Introduction and Guest Background

Welcome to this episode of the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so excited to introduce you to Doctor Karen Dunston.

She has welcome. After discovering the hidden cause of midlife weight gain and fatigue in women. She lost a life changing 100 pounds and fixed her adrenal fatigue.

She has fellowship, trained in anti-aging, metabolic and functional medicine, and has practiced this way exclusively for over a decade. She's a pioneer of female hormonal justice.

Doctor Karen hosts the hormone prescription podcast with new episodes every week. She's the founder of The Hormone Club, an end to end all inclusive membership providing women access to state of the art natural hormone therapy treatment throughout the US.

And the Midlife Metabolism Institute, providing educational and coaching programs for women at midlife to fix their hormones and their metabolism and their health for life.

She's been featured on CBS, NBC, and Reader's Digest, having to post first for women, Best Self and others. She's your midlife metabolic ninja who will show you the steps to take you to unleashing your best health.

Yeah, I love it and she's a ton of fun. Welcome. Thank you for having me, Heather. I'm super glad to be here. Here, too. You know, we were introduced because you have a deeply personal story around dementia.

So I want to dive into all of the nitty gritty of hormones and how they affect the brain. And, you know, just add your voice to the chorus of others that are saying, hey, like, you haven't always gotten it right.

And there's there are changes we need to make in terms of how we think about hormones and cognitive function as women age. But first, tell us what happened with your mom.

Yeah. So I will try not to cry, but if I do, it's okay. But I remember the first day my mom couldn't remember my name. And it was very upsetting. And now, unfortunately, she doesn't even know who I am.

It took years, you know, for that progression to happen. But, you know, this was, like, the healthiest woman I knew. She. I was born and raised in Manhattan, and she was, like, a diehard New Yorker, rent controlled apartment from before my sister was born.

She walked everywhere. She went to the theater, I had friends. She, had many different professional careers. She had a career in architecture. Then she was like a public relations director for National Avis rent a Car.

Then she was the public relations director for the National YWCA. Like this is an intelligent, bright, active woman. Later in her life, she decided she wanted to be a chef.

She went back to chef school. She trained at, I forget the name of the French Chef Institute in Manhattan, and then went to the Natural Gourmet Cookery.

A brilliant woman. Sorry, I'm having animals in here. And she taught me how to follow my dreams. And then all of a sudden, she doesn't know my name, and then she's not paying her rent on her rent controlled apartment.

And the next thing you know, she gets kicked out because she can pay a rent. Fast forward now. She's an assisted living.

Personal Story of Dementia and Hormone Deficiency

She has to have around the clock care because she's basically reduced to a child. And so I ask myself the question any daughter would ask, like, why? Why is this happening?

And, you know, I always let my family members, they have their own relationships with their doctors. I can't be everybody's doctor, nor should I be involved at that level.

And she had doctors she trusted. And so she followed their recommendation. And they believe the same thing that I was taught that hormone therapy is not necessary.

And so when this happened and she got the diagnosis, she had been in menopause three decades, and I. So when I learned this, I was like, oh, she's been without in what I call hormonal poverty.

Hormonal poverty, just like financial poverty is when you don't have the finances to pay for your life needs and expenses. Hormonal poverty is when you don't have the hormones to fund your body processes.

She had been in there for three decades. I saw the data, you know, when she first went into menopause, of course, I was just regular ObGyn. Didn't even know what I didn't know.

Didn't know I was hormonally illiterate. Had my own journey. Having health problems, weighing 243 pounds, having chronic fatigue where I just slept and work, depression and anxiety so bad that I was on five prescription medications, even though I had nothing to be depressed or anxious about.

My hair was falling out. I had irritable bowel, no sex drive like I looked and felt 20 years older than I was. And so I saw all my patients at midlife with the same problems and the pill for every ill medicine I learned in med school wasn't working and it wasn't working for me, and all my tests were normal.

And so then it was one of my patients who came in, who I wasn't really helping. And she came back a year later looking like a new woman. And I said, well, what did you do?

And she said, oh, I went and saw this doctor. And she did these tests you never did for me. And she balanced my hormones, which you never did for me. And it was very humbling.

But I heard what she said, and so I then I said, I'm going to look into this. And I did, and I discovered this whole world that I wasn't trained in, in my ObGyn, a med school training.

That really was how to heal the body. Not just throw a pill for every ill or surgery for every symptom I did. So I transfer my own health. And this was about ten years ago, and then dedicated my life to doing this work with women.

So my mom had already been a menopause for decades, but I let her have her relationship with her providers. I didn't interfere, and so when she got this diagnosis, I was like, oh, hormones?

And you know, that just started me on this whole other journey. And I know some of the data is staggering now on, I mean, the major organizations that government hormone therapy have pulled back since the Women's Health Initiative, which we can talk about if you want.

They don't even now recommend hormone therapy as first line treatment for osteoporosis. They only recommend it for two symptoms of menopause hot flashes and vaginal atrophy, and the shortest dose possible for the least amount of time, as if it was something horrible.

When the data clearly shows that it reduces our risk of neurodegenerative diseases Alzheimer's, heart disease, heart attack, stroke, cardiovascular disease, blindness, macular degeneration like the list is so long, and the article in the New England Journal of Medicine about hormone therapy is associated with a 77% reduction in

neurodegenerative diseases.

But we are not giving this to all women in menopause who are in hormonal. I'm just like, this is why when I heard about your summit, I was like, no, if I could prevent one woman from ending up like my mom, I it will have been worth it.

But that's a little about my story. Thank you for sharing. You know, this is there's suffering happening in the world right now when it comes to dementia that I think is unnecessary.

And it just it breaks my heart every time I hear one of these stories. And women, particularly, you know, women of color are disproportionately affected by dementia.

And so they and they, they also aren't the ones that get included in the trials and that we don't shine as much light on what's going on in the female brain and in this stressed female brain.

And so we don't know, however, even though we don't know for sure, like there's no magic bullet that we've found for dementia, there is so much that we know that can help certainly prevent.

And oftentimes reverse cognitive decline. And hormonal therapies are absolutely a critical component of that. So with with that in mind, I want to drive the kind of just drive this conversation in the direction of like, what's the nitty gritty?

Like how does estrogen and progesterone, testosterone pregnant alone? How do all of these DHEA whatever, there's probably something missing, right? How do all of these sex hormones, interfere or interact or support cognitive function?

Right. That's a great question, Heather. So most people hear sex hormone and they think it's only about sex reproduction, libido in women. And nothing could be further from the truth.

I say we shouldn't just call them sex hormones. We should call them flex hormones. Why? Because they have flexible functions, sex and libido, and reproduction happens to be one of them.

But it's like a small fraction of the myriad and powerful impacts that these hormones have. And we're talking about estrogen, progesterone, which is sourced, grown.

Yes. Women have all three. And we need all three. And one of the primary functions is in the brain. So these hormones are anti-inflammatory. They work to decrease inflammation.

And they work in the nervous system to help heal, like progesterone in particular is so neuroprotective that it's now used in cases of traumatic brain injury.

So even when men have traumatic brain injury like football players, right, if they get a concussion, that's a traumatic brain injury. They are dosed with high dose progesterone to stabilize their neurologic tissue because that is one of its functions.

So if we only think about them as sex hormones, we miss the point. You have receptors in your brain for these. You have em in your eyes. Rates of macular degeneration are increased in women who don't have hormone replacement.

That's a leading cause of blindness in older women. And then and heart too. But in terms of the brain, they're all important estrogen, progesterone and testosterone, particularly progesterone.

How Sex Hormones Support Brain Health

So they are neuroprotective. And and that's kind of the brain connection. And it is a part of not only reversing

cognitive decline, but preventing it.

So, so, so important. And so what happens like around midlife. And I think people think menopause. It's like this one moment where you're like the light switch gets swept, right?

Like you're in and then you're out and but really it's this for anybody who's been through it. They can tell you right away it's this process. It's a transition, a long transition for them and a painful one for many.

What kind of changes are happening then, and how do you support women going through that? Right. So we're programed at birth with the number of eggs that we have.

That's how many we get for life. And then when we hit puberty, we start maturing one every month, sometimes two if you're in a twin family and then, many more thousands disintegrate every month till by the time you're about 35, you have such a low reserve, you're considered what we call advanced maternal eggs.

Your eggs are old, quote unquote. And you're at risk for increased chromosome anomalies. And the hormonal production from the ovary starts going down of estrogen, progesterone and testosterone round about the age of 35.

But you might not notice it because that happens so subtly and gradually. Most women notice it by the time they're somewhere in their 40s, because you're on this trajectory of it going down.

So at some point you're going to notice something. One of the most common symptoms is irregular periods, because progesterone is the menstrual timekeeper.

And that's usually one of the first hormones impacted. So whereas like with me I use just like 28 days. You can set your calendar by it. All of a sudden it wasn't coming at 28 days.

Your periods can be more heavy or painful. But even though I had been through my ObGyn training, and I technically knew that these other health problems could be associated with it, what I find universally is that that goes on noticed by most women and by me.

Right? So I was like, oh, I can't sleep, I have a sleep problem. Never occurred to me, oh, that's my sex hormones because I it was drilled into me. These are sex and reproduction hormones.

So I never thought, oh a hormone problem. Fix that and I'll sleep. I thought it was a separate problem. And I find most women think that they're going to their doctors.

Oh, I have insomnia. So their doctor's giving them a sleeping pill. I had irritable bowel thinking. I went to the gastroenterologist. You know, I didn't know if I was going to have two, five times in a day or not for five days.

And that's very common for women. Didn't think, oh, this could be related to my hormones. So I went to the gastroenterologist. They gave me an anti spasmodic, you know, I didn't really get the impact.

Now knowing what I know, since I went and did fellowship training and anti-aging, metabolic and functional medicine, now I'm hormonally literate and I get that, oh my gosh, this is all about hormones.

So we're programed this way at birth. So it happens to all of us. Then around the age of average age of 51, in the US we go through menopause. And that pretty much is the complete cessation of hormone production by the ovaries that make the majority of your estrogen, your progesterone, and half of your testosterone.

And all three are important for your neurologic function. You will get this. A lot of doctors talking about that, oh, like, testosterone is an important for women.

And I find that women think this too. They're like, oh, I don't need that. Or they think it's only about sex drive. It's so interesting to me how the conversation when it comes to women and testosterone is only ever about it's important

for sex drive.

In fact, they did a in 2019 a review of the literature kind of symposium on, reviewing the use of testosterone in women. And all they discuss is it's used for sex drive.

They talk about the fact that testosterone is vital for neurologic function or neurotransmitter balance, mood disturbance, cognitive functioning, no mention of it.

They didn't talk about that testosterone is important for maintenance of muscle mass. One of the main reasons women gain weight as they age is because we lose muscle mass, partly because we don't have enough testosterone.

And how testosterone helps to maintain that. And, they didn't talk about its effect on mitochondrial density. Right. Mitochondria are powerhouses that fuel everything in our bodies.

So anyway, I think you get my point. So these hormones are super important. Women are programed at midlife to have a decline and to ignore that I think is malpractice.

Well, so you. Yeah. Yeah. Criminal. So you've described a handful of things of places where these hormones have a really big impact that we've kind of ignored because we call them sex hormones, which is this misnomer that really mis guides people.

So the things that you mentioned are extremely debilitating, like when we think about many of us are in denial and don't want to think about it. Right.

Like, I'm never going to get old and it's never I'm never going to degeneration. I'm never going to have osteoporosis, I'm never going to have dementia.

And we just kind of shut it out. But and part of the reason is because we feel so hopeless and helpless around it. But what you're describing and the dots that you're connecting are that estrogen, progesterone, testosterone, these hormones, they're not just sex hormones, but they protect us from some of the most debilitating diseases of aging.

So when we think about, like what? Breast cancer, you know, breast cancer is, is kind of what comes up when we talk about estrogen replacement, especially about hormone replacement.

People are afraid of breast cancer, right. And not that I want anyone to ever be diagnosed with breast cancer.

Menopause, Hormone Decline, and Midlife Symptoms

But when we think breast cancer is pretty treatable, right. Like, we we just I mean, we look for it, we cut it out, we get rid of it, and even even radiation these days, it's not as not the radiation of the 1980s.

So when but when we think about macular degeneration, slowly losing your eyesight, your vision, being dependent on others, you know, having a fall and the risk of death, basically, and debilitation after breaking a hip or having a significant fall or the, the, the loss of dignity that comes with having a progressive neurodegenerative diseases like Alzheimer's.

These things are what make those last years of life, that last decade and sometimes more of life just so depressing, so sad, so not compelling, both for ourselves and for our loved ones.

Right? They make it expensive and and it's a series of doctor's visits, and I'm not remembering the name of your daughter. And if we can prevent that, even for some subset of the population, by intervening at this level, it's criminal not to.

It is malpractice not to. Okay, I agree, I agree, you bring up so many good points in there. So my mom's care

$8,500 a month. She has no idea who anyone is.

I know she didn't plan on spending her last years this way. And neither did we. Gosh, whenever I talk about her that I. My mind goes blank because I see her face.

Okay, so you're right. We are phobic about talking about death. We are death phobic in our culture. We don't want to talk about it like it's not going to happen to all of us.

We need to get over that. But I think particularly for women, the reason we don't want to talk about it is because it is so dismal, because we're not getting the treatment that we need and frankly, deserve, and we are basically being left to hang out to dry for the 30, 40, 50 or more years that we live in menopause, we're in hormonal poverty.

We don't have these nourishing hormones nourishing all the cells in our body. So what happens? We it is death by deterioration and it's slow and painful and nobody's doing anything about it.

So, I don't know. Have you seen Menopause the Musical? Heather. No, it's not that there's any. Before I did my summit stop the menopause madness. My friend said to me, who was one of the experts, and then she's like, oh, did you see this musical?

I said, no, she said, oh my God, Karen, you've got to go see it. And this is how we came up with the name Stop the Menopause Madness, because she said, you go to Menopause the Musical.

She said, first off, when you walk in, they give you a fad with your program and then all the women are sitting down and it's all these middle aged, overweight women and their every musical number is about making fun of something at midlife, about menopause, like how we're overweight and we're tired and we have no sex drive, and we need coffee in the morning and wine at night and chocolate.

And she said, they're all laughing and fanning themselves. And she says, everyone's just laughing. And she said tears were rolling down my face. She's like, we're so hopeless that we think our only choice is to make fun of ourselves.

We have to stop this madness. And I was like, yes, we got to stop this menopause madness. And that's what birth does. Stop the Menopause Madness Summit.

But I think it's true. Like even, I have to say that I can't blame the doctors because I was trained that way too, and so I didn't even know what I didn't know, until I knew it.

And the only reason I knew it is because my health was in the gutter. And then I had to get this information. So then when my mothers came, I was like, but they don't even know what the don't know.

And they so believe the paradigm that I'm going to say that they're brainwashed in because I was brainwashed in it to, I literally went home and told my mother when I went to med school.

So, she was had this great lifestyle, very holistic. She was good friends with Gary Null, who owned this health food store like she made her own granola, like she was super.

We called her granola. Jerry, and I came home from med school, and I told her mother, we heal with steel, which you probably had to suppress her laughter.

And she never said I told you so. When I went on my journey. But then I see what happened to her. And so I think you can go to granola and be like, oh, I'm doing menopause.

Naturally. I don't need hormones. And it's so funny. I'll just add this other because I say, no woman ever got a diagnosis of osteoporosis from her doctor and were told was told that her calcium and vitamin K and vitamin D were low and that she needed to take them and went, oh, I'm not taking calcium and vitamin K and vitamin D, I'm

doing osteoporosis naturally, but this insanity that we women have internalized, the misogynistic culture that has put a value on us needing hormone therapy for our very brain function, heart function for our lives.

We've internalized that and turned it again against ourselves, that it's something bad and that I'm sorry that she has to stop. Okay. Fair enough. So I want to get into a little bit of the criticisms around this.

And I mentioned breast cancer. Oh yeah. And you've mentioned the Women's Health Initiative study. And so I want to talk about like why people feel like this isn't safe.

I can't tell you how many patients I've had where I'm like, all right, you have cognitive decline. You we can measure it. It's happening. You have it.

You are at risk for dementia. You have ApoE e4 for status. Like, let's get you on some hormones and they go home and they're like, well, my neighbor's a nurse.

And she told me that hormones are going to give me breast cancer, so I don't want to do that. And I, I just sort of flabbergasted every time. But I've read the literature and so they talk us through it when you have these conversations with people.

All right. So this whole issue of estrogens and hormones are going to cause me to have breast cancer. So flat out. No. So the first thing I like to say is I like to appeal to someone's common sense.

If estrogen causes breast cancer, number one, who would have who has the highest estrogen? Well, 20 to 30 year old women. So who would have the highest rate of breast cancer?

20 to 30 year old women. Do they know okay, number two, if she calls breast cancer, everybody who has estrogen would have breast cancer. That's every man on the planet.

Every woman on the planet. Does every man and woman have breast cancer? No. Everything nature gave you, it gave you because it keeps you healthy. So this concept that anything that you naturally have is going to cause you harm is insane to begin with.

Now let's go back and look at some of the studies, the literature clear says that synthetic artificial hormones equal in which is horse estrogen, which is not human estrogen major progesterone acetate or brand name Provera, brand name Prema.

And for the excellent they will increase your risk of breast cancer. Biologically identical natural hormones. Exactly that you naturally have when given at the appropriate physiologic levels and balanced appropriately, will not cause breast cancer.

The studies also show that if you do get breast cancer and you happen to be on hormone therapy, it will be found earlier, it will be a more easily treatable type and you will not die from it.

And overall, if you use hormone therapy, your longevity will be on average two years longer than every other woman. Whether or not you get breast cancer, you have lower rates of heart attack and heart disease.

The number one killer over women of women over 50 that no woman scared about.

Breast Cancer Fears and the Women's Health Initiative

You all have lower rates of blindness, dementia, all these things we're talking about better quality of life. So, you know, doctor are ignorant about this and people are ignorant about this. Why?

Because of the Women's Health Initiative study about 20 years ago came out. They did this large, multi-site, trial in California. I think it was at Kaiser, 15,000 women.

And they looked at synthetic hormones and Provera in combination, and they stopped the study at almost five years early because of an increased risk of breast cancer and other problems.

But since then, there have been myriad studies that have shown that that was a faulty study, meaning bad data. I remember that day in my office because the phones were ringing off the hook.

Every woman came off her hormone. She was terrified. Everyone was hot, flashing and miserable. Nobody could sleep. The problem is that it was a bad study and the media seized on to it.

Because the media is all about fear. Fear cells. It hooks into your reptilian brain. We're biologically program for negative information, and so on. The news at five actually proven to cause breast cancer in women.

It was like all over. Now have the studies that have been done since that day. The authors, I believe, have even come back and said, yeah, it wasn't a great study.

It was incorrect. The conclusions were incorrect. Has the media seized on to that and had a headline? Newsflash estrogen will promote your will, prolong your life two years?

No, because that doesn't. So what sells is the latest fear thing. Oh my gosh pandemic numbers. You should be so afraid and hiding in your house. So I know I get so upset about this because you even have doctors, you know, trained like me who don't understand the difference.

And this used to be me between a synthetic or artificial hormone and I'm not biologically identical hormone. But even the data says that if all you can get is excellent and Provera, you're better off with that than nothing.

So there's so much misinformation and people just regurgitate it or regurgitate it. They don't go back and look at it themselves. They don't know how to do a proper literature search.

And unfortunately, you have doctors, nurses, all kinds of healthcare professionals propagating this fake news. Frankly, and in the meantime, women are dying.

It's so sad. So the other thing is, all right, I still see women come in and they're on oral non bioidentical synthetic estrogen. And I'm like, wait, what?

I thought that was what we did learn is that estrogen want to take you want to do topically. So like a patch or maybe a pellet or a cream and that you take them orally to have them go through the gut and through the liver when they are conjugated.

That is what can start to create more of the problems, especially in that blood vessels in the blood, where it can lead to more clotting and then stroke and heart attack risk.

So is that your understanding as well? Anybody listening is, oral estrogen. Can we send them back or to a new doctor to switch that? So I say yes. You never take estrogen or testosterone orally.

Period. End of story. You're asking for trouble. Why? Those are still allowed by the FDA. I don't even know except to say that medicine is very political.

If you didn't realize this, there are a lot of politics involved. So it is the business of medicine includes big medicine, big pharma, big insurance, big food.

It is a four profit industry that profits off of your illness. And so unfortunately, you like to think that they're about your optimum health, but they're not really they're about managing disease and making money off of managing disease.

So, yes, if you are an oral, you need to get off it. Do not go to your doctor who's giving you oral hormones and say you heard us talking and that you need to come off of it.

They will think you're crazy because they're trained in the business of corporate medicine, and they're going to tell you that's not true. Because they don't speak hormone like Heather went.

So in her doctor training, she had all the training that I got in my fellowship and more. Right. So she learned this from the get go. I wish I had gone to natural Co right, but I had to go back to school to learn the true, and you want to find someone with that training, right.

Either naturopathic training or who is an MD who went back and got a fellowship in anti-aging, metabolic and functional medicine or functional medicine, who speaks hormone, who's hormonally literate.

That's why when I created the Hormone Club, I, you know, so many women reached out to me after the Stop the Menopause madness. I'm like, where can I get a prescription?

I live in Montana, and I finally one day had this epiphany we need a telemedicine solution for women to get this, because there aren't enough of us trained in this.

And I realized I was the one to create it because I had plenty of experience with telemedicine and had actually consulted with a company that was starting up to give women oral hormones, which I didn't agree with.

But I knew the business side. So anyway, I created it. And so you want to get someone who's hormone literate to help you, and then what else did you do with this?

Because this is part of a your functional medicine training. Metabolic metabolically trained. Like you get the complexity of this system. And I think that's one of the refrains of this Alzheimer's summit is that we need we can't have a pill for every ill.

Like the way you were originally trained is this reductionistic approach. And when it comes to things like dementia and aging, we need, complexity to the solution that matches the complexity of the problem.

And so tell me how you put your hormonal approach into the kind of the bigger picture of someone's full health. Right. And that's very key. How it is, our health is complex, and we've been socialized to believe that it should be as simple as, I have a symptom.

I go to the doctor, they tell me what the diagnosis is, they give me a prescription or they do a surgery. And then my symptom goes away. I call that what medicine?

What is the diagnosis? What drug do I need to give? What surgery do I need to do to control the symptom? And we've learned this since we were babies. We've learned that the doctor's the authority on my body and health I know nothing.

We've we've been come disconnected from what our body's telling us and don't understand that the symptoms she's giving us are her telling us what she wants and needs, what she likes and doesn't like, and that if we shut those symptoms off when we get headaches and we're taking Motrin all the time, we're telling her to shut up.

So we have to reopen the conversation with her. What do you think, sweetheart? What do you need me to know? Why is my shoulder frozen? What's going on with you?

Why are we getting migraines? She'll tell you. And so, And get out of the what? Medicine go to why medicine? Right. I have a headache. Why do I have a headache?

Testing, Treatment, and Hormone Therapy Best Practices

There's always a reason why your body doesn't expend energy to generate a symptom for no reason. Because it's energy intensive to make a headache. It's energy intensive to make your knee hurt.

So there's always a reason to go to why medicine. So the complexity is, is myriad. And it's not just hormones. So I created the hormone clouds. And I like women for sure need a prescription.

But that's also why I created my other company, Midlife Metabolism Institute is because women need all. I call it all the things we need to assess our mitochondrial function.

How are our mitochondria working? And this is for our brain health and everything else that we do with. We've got to get our mitochondria boosted up. We've got to get our gut healed because we've got toxicity.

And a lot of it comes from our gut. We've got to get detoxified. So in my, my Midlife Metabolism Institute, I teach women in my coaching and educational programs everything they need to know about the care and feeding of their body that no one ever told them.

I call it body school. And I say it's never too late to learn. I wish we had learned it in grade school, but it's okay. Most women come to this at midlife because they're like, what happens?

And then they see how bad it is, and then they are looking at what is 80 gonna look like. And it's not looking pretty. And so they get scared and then they learn all the things.

So you have to address the complexity. It's not just you don't just get a hormonal prescription and that's all you need to do all these other things. Yeah.

It's so glad that you are mentioning all of those things and putting these puzzle pieces together. So I and I'm sure this is part of the the answer to this question, but what are some other strategies for getting the maximum benefit from hormone therapy other than just kind of putting these pieces together, taking the right the in the calls.

But let's let's expand because I think a lot of women are aware of this. But yeah, tell us what works. Okay. So a few things never take estrogen or testosterone orally.

There are different ways that you you usually will use estrogen and a and testosterone transdermal. But there are some pellets, progesterone orally or transdermal.

So in mainstream medicine, they will tell you that if you don't have a uterus you don't need progesterone. That's a light progesterone. Your whole body needs progesterone.

We already talked about why your brain needs it and your breasts need it in particular. So you need progesterone whether you've had a hysterectomy or not, because there no commercially available testosterone supplements.

You're a regular corporate medical HMO doctor isn't even gonna talk to you about that. They're probably going to even scary and tell you you're going to grow a mustache and a beard.

And your voice is going to deepen. I don't have a mustache or a beard. And none of the women ask me and start beating up your husband's acne and start beating up your husband, right?

You're not going to turn into a man unless someone gives you male doses of testosterone. If they do, then you will. But you give female doses, right? So that's the next thing. You you are.

Your program is incomplete if you don't have testosterone. So there's this fallacy that it's only about sex drive is a just that, a fallacy. You need it just like you need estrogen and progesterone.

So make sure you get it. The other thing is the testing. So corporate medicine is one size fits all symptom treatment. Oh I doc I can't sleep. Oh here's an Ambien prescription.

They do no evaluation. And Ambien is going to affect cognitive function. So all of those benzodiazepines if you were coming in because you can't sleep and your cognitive function is declining, please find an alternative to

benzodiazepines like Ambien and Xanax.

Right. So that is mainstream medicine. What medicine? And so they don't even test your hormones. If you do badger them into it, they're going to do a blood test, which is inaccurate because these hormones are made from cholesterol, which comes from fat.

Your blood is water. Oil and water don't mix. So they're not just having a pool party in your blood. You need appropriate testing. In my opinion, the most accurate is dried urine metabolite testing.

And you don't just need it once and that's it. And then you get on a dose and you stay on it forever and ever. I see a lot of people doing that. That is totally wrong.

And I have on the Hormone Club, website at my 1010 report, The ten Benefits of Natural Hormone Therapy and the ten, Mistakes People make with it, because we probably won't get through all ten.

But you got to know them all. You need to get tested at least every six months, probably until you get stabilized and have your doses adjusted. Health is a journey, not a destination.

And you need to always be navigating. It's like, oh, I'm going to Phoenix. I'm going to set my steering wheel right here, and I'm going to set my speed at 50, and I'm going to set it and forget it.

And I'll end up in Phoenix. No, you will end up in a ditch with a skull fracture. It's the same with your hormones. It's not what you test it once. This is my prescription.

This is what I take forever. You got to constantly monitoring your speed and your steering wheel. Same with hormones. And initially, at least every six months, you need to be getting retested.

I mean, these are some of the things. And then the other is not using biologically identical. I think we, we talked about that. But even with that, some corporate medicine has access to like estradiol patches in a few different doses.

They won't do any testing and they'll go, oh, here's a survival patch. You're on a biologically identical hormone. Never tell the woman that like you're not getting SGA.

Most women don't feel optimized when they don't get that type of estrogen. It's protective against breast cancer.

Resources, Programs, and Final Call to Action

Oh, by the way, maybe that would be a good thing for every woman to have that estrogen that protects you against breast cancer. I don't know about you, but I want that.

I have that, so those are some of the biggest ways that people get it wrong. Good, good, good to know. And then. Yeah. Tell us where people can find out more about the MMI, the Midlife Metabolism Institute, and also about the Hormone Club.

Sure. So they can go to the Hormone club.com. You got to put the dot in front the Hormone club.com and find out information. The 1010 report is there.

You can fill out our take our free assessment and get signed up. And if you want to become an A member you can use coupon code bliss ten bliss all lowercase.

And then the number ten one zero and check out to get 10% off. And then, the Midlife Metabolism Institute, you're going to go to Midlife Metabolism institute.com or my website, which will go there to Karen Dunston, MD.

Comments. Okay, why are I and do you and Stone md.com and I hope you'll check out my, podcast, The Hormone

Prescription. Love to see you there, Karen.

It's been an absolute pleasure having you. Thank you so much. Just for your passion and energy that you bring to this space. I can tell that you show up care because you really want to reduce the suffering in the world.

And that that doesn't need to happen because we know enough to take action right now. And thank you for getting this really critical information out to women out there.

It's been such a pleasure having you. Thank you for having me, Heather. And I want to say, you know, unfortunately, it's it's too late for my mom, but it's not too late for you and the women in your life that you care about.

So take this information, this incredible information that Heather sharing with you and take action. Share this with all the women you know. Take action and do something.

I don't think there's any more horrific disease than Alzheimer's. Having my mother having the end stages of it. And I don't want any other woman to have to go through that, what she's going through, or to have a family member experience that.

So please take action. Absolute heartbreak. And thank you. Yeah. Thank you for allowing us to learn from your experience so that hopefully, like you said, at least one woman can avoid this state.