The Hormone Lie Women Were Told for 20 Years Transcript

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Intro

TSH is not even made in your thyroid. TSH is not even made in your thyroid. It's made in your brain. So when you It's made in your brain. So when you look at thyroid function, you cannot look at thyroid function, you cannot just look at the brain and disregard just look at the brain and disregard thyroid itself. The labs in traditional thyroid itself. The labs in traditional medicine are designed to separate sick medicine are designed to separate sick from not sick. So when they're telling from not sick. So when they're telling you the labs are normal, it that you you the labs are normal, it that you don't have a acute disease right now don't have a acute disease right now that requires medications. That's all it that requires medications. That's all it means.

means. means. >> Welcome to this exclusive master class >> Welcome to this exclusive master class with Dr. Ina Lzinski in our podcast with Dr. Ina Lzinski in our podcast episode you heard her incredible story.

episode you heard her incredible story. A physician who was told your labs are A physician who was told your labs are normal while she was suffering who normal while she was suffering who searched through Chinese medicine, searched through Chinese medicine, Ayuridic medicine, mindbody medicine Ayuridic medicine, mindbody medicine before discovering functional medicine before discovering functional medicine and basically getting her life back. So and basically getting her life back. So now here we are going to dive deep. We now here we are going to dive deep. We are going to walk through the exact are going to walk through the exact clinical framework she would use and the clinical framework she would use and the lab markers that most doctors don't run lab markers that most doctors don't run or don't pay attention to and also talk or don't pay attention to and also talk about real patient transformations and about real patient transformations and how you can apply it to your own health.

how you can apply it to your own health. Welcome to Wellness Focus with Dr. Welcome to Wellness Focus with Dr. Bismar. I'm Dr. Bismar, a physician on a Bismar. I'm Dr. Bismar, a physician on a mission to help you break free from mission to help you break free from symptom management and step into a life symptom management and step into a life of thriving health. Together, we will of thriving health. Together, we will uncover simple, powerful ways to prevent uncover simple, powerful ways to prevent disease, restore energy, and take disease, restore energy, and take control of your health naturally. Your control of your health naturally. Your prescription for vitality starts now.

prescription for vitality starts now. So, Dr. Ina, let's pick up where we left So, Dr. Ina, let's pick up where we left off. You said that conventional labs off.

Traditional vs. Optimal Lab Ranges

You said that conventional labs told or maybe the doctor that you were told or maybe the doctor that you were seeing said that you know everything is seeing said that you know everything is normal and I understand that you are not normal and I understand that you are not feeling well, but yet I cannot do feeling well, but yet I cannot do anything because everything looks anything because everything looks normal. So walk us through what were normal. So walk us through what were they testing and what were they missing they testing and what were they missing and what would they have checked that and what would they have checked that would have gotten us the answers earlier would have gotten us the answers earlier for you.

for you. >> The labs in traditional medicine are >> The labs in traditional medicine are designed to separate sick from not sick, designed to separate sick from not sick, acutely ill from not acutely ill. So acutely ill from not acutely ill. So when they're telling you the labs are when they're telling you the labs are normal, it that you don't have a acute normal, it that you don't have a acute disease right now that requires disease right now that requires medications. That's all it means.

medications. That's all it means. Traditional medicine ranges are set very Traditional medicine ranges are set very

wide. When you look at the range like wide. When you look at the range like for TSH for thyroid function, we are for TSH for thyroid function, we are looking from 0.4 to 4.5 and that's looking from 0.4 to 4.5 and that's normal. A lot of people are walking normal. A lot of people are walking around not feeling good with that and around not feeling good with that and having all symptoms of low thyroid having all symptoms of low thyroid within that normal. So that normal means within that normal. So that normal means you don't qualify to be on croidid or you don't qualify to be on croidid or leyroxy. Now optimal range is much leyroxy. Now optimal range is much smaller. It's from 04 to two. So that's smaller. It's from 04 to two. So that's why between 2 and 4.5 you have whole why between 2 and 4.5 you have whole huge group of people not feeling well huge group of people not feeling well hypothyroidism hypothyroidism hypothyroidism not getting help because they don't not getting help because they don't qualify to for libioxin by the criteria qualify to for libioxin by the criteria of traditional medicine. So let's say of traditional medicine. So let's say you know traditional labs from what I you know traditional labs from what I understand is that they would order CBC, understand is that they would order CBC, CMP, maybe uh you know anemia labs, they CMP, maybe uh you know anemia labs, they would order thyroid labs and just look would order thyroid labs and just look at them through the normal range and be at them through the normal range and be like okay this is normal. Do you think like okay this is normal. Do you think that the labs that they ran at that time that the labs that they ran at that time for you even in those labs now with your for you even in those labs now with your functional lens and functional functional lens and functional understanding you would have picked up understanding you would have picked up that hey my thyroid is way off or do you that hey my thyroid is way off or do you feel like they should have run other feel like they should have run other tests for example high sensitive CRP or tests for example high sensitive CRP or something like that or compliment levels something like that or compliment levels in order to understand maybe you had in order to understand maybe you had some inflammation or something else some inflammation or something else going on.

going on. There were a lot of labs that were There were a lot of labs that were normal but very suboptimal. I had normal but very suboptimal. I had multiple symptoms of low thyroid. I had multiple symptoms of low thyroid. I had numerous miscarriages which were numerous miscarriages which were heartbreaking. My TSH was 4.5. So by heartbreaking. My TSH was 4.5. So by traditional criteria everything was traditional criteria everything was perfect. By functional medicine criteria perfect. By functional medicine criteria that now was with what I know I was that now was with what I know I was hypothyroid. Of course I was losing hypothyroid. Of course I was losing paris.

Understanding Thyroid Function Markers

paris. paris. >> So TSH first of all we run TSH in >> So TSH first of all we run TSH in traditional medicine. TSH is not even traditional medicine. TSH is not even made in your thyroid. It's made in your made in your thyroid. It's made in your brain. So when you look at thyroid brain. So when you look at thyroid function, you cannot just look at the function, you cannot just look at the brain and disregard thyroid itself. In brain and disregard thyroid itself. In functional medicine, when I look at TSH, functional medicine, when I look at TSH, I will still look at it. But when I look I will still look at it. But when I look at it, I'm asking is it optimal between at it, I'm asking is it optimal between 4 to2 or is it normal but suboptimal 4 to2 or is it normal but suboptimal somewhere around like 4.5 or somewhere somewhere around like 4.5 or somewhere between 2 and 4.5. In other words, my between 2 and 4.5. In other words, my brain is screaming, "Give me a more brain is screaming, "Give me a more thyroid because that's what higher TS thyroid because that's what higher TS means." So even TSH that is run by means." So even TSH that is run by traditional doctors all the time, I traditional doctors all the time, I would look at it differently. I would would look at it differently. I would look at optimal versus normal. Second, look at optimal versus normal. Second, when I'm looking at somebody's thyroid when I'm looking at somebody's thyroid function and I always do, it's one of function and I always do, it's one of the foundational things in our body. I the foundational things in our body. I am looking at TSH that tells me is brain am looking at TSH that tells me is brain satisfied with amount of thyroid satisfied with amount of thyroid hormone but then I look at T4 free T4 that's a but then I look at T4 free T4 that's a thyroid thyroxine or thyroid hormone thyroid thyroxine or thyroid hormone that is made in thyroid gland and then that is made in thyroid gland and then free fraction is actually that comes to free fraction is actually that comes to do the work do the work >> so will not give you the story how much >> so will not give you the story how much free is available to actually talk to free is available to actually talk to the cells and make them to make energy the cells and make them to make energy and burn fat.

and burn fat. I'm always looking at free T4 because I'm always looking at free T4 because thyroxine thyroxine

thyroxine is not the active form of thyroid uh is not the active form of thyroid uh hormone. It has to go the liver and get hormone. It has to go the liver and get to the organs and become T3. And it's T3 to the organs and become T3. And it's T3 that actually does the work. And then that actually does the work. And then reverse T3 because when your free T3 reverse T3 because when your free T3 active form of thyroid hormone comes to active form of thyroid hormone comes to the cells to work, cells may or may not the cells to work, cells may or may not decide to respond to the signal decide to respond to the signal depending on the inflammatory versus not depending on the inflammatory versus not inflammatory terrain in the body. And so inflammatory terrain in the body. And so if cells turn off that signal, they come if cells turn off that signal, they come they they can do that. And so T3 T3 they they can do that. And so T3 T3 becomes reverse T3. And so you can have becomes reverse T3. And so you can have beautiful other laps upstream and then beautiful other laps upstream and then you see that body is not responding.

you see that body is not responding. It's deactivating the message and then It's deactivating the message and then we always antibodies and practically we always antibodies and practically every patient I ever saw who had issues every patient I ever saw who had issues with thyroid and even were on croidid or with thyroid and even were on croidid or lithioxin. So by traditional medicine lithioxin. So by traditional medicine criteria they already had issues with criteria they already had issues with thyroid and they were treated for it and thyroid and they were treated for it and they will come to me and they had their they will come to me and they had their issue for 10 20 years and nobody ever issue for 10 20 years and nobody ever looked at antibodies and they were told looked at antibodies and they were told by their traditional practitioners that by their traditional practitioners that it doesn't matter. Well, it does. If you it doesn't matter. Well, it does. If you have Hashimoto, which is autoimmune have Hashimoto, which is autoimmune thyroiditis, it's not the thyroid thyroiditis, it's not the thyroid problem, it's the immune system problem.

problem, it's the immune system problem. And when you just thyroid and meantime And when you just thyroid and meantime on the background, your immune system is on the background, your immune system is destroying your gland. Of course, you're destroying your gland. Of course, you're going to need more centroidid over going to need more centroidid over years. And most time immune system is years. And most time immune system is attacking your thyroid. Reason for that attacking your thyroid. Reason for that either you eating foods that you should either you eating foods that you should not eat with this disease or you have a not eat with this disease or you have a lot of toxins and your body is not lot of toxins and your body is not efficiently getting rid of those or efficiently getting rid of those or something else is going on with your something else is going on with your lifestyle with your approach to life lifestyle with your approach to life with stress response there is always a with stress response there is always a reason for that and so always treating reason for that and so always treating downstream effects when looking it's downstream effects when looking it's like not only I don't know how to look like not only I don't know how to look at it but I'm actively saying you don't at it but I'm actively saying you don't need it simply because I don't know what need it simply because I don't know what to do with the results. I don't think to do with the results.

Cortisol and Stress Response Testing

I don't think it's fair to patient honestly and like I it's fair to patient honestly and like I said after practicing for almost like said after practicing for almost like for 30 years uh it's okay to say I don't for 30 years uh it's okay to say I don't know it's okay to send to somebody who know it's okay to send to somebody who does honestly this is sign of mastery does honestly this is sign of mastery it's not sign of we adore sign of it's not sign of we adore sign of weakness it's a sign of mastery weakness it's a sign of mastery >> so let's talk about the next hormone >> so let's talk about the next hormone which is cortisol so tell me about do which is cortisol so tell me about do you uh just think or believe that um you you uh just think or believe that um you know checking the cortisol in the know checking the cortisol in the morning versus doing a fourpoint morning versus doing a fourpoint cortisol. That means looking at the cortisol. That means looking at the cortisol curve throughout the day. What cortisol curve throughout the day. What does that mean to you? Just sharing my does that mean to you? Just sharing my experience that I check that fourpoint experience that I check that fourpoint cortisol in all my patients. Initially cortisol in all my patients. Initially when I learned functional medicine, you when I learned functional medicine, you know, a decade back, I um believed that know, a decade back, I um believed that everyone probably you know living a everyone probably you know living a distressful life would be high cortisol distressful life would be high cortisol and it may be that they were. So, what and it may be that they were. So, what are your thoughts on how many patients are your thoughts on how many patients have you seen that have higher cortisol have you seen that have higher cortisol and are in stage one versus stage three?

and are in stage one versus stage three? >> I always look at cortisol. A single >> I always look at cortisol. A single patient will go through my practice patient will go through my practice without checking cortisol. That's a without checking cortisol. That's a foundation. Checking morning cortisol in foundation. Checking morning cortisol in the bloodstream. That's what we do in the bloodstream. That's what we do in traditional medicine. Again, we're traditional medicine. Again, we're looking for disease. So, when I'm looking for disease. So, when I'm testing morning cortisol, I am checking testing morning cortisol, I am checking do they have pushing syndrome or do they have pushing syndrome or disease. Do they have Addison's disease?

disease. Do they have Addison's disease? occasionally it's true it's rare. So occasionally it's true it's rare. So from traditional standpoint they're from traditional standpoint they're healthy. Now functional standpoint first healthy. Now functional standpoint first of all cortisol should be looked at in of all cortisol should be looked at in saliva and urine. Um saliva tells us saliva and urine. Um saliva tells us what actually comes to work um to and what actually comes to work um to and that's what other organs have seen and that's what other organs have seen and then urine shows us how body metabolizes then urine shows us how body metabolizes it and what it does and does it is it and what it does and does it is excreted in which form how rapidly etc.

excreted in which form how rapidly etc. So when I'm working with somebody, we So when I'm working with somebody, we testing their cortisol and saliva and testing their cortisol and saliva and urine and we can track it later on. We urine and we can track it later on. We can track progress with saliva. But at can track progress with saliva. But at the beginning, I want full story. I want the beginning, I want full story. I want to see what's going on first moment you to see what's going on first moment you open your eyes. What happens in an hour?

open your eyes. What happens in an hour? What happens several hours later? What What happens several hours later? What happens at 5:00 p.m. when body should happens at 5:00 p.m. when body should make less cortisol? What happens at the make less cortisol? What happens at the bedtime? because cortisol should go down bedtime? because cortisol should go down to barely being there otherwise you will to barely being there otherwise you will not fall asleep appropriately. So I want not fall asleep appropriately. So I want to see what your adrenals are capable of to see what your adrenals are capable of doing these days and you're absolutely doing these days and you're absolutely right when I see younger patients right when I see younger patients um which is rare because when we are in um which is rare because when we are in our 20s and 30s we have career and kids our 20s and 30s we have career and kids so we don't pay attention to ourselves so we don't pay attention to ourselves but once in a blue moon I will get but once in a blue moon I will get somebody early enough and their cortisol somebody early enough and their cortisol will be way up they're basically in will be way up they're basically in survival state and adrenals are survival state and adrenals are overcompensating overcompensating overcompensating and it puts you into inflammatory state, and it puts you into inflammatory state, but it helps you survive. And there are but it helps you survive. And there are certain ways to address it and rebalance certain ways to address it and rebalance it. And women feel so much better when it. And women feel so much better when cortisol is back to, you know, out of cortisol is back to, you know, out of survival mode and they capable of doing survival mode and they capable of doing the same tasks. It just doesn't take the same tasks. It just doesn't take away their reserves anymore. But most away their reserves anymore. But most patients by the time they finally come patients by the time they finally come to see us, they depleted to the point to see us, they depleted to the point where I was in my 40s where I mean my where I was in my 40s where I mean my cortisol was pretty much flatlining at cortisol was pretty much flatlining at that point. We see by the time they that point. We see by the time they finally surrender traditional medicine, finally surrender traditional medicine, everything is normal. By the time they everything is normal. By the time they finally start looking for help, they are finally start looking for help, they are in stage three or four. And uh good news in stage three or four. And uh good news is it's reversible. Not so good news is is it's reversible. Not so good news is it takes long time. It takes people it takes long time. It takes people decades to get there. If you know what decades to get there. If you know what you're doing and you're doing it in the you're doing and you're doing it in the right way, it will take several months.

right way, it will take several months. It can take up to a year. If it's It can take up to a year. If it's severe, it will get better. But adrenals severe, it will get better. But adrenals again is your foundation. It's the rug again is your foundation. It's the rug you're standing on. And when adrenals you're standing on. And when adrenals are trying to put you in survival mode, are trying to put you in survival mode, you're just very inflamed. But things you're just very inflamed. But things are happening. And when you finally in are happening. And when you finally in depletion

mode, you're not protected at depletion mode, you're not protected at all. That's where you straight road into all. That's where you straight road into those extreme inflammatory states which those extreme inflammatory states which is autoimmunity and cancers. You just is autoimmunity and cancers. You just don't want to get there. So then uh we don't want to get there. So then uh we understand that thyroid checking thyroid understand that thyroid checking thyroid is very important. We also understand is very important. We also understand that checking cortisol is also that checking cortisol is also important, the blood, the saliva, the important, the blood, the saliva, the urine. And then finally let's move on to urine. And then finally let's move on to our hormones, right? I mean our our hormones, right? I mean our estrogen, our progesterone or estrogen, our progesterone or testosterone and you know all those testosterone and you know all those things. So you focus on BHRT which is things.

Sex Hormones in Your 30s: Progesterone & Testosterone

So you focus on BHRT which is also called bioidentical hormone also called bioidentical hormone replacement therapy. So you mentioned in replacement therapy. So you mentioned in the podcast that it is it looks the podcast that it is it looks different for someone in their 30s, 40s, different for someone in their 30s, 40s, 50s, right? So let's start talking about 50s, right? So let's start talking about in their 30s. What's the first thing in their 30s. What's the first thing that shifts and what are the symptoms that shifts and what are the symptoms because they're not in menopause and because they're not in menopause and obviously they're having their periods obviously they're having their periods but what is that the symptoms that but what is that the symptoms that female should be watching for and is female should be watching for and is progesterone the first hormone that progesterone the first hormone that basically starts getting lower?

basically starts getting lower? Traditionally, if woman lives more or Traditionally, if woman lives more or less balanced life, then in her 30s, less balanced life, then in her 30s, then the first hormone that will then the first hormone that will naturally go downhill will be naturally go downhill will be progesterone. And it usually goes progesterone. And it usually goes downhill somewhere around 36. And you're downhill somewhere around 36. And you're not necessarily infertile. You can still not necessarily infertile. You can still conceive. I mean, you can conceive at conceive. I mean, you can conceive at 50, but you're not ovulating every month 50, but you're not ovulating every month anymore. And so, progesterone goes anymore. And so, progesterone goes downhill in levels and it's not there downhill in levels and it's not there every abundantly every month. Now every abundantly every month. Now progesterone is our hakunata hormone. So progesterone is our hakunata hormone. So when we have progesterone here, life is when we have progesterone here, life is doable. Everything is good. We're doable. Everything is good. We're balanced our brain. It's very calming balanced our brain. It's very calming for the brain. It's nature anti- anxiety for the brain. It's nature anti- anxiety and um it's a nature sleeping pill and um it's a nature sleeping pill basically. So progesterone that's the basically. So progesterone that's the first thing. All of a sudden we we're first thing. All of a sudden we we're anxious in the evening for no reason anxious in the evening for no reason >> and it takes longer to fall asleep or >> and it takes longer to fall asleep or harder and we get this racing thoughts harder and we get this racing thoughts that's progesterone deficiency very that's progesterone deficiency very often. Not just progesterone other often. Not just progesterone other things can do it but most commonly it's things can do it but most commonly it's just progesterone. So evening anxiety just progesterone. So evening anxiety for no reason raising thoughts in the for no reason raising thoughts in the evening um disrupted sleep most likely evening um disrupted sleep most likely is progesterone. Now, progesterone also is progesterone. Now, progesterone also balances estrogen. And so, when there is balances estrogen. And so, when there is progesterone deficiency, um it's heavy progesterone deficiency, um it's heavy periods, it's long periods, it's painful periods, it's long periods, it's painful periods. That's classic for progesterone periods. That's classic for progesterone deficiency. It's clotty periods. All of deficiency. It's clotty periods. All of those things should um make you think of those things should um make you think of progesterone. And again, there are other progesterone. And again, there are other things that can do it. That's why it's things that can do it. That's why it's so crucial to test. So, that's your so crucial to test. So, that's your progesterone. and start somewhere progesterone. and start somewhere between 36 and 40. Every woman notices between 36 and 40. Every woman notices that you know I used to sleep deeper that you know I used to sleep deeper even if she doesn't lose sleep. Uh she even if she doesn't lose sleep. Uh she will notice that I just sleep used to be will notice that I just sleep used to be just more restful somehow. Now just more restful somehow. Now testosterone also starts going downhill testosterone also starts going downhill somewhere around 30. And so for women somewhere around 30. And so for women who live very stressful and imbalanced who live very stressful and imbalanced life, it's testosterone often that goes life, it's

testosterone often that goes downhill first. even if they are still downhill first. even if they are still all of a sudden energy is down and um all of a sudden energy is down and um focus is harder and there is a little focus is harder and there is a little bit of brain fog and things just don't bit of brain fog and things just don't get done. Testosterone is your CEO get done. Testosterone is your CEO hormone. Testosterone is getting done hormone. Testosterone is getting done and so often younger women first notice and so often younger women first notice and it feels like overwhelm and it feels like overwhelm and sometimes it's just lifestyle they and sometimes it's just lifestyle they living. They have little kids, they have living. They have little kids, they have a careers, they're creating whatever a careers, they're creating whatever it's new household. So sometimes we just it's new household. So sometimes we just overs subscribe. I mean, but some of us overs subscribe. I mean, but some of us just have more resilience and just have more resilience and testosterone is holding longer or we testosterone is holding longer or we just originally have higher levels of just originally have higher levels of that. Um, so sometimes um it's that. Um, so sometimes um it's testosterone deficiency that shows testosterone deficiency that shows first. guys usually notice that muscle first. guys usually notice that muscle mass goes downhill and they work the way mass goes downhill and they work the way they used to, but it's just not as they used to, but it's just not as rewarding. Where for naturally have less rewarding. Where for naturally have less muscle mass so we will also notice that muscle mass so we will also notice that we're starting to gain fat rather than we're starting to gain fat rather than muscle lat diagnosed HD ADD or ADHD in muscle lat diagnosed HD ADD or ADHD in the later years. I honestly think for the later years. I honestly think for most of them it's probably to start most of them it's probably to start >> hormonalance.

>> hormonalance. >> hormonalance. I see. Tell me about uh when you're I see. Tell me about uh when you're looking at a progesterone in a younger looking at a progesterone in a younger female like in their 36 to 45 for female like in their 36 to 45 for example are you basing it on symptoms example are you basing it on symptoms that they are deficient or just that they are deficient or just basically based on the signs that you basically based on the signs that you know they will be producing less of know they will be producing less of progesterone or is there a lab marker progesterone or is there a lab marker that you're looking at that is helping that you're looking at that is helping you decide that they need 100 milligram you decide that they need 100 milligram or 200 milligram of progesterone.

or 200 milligram of progesterone.

Testing and Clinical Dosing for Progesterone

Um, so we always listen to the story. I Um, so we always listen to the story. I always listen to the patient first. I always listen to the patient first. I spend quite a bit of time with patient spend quite a bit of time with patient because if you listen long enough, they because if you listen long enough, they will tell you what's wrong, why it's will tell you what's wrong, why it's happening, and what to do to help them.

happening, and what to do to help them. >> Sure. >> Sure. >> Sure. >> That's my personal hospitalist belief. I >> That's my personal hospitalist belief. I always listen um to the story and always listen um to the story and symptoms. But then, you know, medicine symptoms. But then, you know, medicine is 50% art and 50% science. So, I I is 50% art and 50% science. So, I I test. So, I always test progesterone test. So, I always test progesterone level. I love tasting it in the blood, level. I love tasting it in the blood, saliva and urine. Again, blood tells me saliva and urine. Again, blood tells me how much is made. Saliva tells me how how much is made. Saliva tells me how much of it is actually available for much of it is actually available for work on peripheral organs. And urine work on peripheral organs. And urine will tell me how body breaks it down and will tell me how body breaks it down and removes. And we all genetically break removes. And we all genetically break down sex hormones certain patterns. And down sex hormones certain patterns. And usually one pattern is more predominant usually one pattern is more predominant than other. And depending on the than other. And depending on the pattern, some will have major sleep pattern, some will have major sleep disruptions early and some actually will disruptions early and some actually will sleep just fine even into menopause.

sleep just fine even into menopause. It's still project deficiency. It's just It's still project deficiency. It's just natural. They break it down different natural. They break it down different way. So the sleep part is not suffering way. So the sleep part is not suffering as much. It's the other things that as much. It's the other things that suffering and so

we always test. I suffering and so we always test. I always listen to the symptoms. In terms always listen to the symptoms. In terms of the dosages, there is no level that of the dosages, there is no level that gives me the idea of the dose. Some of gives me the idea of the dose. Some of it is clinical experience. Obviously, it is clinical experience. Obviously, some of it is, you know, if I see some of it is, you know, if I see non-existent progesterone, I'll probably non-existent progesterone, I'll probably start them higher. It's not just the lab start them higher. It's not just the lab level. It's age and the story and the level. It's age and the story and the symptoms and the lab level. In general, symptoms and the lab level. In general, when I'm doing optimization, I'm more when I'm doing optimization, I'm more conservative. I like to start low and conservative. I like to start low and get up rather than overdose and then get up rather than overdose and then deal with consequences. So, is deal with consequences.

Perimenopause, Menopause, and Hot Flashes

So, is intentionally a little bit lower than I intentionally a little bit lower than I think would be perfect and then we think would be perfect and then we retest in several months and then um we retest in several months and then um we just to like small tweak to get them just to like small tweak to get them right where it's perfect.

right where it's perfect. >> So now let's move into the per menopause >> So now let's move into the per menopause which is also you know moving into that which is also you know moving into that lane uh even in their you know early 40s lane uh even in their you know early 40s right or late 30s. So in the right or late 30s. So in the permenopause permenopause permenopause uh it is again the same which is a uh it is again the same which is a progesterone and the testosterone that progesterone and the testosterone that needs to be looked at and when we move needs to be looked at and when we move towards the menopause that is when uh we towards the menopause that is when uh we would be looking at the estrog estrogen would be looking at the estrog estrogen and estradiol and things like that right and estradiol and things like that right so tell me about if uh a woman complains so tell me about if uh a woman complains that you know they have hot flashes then that you know they have hot flashes then in your mind is this basically estrogen in your mind is this basically estrogen deficiency or is it something else that deficiency or is it something else that is contributing to her hot flashes or is contributing to her hot flashes or feeling hot suddenly? So when I'm feeling hot suddenly? So when I'm hearing about hot again um story right hearing about hot again um story right what age when it started when it happens what age when it started when it happens what else is going on so it's the whole what else is going on so it's the whole picture most of the time I would say picture most of the time I would say vast majority of the time hot flashes vast majority of the time hot flashes mean estrogen drop and sometimes young mean estrogen drop and sometimes young women in their 30s and they come with women in their 30s and they come with hot flashes and that's not menopause hot flashes and that's not menopause it's just estrogen imbalance and when it's just estrogen imbalance and when we're inflamed estrogen will go all over we're inflamed estrogen will go all over the app and the moments it drops that the app and the moments it drops that will give us that hot flush. Now, if will give us that hot flush. Now, if she's in menopause, of course, by she's in menopause, of course, by definition, if she's in late perimea, definition, if she's in late perimea, when she doesn't have her periods for when she doesn't have her periods for three, four months, you know, usually three, four months, you know, usually most of the time, it's estrogen most of the time, it's estrogen deficiency. Adrenal issues can give you deficiency. Adrenal issues can give you hot flashes sometimes. And so, again, it hot flashes sometimes. And so, again, it depends. You have to listen to the depends. You have to listen to the story, look at the patient, hear the story, look at the patient, hear the whole picture and test everything. But whole picture and test everything.

Combining Estradiol and Estriol (Bi-est)

But with hot flashes, most of the time it with hot flashes, most of the time it will end up. will end up. uh tell me about uh you know when we uh tell me about uh you know when we talk about estradiol there is estriol talk about estradiol there is estriol estradiol so what are your thoughts on estradiol so what are your thoughts on using both versus just using uh you know using both versus just using uh you know estradiol estradiol estradiol and have you seen uh let's say benefits and have you seen uh let's say benefits in someone who has autoimmune disease in someone who has autoimmune disease that estriol you would combine that so that estriol you would combine that so tell me a little bit about that version tell me a little bit about that version >> I respect nature I love balance and I >> I respect nature I love balance and I trust that nature knows what it's doing trust that nature knows what it's doing so in uh this In in the times when we so in uh this In in the times when we actually make our own estrogen,

we are actually make our own estrogen, we are more or less 50/50 most of the time. And more or less 50/50 most of the time. And so there is a role for estrial. It's so there is a role for estrial. It's protective. It's a weaker estrogen. So protective. It's a weaker estrogen. So estradiol is the one that is active estradiol is the one that is active estrogen, most active estrogen. It's estrogen, most active estrogen. It's responsible for shiny eyes, for great responsible for shiny eyes, for great hair, for great skin, for collagen hair, for great skin, for collagen production. Uh but estrogen is a bit of production. Uh but estrogen is a bit of a fire. And as trial is much weaker but a fire. And as trial is much weaker but it's protective and it protects our it's protective and it protects our uterus, it protects our breast. So I uterus, it protects our breast. So I actually love combining and if we're actually love combining and if we're doing compounded creams, uh we can doing compounded creams, uh we can always do bias. In fact, if I'm doing always do bias. In fact, if I'm doing creams, I will only do bias, which means creams, I will only do bias, which means right right right >> some combination of estradi and estri.

>> some combination of estradi and estri. If somebody's on the patch and they're If somebody's on the patch and they're in menopause, they only get estradile.

in menopause, they only get estradile. If they're willing to add a little bit If they're willing to add a little bit of the cream, which comes with extra of the cream, which comes with extra cost, which is not huge, I will add a cost, which is not huge, I will add a straile because, you know, again, I just straile because, you know, again, I just love balance and your body will break it love balance and your body will break it down certain ways anyway. But if I'm down certain ways anyway. But if I'm given something that's missing, then I given something that's missing, then I like to do the whole picture. All right?

like to do the whole picture. All right? Sometimes either we cannot give estrogen Sometimes either we cannot give estrogen estradile for whatever reason because of estradile for whatever reason because of the history because of patients beliefs the history because of patients beliefs whatever it is and sometimes you just whatever it is and sometimes you just can use estrial which is very weak can use estrial which is very weak estrogen. However something is better estrogen. However something is better than nothing and estry has its than nothing and estry has its protective um capabilities and so protective um capabilities and so balancing immune system and of course balancing immune system and of course treating local dryness vaginal dryness treating local dryness vaginal dryness and vaginal atrophy. So I definitely and vaginal atrophy.

Topical Estrogen for Face and Mucosal Health

So I definitely love estrial and I'm using it. love estrial and I'm using it. >> Uh tell me about uh using that >> Uh tell me about uh using that compounded version of uh you know estra compounded version of uh you know estra dial and estriol uh on the face versus dial and estriol uh on the face versus using it on you know the vaginal area or using it on you know the vaginal area or the labia. What are your thoughts on the labia. What are your thoughts on using that on face uh versus you know using that on face uh versus you know basically alternating the spots like we basically alternating the spots like we recommend?

recommend? recommend? >> Some of my patients love it. Um estrogen >> Some of my patients love it. Um estrogen stimulates collagen production and of stimulates collagen production and of course what happens in menopause our course what happens in menopause our face reflects you know what's above so face reflects you know what's above so torso below right what you see in your torso below right what you see in your face it's happening down below diaphragm face it's happening down below diaphragm as well so if we have to and it's as well so if we have to and it's vaginal dryness is just more prominent vaginal dryness is just more prominent symptom and pain with intercourse so symptom and pain with intercourse so women will complain and face we just women will complain and face we just sort of accept the way it is but the sort of accept the way it is but the reality is just like skin and mucosal reality is just like skin and mucosal membranes thin down become depleted and membranes thin down become depleted and distrophic and dry. In vaginal areas, distrophic and dry. In vaginal areas, same thing happens in the face. So you same thing happens in the face. So you can certainly use estradile is very can certainly use estradile is very active. So when I'm giving something active. So when I'm giving something somebody estradi, I'm truly replacing somebody estradi, I'm truly replacing hormone levels and active hormones. So I hormone levels and active hormones. So I have to check the levels, make sure I'm have to check the levels, make sure I'm not overdoing it, and then I would not overdoing it, and then I would rather give it

systemically. And when rather give it systemically. And when I'm replacing estrogen, I'm replacing estrogen, if women want to do topical, I actually if women want to do topical, I actually like label use because it's 100% like label use because it's 100% absorption. So we can give smaller dose absorption. So we can give smaller dose and have really good levels. Um for S and have really good levels. Um for S trial, it's very safe. It's very local trial, it's very safe. It's very local and so it's really good for improving um and so it's really good for improving um tissue and slowing down or stopping tissue and slowing down or stopping distrophic changes in uh vagina. And distrophic changes in uh vagina. And it's okay to use on the face as well.

it's okay to use on the face as well. It's safe. It doesn't change the levels It's safe.

Hormones and Osteoporosis Prevention

It doesn't change the levels and you know gives you local effect and you know gives you local effect moisturizing effect if nothing else. And moisturizing effect if nothing else. And >> I love that.

>> I love that. >> I also want to talk about osteoporosis >> I also want to talk about osteoporosis because um I feel like that's such a big because um I feel like that's such a big topic and we know that BHRT really helps topic and we know that BHRT really helps the you know our bone and bone mass and the you know our bone and bone mass and you know prevents uh you know bone loss.

you know prevents uh you know bone loss. So can you talk more about that patients So can you talk more about that patients who are in osteopenia or osteoporosis who are in osteopenia or osteoporosis when they start the hormonal therapy when they start the hormonal therapy which hormone is the most beneficial for which hormone is the most beneficial for them but in your experience what have them but in your experience what have you seen uh that when do female or you seen uh that when do female or patients start seeing the results when patients start seeing the results when they start taking the hormones in they start taking the hormones in Testosterone, progesterone and estrogen Testosterone, progesterone and estrogen all three um influence bone structure.

all three um influence bone structure. So deficiency of all three will So deficiency of all three will influence bone loss. All three have very influence bone loss. All three have very different functions. So they don't quite different functions. So they don't quite substitute for each other. So in ideal substitute for each other. So in ideal world, I would like to replace all world, I would like to replace all three. That being said, if I had to three. That being said, if I had to single out one hormone, estrogen single out one hormone, estrogen probably has the most benefit for the probably has the most benefit for the bone. Testosterone prevents bone break bone. Testosterone prevents bone break down. So testosterone um sort of stops down. So testosterone um sort of stops that breaking down or dissolving the that breaking down or dissolving the bone where estrogen is directly bone where estrogen is directly response. It's anabolic basically and so response. It's anabolic basically and so it it's responsible for making more it it's responsible for making more bone. So when I'm seeing somebody who bone. So when I'm seeing somebody who already lost bone then of course we want already lost bone then of course we want to stop the loss and start the gain. But to stop the loss and start the gain. But if I had to single out one thing then if I had to single out one thing then then estrogen would give you sort of then estrogen would give you sort of more bang for your buck. I give somebody more bang for your buck. I give somebody estrogen I want to make sure they estrogen I want to make sure they progesterone as well just put in balance progesterone as well just put in balance three if there is one that is most three if there is one that is most influential and you will see the influential and you will see the difference faster it's mostly estrogen difference faster it's mostly estrogen that will do that because it will push that will do that because it will push bone into creating more of itself. When bone into creating more of itself. When I'm working with osteoporosis again I'm working with osteoporosis again foundation is everything. Why did they foundation is everything. Why did they start losing bone to start with? Of start losing bone to start with? Of course, losing estrogen inflamm course, losing estrogen inflamm testosterone deficiency and progesterone testosterone deficiency and progesterone deficiency contributed to that, but it's deficiency contributed to that, but it's usually not the only and not the first.

usually not the only and not the first. It's our nutrition when born is actually It's our nutrition when born is actually our biggest buffer. It holds all that our biggest buffer. It holds all that calcium and when we become inflamed with calcium and when we become inflamed with sort of more acidic in acidic state and sort of more acidic in acidic state

and body buffers and that's the quickest body buffers and that's the quickest buffer. So when I work with people with buffer. So when I work with people with autoimmune disease, I see osteoporosis autoimmune disease, I see osteoporosis under and under and under and under and under and under andropause or menopause under and under andropause or menopause yet they still have sex hormones but the yet they still have sex hormones but the body is so inflamed overall that only body is so inflamed overall that only solvent and so again there are certain solvent and so again there are certain foods that they shouldn't eat. There are foods that they shouldn't eat. There are certain foods that they should eat.

certain foods that they should eat. There are certain supplements that will There are certain supplements that will make the whole process stronger. they make the whole process stronger. they have to flush toxins. So, body is less have to flush toxins. So, body is less inflamed and less acidic or acidotic.

inflamed and less acidic or acidotic. Um, so all of those things are Um, so all of those things are important. Osteoporosis is certainly not important. Osteoporosis is certainly not about calcium itself. The whole bone is about calcium itself. The whole bone is dissolving. It's a collagen part of the dissolving. It's a collagen part of the bones that's dissolving. And of course, bones that's dissolving. And of course, minerals embedded embedded into that minerals embedded embedded into that collagen structure go away as well as collagen structure go away as well as bone dissolves. And when we lose muscle bone dissolves. And when we lose muscle mass, bonds will start dissolving mass, bonds will start dissolving because you know body doesn't because you know body doesn't doesn't fit what it doesn't need. So, doesn't fit what it doesn't need. So, it's a whole picture that has to be it's a whole picture that has to be addressed. We see really good results addressed. We see really good results and we can't really we don't really do and we can't really we don't really do dexa more than every two years, but we dexa more than every two years, but we can track certain markers in urine and can track certain markers in urine and or blood that tell us rate of bone or blood that tell us rate of bone turnover. So we breaking down at a very turnover. So we breaking down at a very high rate and then as we address the high rate and then as we address the whole level of inflammation and start whole level of inflammation and start BHRT within four to six months we BHRT within four to six months we actually see that bone turnover going actually see that bone turnover going way down. So we know that we're on the way down.

The Optimal Order of Hormone Replacement

So we know that we're on the right track. right track. >> Uh going back to the hormones so I know >> Uh going back to the hormones so I know we discussed the thyroid cortisol and we discussed the thyroid cortisol and now we discussed all these three. Do you now we discussed all these three. Do you feel like this comes in order where when feel like this comes in order where when we ideally let's say if we do lab work we ideally let's say if we do lab work and we're checking all of that does that and we're checking all of that does that mean that we have to replace all these mean that we have to replace all these things now or do you feel like you things now or do you feel like you always start with maybe optimizing the always start with maybe optimizing the thyroid first and then the cortisol and thyroid first and then the cortisol and then go towards the BHRT. What is your then go towards the BHRT. What is your method of uh balancing them? Let's say method of uh balancing them? Let's say in a person who has everything off. If in a person who has everything off. If somebody comes to me in their early 20s somebody comes to me in their early 20s or early 30s, uh often balancing or early 30s, uh often balancing cortisol just allows again nutrition, cortisol just allows again nutrition, inflammation, cortisol will allow inflammation, cortisol will allow hormone, sex hormones rebalance hormone, sex hormones rebalance themselves. So I will not necessarily themselves. So I will not necessarily look at replacing by any means in look at replacing by any means in younger people. It's a TRA and it's younger people. It's a TRA and it's inflammation, body inflammation that inflammation, body inflammation that drives them into imbalance. And so of drives them into imbalance. And so of course this all becomes number one and course this all becomes number one and then we will retest and often things are then we will retest and often things are back to where it needs to be. When back to where it needs to be. When somebody is in menopause somebody is in menopause uh of course it's important to restore uh of course it's important to restore everything but hormones are such an everything but hormones are such an essential essential part of our essential essential part of our well-being. When we lose sex hormones, well-being. When we lose sex hormones, even if your cortisol was normal and even if your cortisol was normal and optimal, losing sex hormones is like optimal, losing sex hormones is like again it's like rugg went off from again it's like rugg went off from underneath you. Um cortisol adrenals underneath you. Um cortisol adrenals have to compensate for the losses.

We have to compensate for the losses. We only have one tool cortisol, only have one tool cortisol, >> right?

>> right? >> right? >> And so as we go through menopause, even >> And so as we go through menopause, even if things were decent before, cortisol if things were decent before, cortisol will become elevated trying to will become elevated trying to compensate. Adrenals now are trying to compensate. Adrenals now are trying to produce cortisol and that is some sex produce cortisol and that is some sex hormones because sex hormones we call hormones because sex hormones we call them sex hormones they determine how we them sex hormones they determine how we look sex-wise but most of the receptors look sex-wise but most of the receptors for your sex hormones are actually in for your sex hormones are actually in your brain in your heart in your muscles your brain in your heart in your muscles and in your bones. Sex hormones are and in your bones. Sex hormones are really that it's a switch from young age really that it's a switch from young age midlife midlife midlife thriving overall into that diseases of thriving overall into that diseases of aging pathway when we go through aging pathway when we go through menopause. And so in those people of menopause. And so in those people of course we will deal with foundations and course we will deal with foundations and adrenals but I usually start hormonal adrenals but I usually start hormonal replacement as well and they you know replacement as well and they you know all of them it's sort of sex hormones all of them it's sort of sex hormones allow adrenals restore better and allow adrenals restore better and restoring adrenals allow smaller doses restoring adrenals allow smaller doses of BHRT give you the most the highest of BHRT give you the most the highest effect. So it's all related and not effect. So it's all related and not necessarily comes in the order. Thyroid necessarily comes in the order. Thyroid is different. If somebody comes to me is different. If somebody comes to me again younger age and screamingly again younger age and screamingly thyroid issue then of course we will thyroid issue then of course we will just deal with thyroid right away and just deal with thyroid right away and the rest of it the foundation. um when I the rest of it the foundation. um when I see thyroid being suboptimal in see thyroid being suboptimal in menopause or andropause, it's usually a menopause or andropause, it's usually a consequence and so we will optimize consequence and so we will optimize adrenals and we will optimize sex adrenals and we will optimize sex hormones and more often than not thyroid hormones and more often than not thyroid actually becomes optimal and I don't actually becomes optimal and I don't want to give somebody replacement if want to give somebody replacement if they don't need it. I mean if your own they don't need it. I mean if your own land is capable of working by all means land is capable of working by all means I would love to protect your natural I would love to protect your natural function.

function. function. >> Excellent. >> Excellent. >> Excellent. So one of the biggest thing even like So one of the biggest thing even like you know my patients would come in and you know my patients would come in and when we talk about BHRT they're like oh when we talk about BHRT they're like oh that's bad. Um so that that's one thing that's bad. Um so that that's one thing and the other thing uh I was so and the other thing uh I was so surprised. So a few of my patients in surprised.

Dispelling BHRT Myths & The WHI Study

So a few of my patients in Cleveland or Ohio I would instead of me Cleveland or Ohio I would instead of me managing them I would just send them managing them I would just send them there to get taken care of. And recently there to get taken care of. And recently I found out that few of my patients were I found out that few of my patients were denied BHRT because they are uh 10 years denied BHRT because they are uh 10 years you know beyond menopause and I feel you know beyond menopause and I feel that that is such a like myth and those that that is such a like myth and those myths are gone now but it looks like myths are gone now but it looks like that there are still some places that that there are still some places that are holding on to these things. So I are holding on to these things. So I want us to talk about why is BHRT feared want us to talk about why is BHRT feared and does it still hold true that even if and does it still hold true that even if let's say you have not been on any let's say you have not been on any bioididentical hormone replacement 10 bioididentical hormone replacement 10 years or 15 years past menopause do you years or 15 years past menopause do you still feel that we have room to start still feel that we have room to start taking it now and see the benefits taking it now and see the benefits >> I think it's either the or one of the >> I think it's either the or one of the biggest hawks of uh traditional medicine biggest hawks of uh traditional medicine uh of the last century actually this uh of the last century actually this century. It was 2002 when that study century. It was 2002 when that study came out. It was women's health came out. It was women's health initiative and all uh the study was initiative and all uh the study was initially designed actually to prove initially designed actually to prove that um replacing hormones um is that um replacing hormones um is actually good and

just going into my own actually good and just going into my own experience. I immigrated in 1996 and I experience. I immigrated in 1996 and I practiced in my country before I moved practiced in my country before I moved here just for three years. But I here just for three years. But I practiced in the hospital there and I practiced in the hospital there and I practiced in the hospital here so I practiced in the hospital here so I could compare. And I remember when I could compare. And I remember when I just started my first several years just started my first several years here, I noticed that here first of all here, I noticed that here first of all all women including those coming from all women including those coming from nursing homes like bed bound we're still nursing homes like bed bound we're still on prem and on prem or Prem Pro which on prem and on prem or Prem Pro which was different and I noticed we had was different and I noticed we had >> so what you are saying that they had >> so what you are saying that they had synthetic estrogen synthetic estrogen >> correct >> correct >> correct >> right or synthetic hormones which is >> right or synthetic hormones which is different from bioididentical hormones different from bioididentical hormones right okay right okay >> that was HRT available widely available >> that was HRT available widely available for traditional medicine field and so for traditional medicine field and so that's really I mean compounded HR BHRT that's really I mean compounded HR BHRT existed. I didn't even know it existed.

existed. I didn't even know it existed. I was not doing functional medicine back I was not doing functional medicine back then. Uh but it was not widespread. But then. Uh but it was not widespread. But HRT, which was synthetic HRT, was common HRT, which was synthetic HRT, was common and it was used and was part of and it was used and was part of guidelines and we were using it to treat guidelines and we were using it to treat menopausal symptoms, hot flashes and menopausal symptoms, hot flashes and vaginal dryness. And I could see um a vaginal dryness. And I could see um a lot less urinary tract infections, hip lot less urinary tract infections, hip fractures than I used to see in my fractures than I used to see in my country in the same age groups. And I country in the same age groups. And I did not necessarily relate it to HRT at did not necessarily relate it to HRT at the time. I just noticed the fact the time. I just noticed the fact because that's what I was seeing every because that's what I was seeing every day at work. And then in 2002, day at work. And then in 2002, women's health initiatives came out and women's health initiatives came out and preliminary data basically was preliminary data basically was misinterpreted as we understand now. But misinterpreted as we understand now. But at the time it was said that estrogen at the time it was said that estrogen causes cancer, breast cancer causes cancer, breast cancer specifically. And of course the whole specifically. And of course the whole women community women community was panicked and our phones rang off the was panicked and our phones rang off the hook and it was panic in the hospital hook and it was panic in the hospital and we were ordered pretty much to take and we were ordered pretty much to take every on discharge every woman was every on discharge every woman was supposed to have HRT which is Premarine supposed to have HRT which is Premarine or Prem discontinued and we did that and or Prem discontinued and we did that and we felt bad because it was like oh wow we felt bad because it was like oh wow our doctors give us breast cancer so we our doctors give us breast cancer so we felt really bad and it was hard to be felt really bad and it was hard to be accused of like doctors are killers. So accused of like doctors are killers. So anyway, we were taking women off anyway, we were taking women off Premarine and Prem thinking that we made Premarine and Prem thinking that we made a mistake. We put them on it. Thank God a mistake. We put them on it. Thank God you specifically didn't have breast you specifically didn't have breast cancer, but we put you at risk and now cancer, but we put you at risk and now I'm saving your life by taking it off.

I'm saving your life by taking it off. So the reality was they were using horse So the reality was they were using horse estrogen coming from horse urine, which estrogen coming from horse urine, which you can argue is a part of nature, but you can argue is a part of nature, but it's not human, so it's not by it's not human, so it's not by identical. So they were using that horse identical. So they were using that horse natural estrogen and synthetic natural estrogen and synthetic progesterine that is basically your progesterine that is basically your birth control drug and they put them birth control drug and they put them together and that's how you got PM Pro.

together and that's how you got PM Pro. With the study they actually had two With the study they actually had two arms and one arm was women who didn't arms and one arm was women who didn't have uterus anymore and so they only put have uterus anymore and so they only put on horse estrogen.

on horse estrogen. >> I see. Yes, second group had uterus and >> I see. Yes, second group had uterus and progesterone is believed to be progesterone is believed to be protective which is actually true and so protective which is actually true and so they were put on the synthetic drugs they were put on the synthetic drugs that had

horse urine horse estrogen plus that had horse urine horse estrogen plus synthetic progesterine.

synthetic progesterine. Now the group when you look at the group Now the group when you look at the group that was on estrogen only they had less that was on estrogen only they had less breast cancer they had less colon cancer breast cancer they had less colon cancer they had less lung cancer they had less they had less lung cancer they had less hip fractures of course and urinary hip fractures of course and urinary tract and fight infections. The group tract and fight infections. The group that was on estrogen plus synthetic that was on estrogen plus synthetic progesterine progesterine progesterine had six cases per thousand more of had six cases per thousand more of breast cancer. And somehow in study breast cancer. And somehow in study interpretation you will think estrogen interpretation you will think estrogen group actually did better than average.

group actually did better than average. And it's synthetic progesterone that And it's synthetic progesterone that progesterine that made a difference but progesterine that made a difference but somehow it was claimed that it's somehow it was claimed that it's estrogen that causes cancer. Estrogen estrogen that causes cancer. Estrogen was around five for the next years and was around five for the next years and we had numerous study after study in we had numerous study after study in this 20 years showing that biodidentical this 20 years showing that biodidentical hormone replacement has gives women less hormone replacement has gives women less breast cancer less colon and lung cancer breast cancer less colon and lung cancer of course less osteoporosis and dementia of course less osteoporosis and dementia and all that. Study after study, and all that. Study after study, numerous studies and study after study numerous studies and study after study was showing that by identical estrogen was showing that by identical estrogen is not just safe. Even when woman went is not just safe. Even when woman went on to have breast cancer, if she was on on to have breast cancer, if she was on BHRT, her mortality was 30 something% BHRT, her mortality was 30 something% less. So only it protected somewhat from less. So only it protected somewhat from breast cancer, but if woman still had breast cancer, but if woman still had cancer, it actually gave her higher cancer, it actually gave her higher chances to survive from that. and 23 or chances to survive from that. and 23 or 20 28 years 20 28 years >> kept telling everybody that estrogen >> kept telling everybody that estrogen cancer and so many women um you know cancer and so many women um you know when whole system tells you that so many when whole system tells you that so many women buy into it and I remember when I women buy into it and I remember when I went through my menopause I saw my my went through my menopause I saw my my gynecologist and I trusted your so she gynecologist and I trusted your so she said you know whatever you do don't go said you know whatever you do don't go on hormones you will gain and get get on hormones you will gain and get get breast cancer and for years here half I breast cancer and for years here half I suffered endlessly and it took and half suffered endlessly and it took and half to say listen I don't know if I will be to say listen I don't know if I will be get breast cancer I mean some people do get breast cancer I mean some people do in statistically every eight woman in US in statistically every eight woman in US will have breast cancer in her lifetime will have breast cancer in her lifetime I have no idea will be that one or not I have no idea will be that one or not but living like this is not okay I don't but living like this is not okay I don't want to feel like this I want more from want to feel like this I want more from life and so I went on BHRT and thank god life and so I went on BHRT and thank god I did and finally finally with all the I did and finally finally with all the fighting with all the data this year fighting with all the data this year finally FDA removed first I think July finally FDA removed first I think July not this year last year saying that not this year last year saying that testosterone causes heart disease it testosterone causes heart disease it actually protects from heart disease and actually protects from heart disease and um at the end of 2025 FDA finally um at the end of 2025 FDA finally removed the black box from estrogen removed the black box from estrogen saying estrogen causes cancer it's not saying estrogen causes cancer it's not true it's just misinterpretation true it's just misinterpretation that unfortunately became standard of that unfortunately became standard of And I think deprived two generations of And I think deprived two generations of women of their birthight to live full women of their birthight to live full life and feel great. And it's sad. It's life and feel great. And it's sad. It's tragic.

tragic. tragic. >> Wow. And this is such such huge >> Wow. And this is such such huge important information because even I important information because even I feel like even after all these black box feel like even after all these black box warning was removed by FDA and even warning was removed by FDA and even after all these papers that prove that after all these papers that prove that actually hormones help you, right? help actually hormones help you, right? help you with your brain, help you with your you with your brain, help you with your memory, help you with your heart, help memory, help you with your heart, help you with your bones and so many

other you with your bones and so many other things. Yet many of the patients would things. Yet many of the patients would go to OBGYNS and they would be like no go to OBGYNS and they would be like no hormones. So I I feel like because hormones. So I I feel like because obviously at the end of the day when we obviously at the end of the day when we you know look at specialtities and look you know look at specialtities and look at okay OBGYn knows more about female at okay OBGYn knows more about female hormones and uterus and you know all hormones and uterus and you know all these things. If they are saying no and these things. If they are saying no and we on the other side are trained in a we on the other side are trained in a different medicine. However, we different medicine. However, we understand the benefits of hormone and understand the benefits of hormone and we are saying yes. It becomes a matter we are saying yes. It becomes a matter of who do we trust and we cannot trust a of who do we trust and we cannot trust a doctor because they are not saying the doctor because they are not saying the same thing. one is saying this and the same thing.

Debunking the 10-Year Menopause Window Myth

one is saying this and the other is saying so I feel like uh you other is saying so I feel like uh you know it's just sad that patients are in know it's just sad that patients are in this world or this uh era of over this world or this uh era of over information that it's hard for them to information that it's hard for them to trust someone right tell me also about trust someone right tell me also about the 10year menopause thing that if you the 10year menopause thing that if you are beyond 10 years starting your are beyond 10 years starting your menopause that you shouldn't be using menopause that you shouldn't be using that where do you stand with that and that where do you stand with that and where did that information come from where did that information come from >> initially looking at the data they said >> initially looking at the data they said well if you stare if you start DHRT well if you stare if you start DHRT within the first five or six years of um within the first five or six years of um menopause then you can reverse all the menopause then you can reverse all the damage and restore the tissues and damage and restore the tissues and beyond that there is no point and then beyond that there is no point and then as time went by 10 years back looking as time went by 10 years back looking back we said well actually it's not five back we said well actually it's not five years it's 10 years so now the is that years it's 10 years so now the is that if you started within 10 years of if you started within 10 years of menopause then you will reverse all menopause then you will reverse all damage of the aging and restore tissue damage of the aging and restore tissue and feel great and then once you pass 10 and feel great and then once you pass 10 years you don't really have any benefit years you don't really have any benefit of performing such it's not and that's of performing such it's not and that's not safe so therefore it should stop not safe so therefore it should stop >> I can tell you that I'll never stop my >> I can tell you that I'll never stop my BHRT because I want to perform this way BHRT because I want to perform this way when I'm 90 and when I'm 100 I don't when I'm 90 and when I'm 100 I don't care how long I get to leave I just want care how long I get to leave I just want to leave the to leave the >> function and I mean again when we lose >> function and I mean again when we lose testosterone our brain shrinks we have testosterone our brain shrinks we have studies to pro like we have MRI to prove studies to pro like we have MRI to prove it. They are responsible for the memory it. They are responsible for the memory and mood shrinks. Why would the sub I and mood shrinks. Why would the sub I subscribe to that? Hormones are again subscribe to that? Hormones are again somebody who does BHRT for you has to somebody who does BHRT for you has to know your story has to understand the know your story has to understand the factors. There are some hormones you factors. There are some hormones you don't want oral estrogen. It will it don't want oral estrogen. It will it will actually increase chances for will actually increase chances for clotting in older population. That's clotting in older population. That's true.

true. true. >> Creams don't. So you have to know again >> Creams don't. So you have to know again you have to know what you're doing. you have to know what you're doing.

Science is science. I mean I like Science is science. I mean I like evidence-based medicine evidence-based medicine >> but I just cannot be a victim of >> but I just cannot be a victim of whatever interpretation of studies or whatever interpretation of studies or data that exists today because things data that exists today because things change and when I'm a scientist I am change and when I'm a scientist I am fully allowed to look back and say huh I fully allowed to look back and say huh I made a mistake actually it's this way made a mistake actually it's this way but when I'm living it and I was but when I'm living it and I was deprived of something and it's 15 years deprived of something and it's 15 years of my life that you know went less an of my life that you know went less an optimal I would never subscribe to that.

optimal I would never subscribe to that. So I would say you know that 10 year is So I would say you know that 10 year is arbitrary and I'm sure it will change. I arbitrary and I'm sure it will change. I think as long as knowing now that think as long as knowing now that hormones are safe when done right in the hormones are safe when done right in the right person in the right way and right person in the right way and knowing the benefits. Why would somebody knowing the benefits. Why would somebody say you qualify this 10 years and then say you qualify this 10 years and then you don't need any of that? We live long you don't need any of that? We live long years now. When in we lived to be mid years now. When in we lived to be mid 50s and we lost hormones around 51 or 52 50s and we lost hormones around 51 or 52 and our life expectancy was 55 and for and our life expectancy was 55 and for the last three years of our life we the last three years of our life we stayed home and just helped with grandb stayed home and just helped with grandb babies. Yeah, you know it was okay. But babies. Yeah, you know it was okay. But nowadays we live well into our 90s. I nowadays we live well into our 90s. I see women who start new businesses in see women who start new businesses in 50s and 60s and travel the world and 50s and 60s and travel the world and play golf into their 90s. You cannot do play golf into their 90s. You cannot do that when things are optimal and losing that when things are optimal and losing your sex months is just, you know, it's your sex months is just, you know, it's just not optimal. Now, somebody who has just not optimal. Now, somebody who has very little demand on life, if they feel very little demand on life, if they feel good, they don't have hot flashes, if good, they don't have hot flashes, if they're happy, then there's nothing they're happy, then there's nothing wrong with it. But somebody who live wrong with it. But somebody who live full life, have high performance, have full life, have high performance, have healthy longevity because as a director healthy longevity because as a director of paliative care and person who did of paliative care and person who did eight years of end of life in the eight years of end of life in the hospital setting, I can tell you every hospital setting, I can tell you every patient told me this is not life. Yes, patient told me this is not life. Yes, I'm 95 last 10 years of my life with I'm 95 last 10 years of my life with pure suffering. I don't want that. So pure suffering. I don't want that. So it's not longevity that has value. It's it's not longevity that has value. It's a healthy functional longevity that has a healthy functional longevity that has value. Nice.

value. Nice. >> Longevity, you need your brain, your >> Longevity, you need your brain, your heart, your muscles, your bones. And sex heart, your muscles, your bones. And sex hormones is just one of the important hormones is just one of the important parts, not the part, but it's one of the parts, not the part, but it's one of the very important parts of supporting it.

very important parts of supporting it. And to me, hormones, sex hormones do And to me, hormones, sex hormones do three things. They're responsible for three things. They're responsible for the way we look. They're responsible for the way we look. They're responsible for the way we feel. And most importantly the way we feel. And most importantly being an internist they responsible for being an internist they responsible for preventing diseases of aging. And I preventing diseases of aging. And I would say that bi identical hormone would say that bi identical hormone replacement is probably the biggest replacement is probably the biggest biohack of nowadays and will probably biohack of nowadays and will probably remain that. I mean that's the biggest remain that.

The Foundation of Health: Gut Health

I mean that's the biggest biohack because you know when we think biohack because you know when we think about biohacking we're like oh where is about biohacking we're like oh where is that machine or where is that hydrogen that machine or where is that hydrogen and where is that PMF and you know all and where is that PMF and you know all these IV drips and things like that but these IV drips and things like that but the simplest thing is basically looking the simplest thing is basically looking at our hormones and optimizing our at our hormones and optimizing our hormones and that would make the biggest hormones and that would make the biggest difference uh along with the other difference uh along with the other things that we still you know would be things that we still you know would be working on. So um in our podcast uh you working on. So um in our podcast uh you mentioned uh about the foundation and mentioned uh about the foundation and the body's foundation and one of the the body's foundation and one of the biggest things when we talk about body's biggest things when we talk about body's foundation is gut health. So why do you foundation is gut health. So why do you think that gut health is the starting think that gut health is the starting point uh in your core method and what point uh in your core method and what does that mean and why do you think it's does that mean and why do you think it's important important important >> in Chinese medicine? Uh digest digestive >> in Chinese medicine? Uh digest digestive system is a

core energy. When you look system is a core energy. When you look at traditional sort of western construct at traditional sort of western construct of how body works, it's still it's a of how body works, it's still it's a core core energy or core system because core core energy or core system because the only way our body gets nutrients the only way our body gets nutrients that are important for every cell and that are important for every cell and every biochemical process to run the every biochemical process to run the only way to get with we get those only way to get with we get those chemicals, they come through our chemicals, they come through our nutrition. And so for that nutrient to nutrition. And so for that nutrient to come as a food and then go into come as a food and then go into biochemical processes and push them in biochemical processes and push them in the right way, we have to be able to get the right way, we have to be able to get that food to eat it to to digest it, to that food to eat it to to digest it, to absorb it and to send it in the right absorb it and to send it in the right directions. We also have to be able to directions. We also have to be able to separate pure from impure. The digestive separate pure from impure. The digestive system is the first system is the first um interface, the first screen um interface, the first screen and allows the right things to come in and allows the right things to come in and allows the wrong things pass through and allows the wrong things pass through without making us inflamed. And when without making us inflamed. And when that core system is off, we are that core system is off, we are nutritionally depleted.

nutritionally depleted. We're not able body is not able to make We're not able body is not able to make energy. Body is not able to cleanse energy. Body is not able to cleanse well. And when those biochemical well. And when those biochemical processes become disrupted, processes become disrupted, organs suffer. We can't think, we can't organs suffer. We can't think, we can't focus, we can't like we cannot live our focus, we can't like we cannot live our lives. And the extreme of that with lives. And the extreme of that with starvation, eventually with full starvation, eventually with full starvation, eventually we will die. It starvation, eventually we will die. It takes 40 days as long as you're takes 40 days as long as you're drinking. If you're not drinking, it's, drinking. If you're not drinking, it's, you know, maybe 10 days. So you're not you know, maybe 10 days. So you're not getting micro elements. it's 10 days and getting micro elements. it's 10 days and you're done maybe 14. So body needs you're done maybe 14. So body needs those things. Our well beinging well those things. Our well beinging well versus not being well is first met by versus not being well is first met by our digestive system. And so when gut is our digestive system. And so when gut is inflamed, toxins are allowed in, we're inflamed, toxins are allowed in, we're inflamed and hormones go haywire and inflamed and hormones go haywire and then everything else goes haywire. If we then everything else goes haywire. If we are deficient, body is malfunctioning, are deficient, body is malfunctioning, we start gaining fat just to survive.

we start gaining fat just to survive. That's inflammatory pattern. So when we That's inflammatory pattern. So when we don't get what we need because digestive don't get what we need because digestive system is suffering and digestive system system is suffering and digestive system is basically a gut. Um I guess there are is basically a gut. Um I guess there are organs too. It's a system. It's a um I'm organs too. It's a system. It's a um I'm not trying to oversimplify it but at the not trying to oversimplify it but at the end of the day it's the gut that is that end of the day it's the gut that is that between living and dying. So when gut is between living and dying. So when gut is inflamed and leaky gut is nowadays inflamed and leaky gut is nowadays everybody hears it and it's all over on everybody hears it and it's all over on the internet. So, but in the essence, the internet.

Recognizing Hidden Symptoms of Gut Imbalance

So, but in the essence, it's a gut lining that gets inflamed and it's a gut lining that gets inflamed and now all of a sudden toxins are allowed now all of a sudden toxins are allowed in and nutrients get out because they're in and nutrients get out because they're not absorbed well. Besides the gut not absorbed well. Besides the gut symptoms, for example, gas, bloating, symptoms, for example, gas, bloating, acid reflux, right? Gut related acid reflux, right? Gut related symptoms. If let's say someone comes to symptoms. If let's say someone comes to us and they don't have any gut issues us and they don't have any gut issues and they don't have any gut symptoms, and they don't have any gut symptoms, what are the other symptoms that you what are the other symptoms that you would base things on or other diagnosis would base things on or other diagnosis that you would be like, you know, even that you would be like, you know, even though you don't have gut symptoms, but though you don't have gut symptoms, but it looks like that you still have either it looks like that you still have either disbiosis going on or leaky gut going disbiosis going on or leaky gut going on. What are the other symptoms besides on. What are the other symptoms besides gut related symptoms that would point gut related symptoms that would point you towards that the gut still

needs you towards that the gut still needs foundational work?

foundational work? >> So honestly it doesn't matter what >> So honestly it doesn't matter what symptom we have every disease begins symptom we have every disease begins with gut still stands true. It is true with gut still stands true. It is true and so regardless of what symptoms and so regardless of what symptoms people have when there is an imbalance people have when there is an imbalance it's not only the gut necessarily but it's not only the gut necessarily but gut as well. And again you start with gut as well. And again you start with foundation you treat from bottom up. And foundation you treat from bottom up. And so God is the first thing that always so God is the first thing that always has to be balanced in order for has to be balanced in order for everything else to work and in the everything else to work and in the moment to work in the moment and to moment to work in the moment and to stick long term. Um so and then there is stick long term. Um so and then there is now we know that there is gut brain now we know that there is gut brain access which makes all sense in the access which makes all sense in the world because neurotransmitters the world because neurotransmitters the chemicals that govern your brain and chemicals that govern your brain and mood actually made in a gut and so we mood actually made in a gut and so we keep calling gut second brain I would keep calling gut second brain I would argue it's actually third because this argue it's actually third because this is site where I needs to be made in a is site where I needs to be made in a gut in order to come and work in your gut in order to come and work in your brain uh and there is gut lung access brain uh and there is gut lung access now Answer is gut heart access. I mean now Answer is gut heart access. I mean again it's again it's >> gut kidney access right? I mean I talk a >> gut kidney access right? I mean I talk a lot about gut kidney access and how lot about gut kidney access and how kidney disease affects the gut and kidney disease affects the gut and similarly how gut disbalance uh would similarly how gut disbalance uh would affect the kidneys as well. Tell me a affect the kidneys as well.

Gut Microbiome Testing vs. Clinical Assessment

Tell me a little bit about because you know how little bit about because you know how when we start functional medicine our when we start functional medicine our practices you know are different and practices you know are different and then when we are 10 years or you know then when we are 10 years or you know longer years into it our practice longer years into it our practice differs. So I don't know about you but differs. So I don't know about you but for me since I've been practicing for me since I've been practicing functional medicine for such a long time functional medicine for such a long time initially I did a lot of gut testing initially I did a lot of gut testing just because you know I wanted to just because you know I wanted to understand what are the microbiome and understand what are the microbiome and what is the leaky gut and how much what is the leaky gut and how much enzymes and you know all those things enzymes and you know all those things but as the years passed by I feel like but as the years passed by I feel like as you say that listening to the story as you say that listening to the story and doing the assessment it's so and doing the assessment it's so important that just by listening to the important that just by listening to the story you have a very good idea of what story you have a very good idea of what happens in the gut what are the enzymes happens in the gut what are the enzymes doing what are like you know what this doing what are like you know what this biosis is happening And because based on biosis is happening And because based on this I have such a good knowledge now this I have such a good knowledge now that I feel that I essentially do not that I feel that I essentially do not need to do the gut b microbiome testing need to do the gut b microbiome testing and I would treat someone and if let's and I would treat someone and if let's say they do not get better then I may do say they do not get better then I may do it just because I want to see what is it just because I want to see what is that thing that is that is left rather that thing that is that is left rather than do it initially when everything is than do it initially when everything is out of order. So tell me your use of gut out of order. So tell me your use of gut microbiome testing. Do you bring it microbiome testing. Do you bring it initially, you don't bring it or you do initially, you don't bring it or you do you bring it towards the end?

you bring it towards the end? >> So, I have a little bit different style. >> So, I have a little bit different style. I still test the gut up front. I don't I still test the gut up front. I don't test microbiome per se because you're test microbiome per se because you're right. I mean, by hearing the story, you right. I mean, by hearing the story, you you get the big picture. And usually I you get the big picture. And usually I actually start working on the gut while actually start working on the gut while tests are still painting. That being tests are still painting. That being said, again, 50% of medicine is art and said, again, 50% of medicine is art and 50% is science and I honor both. So, I 50% is science and I honor both. So, I like to test up front so we're not like to test up front so we're not missing time. That being

said, um I do missing time. That being said, um I do certain tests that look at the certain tests that look at the microbiomes. I look at the big picture.

microbiomes. I look at the big picture. The tests I run show me if microbiome is The tests I run show me if microbiome is depleted or it's distorted. It's out of depleted or it's distorted. It's out of balance. If there are good bacteria that balance. If there are good bacteria that are depleted, if there are bad bacteria are depleted, if there are bad bacteria that's over overgrowing, and sometimes that's over overgrowing, and sometimes there are parasites which are not there are parasites which are not necessarily worms. If those things are necessarily worms. If those things are there, they're going to hold the there, they're going to hold the inflammation in place. And so I like to inflammation in place. And so I like to know those things up front so I can know those things up front so I can address them right away. But it's more address them right away. But it's more sort of a big picture. I'm also looking sort of a big picture. I'm also looking in the test I use. It shows us in the test I use. It shows us digestion. So I know do they digestion. So I know do they breaking down protein? Are they breaking down protein? Are they efficiently breaking down and absorbing efficiently breaking down and absorbing fats? Are there inflammatory markers fats? Are there inflammatory markers that requires specific work? So I do that requires specific work? So I do test gut testing is the very first thing test gut testing is the very first thing I do. In fact, I prefer to test I do. In fact, I prefer to test everything up front. So I have a really everything up front. So I have a really solid picture of the whole terrain and solid picture of the whole terrain and then can start doing when we do things then can start doing when we do things it's layers. It's like it's layers. It's like >> uh but every datas that all datas that I >> uh but every datas that all datas that I can have available because I do love can have available because I do love precision pre precision medicine and I precision pre precision medicine and I don't like to waste time and effort and don't like to waste time and effort and so I usually like to know everything I so I usually like to know everything I can know up front. I don't think there can know up front. I don't think there is right or wrong way. You can start is right or wrong way. You can start with clinical address that and then with clinical address that and then chase whatever is not completely chase whatever is not completely >> and I think when started I actually did >> and I think when started I actually did clinically and then chase the data with clinically and then chase the data with the data chased whatever was not where I the data chased whatever was not where I expected it to be.

expected it to be. >> That's good to know. Um I have seen I >> That's good to know. Um I have seen I would say I think probably 95% or more would say I think probably 95% or more of my patients would get so much better of my patients would get so much better with the gut healing protocol that we with the gut healing protocol that we have. I feel like it's just a matter of have.

The Detoxification Process

I feel like it's just a matter of you know working and seeing what is best you know working and seeing what is best and especially when we want to use the and especially when we want to use the funds you know in the correct way uh funds you know in the correct way uh because in functional medicine if you because in functional medicine if you dive into testing it's like a dive into testing it's like a neverending world. Um so let's move neverending world. Um so let's move tracks and move talk about detox because tracks and move talk about detox because that is also one of your core parts. uh that is also one of your core parts. uh tell me about detox that when you're tell me about detox that when you're thinking of detox let's say we have done thinking of detox let's say we have done the foundational work of healing the gut the foundational work of healing the gut and making sure looking at the gut and making sure looking at the gut microbiome and enzymes and balancing microbiome and enzymes and balancing everything. So tell me how do you everything. So tell me how do you evaluate that uh in regards to do you evaluate that uh in regards to do you have enough enzymes with the liver? Do have enough enzymes with the liver? Do you is your pathways open? What does you is your pathways open? What does that assessment detox assessment look that assessment detox assessment look like for you?

like for you? >> So you get some data from initial >> So you get some data from initial screening when we do initial testing. screening when we do initial testing.

You get the gist. You know what's going You get the gist. You know what's going on. A lot of it is based on symptoms. on. A lot of it is based on symptoms.

Initially, gut from my standpoint, gut Initially, gut from my standpoint, gut balancing always comes first because if balancing always comes first because if you start with detox, you flush all you start with detox, you flush all those things and if pathways are not those things and if pathways are not open or body is inflamed to start with open or body is inflamed to start with and now we just flooded it with and now we just flooded it with everything that was hidden, you actually everything that was hidden, you actually sometimes trigger healing crisis. So, sometimes trigger healing crisis. So, it's important to address the gut first.

it's important to address the gut first. Once the gut is stable, now we can clean Once the gut is stable, now we can clean up everything. To me, detox is a very up everything. To me, detox is a very slow, intricate process that really slow, intricate process that really cleanses body on a cellular level. It cleanses body on a cellular level. It has to be gentle, cannot be rough, but has to be gentle, cannot be rough, but requires respect. And so what we do is requires respect. And so what we do is we give the supplements that actually we give the supplements that actually just fortify or strengthen those just fortify or strengthen those pathways. We make sure a that all pathways. We make sure a that all pathways are open and we're looking at pathways are open and we're looking at liver and colon or gut. To me in a liver and colon or gut. To me in a simplified way detoxification especially simplified way detoxification especially the liver part is pretty much like a the liver part is pretty much like a funnel and it's fun the funnel is fed funnel and it's fun the funnel is fed and it only has so much throughut and if and it only has so much throughut and if you feed it better you just increase you feed it better you just increase that throughput to the maximum ability that throughput to the maximum ability innate ability of that funnel. I'm not innate ability of that funnel. I'm not trying to do anything unnatural. I'm not trying to do anything unnatural. I'm not forcing anything. I'm just making it forcing anything. I'm just making it strong and well supported. And when it's strong and well supported. And when it's well supported on each of each point or well supported on each of each point or each step of process, you know, body each step of process, you know, body will happily release what it doesn't will happily release what it doesn't need and remove it from the from the need and remove it from the from the body. And so it's uh we remove body. And so it's uh we remove inflammatory foods for that period of inflammatory foods for that period of time. So body doesn't get new toxicity time. So body doesn't get new toxicity so it can focus on the old stuff. And we so it can focus on the old stuff. And we do it for a couple of weeks. certain do it for a couple of weeks. certain people people people uh with either a ton of toxicity or uh with either a ton of toxicity or autoimmune disease or certain other autoimmune disease or certain other conditions that make them more conditions that make them more susceptible. We will do longer detox, susceptible. We will do longer detox, but we will make it milder and gentler but we will make it milder and gentler and uh um it's sort of like a spring and uh um it's sort of like a spring clean up. It doesn't look pretty in the clean up. It doesn't look pretty in the process, but it feels so good process, but it feels so good afterwards. And so energy and they feel afterwards. And so energy and they feel lighter and they lose weight. So lighter and they lose weight. So detoxification just allows the body to detoxification just allows the body to become more efficient because it doesn't become more efficient because it doesn't have to deal with old junk so to say.

have to deal with old junk so to say.

Best Foods for Detox and Clearing Estrogen

>> I see. So can you uh tell us a little >> I see. So can you uh tell us a little bit about the foods like the specific bit about the foods like the specific foods that you would recommend during foods that you would recommend during detoxification to assess those detoxification to assess those nutrients?

nutrients? nutrients? >> Uh well king of the fields is broccoli >> Uh well king of the fields is broccoli of course especially for women because of course especially for women because it allows flush all the estrogen. Some it allows flush all the estrogen. Some of us genetically don't clear it well of us genetically don't clear it well and some of us just so inflamed that and some of us just so inflamed that they're not clearing it well or gut was they're not clearing it well or gut was so weak um that it just accumulates and so weak um that it just accumulates and then all of us are exposed to sudra then all of us are exposed to sudra estrogens or xenoestrogens because a lot estrogens or xenoestrogens because a lot of things we get in foods plastics and of things we get in foods plastics and all the things that shouldn't be eaten all the things that shouldn't be eaten but they are in our processed foods but they are in our processed foods they're not estrogens but they they're not estrogens but they structurally look like and so they clog structurally look like and so they clog the receptors and they constantly the receptors and they

constantly stimulate those receptors. Definitely stimulate those receptors. Definitely cruciferous vegetables are the key just cruciferous vegetables are the key just because again we get so much because again we get so much xenestrogens and suda hormones in our xenestrogens and suda hormones in our food and so plastics. So those really food and so plastics. So those really help and I will not go into biochemistry help and I will not go into biochemistry but they basically but they basically strengthen the funnel that allows for strengthen the funnel that allows for those to be unbound get processed and those to be unbound get processed and get flushed out of the body. Uh get flushed out of the body. Uh vegetables in general are very cleansing vegetables in general are very cleansing of course and uh very alkalinizing.

of course and uh very alkalinizing. Um Um Um uh we make sure that people get enough uh we make sure that people get enough protein because protein is responsible protein because protein is responsible for structure um and for repairs. So if for structure um and for repairs. So if there's protein deficiency body gets there's protein deficiency body gets very malnourished. A lot of people who very malnourished. A lot of people who come to us overweight or obese are come to us overweight or obese are actually deeply malnourished and so they actually deeply malnourished and so they protein and so making sure that they get protein and so making sure that they get enough protein but it's clean protein enough protein but it's clean protein clean source. I remember actually one of clean source. I remember actually one of my friends ages ago, I was not into my friends ages ago, I was not into functional medicine yet. She needed and functional medicine yet. She needed and she decided to get it super healthy. And she decided to get it super healthy. And so for I forget several months, so for I forget several months, four, five, six months, she was only four, five, six months, she was only eating green salad, fresh salads and eating green salad, fresh salads and farmed salmon.

farmed salmon. >> And later she was acutely ill, >> And later she was acutely ill, autoimmunity. It was crazy. autoimmunity. It was crazy. >> Wow. So bottom line is we have to make >> Wow. So bottom line is we have to make sure that processed foods are eliminated sure that processed foods are eliminated completely and so it's fresh foods. It's completely and so it's fresh foods. It's good source clean protein with every good source clean protein with every meal so they're not depleted. We make meal so they're not depleted. We make sure that they eating healthy fats. So sure that they eating healthy fats.

Introduction to Peptides and Bio-regulators

So making sure that they just getting making sure that they just getting robust nutrition that helps body to heal robust nutrition that helps body to heal to rebuild and to get rid of what's to rebuild and to get rid of what's unneeded. I really want to do some quick unneeded. I really want to do some quick questioning about uh peptides and I questioning about uh peptides and I understand that peptides and bio understand that peptides and bio regulators should be personalized. So uh regulators should be personalized. So uh before we dive into you know what are before we dive into you know what are the top maybe five peptides or bio the top maybe five peptides or bio regulators that you use in your patients regulators that you use in your patients tell us a little bit about the tell us a little bit about the precautions or why would someone not precautions or why would someone not want to do peptides? What are those want to do peptides? What are those conditions or precautions that they conditions or precautions that they should take? First of all, if foundation should take? First of all, if foundation is not addressed practice nowadays that is not addressed practice nowadays that just offer peptides, you're wasting your just offer peptides, you're wasting your money in my humble opinion. I might be money in my humble opinion. I might be wrong, but um you just it's not um again wrong, but um you just it's not um again when you use it in that way, it's like when you use it in that way, it's like another band-aid just expensive one another band-aid just expensive one because you will always have to use it because you will always have to use it and eventually they actually lose and eventually they actually lose patterns. See, eventually body just patterns. See, eventually body just doesn't respond to those anymore. So doesn't respond to those anymore. So people who do not have foundation people who do not have foundation addressed and they're very inflamed addressed and they're very inflamed should not use peptides first not should not use peptides first not because it's dangerous necessarily just because it's dangerous necessarily just because it's expensive waste because it's expensive waste >> of resources. I would not give uh >> of resources. I would not give uh peptides to somebody with active cancer peptides to somebody with active cancer unless unless unless uh there are specific peptides that are uh there are specific peptides that are used in oncology and used in the right used in oncology and used in the right way. Some of them should not be used in way. Some of them should not be used in patients with active cancer or patients patients with active cancer or

patients who are let's say just one year out who are let's say just one year out because they can stimulate growth because they can stimulate growth hormone uh or they can increase hormone uh or they can increase vasculature and when you don't know what vasculature and when you don't know what you do and it's probably not a good you do and it's probably not a good idea.

idea. idea.

Healing Peptides (BPC-157 & Larazotide)

>> So those patients are definitely like in >> So those patients are definitely like in my own practice I would not offer my own practice I would not offer peptides to those patients. Tell me a peptides to those patients. Tell me a little bit uh your experience on using little bit uh your experience on using these peptides and do you also use these peptides and do you also use mitochondrial peptides and in what mitochondrial peptides and in what setting would you add them?

setting would you add them? >> Love BPC. Um it's healing peptide. It's >> Love BPC. Um it's healing peptide. It's natural. Our body makes it. We have it natural. Our body makes it. We have it in gastric juice. It's the only peptides in gastric juice. It's the only peptides that actually does really well in that actually does really well in gastric juice. I use BPC two ways. One gastric juice. I use BPC two ways. One is orally for any gut issues. When is orally for any gut issues. When somebody has autoimmunity, I carefully somebody has autoimmunity, I carefully combine it with KPV. really powerful. It combine it with KPV. really powerful. It can be done alone for somebody with can be done alone for somebody with ainophilic esophagitis or any esophageal ainophilic esophagitis or any esophageal issues that require healing. BBC is issues that require healing. BBC is amazing for gastritis, for any gut amazing for gastritis, for any gut issues. If I deal with uh trauma, BPC is issues. If I deal with uh trauma, BPC is like I said, BPC was the one I used and like I said, BPC was the one I used and it's really great for post alternative it's really great for post alternative rec recovery when you need that mus rec recovery when you need that mus those muscular layers to be healed for those muscular layers to be healed for any kind of physical trauma and even for any kind of physical trauma and even for chronic trauma that wasn't healed chronic trauma that wasn't healed completely and still pains and aches for completely and still pains and aches for years. Uh we see really good results. Um years. Uh we see really good results. Um so that's how I use BBC. TB500 seems to so that's how I use BBC. TB500 seems to be really good for muscular injury where be really good for muscular injury where BBC 7 seems really good for connective BBC 7 seems really good for connective tissue injury. So ligaments tissue injury. So ligaments uh joint caps so wonderful and so uh joint caps so wonderful and so combining them is really good or using combining them is really good or using them as soul is really good.

them as soul is really good. >> What about laurazzide uh and pentisin? >> What about laurazzide uh and pentisin? So, laazzide is uh really good for So, laazzide is uh really good for healing if the gut lining damage is due healing if the gut lining damage is due to gluten. Compare it both in terms of to gluten. Compare it both in terms of fat laazetite and BPC. It just so fat laazetite and BPC. It just so happens that in my practice BPC is just happens that in my practice BPC is just much more powerful and potent. So, in much more powerful and potent. So, in this I don't use laratite. I just go this I don't use laratite. I just go straight to BPC if I need it. And again, straight to BPC if I need it. And again, it's not just BPC, right? I'm doing it's not just BPC, right? I'm doing whole G. But laratite can be used in whole G. But laratite can be used in people with celiac disease. It can be people with celiac disease. It can be used very successfully because it's just used very successfully because it's just gentle and repairs. Larazzide works gentle and repairs. Larazzide works specifically on tight junctions.

specifically on tight junctions. Basically just decreases leaky gut Basically just decreases leaky gut component. In terms of pentasan, component.

Mitochondrial Peptides (MOTS-c & SS-31)

In terms of pentasan, pentasan is really good for joint pentasan is really good for joint issues. Mitochondrial peptides, there issues. Mitochondrial peptides, there are several. I absolutely love it. I are several. I absolutely love it. I feel that with any chronic disease feel that with any chronic disease initially our mitochondria becomes initially our mitochondria becomes dysfunctional and so we're just not dysfunctional and so we're just not effectively and

initially we lose that effectively and initially we lose that efficiency and then those free radicals efficiency and then those free radicals by accumulation start destroying our by accumulation start destroying our mitochondria. So initially earlier in mitochondria. So initially earlier in the disease which earlier mean can still the disease which earlier mean can still mean 10 15 years it's mostly mean 10 15 years it's mostly mitochondria that are not efficient and mitochondria that are not efficient and then eventually it's really depleted then eventually it's really depleted amount of mitochondria and so different amount of mitochondria and so different peptides do different things there are peptides do different things there are peptides that will actually improve the peptides that will actually improve the efficiency of mitochondria and there are efficiency of mitochondria and there are peptides that will increase number peptides that will increase number >> is this the mossy and the SS31 or yeah >> is this the mossy and the SS31 or yeah >> two of those and I usually don't do use >> two of those and I usually don't do use them at the same time. It's usually one them at the same time. It's usually one or the other or it's sequentially or the other or it's sequentially because usually if I deal with severe because usually if I deal with severe mitochondrial depletion, I optimize mitochondrial depletion, I optimize what's left first and then we go for what's left first and then we go for creation of new.

creation of new. >> What peptides do you use for autoimmune >> What peptides do you use for autoimmune disease patients? disease patients?

Peptides for Autoimmunity and Body Composition

>> I like for immune system, right? >> I like for immune system, right? >> I like KPV actually. It's really good. >> I like KPV actually. It's really good.

it's really gently balancing and if it's it's really gently balancing and if it's a gut issues but I know that a gut issues but I know that practitioners who are specializing on practitioners who are specializing on Lyme disease absolutely love it and with Lyme disease absolutely love it and with Lyme disease your immune system is Lyme disease your immune system is severely affected so severely affected so >> I know it's used for that it's used for >> I know it's used for that it's used for chronic infections uh in my practice chronic infections uh in my practice it's more ideal without immunity it's more ideal without immunity especially if it's gut um issues I know especially if it's gut um issues I know it's used in functional oncology again I it's used in functional oncology again I don't do it so I cannot really tell much don't do it so I cannot really tell much about it but I know it's used and It's a about it but I know it's used and It's a great uh modulator for immune system and great uh modulator for immune system and um so it can be used in that um area of um so it can be used in that um area of medicine as well. So those are probably medicine as well. So those are probably the key ones and patients that come to the key ones and patients that come to see me for midlife issues and major part see me for midlife issues and major part of it is metabolic issues and of course of it is metabolic issues and of course weight gain and more importantly body weight gain and more importantly body composition composition composition >> and so all areas are multiple peptides >> and so all areas are multiple peptides that are quite commonly used. we now that are quite commonly used. we now have enough data to say that al low at have enough data to say that al low at low doses they actually have low doses they actually have anti-inflammatory effect and sort of anti-inflammatory effect and sort of cellular balancing effect. So I like to cellular balancing effect. So I like to use those um in appropriate settings.

use those um in appropriate settings. Again it requires whole layer of Again it requires whole layer of supporting the rest of the body to do it supporting the rest of the body to do it well so people don't lose muscle mass well so people don't lose muscle mass instead of um fat. Like I said, when I instead of um fat. Like I said, when I work with people, they're looking for work with people, they're looking for high performance oral longevity and oral high performance oral longevity and oral healtheity. And so body composition is healtheity. And so body composition is extremely important because sarcopenia, extremely important because sarcopenia, I believe, is epidemic. Part of it is I believe, is epidemic. Part of it is hormonal changes. Part of it is hormonal changes. Part of it is inflammation. We lose muscle. Part of it inflammation. We lose muscle. Part of it is lifestyle. Of course, we're all is lifestyle. Of course, we're all sedentary and even if we go to gym three sedentary and even if we go to gym three times a week, it's like one hour of times a week, it's like one hour of movement and 23 hour of sitting down or movement and 23 hour of sitting down or laying down, which is just very laying down, which is just very unnatural. So body composition is an unnatural. So body composition is an issue for all of us once we shift into issue for all of us once we shift into 40s and it goes downhill from there and 40s and it goes downhill from there and so for us working on

body composition is so for us working on body composition is extremely important. So CJComorin extremely important. So CJComorin tessamorin and tesamorin is actually FDA tessamorin and tesamorin is actually FDA approved um again done in the right approved um again done in the right settings they more or less work directly settings they more or less work directly or indirectly on growth hormone.

or indirectly on growth hormone. >> Yeah. So I do use growth hormone um as >> Yeah. So I do use growth hormone um as well as you know growth hormone like well as you know growth hormone like peptides and I actually have one patient peptides and I actually have one patient who has rheumatoid arthritis. She came who has rheumatoid arthritis. She came to me with severe arthritis where she to me with severe arthritis where she wasn't able to you know bend or do much wasn't able to you know bend or do much activity and we have started her on low activity and we have started her on low dose of growth hormone every uh night dose of growth hormone every uh night and she has actually started recovering and she has actually started recovering pretty well. So um she's one patient pretty well. So um she's one patient that we are not using it for like that we are not using it for like wellness right we are using it actually wellness right we are using it actually as a disease modifying version to help as a disease modifying version to help her get more activity. So um yeah I feel her get more activity. So um yeah I feel like you know like you know >> that's my point a powerful tool in the >> that's my point a powerful tool in the hands of somebody who knows what they hands of somebody who knows what they right yeah I love that thank you so much right yeah I love that thank you so much Dr. Ina this was really uh helpful. I'm Dr. Ina this was really uh helpful. I'm pretty sure that our um you know clients pretty sure that our um you know clients and patients who are going to watch this and patients who are going to watch this will definitely get a lot of benefit. Uh will definitely get a lot of benefit.

Midlife Wellness Institute & Consultations

Uh I know you mentioned how to find you in I know you mentioned how to find you in our podcast but I would love for you to our podcast but I would love for you to share a little bit more about you, your share a little bit more about you, your practice, your patients, maybe one or practice, your patients, maybe one or two of their results and how can they two of their results and how can they find you if they want to work with you.

find you if they want to work with you. >> I'm located in Denver, Colorado. Our >> I'm located in Denver, Colorado. Our practice is called Midlife Wellness practice is called Midlife Wellness Institute. It's functional medicine Institute. It's functional medicine only. I don't do primary care. We are only. I don't do primary care. We are happy to see people who are looking for happy to see people who are looking for health longevity and high performance health longevity and high performance and any issues with midlife which is 35 and any issues with midlife which is 35 to 69. Basically I do hormone to 69. Basically I do hormone optimization. I do BHRT. We do offer optimization. I do BHRT. We do offer peptides. We do gut well. I mean we do peptides. We do gut well. I mean we do whole spectrum wellness. We specialize whole spectrum wellness. We specialize on all issues of midlife on all issues of midlife and um optimize so you can live your and um optimize so you can live your best life which I believe is our best life which I believe is our birthright birthright birthright and um so that's what we do. find that and um so that's what we do. find that >> uh midlifewwellness institute.com and >> uh midlifewwellness institute.com and you can always sign up for a free you can always sign up for a free discovery call and then we'll check it discovery call and then we'll check it from there and see if a we can help you from there and see if a we can help you and b if our style cuz we do many things and b if our style cuz we do many things differently as you notice and uh we see differently as you notice and uh we see that we can help and you feel that this that we can help and you feel that this is a style you were looking for and we is a style you were looking for and we happy to help you.

happy to help you. >> Thank you so much. This was really >> Thank you so much. This was really helpful. I'm sure all of us are going to helpful.

Outro

I'm sure all of us are going to appreciate and they are going to listen appreciate and they are going to listen to this podcast and this episode master to this podcast and this episode master class again and again and we'll keep you class again and again and we'll keep you in your thoughts as well as connect with in your thoughts as well as connect with you. Thank you so much Dr. Anna.

you. Thank you so much Dr. Anna.