Summit Introduction and Meridian Valley Background

Hello and welcome back to Mastering the Menopause Transition Summit 3.0. Our third year here. I'm your host, Dr. Sharon Stills. And many of you know by now if you've been following me for a while, that I am adamant about testing and that how testing your hormones the right way is the foundation to knowing actually what hormones you need and how to do hormone replacement.

And Meridian Valley is a lab I have been working with for the last 23 years because when I became a physician and someone walked in my office with Suzanne Somers first book at the time, May She Rest in peace, and said, I want these.

I want what she's doing, I want the hormones. And I thought, well, this is not really something, surprisingly, that I, I spent a lot of time or learned about in naturopathic medical school.

But I knew that there was Doctor Jonathan Wright, who is the grandfather of bioidentical hormones, and he's retired now, and many of you may not know him, but when I want to learn something, I always go find the person who's the best at it. And that's who I learned from.

So I got on a plane and started going to his conferences and becoming a disciple and learning. And his lab, Meridian Valley Lab is the lab that I have been using for 23 years, and I credit with why I'm able to do bioidentical hormone replacement so effectively and so beneficially for women, because I'm not being misled by improper trying and testing.

And so I have Terra Sowinski with me here, Dr. Terra, who works for Meridian Valley Lab. She has her own clinic. She works with Jonathan Wright. She's a natural Catholic physician, just like I am.

She's been practicing for 17 years, so she's been around the block like I have. And so we're going to have that conversation because it was really important to me.

Meridian Valley sponsors my summit. And, you know, if you hang out with me after the summit, you know, I always do a great offer to help you and do a test for you so you can understand your hormones.

And so I really wanted to have her come on and have this conversation about why, why Meridian, why 24 hour urine testing? Why not blood? Why not dry urine?

Why not saliva? So that you can understand so that's what we're getting ready to do. So Dr. Sowinski welcome to the summit. Thank you. I know you have an extremely busy schedule.

So I so appreciate you carving out this time to come. And be with the audience and help educate. Thank you for having me. I'm glad to be here. You're so welcome. So let's just dive in and talk about, you know, how do we test urine?

Why 24 hour urine? Maybe you can go through because a lot of women, their doctors just do bloodwork. Or nowadays the new kid on the block is dried urine testing.

Or some women get saliva testing. So maybe you can just take us through and you can do it in any order that you want. but why 24 hour urine is the gold standard.

Okay, sure. Yeah. 24 hour urine, especially the 24 hour urine. Comprehensive ultimate by Meridian Valley lab. that is that one. The original test that was created to test hormones in urine by doctor.

Right.

Why 24-Hour Urine Testing Is the Gold Standard

And so this is kind of the gold standard throughout the industry where everyone else grew from. And that's going to give us a full circadian rhythm of hormones.

So like the whole day of hormones, we collect all of the urine. You get all of the hormones, you are not going to miss anything. You're not going to miss a little poof of estrogen where it happened, you know, 20 minutes after you collect it on a card or something like that.

So we get a more complete look at hormones, which allows you to evaluate exactly what we're wanting to evaluate, which is how much hormone you are producing.

And then we can treat more effectively. I don't always use the other kinds of testing. There's certain times when you might like you might do a spot check in blood that is just a spot check or, saliva testing is not as reliable when you want to follow hormones.

And so I don't follow up hormones with saliva testing. So I usually don't do a baseline whatsoever. occasionally you might want to do a four point cortisol if you need.

What's going on there. and you can also use that for point in the dried urine. But other than that, if you want a complete look at what's going on with hormones, you look at the 24 hour.

And can you talk about what we're seeing. So you said which is super important. Like and we are. And you know, I tell my patients, it's like if you miss a sample, you got a dump.

They, I like you have your orange jug in the background, but you got a does jug and you got to start again. And so I know when I do my collection and I tell patients like either put signs on the bathroom, like, make it a day, you're going to be home.

I put the jug because it's so easy to forget, like run to go pee. And then you're like, oh my God. So I'm like, put the container right on top of the toilet.

So you see it as you're going in there, barricade the other toilet if you're not you know. So so yeah, we're getting the whole, all 24 hours. And so can you talk a little bit about the information, why it's more comprehensive than doing blood or looking in the saliva, or just taking spot checks on a dried urine card?

Absolutely. Yeah. The the big thing that we're getting in urine is the metabolite. When you get metabolites, you get a look at your liver function. You get to look at cancer risk, osteoporosis risk.

You know, you have a lot more to be able to evaluate how to not only look at what's going on in the patient, but also treat them. And so we get those things.

Plus, there are many other things you can look at like your your complete adrenal picture. You have all those metabolites you can look at, whether you're having some adrenal fatigue or maybe way too stressed out.

and then there's, there's other specialty metabolites that we might look at as well, like oxytocin and artery. And so when we can talk about those more too.

Yeah. So let's start though with, you know, the queen estrogen and the metabolites. Because you're not going to see these metabolites in the saliva. in the blood.

and I, I agree with what you said. And we didn't like, talk about this before. We're just meeting. But you can't really follow saliva for hormones. When someone is on hormones, you get very elevated, unreliable levels and you don't

get metabolites.

So I agree. Like why do a baseline if you're not going to follow that way? It doesn't make any sense. So let's talk about estrogen metabolites because we that this is where you're getting them.

So if you can kind of maybe just go through highlights some of them and why it's so important to know your estrogen metabolites. Absolutely. Yeah. So on the test the whole first page is estrogens when you look at it.

And so you have kind of three groupings. You have your main estrogens, which are your estrogen estradiol in this trial. And those are the things that are probably most active in your body.

But the S trial is an anti-cancer estrogen. So it's important that that one is optimized. And then physiologic ranges. And then you have two more sections.

Estrogen Metabolites and Cancer-Bone Risk

You've got your phase one metabolites in your phase one liver metabolize ation. Those are your two and your 16. And those are going to be really important, to look at both cancer risk and bone health as well.

So your 16 specifically we like to look at that for cancer risk. If it's very high that can promote cancer because it's something that's going to promote growth of tissues.

And then if it's too low, it's it's going to contribute to osteoporosis because it's really important for bone health. And then your phase two metabolites.

So the second part of liver metabolizes we're getting some methylated metabolites there of your estrogens. And those are also important for anti-cancer antitumor as well.

It's not just cancer but any kind of tumor. frequently look at the tumor boxy estradiol for, you know, endometriosis, which is abnormal growth of tissue or fibroids.

And you can use that. We have that as a treatment method. If it's low, we can give it and help these women not have so much trouble with too much bleeding, extreme pain, and get some of these jammers to actually shrink.

yes. And so I want to go back and pinpoints that a couple of really important things about the 2:16 ratio. And I think that's something a lot of women I don't know if you see this, but they come in, they start online and they start taking dim and dim will raise your two and.

Lower. Your 16, which in the right ratio is good because the 16 can be more proliferative, but sometimes you lower it too much and then you don't get the, you're getting the detrimental effects of now, you know, you can put yourself at risk for osteoporosis.

And so hormones are very Goldilocks. I mean, a lot of things in health are Goldilocks, but hormones specifically, it's like too much, you know, and we in the States, we're like, oh, if it's good then do more because then it's going to be better.

And that's not always the case. And so, so many times when I run a 216 I have to take a woman off of him. I'm like, no, you don't need this. It's it's ruining your ratio.

And so it's really important. And then the other thing you talked about, the two methoxy estradiol, I don't think that's talked about enough that we can actually prescribe that it's a treatment.

And I love that you talked about, you know, for fibroids and endometriosis, but it's something I use with active cancer. Absolutely. So that is something you can't measure that anywhere else.

And a lot of women have been told they can't do hormones because they have a family risk of cancer or maybe a personal history. But when you what doctor so-and-so is talking about all these different metabolites, when you look at them, then you can actually start treating or preventing or, you know, stopping your recurrence from occurring.

And so it gives you that. Like she said, it's the whole first page, so very, very detailed on something that usually just gets told, oh, you can't take estrogen, right.

So yeah, I mean, those can be really helpful to evaluate whether a woman might want to consider hormone therapy. Well, they have cancer. I know that's a very taboo thing to talk about.

But, sometimes you have to consider your quality of life as well as your quantity. And if you can take something that actually blocks estrogens from growing a cancer, why wouldn't you do that?

Right? Because different, like you said, the other thing. So I'd like because you you also mentioned estradiol being anti-cancer. And we'll I'll ask you in a minute to explain the estrogen quotient.

but there's a lot of doctors out there who just prescribe extra dial patches and they don't prescribe estrogen. I'd love to hear what your thoughts are on that.

Yeah. well, I think you have to test and see what it's doing in your body. Right? So if you were to do this testing, you're going to be able to see what's happening in your body.

And most of the time, I will tell you that is not turning into an appropriate balance of hormones, because it's just the one. And you do want that to turn into estrogen.

and iodine sometimes can help that. Right. But as you mentioned, the estrogen quotient. So, you know, that can help you create a little bit more of the astral.

And so I don't tend to use estrogen patches unless I know that that's really all a patient needs. Yeah. And I you know it goes back to the the very basic profound test.

Don't guess. And I will run a lot of these tests because sometimes women just want to know you know are my hormones working for me. And I would say like probably like 95% of the time if someone's just on an estradiol patch, it's not enough.

It's not converting. you know, every once in a while I'm surprised and I'm like, oh, this is actually working. You can do this in your body. It's working.

And so it really is where we can't guess right about hormones or guess by symptoms. We really have to see the data and see what your body's doing. And there's no way to just sit here and go, well, you know, maybe it's turning into it.

You know, she's experiencing this. You have to really look and look at what the levels are saying. So what is the what is the estrogen quotient and why is that important.

That's showing caution basically tells you whether you're, having enough of those three main hormones and their imbalance and it does help you look at cancer risk because it really is important there.

I am kind of blanking on the actual math of it at the moment. It's every day for you. Find the sum of E1 plus E2. You had a long day with patients. That's, Yeah.

So you basically, you, you know, you want enough cereal to balance out your E1 and E2 and, so it can tell you if that's not happening and if you need to try to promote estrogen and anticancer.

Yeah. So it's just a nice easy way to look and see. And you know we didn't talk but E1 so we talked you know estradiol is E2 E3 we just talked about as being very anti-cancer and you know anti proliferative but e1 estrogen what do you have to say about that.

Because that's, you know, of all the bad hormones, Yeah. I think it probably gets a bad rap, but I don't think it's terrible. I mean, it still needs to be imbalanced, right?

It's our it's a very active estrogen. So we needed if we want to be ladies. and so it just needs to stay in a physiologic range and imbalance. So looking at all of these things which they calculate the estrogen quotient for you.

So I don't have to do math when I'm looking at it. but you know, keeping it in balance. We don't usually have to give it. I've seen very few women who don't just actively convert their estradiol over to estrogen.

And so, you know, usually you don't have to give it. Now, some women are low in that. And that's sometimes a reason to consider giving a little because it is an act of estrogen.

If they have estrogen deficiency symptoms I would consider it. But I, I don't have very many women on Astro. Yeah. You know, I guess that's when you would get into like tryst.

Right. With STF not very common. It's usually more biased. Not any more. Yeah, but it was part of the original part of it. So if that is very true, it was. It was So what about oxytocin?

I love that the test measures oxytocin. And could you just speak a little bit about oxytocin? Yes. The love hormone is one of my favorites. oxytocin. I like using oxytocin when women are struggling with orgasm because that can really get you going.

And when you can measure it and say, hey, you have a reason that this is happening, it can be life changing. It can be life changing for the woman. It can be life changing for the the relationship that they're in.

and we have oxytocin as a treatment option as well.

Oxytocin, Taurine, and Other Urine Markers

So, you know, if it's low, we can give it, we can help them achieve orgasm and give them hope that it's going to happen again. Yeah. But how do you I do it in a nasal spray.

Is that, Yeah. Most of the time it's nasal spray. sometimes topical. You can do it in topical cream right on the clitoris. And that's sometimes very helpful as well.

Okay. So there you go. And just I mean, it's what did I hear at a conference one year I think I heard that it's like walking around with Disney goggles on when you when you're on oxytocin does.

Everything's a little happier. I like and so it gets you just that much closer and that much more connected to those around you. That's great. Yeah. I, I noticed some women.

It doesn't quite give them that Disney goggle effect, but the women who it does, they're like, put that shit on, you know, on auto ship. I don't want to miss it. Right.

Like it's like I want to because hormones I notice I'm like, oh, they have auto ship on that because it does. It makes such a huge difference. And just I love that. I never heard that before.

But yeah, like you know, you talk about put on rose colored glasses but yes putting on your you're up. In my. Glasses. Actually doesn't goggles works too.

So you also, you know, I love doing this because I always learn something along the way too. So you also mentioned that you're testing for taurine in the 24 hour urine now, which was news to me.

So. Yeah. but could you talk a little bit about taurine? What is taurine? Why are you testing. How is that clinically, important. Yeah. Taureans the newest metabolite, the, the testing options, taurine actually extremely important, especially in the anti-aging realm.

It's helpful for your memory. It's very good for your liver. It's good for heart health. People who have adequate taurine live longer, just in general.

and so we can use it as a longevity marker, but also for those other things, if you have someone who's at an energy deficiency or having trouble thinking clearly, maybe look at their taurine and see if something's there or if there's heart symptoms, maybe look at their taurine and see if something's there.

And in the research, looking at the actual 20 brow during collection was the standard. And so we were able to easily integrate that testing here and help people live longer and healthier and more energetic lives.

And remember it. So that that's an add on. But I am I'm excited about that because I have not been adding that on yet. But, it sounds like it's going to be worth paying a little more to find that out, because that is such an important.

And I was going to answer my question because I was going to say, can you just check it in the blood? But you answered the research, said, 24 hour urine.

So, yeah, what is, you know, when someone has I guess there's two things, right? Like someone feels good and their levels are low on the test or vice versa.

They don't feel good and their levels look good. And can you talk a little bit about how you troubleshoot that. Yeah. So troubleshooting testing. So the things that I'll see a lot is like a contamination issue or a hyper excretion hyper or hypo excretion.

So and those are just slightly they'll look slightly different on testing and contamination. You know, you're just going to see high levels of the hormones that you're actually applying.

So that means oops, got some in my pee some of the actual cream. and so, you know, you might see estradiol and as trial high if they accidentally contaminated when they applied their estrogen or progesterone or just testosterone if they're on that.

So it can be any of those three or all of them, if it was just oops, I got some pee on it. So to avoid that, I usually recommend just applying to the lower abdomen that day.

You're completely away from the pee that way. Okay. We usually say that email mucosa. Yeah. Anal mucosa works too. I just, I like to get them far away from them.

Yeah, that makes sense. The pee. Yeah. and so. And it seems to be just fine. It absorbs okay there for that day per day. yeah. So. And then hyper excretion is a little bit different.

So you'll still see high numbers. but you will see everything high. So it'll be all of, you know, it might be all of the hormones ending up really high, including metabolites.

It means your body's just metabolizing way too quickly. It's going in, it's going out. It's really excreting a lot of what is metabolizing. And this is where I will sometimes order a blood test because you can grab a spot check and if that hormone.

So let's just say astra diol. is low in the blood. Then it's a case of hyper excretion. Because if it's that high in the urine, if you're seeing mega doses or mega high, everything in there, and then that's that's going to be something

that should also be high in the blood.

You're not going to miss it on a spot check. And cobalt. Cobalt. Yep. The the treatment of choice would be cobalt I usually add also just a little bit of your favorite liver support for mine.

I have a couple of favorites. So and what about you mentioned hypo excretion. Hypo excretion would just look exactly the opposite where everything would be extremely low.

But then you would have something normal in a spot check on the blood. You're not going to again, miss even a little bit of a spurt. hormone. and and it be you're not going to miss a spread a hormone basically.

So so if they were a hypo excreting and everything look really low, but the blood look normal, what would you, What would you do? You would treat it the same way.

It's it's kind of the same problem, but in reverse. And so it's still like that liver and need for cobalt. And it still does. Correct. But it always goes back to the liver.

By now it's a very important organ.

Troubleshooting Results and Proper Hormone Application

It is. It is I mean, right, in that Catholic school everything was the liver treat the liver treat the liver. But it really it really does work. and so what about just testing?

is there anything you rely on in the blood gets that? Well, you'll do like your FSH and LH that's going to be appropriate in the blood. And you just have to time that with what you're looking for.

So you know, in menopausal women, it's not as important. But in younger women or perimenopausal women, once you they're ovulating you can try to hit ovulation for evaluating PCOS.

you know, you don't want to hit ovulation if you're trying to evaluate PCOS. So. So yeah, those would be things that you would definitely consider looking at in the blood.

And how often do you retest on the on the hormones, like doing a 24 hour urine. Is it something that you think people need to do every year sooner? I'm curious how you do it.

Once someone stable on hormones yearly I think is ethically appropriate. and things can change. if they have symptoms recur, I'll have them retest earlier.

Or if we have someone in perimenopause, you might be testing a little more frequently just because symptoms are going to potentially change rapidly at the beginning of treatment, I usually have them test, within 3 to 6 months of starting something new so that we can evaluate and troubleshoot and keep them in a physiologic range.

Yeah. I find, you know, I yeah, like my long term patients. We check once a year. Sometimes we have to check. And especially like if someone's metabolites are out of balance and you're working on those, it's like there's no other way to check other than doing 24 hour urine.

So I you know, the goal is always we just want to get you on once a year testing once things are stabilized. But we want to do it safely and make sure you're being protected.

Absolutely. Anything else about the test or that you want to share that you think's important? well, maybe not about the test itself, but doing the test because a lot of people.

So you saw my orange drug back here? it's it's a very nice size. It comes with a cup to pee in. a lot of people worry about that. I don't think it's. It's actually everybody pees, so it's so easy to collect your urine.

and if you're worried about having that during the day, like at work, just get a really cool tote and carry it around with you, and then. No problem. Very true, very true.

And what about, we should talk about application because, you know, you're old school. old school. We've been doing this a long time. We learned from the best. We know what works.

That's why we get good results. and this is another, you know, so I'm constantly being frustrated with patients being told that, dried urine is acceptable, and then, you know, they come in with it.

And I have to say, sorry, I'm not going to rely on that. We need to do it. We need to redo. We need to do a 24 hour urine or patients come in and they've been applying the hormones in the wrong places.

So can you speak a little bit about that? Because you know where you put hormones is as important. I was to you know, what hormone you are taking. I agree with that.

I think it's important to apply to the vaginal labia or the vaginal tissue that just gets it closest to the place where you were making it in the first place.

and it also gets it to the tissues that really need it first. And so especially in menopausal women, vaginal dryness really common. and applying the hormones right on the tissue could make a big difference for the tissue issues that people are having.

Yeah. And you get such better absorption. At making a new. Coat. So tissue and I see so many women who are rubbing it here and rubbing. Yeah. And rubbing it on the thighs.

And it's like they, they think they've been on hormones and they've been on hormones for two years. And yet they have like no hormones in their system because they're just not getting it.

And so it really, you know, when you start to break it down and you test the right way and you apply the right way, and you're being dosed the right way because you're being monitored, it becomes pretty fluid.

And then, you know, you feel so much better. It is such, it's funny, one of my patients today said to me she was going to see some practitioner who doesn't believe in hormones.

And I said, well, it's pretty hard not to believe in hormones because they kind of affect, you know, we think of them for hot flashes or for getting pregnant or having a period, but they affect, your bones, your brain, your cardiovascular system, your gender, urinary system, your skin, your hair, your lungs.

You know, they affect your guest. They infect everything. So, having them optimized is such an important part of aging, healthy and having longevity and feeling good.

You know, I want to live to 130, but I want to feel good doing it. I don't want to be like lying in bed and not have memory and all these things. And I feel like hormones are a big piece of that puzzle.

Absolutely. So I'm right there with them. We believe in hormones. Well, thank you. Thank you for coming. And just kind of shedding some light as to why it's so important to do actual, you know, it's it's not really rocket science, but it's like what you said, you know, if you're just taking a dry sample four times a day instead of collecting all your urine, you're missing a lot of valuable information about what your hormones are actually doing and how much you're producing and how you're metabolizing.

And so, you know, to me, it's pretty much apples and monkeys and. And well, okay. So thank you so much for, coming and, you know, representing Meridian Valley.

and, you know, you, you work for them.

Closing Thoughts on Hormone Testing and Longevity

So if you're a physician listening and you, you know, want to start doing Meridian Valley testing and you're confused about how to, you know, that's how I learned getting on the phone, you know, you can run a test and then you can have a consult and you can go over it with someone like Dr. Sowinski And, you know, get yourself educated because we're in a mission to, you know, make hormone replacement as effective as possible.

And to me that means starting with the proper testing and as far as I'm concerned, Meridian Valley is the only option out there to do that accurately.

So absolutely. Thank you for having me. Yeah. And we're here to help. There's several consulting positions to help you learn or find information for you if they need to.

Awesome. Well, thank you. And thank you everyone for being here. And, you know, stay tuned. we've got seven days of summit and then we've got the after party.

And I will dive deeper with all of you on. This will be an opportunity for some of you to get your own test kit and do a consult with me and to really understand what's going on.

you know, just because of some of those things we talked about, whether you've never been on hormones, you've been afraid to be on hormones, you're on hormones, but they're not working.

so we're here to help. And, it's really my honor and my pleasure, my joy to be to be a part of the conversation and to help you on your hormonal journey.

So you do have the most amazing, sacred second act. So thanks for being a part of the summit. And stay tuned on be Back with another talk.