And um there's a lot of us walking around em with symptoms of anxiety and depression and stuff like that. So… I think knowing that hormones, not just energy and feeling young and anti-aging, but also just mental health as well.

And the mood enhancement. Yes. That's part of it. Yeah. So um there's a lot of different ways that people can be delivered hormones. How do you decide a delivery method or what are the delivery methods available?

So I discuss all the options with my patients. So for both men and women, we basically have four options. There are creams. Creams can definitely work.

They're a little bit inconvenient. You have to apply the cream twice per day to get really good consistent levels. My compounding pharmacist and I came up with an oral that we have for both men and women.

Again, that has to be dosed twice per day. Then there are weekly injections that you would give yourself. Okay. I did injections for years. did very well.

My wife is needle phobic. She went on the creams and wasn't very consistent, but about 16 years ago, we started offering pellet therapy. So we dose what we need to give.

put the pellets in under the skin and they dissolve slowly. It lasts for about four or five months. So that's very popular. So my wife and I do the pellets.

We like them. We like the convenience. I have really good levels. There are some trokies that some doctors give. I'm not a big fan of that. for you? Trochie goes under the tongue.

It's sublingual. Some people like it. I use it for different other hormones like oxytocin for mood. It can work very well if a patient has chronic headaches.

We'll give it progesterone sublingually because that doesn't make you tired. When you take oral progesterone before bed, it converts to a metabolite called prognitolone, which increases one of your brain hormones called gamma-aminopateric acid.

which is a molestety. But if you do it sublingually during the day, it doesn't make you sleepy and patients starting to get a headache will put this trochee under their tongue and 20 or 30 minutes later, usually the headache is gone.

So there are all different kinds of ways of doing it.

Hormone delivery methods and pellet therapy

I love that there's a method for everybody just about love that is there any buddy you wouldn't recommend hormones for or is there any but a very good question.

the hormones actually reduce the risk for breast cancer, dementia. They have protection on the bones and the colon. If a patient has had breast cancer, even if it was hormone sensitive, I am willing to give her a testosterone without estrogen.

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And the misconception is that testosterone is the main reproductive hormone in men. It is the most important reproductive hormone in women. And there is no FDA approved testosterone ever created because the pharmaceutical industry really doesn't like people going on testosterone and they need less medication.

But to answer your question, even breast cancer patients, men who've had prostate cancer, We're very happy to go ahead and get testosterone. There's a study out of Harvard, Dr.

Abraham Morkenthaler, which has shown that men with low testosterone are probably at a higher risk for prostate cancer. So there are very few exceptions.

Maybe some patients on certain types of anticoagulants, we might decide to do it a little bit differently, but pretty much everyone could be treated. That's great.

That's great to hear. And for the audience, if they're really interested in learning more, I did publish a book on these hormones called The Bio-Egenical Way, Profiles of Natural Hormone Optimization, and it has different clinical vignettes in it that patients can learn about the science.

But there's a plethora of information out there. That's wonderful. And you know, we were talking about your book earlier before we started recording. And I thought it was really great.

I've read a lot of books out there um in the health and wellness space. And one thing that you talking about for your book that I think is important for our listeners is that you really wrote it with intention for the patient reader.

Yes. So to me, educating the patient is just as important as optimizing your hormones. You need to have them understand why we're doing what we're doing and make modifications.

Who can use hormones and patient education

when I'm done with my first consult, I send them all kinds of articles, not only my book, but Dr. Glazer's study, Dr. Marganteller's study, uh my mentor, Dr.

Neil Rousier, ah I used one of his thyroid YouTube videos. So this really helps validate for patients what we're doing. ah Because when you talk to them, some of that information is going to be lost.

You want to reinforce it much as you can. Absolutely. And you're in our Woodlands location and you've got some other practitioners who are in your office with you as well.

But for someone who's listening, for anybody who's listening and thinks, wow, this might be for me, what's one first step that they can take? Well, I mean, they can contact our office.

We're willing to do that. They may want to talk to their primary care first with the understanding the primary care physician may not have this knowledge.

In addition to my Woodlands office, I do have an office in Colorado. So I see patients there too. But our primary is there. My mid-level clinicians are in the Woodlands.

So yeah. yeah, we're happy to send information and have patients learn about it. ah We have a website they can go to. I think patients need to explore this and then make a decision that they want to pursue it.

Absolutely. Is there anything, like nuggets or snippets that you think are important for listeners to know? What I would say is optimal is not normal, okay?

We gotta get levels in the right, we gotta get them back to where they were when you were younger. ah This concept that, well, as you get older, you have to accept it.

Well, yes, for a certain amount you do, but you don't have to feel bad as you're aging.

How to get started and closing remarks

That's wonderful. I love that little piece of hope for everybody. Well, thank you so much for your time today. It was great to have you in our hot seat.

And I can't wait to invite you back and just dive deeper into what you guys are doing in the woodlands and talk more about hormones and just how to age with life and vitality and just regain all that.

Keep it going. You're welcome. Wonderful to see you. Thank you for joining us on the Forum Health Integrative Medicine Podcast. episode we help you understand your health from every angle and inspire your lifelong wellness journey.

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