Introduction and Speaker Background

Hello, ladies. Welcome back to Mastering the Menopause Transition Summit 4.0. I'm your host, doctor Sharon Stills. You know, I'm all wiggly, jiggly and always excited to be here.

I'm super excited for our conversation today. We have Doctor John Sherman who is representing Meridian Valley Labs, who is one of our summit sponsors.

So I always like bowed deeply to these sponsors because as you've heard me say, like without the sponsors, we wouldn't be able to produce the free summit for you all and share this valuable information.

So we are very grateful for your support. And I'm super excited because I feel like I've been practicing a long time. I've been practicing. I think I'm in my 24th year, but Doctor John Sherman is like a real natural.

He's been practicing for 45 years, so like, he has got more knowledge. He's probably forgotten more than he can remember, like when you've been doing it that long.

So he's been the clinical director at Best Steer University, and he has trained and mentored for 15 years with the grandfather of bioidentical hormone replacement doctor Jonathan Wright, who I learned from many years ago myself.

But Doctor Sherman actually worked side by side with him at the Tahoma clinic. He writes and edits for the Green Medicine Newsletter, which was his newsletter, and he's a practitioner consultant at Meridian Valley Lab, which those of you that this is not your first rodeo with me, know that that is the lab I know, love and trust.

And, when you do testing with me, that is the lab I use. And you also know I like to stand on my soapbox about why that lab is important and why 24 hour wet urine testing is important.

Why is important, and why we shouldn't be listening to so much noise out there, why patches and pellets are not the way to go. And so we're going to dive deep into that today with a master.

So Doctor John, I am super. I'm like I'm like fangirling already, you know, like you're one of the elders and, you know, our natural Catholic community.

And so it's truly my honored that you are here that I get to interview you today and with all your vast knowledge and experience. So thank you for coming and being a part of the summit with us and representing Meridian Valley.

It's an honor for me, doctor. Stills and I'm just happy to share my knowledge. And I get so excited about the benefits that I see every day with patients.

And, Doctor Wright has taught me so much about, hormone balancing. And so I want to I want to kind of get a little more detail about the people as much as possible and, and let them know what's safe and why and what isn't.

And, and, give you as much detail as I can and in the short amount of time, right when we are ready, I'm like, yeah, should we, should we talk about the test first?

Like, why? Why like dried urine is not the way to go. Why blood or saliva? Why 24 hour wet urine is actually the gold standard? I think that. Absolutely.

Yeah, yeah. So, just to get, clear about the saliva and blood testing, I mean, especially with, with estradiol, it's very, very hard to assess saliva because once you start a patient on, a blend of hormone replacement, the saliva can either under concentrator, over concentrate the levels.

So it's gets very confusing about, you know, what's actually there and and how to change the dose based on saliva. It might be accurate in the beginning, you know, when, when, a woman is postmenopausal.

Why 24-Hour Urine Testing Matters

But once you start on the therapy, it's really tough to, to really balance that out accurately. Anyway, you know, and then saliva is like the dried urine.

It's just spot checking throughout the day. I typically only use 24 hour urine testing exclusively. That's what I was trained on. And that's what doctor right always used.

And so I'm very comfortable with it. And my experience with the dried urine is you get you get such variable results sometimes it's hard to explain. And that's why I just kind of stay away from unless there's special circumstances.

And, and, we can talk more about that if you want, but but then we have, you know, bloodwork, which again, is, just a spot check in time. So you either have to time blood testing around when you're, actually applying the hormones.

And, and it's pretty well known that struggle isn't really detectable in the blood very much because of its short half life. So estradiol gets through the system within the half.

Life is like 20 to 30 minutes. So within a couple hours, it's kind of depleted. So depending on when you're, when you're testing blood work, it's not going to show up very well.

Yeah. And I think that's why I use the 24 hour urine. I think that's why there's such big confusion that people think astral is not present unless you're pregnant because they're looking.

It's like if you're looking in the wrong place, you're not you're not necessarily going to find what you're looking for. And so they're looking in the blood for astral rather than looking in the 24 hour urine.

So I just want to circle back because there's probably a lot of women listening who don't know who Doctor Jonathan Wright is, which breaks my heart because, yeah, when I started, you know, I graduated from Natural Catholic Medical School in 2001, and I got brought a book by Suzanne Somers about bioidentical hormones.

And it wasn't really something we learned in school. And so I thought, oh, this is really important. And so the way I learn is I go, well, who's like, who's the top master?

Because that's where I'm going to go learn from. And it was Doctor Jonathan right now. This was back, you know in the early 2000s. And you know it wasn't like he just you know, I had just graduated.

He had already been doing this. And so like to me he you know, he truly is the grandfather. He wrote the first script for biased. I mean, he's brilliant and it it's so sad.

So many influencers, hormone experts don't even know who he is. So maybe you could just tell a little bit about, like, how he got into this and the Tomah clinic and what he did because he moved the hormone bioidentical hormone replacement world forward, like without him, we wouldn't even yeah, we wouldn't even be doing this.

So I just feel like we need to like, I want people to know who he is. Yeah. I, I just Revere the guy, and he's so, so knowledgeable, and he knows all these innuendos about hormones, which can get really complex, obviously.

And, and, but yeah, he started I think it was back in 1982 and he was at his practice, and a woman came up to him and said, you know, I want to I want to start on hormones because I'm really low and I'm having all these

symptoms.

I want to start on hormones. And he goes, well, you know, all we have are these horse hormones that, are pretty, you know, hard to use. And there's a lot of side effects.

And there's questions about what it what it's doing and how dangerous they are and blah, blah, blah. And, and she goes, well, can't I use human hormones only?

I mean, why why can't I use that? So he, he actually, took that on and started, you know, contacting different pharmacies and trying to find out, you know, what, what are the exact hormones that women produce, you know, and basically there's three main hormones, you know, there's there's a stone, there's ester, diol, which is the most common.

People know. And then there's ester, y'all, which a lot of people feel like is mainly just a pregnancy hormone. It's a lot weaker than estradiol, so why bother with it?

And and doctor. Right.

Jonathan Wright and the Origins of Bioidentical Hormones

Immediately started testing women with at through Meridian Valley lab and and they have been I don't know how many they've done since 1982, but it's been tens of thousands of tests.

And of course, what's really interesting is the the, the, the testing for estradiol and all in premenopausal women is pretty consistent. You know, you, you're testing the all that's been processed through a 24 hour period.

And it turns out this is going to shock people. But this turns out that there's four times as much trial as there is estradiol in, you know, a premenopausal woman.

So it's it's much more of a, of a issue than people realize in, in replacing that trial. Okay. So I mean and and doctor Right has been replacing at that level ever since and and I talked to the Meridian Valley lab, staff about this, and they're, they're still using the same data that they've been using for years and years and decades because it still works, you know?

So so back then, Doctor Wright decided that, about an 80, 20 or a 4 to 1 ratio of a best trial test or dial was pretty well matched as far as bioidentical replacement.

And and that's what I find clinically too. It it seems to work really well. It gives you the right amount of protection and safety and, you know, we can go more into the equations on what to monitor, how to monitor people.

But but if you stick to the 4 to 1 ratio or 8020, with combinations and looking at the results on the 24 hour urine, you're, you're going to be very safe and happy.

Then so many people prescribe 8020 and they have no reason to no clue about why they're doing it. Or, you know, that this is this is like, oh, that's what we do.

It's 8020. And sometimes I find I have to tweak it for certain patients, you know. Yeah, they need a different ratio. But yeah 8020 is. Yeah. And so now you know some of the history, you know like you know why why it's not just some random thing that like oh this is why we do that.

So let's talk about Austria. Let's continue because there is a lot of noise out there from other doctors in the space scaring the bejesus out of women, saying all is dangerous.

I mean, it's like, oh my gosh, yeah, Israel is dangerous. It's only for when you're pregnant. It can suppress your immune system like all sorts of insanity.

So I get a lot of women. I'm sure there's a lot of women who are listening, who are like, afraid of Israel and I always kid around, like when I'm going over a 24 hour urine test and I'm looking at the three estrogens.

I'm like, you know, I don't pick a favorite child, but I definitely have a favorite estrogen. And it's all because of the power, you know it does. So could you talk a little bit about what is Isreal, where it comes from, why it's so important, and why we should not be afraid of this very protective form of estrogen?

Yeah, and I like, I like I forget who made this statement, but, a famous doctor said that the the strength of Israel is in its weakness, you know, because industrial is about one eighth the potency of estradiol.

And and you're right. I'm so glad you brought this up, because a lot of practitioners say, well, why why bother with it? It's related to pregnancy. You know, you can't detect it in the blood.

You know, what good is it? But there's so many benefits from it. And I'll just mention a few here, like, but, and I, and I look at estradiol is sort of the main volume, dial on your stereo.

You know, you you can adjust that as the main effect with, with, estradiol because it is the most potent. Right. But Austria's is about one eighth the potency of estradiol.

So you can really fine tune things with, with, fine tune the symptoms and the dosages for your patient based on this. And, and it's very safe that way, you know, when when, one thing we offer on the 24 hour, you're testing, it really values the estrogen quotient.

Estrogen quotient is basically E3 divided by E1 plus two. And as long as we can keep that over 1 or 1.5, things are very safe and there's much less risk of, of you know, breast cancer and reproductive cancers and and so that's one of our major equations that we monitor with people on, on hormone replacement.

And, yeah. So, yesterday, all, you know, continuing with my, benefits that I see all the time, of course, as all can benefit even women who are, being treated for, breast cancer, you know, actively, you know, a lot of I see a lot of oncologists use it as a suppository or as a badge, a cream to just help with some of the menopausal symptoms that occur.

Because, you know, a lot of women going through that therapy are forced into menopause. And and they get a lot of, you know, symptoms like hot flushes and vaginal dryness and utters and all kinds of problems.

So it's it's a very safe and commonly used, sometimes this trial alone is, is all that's necessary. But, when you're using it in special situations like that, you want to you want to make sure you're getting enough to help protect the bones.

Estriol Benefits and Safety

And, and also, help prevent cardiovascular disease, which is a big, you know, benefit of, hormone replacement. So, but, yeah, and, and, I don't want to get too much overwhelmed people with the math and everything, but what I do on the 24 hour urine is I look at the yesterday all result, and I look at the history, all results.

And what I do is I say, okay, estradiol is by one eighth the potency. I take that level and multiply it times point 1 to 5. So that's like one eighth of the, level of yesterday or as far as, estrogen equivalency or potency goes.

Okay. So when you add those together, the the total on the dial and then the, weaker yesterday all level. You can add those together. It should, it should end up between 8 and 24 when you're calculating all of that.

So and by the way, Meridian has consultants on staff to help people support their, processing of the 24 hour urine test. And there's a ton of information that, people may not be aware of at their practitioner as well, that, yeah, if you're practice.

Yeah. For patients, you got to speak to your doctor. But yeah, that's how I first learned, like when I first started running. You know, I would do a patients test and then I would set up a consult and go through it and and earn about it.

You know, there's a lot that goes into it. So. Yeah. Absolutely. So yeah, I just want to highlight like because no one talks about it and like estradiol, it may not be as strong as estradiol, but it gives you protective benefits for your brain, for your bones heart.

And no one ever talks about that. They only talk about estradiol. And yeah, yes, estradiol has protective benefits, but all is hitting a different receptor site.

And so it's got all these anti-inflammatory anti-cancer. And let's talk about, you know, because this is what I learned from doctor. You know, when I'm working with a patient who's dealing with cancer I'm using astral I'm using two methoxy ester diol.

And I'm using right. You know, so let's talk about two methoxy estradiol because no one really talks about that other than us doctors who are like old timers.

And we worked with doctor. Right. And understand that like you never hear anyone talking about the power of that. So maybe you could tell us a little stream of oxy estradiol story.

Yeah. And, well, two two methoxy ester dial is, a byproduct of liver metabolism breaking down the yesterday all. And so it's normal to have a little bit of this one, metabolite.

And of course, we measure that on the 24 hour urine. And for, breast cancer patients, there's more and more research using this metabolite as an actual therapy to help not only prevention, but even active disease.

And so, I any woman that has family history or personal history of, of breast cancer, I always use two methoxy ester dial, which is available from compounding pharmacies.

And and you mix that with the oil and and maybe a little bit of diol. But again you want to be careful of what you're doing there. And but the actual two methoxy ester diol has antitumor effects.

And especially in reproductive cancers and breast cancer it's also been studied in, osteosarcoma. Interestingly, it helps with that. There's some cases of, sarcomas, disappearing.

I think Doctor Wright even had one patient who, who applied, large levels of it to the, the, tumor on his leg and disappeared. It's just amazing results.

The tumor blocks yesterday. All suppressors, BGF, and other tumor growth factors, at least in mice. So we're assuming it's we can extrapolate to humans, but, and then it also increases, apoptosis cells, which encourage, you know, natural cell death of the, of the cancer cells.

So, you'll see more and more research on that. But it's, it's really an important, metabolite to monitor in patients. And we didn't mention it, but you can't see metabolites in saliva or blood.

So maybe you could talk a little bit about the metabolites and why they're so in, you know, the what's the as you would say, like the insight information on what the metabolites are telling us.

I like how you wrote that down for me. Yes. Well, yeah. More advantages of the 24 hour. You can, also calculate like a 216 ratio, which now these are, these are what are called phase one metabolites through the liver and and then we also measure phase two metabolites.

So some, some women because of their liver congestion or liver stress perhaps they're not able to metabolize the estrogen as well. So we always kind of monitor that and support their liver function as much as possible.

And some women just aren't able to, to methylated, you know, methylation is, is like all over the nutritional internet now. So, so methylation is one of those things that it will show up on the test.

Also, if you need more methyl factors or you're not methylated directly, that will show up. And and by supporting the those pathways, you not only help overall methylation but the, the methylation of the hormones themselves.

So very, very useful tool on the 24 hour urine and, other than that, I also, well, going back to the 216, ratio that that's a really, easy therapy to or way to address risk of breast cancer. Again.

So when your 216 ratio is too low, that means that you could be more at risk of breast cancer down the road. And that's when we encourage cruciferous vegetables and, or supplementing with them to help, increase that ratio.

And that's more protective. So, yeah, those are the those are the main equations we look at. And, but there's a lot of details that you can see, with your patients.

Definitely. Yeah. I mean, when I'm reviewing, when it's kind of like, you know, I'm checking off like, oh, do you have good estrogen levels? Breast cancer, protective check.

Metabolites, Ratios, and Cancer Risk Markers

Do you have good to methoxy estradiol levels? Check. Do you have a good 16 ratio check. Is your estrogen quotient above one? Check. Is your, four hydroxy the most carcinogenic metabolite.

Is that low. So there's like five. You know, we get through one page and it's like, okay, you've got all five in your favor. This is awesome. Or maybe you have all five not in your favor.

And what's awesome about that is we have the information and we know how to rectify that and mitigate it so we can make it the next time we check that you do have it all in your favor.

So, you know, knowledge is power. So I want to make sure we get to, so Doctor Wright always said copy nature. Yes, I loved that. And I, you know, I can hear his voice.

He's not practicing anymore, but I can still hear his voice in my head. And so a lot, you know, the go to today is to give someone an estradiol patch or worse, implant pellets and, you know, give them a progesterone capsule.

But can, you know, can you talk about why patches and pellets are not copying nature? What do we mean by copying nature and how do we copy nature when it comes to bioidentical replacement?

Yeah. Great question. And and that's probably Doctor Wright's favorite motto is copy nature. So he always sees what's, you know, what's happening naturally with the body and metabolism and just taking off from there.

And, and and he feels he always felt like replacing yesterday all and all was like replacing thyroid. When it's low, you know, you just you need to replace that.

And that has so many benefits to, anti-aging, and all the protections that we mentioned before. But, but yeah, the actual use of pellets and, and patches, when you think about it, you know, you're, you're getting a big bolus of hormone in the beginning of especially the pellets.

Typically the patches are maybe twice a week, you know, which is a little more even as far as the peaks and valleys. In the delivery. But with pellets, you you get this, you know, big bolus in the beginning, and then it gradually dissipates over time.

And and that's not how the body works, you know, it's just not, the means and the rhythm and and is if we can keep that rhythm going throughout menopause, then women just do so much better and they feel much more balanced.

I even encourage patients and doctor right to, to, to take a break at the end of each month from all the hormones, to simulate the period when all the hormones were low and, and the uterine lining would discharge and, you know, that's that's copying nature is taking that break so the receptor sites can be cleared.

And, and then you just start over in the estrogen stone collect in the, in the receptors. So that's very important and something we encourage. And and of course when you're using pellets and patches you're not able to follow that rhythm very well.

Yeah. No. Yeah. Receptor sites or like you mentioned two things. And I was just saying this to a patient like I'm, you know, I'm a natural pathway physician, so I'm not a like, one size fits all kind of doctor in, in any means.

And then I'm just seeing that my computer is. Yeah, you have to be versatile. But there are two things that I, just the one that, I do pretty much do across the board when I'm doing hormone replacement.

And it is supplementation to support to clean the receptor sites and liver support, which are two things that you mentioned that are really important when you're on hormones.

So, you know, when you're looking at hormone as part of a bigger picture and not just like, let's inject a pellet and I'll see you in three months. You know, you look at the systems that are related and you support all the systems like methylation and how your metabolites are, are being produced and so forth.

And the ratios, like all of these things are really important. And I, I very rarely find, a woman who's on a patch that is actually produce saying enough is real and is metabolizing properly.

So that's another every once in a while I do, but for the most part I don't. And with pellets, I think over the years I've been doing this maybe once or twice.

I, you know, very few times, certainly less than my five fingers.

Copying Nature with Hormone Delivery

I've seen, like someone on pellets who had a good 24 hour urine test, like, it's not a safe way, you know, and I just saw a patient who was like, yeah, I got a pellet for testosterone, and I got a pill for progesterone, and no one even gave her estrogen.

Oh, wow. So, I mean, all sorts, you know, from a hormone expert. So all sorts of crazy things are going on out there. So, yeah, and that's, that's another way to copy nature.

You know, normally, normally you don't swallow your progesterone and, and take it through the GI tract and through the liver and, and break it down that way.

That's why we don't encourage oral estrogen too, because it, it can form other metabolites that are more toxic and, and the liver breaks that down. And normally your, your hormones are just cycling from the ovaries and, and you know, we want to encourage that as much as possible.

So that's why we have most women apply the, the hormone replacement cream vaginally, which supports the tissues there. And, you know, and it's very close to the pelvic organs, which gain the most benefit, you know, from the hormones themselves.

So, that's another way we sort of copy nature and, and prevent problems. But yeah, the, the pellets I feel are especially a problem because, and I, and I know the technology keeps changing.

It may be getting better down the road, but I just don't feel like it's there yet. And and it's much easier to use a cream and and deliver it that way on a daily basis.

I think men have control. And yeah, that's another you hear me talking I you always you know, most people are told like there's so many pieces, right.

You got to get the right form of the hormone in the right place at the right time. But applying your hormones to your skin and not to your external labia or so applying them transdermal rather than trans mucosal, you know, also interferes with your absorption.

So often, you know, just by moving your creams, you're able to get a better effect and better absorption. And so, and that's something I learned. Yeah. He's a guy from doctor.

Right too. So yeah. Yeah. He used to call that dermal fatigue. You know, the the skin. Just got tired of receiving it in the same areas. And sometimes the hormone will deposit in the in the fat layer just below the skin and stay there, you know, so when a women, if you're just around and you feel great and then, you know, it's later, you're not getting the benefits anymore.

And that's often the reason. Yeah, yeah. And if you go through a weight loss period in your life, you know, sometimes that those hormones get released from the fat tissue as your body processes that through the liver again.

And so not yeah, that that can be problematic obviously. Yeah. Exactly. Sometimes your body won't lose weight because the fat's holding toxins or things.

And so your body's fighting you. And so yeah you know there's just a lot of nuances. But I think we touched on. Yeah a good amount I don't today I don't know how how you kind of I mean, there, there are a few patients who need to do dermal for various reasons, but, I, I typically find it takes twice as much hormone.

Yeah, to get in and get balanced. And sometimes I'll use DMSO topically to help driving in if, if I need to go that route. But by far the trans mucosal delivery is the safest and easily metabolized by the, by the body.

Yeah. Yeah. I, I do have a few patients for whatever, you know, reasons. They can do it to the external labia. But you know patients are always like what can I do it somewhere else?

I'm like, no, no, you can't exactly. You know, because you can just we said, you can use less. You get better absorption. You don't get the fatigue. So, you know, it's just like a lot of people, like I always say we can do hard things, lady.

And it ladies and, you know, like I think yes, dried urine testing. It's easier to take for spot dried urine samples. Although people make mistakes with how they collect and dry the urine.

And that's a whole nother issue. But like for accurate results for your hormones. So we know how to prescribe for you and monitor you like you can carry.

You don't even carry the bucket. You can fill a cup and fill a bucket for 24 hours throughout the day like I've given you. I know you got this. If I can do it, you can do it.

So, like, yeah, do it on your day off. It's not a big deal. Yeah, it really, really is. And so any last words of wisdom or anything you wanted to share that I didn't ask you about?

Oh, you know, I didn't get through all my benefits of the yesterday all, but just briefly, you know, it does everything that estradiol does as far as alleviating menopausal symptoms.

Pluses, sleep problems. Let's see, we talked about battery. So it lowers blood pressure. That's part of why it's trial is so, elevated just before labor.

It might even trigger labor. But it helps to lower blood pressure for the labor itself, and it improves cholesterol. Helps

with memory loss. And it's been shown to prevent deterioration of the hippocampus to help prevent cognitive decline in women.

Prevents, UTIs and incontinence. Even helps with uterine prolapse. As part of an overall program for them. And, it's also been helpful as far as Ms. and, various autoimmune problems that are one related.

Final Takeaways on Hormone Optimization

So that would be rheumatoid arthritis and, and Ms.. Which interesting was found, you know, women that were pregnant, having higher estrogen levels. They, they really got a lot of relief from their autoimmune problems while they were pregnant.

So they started looking into it and they correlated to the trial itself. So really good news for all kinds of auto immune problems. And that was a great thing.

There are some doctors out there saying, you know, you shouldn't take X-Trail because if you don't have an autoimmune disease, it's going to mess up your immune system.

Yeah, not at all. I know I I've never seen that clinically. No, no it's protective and preventative. So it's yeah. Your eye roll. So yeah I'm glad you filled in those.

You know estradiol is so, so important. And you gave such a great, you know, list very varied right from your brain. Yes. And your blood pressure to your immune system.

And, don't forget about extra dials. Important little sister Astra, because she's super, you know, she needs she needs to, she needs a spotlight. Yeah.

You just need more of her. That's that's the key. Exactly. Well, thank you so much for for coming and being here. This been a lot of fun. My pleasure.

And a lot of, you know, really important, important information. So for you ladies who want to continue the conversation, you know, you'll be part of my community now.

And I always dive deeper into this. After this summit, I will do some post summit webinars. We'll we'll go through it in detail. I'll show you the testing.

I'll show you what we're talking about. I'll answer your questions. You'll have an opportunity to do a test and have me do a review with you. So lots of exciting stuff coming that you know, this is why I do the summit every year.

It's to educate you. It's to give you the knowledge you need. And it's to, like, clear away the confusion because it doesn't need to be confusing. It's very straightforward.

Like what we talked about today is very straightforward. You know, I've been doing it for 23 years. He's been doing it for 45. Like we've seen the clinical results.

We know this works. And it's a you age part of being protected as you're in menopause and to age you know with with vitality not just, you know, the length of aging, but also to have a longer lifespan and to feel good while you're in that longer lifespan.

And hormones are definitely a key to that, but they have to be properly monitored, properly prescribed in the proper like ratios, in the proper doses and the proper forms.

And, you know, that's what we're here to educate you about. So, you know, stay tuned for for the post summit parties, and also for more interviews to keep educating you on this very important and powerful time in your life, said Doctor John.

Thank you so much for being here and we will be back with another time. Thank you. Doctor stills are all right. It's been an honor. Thanks.