Hormones, Medications, and Cancer Risk

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Hi, I'm Dr. Jess Petros, and on my podcast, Dr Justin Filtered, we uncover the real root cause of most misunderstood symptoms with help from top experts and real patients who've healed themselves.

Welcome back to the Dr. Jess Unfiltered podcast today. I am so excited because I have a friend here with me today, Dr Jenny Flegar. Did I say that right?

It was great. OK, perfect. Perfect. It's a tricky one, guys. But she is a wealth of information. And I'm so exciting for you guys listening out there.

Not only is she a double board certified physician in emergency medicine and integrative medicine, but she has her own podcast, the Integrative Health podcast.

She's also the author of two books. and she specializes in women's hormones, bioidentical hormones root cause medicine, autoimmunity, and metabolic health.

All those things are actually tied in together. We're going to learn a lot from Doc Jin today. Thank you, my friend, for being here. Aw, thank you. So excited to be here in your beautiful home.

Yeah, absolutely. The in-person studio is always great. I guess, you know, starting out here today, Dr. Chen, I want to ask you, why do so many women have normal labs?

Everyone will say these are normal lab, but they really feel terrible. It seems like doctors are missing something, especially when it comes to hormones for people.

Oh, absolutely. We hear it all the time, right, from our patients, and they're super frustrated. They go to their primary care doctor, which insurance pays for, insurance is sick care, not health care.

So, I mean, we definitely have to save some money to see doctors that actually want to dig a little deeper because chronic disease, it starts in your 20s and your 30s, so we really want get on this early.

And these symptoms that people come to us with, right, with this chronic disease, chronic symptoms, and chronic illnesses, the regular labs don't catch it or they're not ordering the right test.

So many times we just hear they order a TSH for thyroid, just one thing, that's not enough. Many times, I don' know if you've heard this from your patients, they'll go to their doctor and ask for a hormone LADS and the doctor will say no.

Just know. All the time. Yeah. They're like, those don't matter, or we're not going to test those, you're old enough to check your hormones.

Podcast Introduction and Guest Background

You just have symptoms that will cover up with whatever medications they want. And a lot of the times, it matters what kind of labs we are looking at and digging a little bit deeper.

So starting out with hormones, yes, they can be normal if they are not even checked, and we want to look at the right time in the cycle in order order some good labs.

So estradiol, progesterone, DHEA, pregnenolone. We want to check testosterone free in total. And to really look at pro gesterones, we would want get it seven days after ovulation or around a 19 to 21. little picture into their balance of estrogen versus progesterone, how their adrenals are functioning with DHEA, their testosterone, and how that's doing.

And if we don't check them, it's not going to help anyone. Really getting a nice baseline of serum labs is great. Then we can move on and be more advanced and maybe get some saliva hormone testing, especially if you're on some sort of topical hormone.

It's important. And then you probably order a lot of saliva cortisol. And this is like the gold standard is a four-point saliva cortisol test. So we see what your cortisol is doing all day long.

It doesn't just stay stagnant, it moves around during the day and it gives us really good insight on how your adrenal gland is feeding back to your brain and then your bring is affecting your hormones.

So it's complicated. And I think as doctors, conventional doctors which we both are, which both came from, it is not their fault. I do stick up for conventional doctor sometimes because I'm like, right?

We went into medicine to help people. And when we came, like we both have a similar story. We came out, you know, bright-eyed bushy-tailed from medical school and we had all the pharmaceuticals memorized so we could pass our boards.

And then we got out in the real world and were like, yeah, this doesn't work. You know we're not actually helping people, we are just band-aiding things.

They just don't know what they don' know. And they're so stressed working nine to five, paying off loans that they do not have time to spend, like we did, furthering our education and learning all these functional tests and root cause medicine.

So what people can do when they go to their doctor, they can write down a list of labs from, you know, my website. I have posts or on my Instagram post on what to ask for.

And you can ask them and a lot of the times they'll do it. You know? They'll be like, well, insurance might not cover this, but. And they'll do it. Or you can just get your own labs.

There are so many websites out there where you just order your labs and you pay out of pocket, but sometimes it's not even that expensive. So that information is power and insight on your body.

If your lab looks normal but you still feel like crap, just keep digging because you haven't dug down deep enough to find out what's going on. You brought up a good point.

You said, you know, sometimes you ask doctors for hormones and for some reason they'll oppose doing it. They won't want to do it, right? What happened in your life, in you health journey, and your story that made you look at things through a different lens and really decide, I'm going to things differently than what my colleagues are doing?

Yeah, well, it took a while, I feel like, to get there. What's interesting is I was diagnosed with Hashimoto's thyroiditis in medical school. And for listeners that might not know what that is, It's an autoimmune condition of the thyroid,

where the thyroid attacks itself.

It is actually the most common cause of low thyroid function in women. because it's an autoimmune disease. Now, I was having period problems, cycle problems and my mom was concerned and she asked for thyroid labs.

And I guess I'll age myself, but I mean, this was in the 90s when I And that started the journey.

Why Normal Labs Can Miss Hormone Problems

And it was interesting because no one checked my thyroid antibodies. So I was so inflamed. If you look pictures of my senior year of high school, my face is just so enflamed because my body was attacking itself and probably maybe mold, maybe chronic antibiotics, may be airway issues.

I mean, I look back and I'm like, wow, all of this caused it. And that's what we do is we kind of dig into those root causes. But then I was actually diagnosed with the Hashimoto's when they took out half my thyroid because they thought it was cancer.

And this was my first year of medical school. Yeah, I woke up praise God wasn't cancer. We were all so grateful for that. And I remember his name was Dr.

Steele and was it Dr Steeler, one of those something with the Steelers because we're big Pittsburgh Steeler's fans. He was like, good news. It's not cancer and I was great.

I can go back to medical school. and he was, it's Hashimoto's and i'm like what's that? He's like oh, It is just an autoimmune disease. You can't do anything about it.

Yeah, yeah, and I believe that because I was a first year medical student. And then I got into community, you know, ER medicine and saw the chronic disease, saw how it wasn't working, started reading on my own, so dangerous.

And you know, learned about SIBO, Candida infections. Learned about chronic Lyme. Told my husband, like, I'm taking gluten out of my diet. Wow. Healed my Hashimoto's.

My antibodies have been zero for over 20 years. And then I told my has been I am going back to do a fellowship in integrative medicine. So you've really, you became your own best doctor.

You really dug into the research. No one told you any of this. It was like your education. Yeah, and everyone thought I was very strange. I mean, black sheep.

And then, oh my goodness, when the pandemic happened, then really separated me as a black she and I'm proud of that. But the thing that people misunderstand, I think about what we do functional integrative medicine doctors, they think we're not evidence based.

That is far from the truth. Because we actually spend a lot of time reading more or so because we allow ourselves that free time to dig in more and help those deep hard cases that conventional medicine isn't helping with.

Absolutely. And for you, I mean, you accrimized that situation. You came up with an endocrine disorder, an autoimmune disorder and look now it's your specialization.

So you went through it and rescued yourself. Yeah. Now you know how to give the best advice to some of your patients for that reason, in my opinion. Yeah, and you know it's the emotional component too when you go through chronic disease or you're gaslit.

I mean, I remember in medical school I had been reading studies about how T3 can help with the depressive effects of having hypothyroidism and conversion back then.

And I was a second year medical student, printed out the studies because you couldn't really pull them up on your phone well. This is really dating. Anyway, but I printed them out and brought them in.

And it was a PA in the endocrinology office. I remember crying, begging for T3, for NP-thyroid. Yes, and you know what? It was such a game changer. Because as you now, when you start to go into third and fourth years of medical rotations and clinicals, it is horrible.

It is very stressful. You see things that you don't want to see and you never thought you'd see. If you know a doctor that has been through traditional medical school, which it's so important to have that base, but give them a hug because their nervous system is dysregulated.

Yes, and probably the endocrine system for that matter too. So tell me, how come some of these medicines that the medical system gives to us, things like antidepressants, SSRIs, we call them, or birth control or, you know, HRT.

So some these women who take things the system is designed to give them to help them. Things like birth-control pills, hormonal replacement therapy, and SSRIs or antidespressant, it actually doesn't help.

It actually makes them worse sometimes. Yeah, It makes you feel crazier. What's happening with all that? Yeah, we're not going to the root cause. And actually, some of these pharmaceuticals, they're forcing things that shouldn't happen.

Instead of a locking key, like a bioidentical hormone, it's kind of the wrong key or a crowbar. It's forcing it. The physiological effects aren't the same as the actual bio identical.

medication, which you can call bioidentical medication. But those are usually made in a compounding pharmacy. Let's back up to birth control. So oral contraceptive therapy or birth-control, it is not bio identical.

It's conjugated equine estrogens, and it's made from equined horse urine. This is what was given to women to use as birth And what it's doing is it is shutting down ovulation.

And I thought this was cool when I was put on birth control, you know, to regulate my period that was really from my thyroid problem because you can decide when you have your period because that week, that fourth week is just placebo.

It's just sugar pills. You don't really have to take it. And you can just be on continuous hormones and not get your period for a while. And some people do that.

But that is not natural. That is how God designed. Now, it was really interesting. In October of 2025, there was a Swedish cohort study of over 2 million women.

on birth control, and they did show an increased risk of cancer on oral contraceptive pills. It was a little higher on progestin-only pills, but this study, I mean, the pharmaceutical industry cannot deny this.

They cannot. I, mean every single doctor that is writing for oral-contraceptives pills should be telling their patients they have an increase risk at breast cancer.

Since this is an unfiltered podcast, if you go on the ACOG, which is the American College of Obstetrics and Gynecology, they try to like, I just read like what they said in rebuttal to this two million, you know, women over two-million cohort study that, yes, it can increased breast cancer risk, but, you know, being on birth control can do positive things like decrease ovarian cancer risks.

And, they're trying to play that, yes, But also, extended breastfeeding can decrease over in cancer and other things. So, it's so frustrating that we're that we're not just using birth control for birthcontrol.

And, you know, I have patients that come to me and they're on IUDs, they are on birth-control, and the first thing I do is try to get them off of those.

Most of them do and then their symptoms resolve and feel better and we can start regulating their hormones better. What I think is hard is that doctors are being lied to each other, even, and they'll use progesterone and projestin interchangeably.

And that's not correct. Progestins are synthetic hormones, elicit the same effect to blood vessels or the brain as progesterone does. They do have protection in the endometrial lining, but not in other parts.

So they're not used interchangeably.

Dr. Jenny's Hashimoto's and Root-Cause Journey

thrown in the garbage. Yeah, now we've got study results for sure. I mean, basically, IUDs are using this as well, aren't they? Yes, and that's what's really frustrating is I've had so many patients come to me in perimenopause that, you know, husband maybe doesn't want to get a vasectomy and they're on IUGs and think they are safe and told by their OB-GYNs that they not systemically absorbed.

Oh, wow. Yes, and I'm like, you've got to get that out. You could do the copper IUD, but that has problems too. My husband was just like okay, I am going to have a sectomy and i'm just okay.

easier. You know, we do have to look at the whole person. And sometimes it is stressful for women in perimenopause where their cycles start to become erratic.

There isn't a risk of pregnancy, even if you are tracking your cycle. Your LH surge can change. Um, you could maybe ovulate twice in one month. So that could be a stressor for them.

I've had that talk with patients and I'm like, okay, you would be more stressed if you had your IUD out or stop birth control. Let's just manage your detoxifications of your estrogens, make your gut health perfect, and we'll work with you.

And this is where it comes to personalized medicine. But what you're doing is giving people full informed consent. You're saying here's the risk, here are the benefits.

That's part of my problem with conventional medicine is I feel like the patient often isn't given the full, informed, consent, And once they are, that's their decision about what they want to do with their bodies at that point.

I think you would agree, right? Yeah. And I feel like these doctors, they don't even know how to give informed consent. No. five years ago, I was working in the ER and this and whenever I worked in that ER in this past decade I always throw in a little integrative medicine but this mother is sitting with her daughter and her daughters having horrible migraine headache since going on birth control and I just talk with them about what actual hormonal birth control is, because she wasn't on it for prevention of pregnancy, she was on to regulate her period.

And I was telling them, and they're like, no one ever told us this. They said it was safe, they said, it's fine. Well, now we have the cancer risk study, but back then we didn't.

I'm like all you need to do is do a nice luteal phase progesterone fit work on the estrogen dominance and then she'll be fine and her cycles will start to regulate or get to the root cause of what's causing it.

But putting this bandaid on it is just, it's going to lead, led to them being in the ER, but the amount of lack of actual informed consent, It's actually like a swear word on social media.

Have you tried to like hashtag informed concern and it like wrecks engagement? Yeah. OK, that's kind of scary. I'm not surprised to hear you say that, though.

But you did kind, I guess, hint at something a minute ago. You said you need to get to the root cause. Are you saying that hormones aren't root causes?

No, hormones are part of the roots cause, yes. Yes, for sure. They all play off of each other. It's beautiful. If you just throw hormones at people, which I mean, they're popping up everywhere, all these online hormone, you know, dock in a box, like get your hormone script, we even take insurance.

And people just throw hormones at women, and sometimes just going on symptoms, not even checking labs, which is even scarier. They're not fixing the root cause, so they don't get better.

So I have a really good case example of this of a patient. A patient came to me and I was like, This is going to be easy. She had been gaining weight, not able to lose it, and she's impairing menopause.

And I'm like, oh, she just needs some estrogen detox and luteal phase progesterone. This will be piece of cake. Maybe continuous glucose monitor, balance her insulin resistance.

I thought it would be easier. So she comes and she's like, hey, yeah, I've already tried hormones. I was on a little testosterone they put me on, even without checking her labs.

They put it on progesterone, they threw in a lot of estradiol, and I'm like whoa, that's crazy. And she was like yeah but I kept gaining weight and nothing got better.

So during the intake, one of our favorite things, mold, it was mold. Yeah, so she had the mold It was affecting her hormones through a stress response because her body didn't feel safe because it was just fighting off all these mycotoxins all the time.

So the follow-up with her after we did a mold detox and make sure she wasn't living in mold, she was like, and she's like Dr. Jen, I feel my cheekbones for the first time in like a decade.

Yeah, because she was so puffy from inflammation. Pornosal is a nasty hormone when it's out of the wrong ranges. It really is. Well, it is, but how many times, like, doesn't it break your heart when you get those females, those women, that they are gaining weight and gaining, and they're literally like I don't eat anything.

And they don' Yes, they eat nothing. Yes. Yeah. People like judge them or look at them and it' like no, all of their hormones are out That's right. And that's what drives me crazy when these personal trainers and people online will say it's calories in, calories out.

It's absolutely the biggest myth ever. You don't understand how the hormonal cascade works in the body. So can you explain to people, this is kind of, I guess I always say the endocrine system's like a stool with legs, but you know, like how come you're looking at the thyroid hormones and then the estrogen, progesterone, testosterone, and maybe the liver, or how does all that tie in together?

Yes. So the liver, we can start with the lever. The liver is so toxic like nowadays, like our livers are just so. Toxic. If you're not actively doing anything to like love on your liver and support it, you know, maybe, I know someone that makes a really good Tudka product.

But but and I do love Tucker, but you know, if you're not supporting your detoxification, well, guess what hormone is detoxified through the liver and that's estrogen.

And we do the gut is also important for estrogen detoxication and getting it out too. But the livers, it's really a problem, especially when women excessively drink.

I mean, alcohol, the breakdown product from alcohol is a toxin and your body freaks out and wants to get it out of there. So then estrogen metabolism takes a back seat.

And really the recommendations for women in alcohol have changed.

Birth Control, SSRIs, and Informed Consent

I remember when I was growing up, I remembered it was like one to two drinks and you're fine, no increased risk. That's what I Remember. Yes. Then it went to one and then a couple years ago, it Yeah, but it has to do with breast cancer.

And so we just have to be aware of that. Pick your poison, right? I mean, community and having a glass of a nice smoked Old Fashioned, which I enjoy every once in a while, that is important.

But if you're binge drinking or drinking every night, then just reevaluate because that could be affecting your hormones. in making you more estrogen dominance, mold that can, not only can certain molds act on the estrogen receptor, but mold in general really clogs up the liver.

And our body was meant to detox mold, yeah, But not in excessive amounts, Not if you're living in mold. So when we have the livers clogged up, that's affecting estrogen, And then when estrogen isn't detoxifying or turning into nasty metabolites, then that's affecting the estrogen and progesterone balance.

And if we have environmental stressors going on, that is affecting cortisol. Cortisol and insulin play together too. Yeah. Yeah, so a lot of think about someone that is just chronically stressed or traveling a lawn and then they start to get that belly.

And then that Belly and visceral fat towards it turns into a hormone factory and creating cytokines and inflammation. So attacking insulin resistance can help cortisol, but also helping cortisol and our sympathetic-parasympathetic balance can health insulin.

So you kind of have to look at both. It's just like a seesaw, and it's a really gentle balance. And this is why, even though GLP-1s, peptides, are blown out of proportion and being used wrong in some cases, I have seen it really help people with inflammation insulin balance, and then they can kind of get things under control.

And then all those hormones play nicer because that insulin is not up and down and up-and-down. Oh, that's what's happening there. That's actually something I was going to touch on with you was peptides.

So let's go there! So, okay, so all these people who say GLP-1s, GLPs-2s-3s they're bad for people. Okay. You know, I've seen the same thing. What do you think?

Is it that the poison is in the dose? Right, yes. Yes, exactly. Well, we know pharmaceutical companies, they want you on it for life. They want high doses.

So this is why compounding, you know, GLP-1s, GIPs. I mean, their trying to shut that down. You know we'll see. But really having that low dose is really helpful because we also know it works on inflammation, on the brain.

It's not just weight loss. And that's what's frustrating is like something that was made for good is now like, like we're seeing all these high side effects at really high doses.

And, you know, I remember I was at a meeting for the AOA, which is an osteopathic organization and one of the sweet like old mentors, who has diabetes in his seventies, his glucose monitor was going off and I'm like why are you eating danishes for breakfast?

It's like well, you know, he's on a GLP-1 and his glucose is better under control, but I'm like, that's the thing, like we can't like eat cake and then be on GLp- 1. The goal would be is to actually, and this is what the studies show for getting off of it and keeping weight the same, is that if you do lifestyle modification and behavior modification, That's important.

Yes. So when I put a patient on GLP- one and I have been for Gosh, four to five years been using them. So you want to make sure they're lifting weights, they are stimulating that muscle because a side effect is muscle loss.

Yes. Then yes, you will have to be addicted to a GLP-1 to stabilize your insulin if you don't have that muscles stabilizer in there. Yeah, because muscle is metabolically active.

And when you have glucose, it goes into the muscle. So it's a buffer. If you want to eat more or have a better buffer, you lift weights. Yes. All I heard was you can have your cake, but you cannot eat it too.

Sometimes you could have cake if you had a lot of muscle, And with these GLP on so protein, we want to focus on protein and still eat. And this is what Steph is stating is these people on these high doses, they're just not even eating.

Not till the evening sometimes. They fast all day long, right? Which is not great for the metabolism anyway if you have to come on GLP-1 ever. So the GLp-ones, keeping microdoses is what I'm hearing.

I've also seen from my patients the great results they could get from that. Which ones do you like for that endocrine system or hormones? Do you any other ones?

Yeah. Real quick with the glp1 though, so one fun thing I have been doing is just having patients on it during their luteal phase. Oh, yes. So I had a patient actually bring it up about like a year ago.

And she was like, because I'm like we're going to start weaning off, go every other week, you know, let's just see, give the body a break because they do like to pulse and give breaks for peptides.

She was, like well, I am just taking it actually during my luteal phase. I was oh yes, that's when you're having cravings. You are more insulin resistant because of progesterone.

helped with the food noise and kept her more consistent with, you know, not not binging or not picking bad choices. So some of my patients, I'll just have them support that there because that's when as women we go off the rails a little.

If we don't have good if our micronutrients aren't good, we'll go of the Rails. I mean, it's so true. Yeah. metabolism. So MOTC, I love MotC. We actually named a stray cat after that peptide.

It's a mitochondrial derived peptides and it activates AMPK. so it works in the mitochondria at AMPk. You would think, okay, so, it's just for weight loss.

No, i love motc for just every organ in is everywhere. So I've had patients reverse really bad chronic kidney disease with MOTC. And oh yeah, and with some bioregulators.

But if you think about it, the kidney and the heart are so mitochondrial dense. There's actually studies on PubMed about MotC and mitochondria-derived peptides that help with congestive heart failure and chronic disease.

And we're not using these with our sick patients. But we are. We're using peptides. When you look at the literature on some of these peptide, it's kind of disgusting that they're are not standard of care or being used.

I agree. I've seen miraculous things with some them with a lot of my clients. So Mox C is a good one for hormones. A lot the GLP ones, microdoses too. Any other ones that you like?

5-amino-1-MQ is good. So it's another one that can help with some lipolysis and energy. I think this one, like when I travel, I feel like it just gives me a little bit more support to my mitochondria.

And that one's oral. People like that because they're not injecting themselves. Yeah. That one is helpful, specifically when we talk about metabolism.

Those are my go-tos. When your patients come to you or people come you, what are some kind of symptoms or red flags that would be disguised as hormonal?

They're actually more inflammatory or metabolic in origin. OK. So you think they're hormonally, but it's more inflammatory. Yeah. Or metabolic, I guess, too.

I think these have crossover. Yeah, I think they would have crossovers because I feel like people come a lot that they have anxiety and that is insulin.

Hormones, Mold, and Metabolic Drivers

It could be, you know, they're hypoglycemic. They're going up and down, up, and we traced it back to metabolism, which is inflammation. You know I had this one patient that really, really bad debilitating anxiety.

And I'm like, why don't you wear a continuous glucose monitor? And it was all her blood sugar. Oh, wow. Bouncing up and down. Yeah, because she was already on progesterone.

Like, we were working on her gut, and it wasn't bloodsugar. Then it went back to trauma. oh, wow, you're kidding. No. Yeah. So she had a lot of trauma and that was affecting her blood glucose and making her anxiety.

It was just like a big circle of, yeah, so we, Altheining, DHHB helped with that. There's so many layers and it all kind of goes back. I mean, I've also had the flip side where I had patients that really bad mold, really mass cell.

And then we, in perimenopause, so that progesterone's declining, gave luteal phase, second half of the cycle pro gesterones, and it flipped her around.

You know, so sometimes for some patients, it's like, is it the chicken or the egg? What do you need to correct first, you know? Because for her progesterone, I mean, she was on cromulin, which is a medication that helps stabilize mast cells.

And it wasn't until we gave that pro gesterones, because pro-gesteron help stabilize histamine and mast-cells, that turned her around. So it is really interesting.

This is why it so important for us to have so many tools in our in our toolbox in case we need it. What is histamine and why do women see it around their cycle?

What symptoms would they look for too? Yes, so red inflamed skin, itchy. Histamine is basically an allergic reaction. So if you've had an allergic reaction, think about that, but annoying in every day.

or you're just more reactive to stuff, like you scrape your arm and it turns red. So just overreactive, your body is freaking out. We want to stabilize mast cells because they release histamine, and that histamines is what makes us feel crazy.

And there's genetic reasons why we don't metabolize histamine as well and gut health. And then there's things that can cause increased mast cell activation.

The interesting thing is some people will not have a problem or compensate for this for so long. Then they hit perimenopause. They hit midlife and their estrogen's erratic and estrogen is going to fire up those mast cells and make that histamines worse.

Their progesterone is declining and progesterone stabilizes those mass cells. So all of a sudden they're like, what just happened? And some of them, they do get anxiety too as a symptom, poor sleep.

So it's so cool how it all connected, but it can also be super frustrating when you don't know what's going on and no one can help you. Yeah, absolutely.

It's a catchall of symptoms too. And did I hear you say that like as estrogen gets erratic or gets higher, histamine is responding to that actually? Yeah.

Yeah, it was interesting. There was a study, they studied about 30 women in perimenopause, and they actually checked saliva estradiol levels. And they were also checking cortisol.

The estridiol fluctuation up and down increased their cortisol, And yeah, and I find that really interesting because usually when we are in our follicular phase and estradiol is pretty steady, we're more resilient to stress.

But it's this erratic, it is more eradic during perimenopause. So that's going to influence this whole system and our hypothalamus and how we how we look at how our hormones are in our cycle.

It's supposed to be more steady. So then our histamine is gonna be erratic too and we just feel out of sorts. so it's important when we Look at that time of eratic hormone and change that we keep stress low, we Keep blood sugar stable and maybe consider even an herb to help our progesterone kind of perk up a little, like chaste tree berry, or we get on some projostrone.

I love chastree berry. It's such a good herb. Yeah, this is the best. So you've written now the perimenopause reset, which is such pretty copper, by the way.

Thank you. And so I could have used this probably years ago, I would say. Most women could, because I think most of us start having these symptoms early on and are just kind left out.

in the storm to fight for our own. What do you think most clinicians are missing when they prescribe like hormone replacement therapy or they start to look into menopause?

What are they missing? Yeah. So perimenopausal, I think a conventional doctor, so we'll do two layers, like conventional doctors, they literally prescribe a a birth control, like a progestin usually.

Like I had a friend that I hadn't know her med list because I took her to the hospital and she's like, yeah, I'm on progesterone. I was like you are, but you're still having perimenopause sometimes.

So I am like what's the, what does it look like? And it was a Progestine. And I like they lied to you. But anyway, so that's a whole nother story because that was really upset.

They think they're the same. The cookie cutter recipe for perimenopause is oral contraceptive pills in an antidepressant. Yes. And then they're worse, and they feel more crazy, they can't detox any of it, you're increasing their cancer risk.

So let's not do that if you are a conventional medicine doctor listening out there. And then functional medicine, I don't know, it's kind of like a rodeo out there.

It's not very evidence-based, which gives us a bad name. I think we need to rein in it a little bit. We need make sure we're not doing harm. If we are putting on topical hormones, we have to check saliva and not serum.

patch, which I don't like the patch personally, because you would get mad at this. Guess what's in the Patch material they use? Oh, what? A bunch of petroleum.

Yeah, they make petroleum out of everything. Everything is made of Petroleum. Because Rockefeller. Go Flexner Report. You guys can all look that up on your own.

That's right. That's right. But the patch, I'm like, okay, so we're gonna say, show me your patch and do all these campaigns for the pharmaceutical companies.

Anyway, guess I needed to bring a tin hat. We're going to put on the estradiol patch. The mechanism to get that

into your skin is filled with petroleum, which is endocrine disrupting.

How does that make sense? But anyway, so I'll get patients that they're on a patch, a high dose, and they keep going higher and higher because the doctor is like, well, your estradiol level is still low because they are checking serum.

So yeah, they aren't looking at the tissue level of saliva. Explain that a little bit more for everyone. Yes, what does that mean exactly? So the serum, if we were doing like a blood spot, that would be better, but a serum it's not going to catch what is actually binding to the tissue versus tissue level versus saliva or a blood spot.

So it sucks because, so when I get these patients I'm like, I think you're overdosed on estradiol, and they're like okay, we're going to get a saliva level now with you on your current dose and then we'll adjust.

And when I get the saliva, they're super overdosed, their estradiol is super high, which is what I thought.

GLP-1s, Peptides, and Insulin Balance

And then I'm like, you're going to hate me because all of those cell receptors are all upregulated and I have to bring them down to a safe level so they don't get breast cancer and they won't have unopposed estrogen floating around, and It sucks, basically.

So if they're just getting blood, they are really missing what's being metabolized in through the cells in your body. They're missing part of the picture.

Yeah, but they usually overdose. And then we also have where they on a high dose, topical patch, whatever, and they aren't checking the right labs. They're just going by symptoms, which we should look at symptoms always, but their symptoms.

They are the big complaint is hot flashes. You know, they're like hot, flashes, hot flushes. So they are like, you need more estradiol. But the second most common cause of hot flash is cortisol and stress.

Yeah, so I'm like, I mean, oh, think I'd be a millionaire if I got a penny for how many times I've told patients, we got to work on your stress and cortisol.

And it's not like don't worry about things. It's just building up resilience and getting in that parasympathetic space, which you are an expert in and know how important that is.

But if we ignore that and just patch it with hormones, so that's a big mistake there. I've also seen weird things lately with even functional providers putting perimenopausal women who still are cycling normally but starts, you know, their cycle starts to get a little erratic, but putting them on progesterone daily Yeah, and I'm like, okay, so you're suppressing your ovulation, but you still have eggs.

What's going on? So we dial that back and get them on luteal phase and then see. But I don't know, you know the hormone world's really exciting because of, R. F. K.

Jr. and everything he's doing. Everyone wants to like have a hormone test and we just have so many choices. I personally just three weeks ago started tracking daily urine on myself to look at an estradiol metabolite progesterone LH and FSH.

Yep. So tracking perimenopause FSH, you could really actually then safely give you know, esterol and estradiol potentially and suppress that F SH. So this is I mean, I could just be a nerd about this topic because we haven't had anything that will give us that daily feedback of F S H yet like this.

so follicular stimulating hormone F s H, it comes from the brain, right? And it tells it, tells our ovaries to make estrogen. Yeah, so it's going to stimulate that follicle more.

So we are getting estrogen and then we get a little bump and it kind of evens out during that luteal phase. The FSH is more stimulating the follicles and that turns into the corpus ludium and we then get our progesterone.

Feedback is from estradiol. So with estridiol, when we go into menopause and late perimenopaus, that FSH starts to go high because the body is like, knock knock, where's an egg?

And the ovaries are like… There's no egg. So the brain is like follicle stimulating hormone. Come on, I need you. I needs some follicles. Let's go. That's why FSH climbs because there's not that feedback.

And then estradiol can keep F SH low. The reason why we care about F S H and late perimenopause is because we start to get concerned about bone health.

So, yeah, so if we have a really high FSH, that can affect bone health. And this is why, you know, with the flawed women's health initiative, but this why we look at estrogen and estradiol for bone protection and heart protection.

Because honestly, we talk a lot about breast cancer with hormones, what really kills women is heart disease. And if you look at all of the heart organizations out there, they are not talking about estradiol.

And they're really missing the mark for protecting women and our longevity. So hormones are definitely a part of longevity medicine, and especially for women, like so important.

But it's a very delicate balance. Yeah, there's lot of different opinions. I feel like people are heavily opinionated within the space. So it's sort of like FSH just sort comes to the brain just like TSH, right?

And it tells, the T SH tells the thyroid to make thyroid hormones, F SH tell the ovaries to release an egg, an follicle if it can. Okay, so and then LH does the same thing for progesterone.

So there's big feedback loops, big feed back loops. Yeah, and stress can really hurt that. So when we look into an ovulatory cycles from gonadotropin hormone or stimulating hormone, releasing hormone.

Gonadatropins to release stimulating hormones. Cortisol can shut down that And this is supposed to be a pulse because all our hormones for women, you know, they pulse.

And when cortisol comes in or stress, chronic stress which chronic, stress can be from a chronic disease and a stealth infection too. So when we have that, that messes up the feedback loop.

This can happen if you're skipping periods or don't have a period, are you ovulating? So this why sometimes I ask my patients well, are you even ovulating or is that shut down?

This is why, you know, talking about the continuous progesterone, how that can kind of be a little weird if they're still having a semi-normal cycle. But late perimenopause, sometimes I do go to that constant pro testosterone when they are maybe a year or two away from menopaus.

What's crazy is we're all different. You know, I talk about like, it's like an oven, right? Like preheating an over. And if I used your oven here, It would be different from pre-heating my oven at home versus my parent.

Like we all preheat for menopause differently. So it is not like a cookie cutter approach. Right. I think some of this new technology coming out where we can really look at real-time hormones for women, it's just so exciting because we deserve this.

We deserve to know what our body is doing day in and day out. Absolutely. Okay, so for people who may be struggling with hormones or their endocrine system in general, what advice would you give them as far as working out goes?

Oh yes, I love this topic, i'm glad you asked. So I would tell them to sync their workouts to their cycle. I talk about it

in my book and there's actually a lot of scientific data about this.

Histamine, Mast Cells, and Perimenopause

Now we have the two phases mainly that we can talk, about follicular which is the first half of the cycle, estrogen is more the star of this show, more dominant, and then luteal phase where progesterone is.

Throughout your cycle lift weights. because we need to lift weights as women. I mean, you really started hitting the weights a couple of years ago hard, right?

I've always lifted weights, but I did have a period of time where I just went back to hot yoga and didn't lift. And it wasn't, I have to say, it was the best decision.

Okay, yeah. So you've got to do the muscle. Yeah, do both now. Yeah. I mean, I lift pretty heavy. And it's like, you know, it just nice. Like, your going to feel better.

You're not going look like a man unless you're taking testosterone. Right. Thank you for saying that. There are a lot of influencers in the wellness space, women, that take testosterone, like maybe too high.

Then they start to look manly. So you are not gonna look that way. Your going go to a doctor that's not over dose you on testosterone and you aren't going turn it.

Tell your husband it is fine. You know, I mean, because because we can't like we're not designed like that. So the follicular phase, the first half, this is where we are more resilient to stress.

get splat points, I don't want to get anyone in trouble, yes, then you want do it during that first half of the cycle. But this is so great because we, as women, we wantto do sprints.

We need to keep doing sprint. we need make sure our VO2 max, which is a great marker of cardiovascular health, We want make we have that be high and good because that is marker longevity.

So I do my sprin. I love my sprint workouts during the follicular phase. and you feel better, like you fell better during that phase. You're gonna want to give yourself a couple days like after bleeding and then get into it and go after the PR.

Lift really heavy. Interesting. Yes, yes. Now I'll tell you, I will get to why too. So the stress component, but there's another component. It's injury risk.

So our luteal phase, we are more likely to get injured. Yeah, they did a really cool study on a team of football players, really, well, soccer. But football player, because it was barclaves.

It was a time over there in England, and they studied these women, menstruating women of their different cycles. And they found out that they had more muscle and tendon injury during the lutial phase of the cycle.

Specifically, the later luteal phase. Yeah, so pretty cool. And this has to do with joint laxity. We're just more kind of clumsy during that second half.

Then they also did another study on competitive adolescent girls, probably like travel sports. And same thing, they had more muscle injury, like significantly different in that second half or the luteal phase.

But that study was cool because they also like put in their contusions and fractures and they were even for both parts of the cycle. So this means it's not just chance.

It's really cool studies. So more likely to get injured. Think about it. In your luteal phase, your body is preparing to home that little embryo if it got fertilized in the nice fluffy endometrium.

And that's how you feel. You just want to like get in your flannel PJs. sit in, is it just me? Like I just like, I want to be like let's do a movie night kids and have popcorn.

I'm a luteal phase. But your workouts, you're not like I am going to the gym to crush it and lutial phase and you like yeah so don't do it because your body is smart and should listen to it cause you could get hurt.

And I've done this like a few stupid times. Like, Oh, I'm still gonna lift heavy during my luteal phase because I am feeling good. And then I would like tweak my back, like doing a deadlift.

You know, listen to yourself, read your own book. No, but I like, so listen your body but still lift weights. So what you can do, lower weights, more reps, still go to fatigue, but you're not going to get injured.

And then put on that weighted vest and go for a walk or do mobility. So this is when you do it. It's interesting because when know you are working with your hormones and it's your physiology, you aren't going feel as guilty.

You're going be like, oh, I didn't crush it at the gym. No, at least you went to the So yeah, so working out is very interesting. And I have a patient that she didn't tell me she was going to do this in perimenopause midlife, trained for a marathon.

She scheduled an appointment afterwards and she's like, I was 20 pounds heavier crossing that finish line. And yeah, so we got labs, you know, and I'm like, well, I think cortisol like trashed, like you just trash your hormones because you're in perimenopause.

And not that this happens to everyone, but I see it a lot. But it was so interesting. So her testosterone and progesterone were off and we checked them day 19 to 21 of her cycle.

Her testosterone went down to point two, her pro gesterones was like around a six, 6.3 I So we actually, she didn't want to go on progesterones. We did chastry berry, we did adaptogens, We implemented cycle syncing, and we had her rest.

You know, it's just a busy mama, like, you know. So she just really had to give herself rest, recheck labs, testosterone went back up to 1.2. Yeah, And her progeterone went up 13. It almost doubled.

Yeah. And back to normal. So our body craves to be at homeostasis and really wants to, but we fight that all the time, even with exercise. Even with the exercise, we always are hard on ourselves, I feel like, which is part of the problem.

If you were going to tell women out here that wanted to fix their hormones, that want to do it themselves, what's the biggest mistake you see women do?

who I would say like just pushing harder through things. So I'll use an example like carnivore diet, for example, or keto, that they they're like, I'm going to go on this to fix my hormones.

And yeah, if you're 20, and you go in carnival diet. You could probably sustain that for a couple of years, you know, in not have like cortisol issues, but If you're doing this when you are trying to fix your hormones, which means there's already a problem, that might be too much stress on your system to do past a couple months.

And this is what we see. There's a reason for that. It's hormones. So I also have people cycle sync their diet. I'll have them do more keto, carnivore, low carb during that follicular phase.

Testing Hormones and Interpreting Metabolites

Stress resistant your body is actually more metabolically flexible. You're more insulin sensitive here So you do your long fasts here and then that luteal phase your?

Body actually craves more calories and it needs more to sustain that and for the progesterone and four the corpus lydium So go with it, you know have more carbs and you don't do the fasting and once again it goes back to like guilt too.

Like these women are told like in some of these communities because I have friends that are deep into those communities and they're like you're told just to push harder to do the lion diet to go to OMAD to just keep pushing and then you are having that horrible feedback loop on your hypothalamus from cortisol and it's affecting your hormones.

Maybe you aren't even ovulating anymore. And then because you're increasing cortisol, you are increasing weight or you stuck. So, this is where we also hear that sometimes you need to eat more calories to lose weight.

And this goes with your cycle. I think it's great like, luteal phase you already want to just be cozy at home, make some popcorn with butter on it. And then, like, and eat a lot.

Nourish your body. Focus on protein and healthy fats. And, then when you're in the follicular phase, you can throw in a 24, 36-hour fast. You can go back to intermittent fasting and you are not going to be miserable because your bodies is primed for that.

It feels good. We can see this with continuous glucose monitor data too. good to always look at your own data. So I always recommend to explore your data, get a continuous glucose monitor, and see how the food's affecting your body.

And I tell women, wear it a whole cycle. Continuous glucose monitors, don't just wear just one time two weeks. Do it over a hole cycle, men can just work two week.

They're easy. Men are easier. OK, I have to ask now, because you said that about fasting and about working out, cold plunging. Yes, so I would say similar.

I'd say, when we talk about hormesis or things that are hermetic stress on the body, this is a good stress, fasting, cold plunging, sauna, those are all good.

But are you in a state of distress? Are you flared up? Do you have an acute issue going on. And I call that crisis mode for my patients. Are you having a health crisis right now?

So I'll use myself for an example. I cold plunged for a long time and loved it. and I felt like I had so much good brown fat thermogenesis going and it was so good for me.

Then we were moving. We decided we are going to move. And I had the cold plunge. I would do it almost every day. And it was out on our patio. We moved to Tennessee last February, and I haven't really cold plunged since, maybe just once for fun in a lake.

But I finally now, I even told my husband, can you help me set up the Cold Plunge again, because I feel fine now. Because moving really, my period got off for two months, even though I'm pretty dialed in on stuff.

moving is a big stressor. Moving and divorce are like the two biggest stressors you can do in your life. So I gave my body that rest. Similar to someone in a health crisis, would I be cold plunging?

No, I would just settle down a little bit. I brought up sauna. Sauna is actually, you're going to detoxify and that's going be good. You always have to weigh the risk and benefits with anything we do hermetically.

But I mean, you could cycle cold plunging, cycle that, sync it with your cycle. Just do that during the follicular phase. That's a good idea. I haven't seen any research on that.

But it would be cool. Yeah, absolutely. Absolutely. Yes, I like that a lot. So what's your favorite hormone testing?

I've heard you talk about blood. Do you have some favorite testing companies that you like to use?

Yes, I feel like they're all getting in on the saliva cortisol game. Yeah, ZRT was kind of the OG for even the urine metabolite technology. So they are great.

I know Genova is coming out with a new saliva. Just got an email today. Vibrant Wellness has urine metabolites. Pretty cool. I just saw one from a patient.

They also include toxins. which can affect our hormones. So they look at atrazine and different things. A lot of great companies out there. And really, some of these you can just order on your own.

Patients will come to me with the tests already. But what you want to understand is you do want a doctor with experience to help you interpret it and apply it to you in your life.

Because it's all about just stult when it comes to these difficult I don't know about you, but sometimes I'll just be listening to the patient and I'm like, I know the exact question to ask.

And because we have seen so many cases and have so much experience. So I think when it comes to hormones and functional and integrative medicine, everyone's getting into it right now, But maybe not everyone had the proper training.

This is why our conventional doctors don't do them. Yes. So do you like the Dutch test of hormone zoomer? Those are your urine metabolites. You like those, okay?

Yes, so I'm not gonna dose off of urine metabolism. Okay. That could be like a slippery slope. So that's why I dose more off saliva and it's just going to be, or you could do blood spots.

Some people are doing that now.

Nervous System Healing and Closing Remarks

Now, urine metabolites, though, are so important to look at how you're metabolizing and getting rid of toxins because we can build up estrogen and then we have an imbalance.

And it's the two hydroxy pathway, four hydroxyl pathway in 16. And how you can remember that. So two is the good pathway. We want that, okay? Four, I was trying to like make up an analogy for golf.

If you're too under, it's an eagle. So think of like, that is the great. And then four is like four, you are hitting it off, right? Like happy Gilmore when he drinks too much.

16 is still yucky. But what we want to do is focus on the positive. the two-hydroxy methylation pathway, and that would be like I3C dim, calcium declucrate, focusing on methyltation, so eating broccoli sprouts.

So we want to push things down that pathway because we can't change our genetics, but we again help change your epigenetics and work on those things. I think everyone should have at least one estrogen one urinary metabolite like test just to be like I mean I got mine back and that's when I really cut down on alcohol.

Oh wow yeah it was yeah sometimes you need to see it in writing. Yes and and um doubled down because I would be yeah I'll take my calcium d-glucurate like but now it's like every day in my mix same with my i3c dim same as glutathione so I think um that why testing is important too because sometimes We can't get that motivation turned up on patients because like most of my patients are juggling family, a career, just, you know, they're all over the place and they don't feel good.

And I'm like, well, You have to feel And you can feel good. Yeah, you get them in the right way. You can bring the hormones back together, and I'm good again.

And I tell all my patients, I can see who's going to get breast cancer on a Dutch chest or a hormone zoomer. If they're going down the three pathways to detox estrogen, if they are going on that four pathway that you don't want, yeah.

I going see it before they get it. It's really helpful sometimes. But I mean, it's scary, but at the same time, its empowering that we can make a change.

But really, women should be doing this in their 20s. Oh, yeah. I wish I'd known this was in my 20. So, Dr. Jenn, what would you tell people if they tried all the labs, the hormone replacement therapy, they've done all of the testing, all peptides, supplements, and they're still full broken.

What kind of maybe critical hormone signal is being missed or where can they turn to? What advice would give them? It goes back to the autonomic nervous system, so they need to double down on limbic system.

They need a double-down on parasympathetic activation. These are the basics that they're not fun and exciting, and it actually sucks to continuously bring it up to patients.

I have this one patient that like I almost cried when I got off the call with her and I had seen her for, it's probably about going on for four years, four or five years.

And she had graves and Hashimoto's, she would swing back and forth, got her in remission, super type A personality and also has some trauma. I, had been bringing up EMDR and trauma work to her since day one.

and would just keep bringing it up, you know, and she, her graves flared again. And I think it has to do with glyphosate too, being Northwest Ohio, but stress too.

So finally, she so she quit her extra job she had, And she said, I called someone about EMDR. And I like about cried, I'm like, this is like the key and it's not the fun thing to do.

And, and I also think having a spiritual life, like for me, just Jesus is my calm and really helps me. So also talking to patients about that, where do they find their true peace?

Because we can also, we have perfect health, but not peace. And then it's not perfect health. But I see this a lot in the world that we're in. In the biohacking health world, I think peace is what a lotta people are missing too.

And that goes back to nervous system regulation. If you're not at peace, then… Your body's freaking out. You're just not going to get there. I couldn't agree with you more.

It's the one tenant I talk about every time, too. And it's ugly work. Its not pretty sometimes. No one wants to think that it is the nervous system, the brain that's causing some of the risk.

But really, I agree completely. So this has been a great interview. Thank you for coming. Where can people hear more from you? Where they can grab this amazing perimenopause reset book that I need up on my shelves here.

Where can I get more of your information? Only if you put it next to… Yeah, your wish is my command. No, Dr. Jess has some good books over there. Yes, people can find me.

I'm on Instagram and YouTube at integrativedrmom and sometimes You can learn about my mini farm, which has been very good for my nervous system. And well, unless they die, but the animals, that's hard.

But it's part of farm life. My book is that Dr. Jen book. It's just D-R-J-E-N book and some freebies with the book, and everything. Just a lot of good stories of patients in there.

people can get better. I mean, I think that's the hope in perimenopause, is women feel so lost, dysregulated, and not like themselves. So just getting them back to this part, this midlife, to just thrive and feel really good.

It's just my mission. Fair bit. Thank you for having me. Oh, it was my pleasure. Thanks for coming. And I'm sure everyone enjoyed it. If this episode spoke to you, subscribe and share it with someone who can't find the answers to what ails them.

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