The Menopausal Matrix, Part 1: What It Is + How to Treat It | The Longevity Protocol Ep. 32 Transcript

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Podcast Introduction

[Music] [Music] Welcome to the Longevity Protocol with Welcome to the Longevity Protocol with Dr. Christina Bosch and Dr. John A. Dr. Christina Bosch and Dr. John A.

Robinson. We'll be your guides to Robinson. We'll be your guides to uncovering the secrets to optimal uncovering the secrets to optimal health, better sex, and happiness. From health, better sex, and happiness. From debunking aging myths to exploring the debunking aging myths to exploring the science behind what it means to live the science behind what it means to live the longevity protocol. We'll dive into a longevity protocol. We'll dive into a wide range of topics.

wide range of topics.

Menopause Overview and Symptoms

So get ready for an exhilarating journey So get ready for an exhilarating journey in what it means to live well and feel in what it means to live well and feel Menopause. Yes, menopause. This is a Menopause. Yes, menopause. This is a it's a hot topic for us because we talk it's a hot topic for us because we talk about it all the time. It's a hot topic about it all the time. It's a hot topic and it's a literally it's it's a hot and it's a literally it's it's a hot flashy flashy flashy kind of topic. Yes. A sweaty kind of kind of topic. Yes. A sweaty kind of topic. Yuck. And all kinds of things.

topic. Yuck. And all kinds of things. Yeah. And we're going to talk about that Yeah. And we're going to talk about that today. We're going to talk about today. We're going to talk about menopause. Uh and this is a two-part uh menopause. Uh and this is a two-part uh episode. I'm excited about this because episode. I'm excited about this because we we said let's kind of really get into we we said let's kind of really get into it and and talk about all things it and and talk about all things menopause. So this if you're wanting to menopause. So this if you're wanting to understand more about menopause, this is understand more about menopause, this is the the the episode and it's two parts. We're going episode and it's two parts. We're going to get into the menopausal matrix as we to get into the menopausal matrix as we call it that the whole kind of concept call it that the whole kind of concept behind what is menopause? How do we behind what is menopause? How do we diagnose it? what does it mean? Um what diagnose it? what does it mean? Um what are some of the technical things behind are some of the technical things behind what estrogen does and testosterone in a what estrogen does and testosterone in a woman's body? And then the second part woman's body? And then the second part we're going to actually talk about uh we're going to actually talk about uh menopausal advocacy and dispelling those menopausal advocacy and dispelling those myths in and around that and um what myths in and around that and um what that actually means because there's that actually means because there's actually now advocacy out there for actually now advocacy out there for menopause. Things have changed. I mean a menopause. Things have changed. I mean a lot of things have changed. Yeah. Um I I lot of things have changed. Yeah. Um I I want to say just because as we talk want to say just because as we talk about advocacy often the biggest about advocacy often the biggest advocate in a woman's life should be her advocate in a woman's life should be her partner like her husband. So when we're partner like her husband. So when we're delving into the ideas of menopause this delving into the ideas of menopause this is not a woman only episode. It's really is not a woman only episode. It's really great for men to listen to this so that great for men to listen to this so that they can have a better understanding they can have a better understanding into their females process because it's into their females process because it's not an an it's often not an easy thing not an an it's often not an easy thing to go through.

to go through. It isn't. And part of the reason I think It isn't. And part of the reason I think it is difficult for women aside from all it is difficult for women aside from all of this general symptomatic hell that of this general symptomatic hell that they can go through um they have people they can go through um they have people around them that are

not understanding around them that are not understanding their their spouse. It could be even their their spouse. It could be even their kids or themselves. I mean they their kids or themselves. I mean they just don't know or their doctor that just don't know or their doctor that definitely doesn't understand. How many definitely doesn't understand. How many times we've heard, you know, these a times we've heard, you know, these a woman right around 50 going in and woman right around 50 going in and talking to some young doctors around 30 talking to some young doctors around 30 odd and and she's sort of half rolling odd and and she's sort of half rolling her eyes and just saying, "Ah, you got her eyes and just saying, "Ah, you got to live with it." Right? And we've seen to live with it." Right? And we've seen actually patients come and say, you actually patients come and say, you know, and they stay with their their know, and they stay with their their gynecologist and that same gynecologist gynecologist and that same gynecologist after a certain number of years um then after a certain number of years um then comes back and said, "Can can you tell comes back and said, "Can can you tell me the name of that doctor you're going me the name of that doctor you're going to now I'm starting to have a hot flash.

to now I'm starting to have a hot flash. I know what you're finally saying." You I know what you're finally saying." You know, where prior they were saying, know, where prior they were saying, "Don't worry about it. Don't do "Don't worry about it. Don't do hormones. It's going to cause breast hormones. It's going to cause breast cancer and all that other kind of cancer and all that other kind of nonsense." Um so yes, this is a two-part nonsense." Um so yes, this is a two-part episode. This first part here, let's get episode. This first part here, let's get into the uh what what is menopause? What into the uh what what is menopause? What are some of the symptoms? how and what are some of the symptoms?

Defining Menopause and Diagnosis

how and what it is that we do to be able to help it is that we do to be able to help women with that. Uh let's start on that women with that. Uh let's start on that now. Okay. I mean, what do we say when now. Okay. I mean, what do we say when we're saying menopause? How do we define we're saying menopause? How do we define that? I mean, we've talked about this that? I mean, we've talked about this before, but it's important to remember before, but it's important to remember that this is really a period of time.

that this is really a period of time. So, you're either basically premenopause So, you're either basically premenopause or postmenopause. Menopause can be a or postmenopause. Menopause can be a pretty lengthy um amount of time in pretty lengthy um amount of time in which a female is having irregular which a female is having irregular periods or no period and then the period periods or no period and then the period can come back. Um so being can come back. Um so being postmenopausal is defined as having gone postmenopausal is defined as having gone 12 consecutive months without a 12 consecutive months without a menstrual cycle. If you go 11 months and menstrual cycle. If you go 11 months and 3 weeks and 6 days and then you start 3 weeks and 6 days and then you start bleeding, you're not done. Yeah. You're bleeding, you're not done. Yeah. You're permenopausal. Yeah. You're not you're permenopausal. Yeah. You're not you're not there fully into it yet. Yeah. It's not there fully into it yet. Yeah. It's it's and with menopause it is a I always it's and with menopause it is a I always say it's a permanent state or condition say it's a permanent state or condition of being. Once you're there, you're of being. Once you're there, you're there. Um so that's you know sometimes there. Um so that's you know sometimes that term of even post-menopausal gets that term of even post-menopausal gets kind of confusing. There's this line kind of confusing. There's this line between not being there and being there.

between not being there and being there. But then menopausal versus But then menopausal versus postmenopausal tends to make it sound postmenopausal tends to make it sound like there's two different things. You like there's two different things. You know, John, I think it is two different know, John, I think it is two different things if the female is doing HRT. I things if the female is doing HRT. I really do. Oh, that's a that's a good really do. Oh, that's a that's a good way to put it because I think if you're way to put it because I think if you're doing hormone replacement therapy now doing hormone replacement therapy now you're just menopausal. Then you're just you're just menopausal. Then you're just postmenopausal. Oh. Oh, I see. Oh, I postmenopausal. Oh. Oh, I see. Oh, I see. You no longer have a period. I see.

see. You no longer have a period. I see. But you are still feel but excuse me. But you are still feel but excuse me. You no longer have a period and you feel You no longer have a period and you feel well. You just no longer have a

period.

well. You just no longer have a period. Yeah. And that's and you're feeling well Yeah. And that's and you're feeling well because you're on hormones. Y Yeah. You because you're on hormones. Y Yeah. You could be postmenopausal and just not could be postmenopausal and just not feeling well. So, I understand what feeling well. So, I understand what you're saying about how it's this like you're saying about how it's this like eternal stage, but it's only an eternal eternal stage, but it's only an eternal stage of their symptoms stage of their symptoms associated. Otherwise, you're either associated. Otherwise, you're either bleeding or not bleeding from a bleeding or not bleeding from a menstrual cycle. Yeah. Well, we can menstrual cycle. Yeah. Well, we can define menopause also as just sort of define menopause also as just sort of all of the things that go along with it all of the things that go along with it that increase disease risk, that increase disease risk, cardiovascular disease, diabetes, cardiovascular disease, diabetes, osteoporosis, Alzheimer's disease, and osteoporosis, Alzheimer's disease, and then weird things like fat deposition, then weird things like fat deposition, right? fat in places that don't seem to right? fat in places that don't seem to make any sense like the you know the the make any sense like the you know the the top of your back here. Yeah. Why the top of your back here. Yeah. Why the armpits armpits armpits the that really pisses me off. I got to the that really pisses me off. I got to tell you. I mean I I had babies late and tell you. I mean I I had babies late and I got huge with all of them and I got huge with all of them and thankfully I've worked hard to get my thankfully I've worked hard to get my body quoted body quoted back. But you know screw those things.

back. But you know screw those things. Those like what's this armpit situation? Those like what's this armpit situation? I don't know. I don't know what that's I don't know. I don't know what that's about. Things that women have told me about. Things that women have told me over the years that I'm like, okay, I over the years that I'm like, okay, I mean, not that I rolled my eyes at them.

mean, not that I rolled my eyes at them. No, I've always been wise enough um to No, I've always been wise enough um to to validate their concerns, but you to validate their concerns, but you can't understand until you experience can't understand until you experience Yeah. So, okay. So, a menopausal symptom Yeah. So, okay. So, a menopausal symptom number one, uh fat. Okay. Uh but yes, number one, uh fat. Okay. Uh but yes, there's many things. the hot flashes, there's many things. the hot flashes, the night sweats, the sleeping the night sweats, the sleeping difficulties, um all kinds of mood difficulties, um all kinds of mood disorders. Yeah. Sleep. Yeah. That and disorders. Yeah. Sleep. Yeah. That and that is often disturbed just simply that is often disturbed just simply because you're having a night sweat at because you're having a night sweat at night. That's part of the disturbance.

night. That's part of the disturbance. But, uh the the ability to get into REM But, uh the the ability to get into REM and to stay in REM is often affected by and to stay in REM is often affected by the lack of the hormone.

the lack of the hormone. Okay. So, how do we diagnose it? Many of Okay. So, how do we diagnose it? Many of these things we're saying here were just these things we're saying here were just talking about symptoms. Symptoms. Um talking about symptoms. Symptoms. Um what's going on? libido and that was, what's going on? libido and that was, you know, of course, uh, anxiety, you know, of course, uh, anxiety, depression, mood swings, irritability, depression, mood swings, irritability, all those things that go on with it. Um, all those things that go on with it. Um, and and we distinctly measure their and and we distinctly measure their armpit fat and we check that out, make armpit fat and we check that out, make sure what's going on with that. And that sure what's going on with that. And that helps us to understand, but it's also helps us to understand, but it's also we're diagnosing it based on labs. Yeah.

we're diagnosing it based on labs. Yeah. Based on labs, what's going on with Based on labs, what's going on with their estrogen, uh, their testosterone, their estrogen, uh, their testosterone, and we check something called follical and we check something called follical stimulating hormone that winds up being stimulating hormone that winds up being really, really important to understand really, really important to understand where they're at in that menstrual cycle where they're at in that menstrual cycle process. what's going on with the FSH.

process. what's going on with the FSH.

Wisdom, Growth, and Forgiveness

If your doctor is not checking FSH when If your doctor is not checking FSH when it comes to determining what's happening it comes to determining what's happening with your menopausal situation, they do with your menopausal situation, they do not know what they're doing. Yeah. I not know what they're doing. Yeah. I mean, I would say personally, and let's mean, I would say personally, and let's just take the idea of birth control out just take the idea of birth control out of the conversation. Let's just start of the conversation. Let's just start with the premise that there's no birth with the premise that there's no birth control involved. Okay. Right. Cuz that control involved. Okay. Right. Cuz that could misrepresent um levels. Um, I could misrepresent um levels. Um, I would say that the symptoms and then the would say that the symptoms and then the FSH are going to be the primary way that FSH are going to be the primary way that I'm diagnosing and really understanding I'm diagnosing and really understanding what the treatment approach should be to what the treatment approach should be to help guide my females through their help guide my females through their menopausal journey.

menopausal journey. Yes. Yes. Yes. Okay. You know, um, everything seems to Okay. You know, um, everything seems to have a a sort of a spiritual take. have a a sort of a spiritual take.

Hopefully, hopefully. And and certainly Hopefully, hopefully. And and certainly when it comes to menopause, I think that when it comes to menopause, I think that there is that relationship there with there is that relationship there with that. Um, when women are starting to go that. Um, when women are starting to go through that, they're they're having the through that, they're they're having the mental and emotional issues, too. But it mental and emotional issues, too. But it inevitably kind of bridges into what inevitably kind of bridges into what does this time in my life now mean to me does this time in my life now mean to me um spiritually? Do I have a spiritual um spiritually? Do I have a spiritual path or not? Um, it helps you to even path or not? Um, it helps you to even perhaps even recognize that. But just in perhaps even recognize that. But just in and of itself, menopause has a spiritual and of itself, menopause has a spiritual sort of definition to it. Um, it is very sort of definition to it. Um, it is very much about personal growth. Whether or much about personal growth. Whether or not you've had personal growth, that's not you've had personal growth, that's the big thing, growing. But did you the big thing, growing. But did you figure it out? Let me let me interrupt figure it out? Let me let me interrupt you for a second. This whole section you for a second. This whole section that is at the top of our notes because that is at the top of our notes because that's how important it is is probably that's how important it is is probably the most under uh poorly understood and the most under uh poorly understood and underrepresented part of the aging underrepresented part of the aging female. Mhm. So I really just I want to female. Mhm. So I really just I want to take a moment to pause before you keep take a moment to pause before you keep delving into it to say women listen up delving into it to say women listen up and men because this is the piece that and men because this is the piece that they are not receiving. They're not they are not receiving. They're not being told and this is what helps us being told and this is what helps us women feel so much better about this women feel so much better about this idea of getting older. So go ahead.

idea of getting older. So go ahead. Well, you're to that it is a transition Well, you're to that it is a transition into a deeper understanding about into a deeper understanding about yourself and your position then as a yourself and your position then as a woman. It is a it's a maturity. I mean woman. It is a it's a maturity. I mean this happens with men but in a different this happens with men but in a different way. It's it's a women have this passage way. It's it's a women have this passage and rights of passage. It happens at and rights of passage. It happens at menration uh as a as a young girl moving menration uh as a as a young girl moving into womanhood. Uh and then it's it's into womanhood. Uh and then it's it's also represented by this other sort of also represented by this other sort of physical change. Women go through these physical change. Women go through these kinds of things and their rights of kinds of things and their rights of passage that mean something and can mean passage that mean something and can mean even more if they understand it more. So even more if they understand it more. So yes, personal growth it very much about yes, personal growth it very much about releasing the past. I think that you you releasing the past. I think that you you can't re you can't move on I think until can't re you can't move on I think until you've released the past and all of that you've released the past and all of that gets brought up at this moment of of gets brought up at this moment of of menopause. So, it's about wisdom. It's menopause. So, it's about wisdom. It's about wisdom. Wisdom, that's the word. I about wisdom. Wisdom, that's the word. I mean, release the path. The past. I mean, release the path. The past. I think the idea of releasing the think the idea of releasing the past is that you're untying yourself past is that you're untying yourself from blame, excuses, regrets.

from blame, excuses, regrets. We we bring our past with us wherever we We we bring our past with us wherever we go in the sense that it's what's shaped go in the sense that it's what's shaped us. But how it shapes you depends on us. But how it shapes you depends on your relationship to the past. So if you your relationship to the past. So if you bring the past with you because you've bring the past with you because you've learned things, that's where that wisdom learned things, that's where that wisdom comes from because you've seen, you've comes from because you've seen, you've experienced, you've absorbed, you've experienced, you've absorbed, you've evolved, then you're taking the past evolved, then you're taking the past with you. When you say release the past, with you. When you say release the past, I think what you I think what you mean I think what you I think what you mean is that you're letting go of you're is that you're letting go of you're forgiving. You're forgiving. You're forgiving. You're forgiving. You're forgiving. And the self and others. Yes.

forgiving. And the self and others. Yes. And that that's what I wanted to say And that that's what I wanted to say that it is yeah you got to forgive all that it is yeah you got to forgive all the other ones all the trespasses the other ones all the trespasses against you uh but also your own against you uh but also your own trespasses and what you've done um and trespasses and what you've done um and if you can continue to really forgive if you can continue to really forgive that at this pivotal moment then you can that at this pivotal moment then you can evolve into this next transition. I evolve into this next transition. I think that's where many women and men think that's where many women and men can get stuck at this transition that can get stuck at this transition that tends to happen right at around 50.

tends to happen right at around 50. There has to be levels of forgiveness There has to be levels of forgiveness that goes on so you can have your past that goes on so you can have your past and and take it with you, but it's in a and and take it with you, but it's in a way that's comfortable because you've way that's comfortable because you've forgiven, right? So that wisdom, you forgiven, right? So that wisdom, you know, the idea of the crone, the crone know, the idea of the crone, the crone nowadays gets pic pictured um or nowadays gets pic pictured um or depicted as some ugly old witch who's depicted as some ugly old witch who's poisoning poor Snow White. But that's poisoning poor Snow White. But that's not really what the crone was. The crone not really what the crone was. The crone really was a symbolic of the wise woman really was a symbolic of the wise woman of the community. The one who had of the community. The one who had experienced enough cycles around the sun experienced enough cycles around the sun where she had seen enough to offer her where she had seen enough to offer her experiences to either prevent or heal or experiences to either prevent or heal or or or just enhance. Right? So when we're or or just enhance. Right? So when we're talking about menopause, we're seeing in talking about menopause, we're seeing in modern day society that people end up modern day society that people end up saying, "Oh, I'm having these midlife saying, "Oh, I'm having these midlife crisises. I don't actually know who I am crisises. I don't actually know who I am at this stage." When it's the opposite.

at this stage." When it's the opposite. what we should be doing is saying what what we should be doing is saying what have I experienced and who then do I have I experienced and who then do I choose to be moving forward.

choose to be moving forward. It's what what a great opportunity. It's what what a great opportunity. Yeah. And what makes all of that easier. Yeah. And what makes all of that easier.

Hormone Therapy and Estrogen Benefits

So, now let's kind of get into some of So, now let's kind of get into some of the uh nuances of um how we treat it the uh nuances of um how we treat it because we do kind of see this as a as a because we do kind of see this as a as a situation that needs a level of support situation that needs a level of support um to be able to help them move on um to be able to help them move on with I've said this for years that with I've said this for years that medicine is um anything that helps you medicine is um anything that helps you to understand more about yourself. If to understand more about yourself. If that thing that agent doesn't help you that thing that agent doesn't help you to understand more about yourself, it's to understand more about yourself, it's not really medicine. So, you can use not really medicine. So, you can use many things to help you um understand many things to help you um understand more about yourself and then then it more about yourself and then then it becomes medicine. Um and and I would say becomes medicine. Um and and I would say even as I've gotten older, I would even as I've gotten older, I would enhance that definition to say that enhance that definition to say that medicine is anything to not only

help medicine is anything to not only help you understand more about yourself, but you understand more about yourself, but how yourself relates back to God. Um and how yourself relates back to God. Um and that that's how I would kind of enhance that that's how I would kind of enhance that because I wouldn't want to make it that because I wouldn't want to make it completely, you know, selfish, you know, completely, you know, selfish, you know, self-centered only to that. But it's self-centered only to that. But it's that it's not egocentric. it still that it's not egocentric. it still should be a connection to a higher power should be a connection to a higher power but ultimately un you know know thyself but ultimately un you know know thyself that's what it's about um so what are that's what it's about um so what are some of those things that we can use now some of those things that we can use now kind of get out of the esoteric and just kind of get out of the esoteric and just kind of talk about the practical I mean kind of talk about the practical I mean women need estrogen when it starts to go women need estrogen when it starts to go down um and and you know estrogen has down um and and you know estrogen has been historically so vilified uh for been historically so vilified uh for literally a generation since 2002 it has literally a generation since 2002 it has been fantastic for us to be able to been fantastic for us to be able to stand up very proudly and say that um stand up very proudly and say that um finally They have done away with the finally They have done away with the nonsense of the women's health nonsense of the women's health initiative and the massive errors that initiative and the massive errors that they had made in saying that there was they had made in saying that there was an association with um breast cancer and an association with um breast cancer and estrogen. It was completely wrong and estrogen. It was completely wrong and we've now come full circle uh thank God we've now come full circle uh thank God and understand that it wasn't doing and understand that it wasn't doing that. So, it should allow anyone that. So, it should allow anyone listening if they have any level of listening if they have any level of hesitancy about estrogen as they thought hesitancy about estrogen as they thought it might be because somebody told them it might be because somebody told them it was related to a breast cancer risk.

it was related to a breast cancer risk. It is very clear that it just isn't and It is very clear that it just isn't and it isn't anything to um worry about in it isn't anything to um worry about in terms of risk. We always need to weigh terms of risk. We always need to weigh out risks uh in general in medicine, but out risks uh in general in medicine, but ultimately that risk is incredibly small ultimately that risk is incredibly small to basically none. It's not what it was to basically none. It's not what it was certainly told that it was. um and that certainly told that it was. um and that women should feel confident about that, women should feel confident about that, right? So, I think the biggest issue is right? So, I think the biggest issue is that because that information has been that because that information has been rightfully debunked, everyone should rightfully debunked, everyone should start with the yes. Yes, I would like to start with the yes. Yes, I would like to explore estrogen replacement. Now, explore estrogen replacement. Now, whether the nuances of your uh picture whether the nuances of your uh picture prove to be that you're a candidate or prove to be that you're a candidate or not a candidate with with most people not a candidate with with most people proving yes, I am a candidate. The proving yes, I am a candidate. The difference is that now people should difference is that now people should approach it with a yes. Whereas I think approach it with a yes. Whereas I think prior to the very recent past expose, it prior to the very recent past expose, it always started with a no. It was like always started with a no. It was like no, I won't use estrogen. Oh, but I'm no, I won't use estrogen. Oh, but I'm doing so horribly. I feel terrible. I I doing so horribly. I feel terrible. I I have osteopor all of it was only until have osteopor all of it was only until there was an accumulation of so much there was an accumulation of so much craptastic unnecessary aging as a result craptastic unnecessary aging as a result to the massive decline. Yes, estrogen is to the massive decline. Yes, estrogen is supposed to go down as we get older, but supposed to go down as we get older, but it's not supposed to go away. Yeah, that it's not supposed to go away. Yeah, that is that's a great point. So many is that's a great point. So many patients um they suffer they suffer patients um they suffer they suffer unnecessarily and then when they finally unnecessarily and then when they finally come to us you know we're glad that they come to us you know we're glad that they did obviously but you know and they'll did obviously but you know and they'll even say to us God I should have done even say to us God I should have done this years ago how many times we hear this years ago how many times we hear that and the problem is there's so many that and the problem is there's so many conditions that become more difficult to conditions that become more difficult to reverse that could have perhaps been reverse that could have perhaps been preventive estrogen replacement therapy preventive estrogen replacement therapy had been used in the first place. Yeah.

had been used in the first place. Yeah. A great example of that would be heart A great example of that would be heart disease. um and plenty of research to to disease. um and plenty of research to to sort of support that idea now that u sort of support that idea now that u early on prevention or intervention with early on prevention or

intervention with estrogen therapy etc. um is going to estrogen therapy etc. um is going to help with those kinds of things and it's help with those kinds of things and it's harder to reap those cardiovascular harder to reap those cardiovascular benefits once the damage is done. Yeah.

benefits once the damage is done. Yeah. And you've waited. You still can do it And you've waited. You still can do it um but uh the the benefit is is harder um but uh the the benefit is is harder to reap those benefits. So uh yes early to reap those benefits. So uh yes early uh uh intervention but everyone ladies uh uh intervention but everyone ladies it's not too late. Yep.

it's not too late. Yep. Um so talk about testosterone uh DHEA. Um so talk about testosterone uh DHEA. Um these are not male hormones. These Um these are not male hormones. These are human hormones. Um women need are human hormones. Um women need testosterone for virtually the same testosterone for virtually the same exact reasons as men do. Men just need exact reasons as men do. Men just need more of it. Um DHEA is another really more of it. Um DHEA is another really good one. When it comes to some of the good one.

Testosterone, DHEA, and Sexual Health

When it comes to some of the symptoms and issues with um menopause, symptoms and issues with um menopause, vaginal dryness um vaginal dryness um is without sounding too dramatic, is without sounding too dramatic, vaginal dryness can be a vaginal dryness can be a lifethreatening lifethreatening lifethreatening issue. And the reason it is is because issue. And the reason it is is because it can lead into frequent uh urinary it can lead into frequent uh urinary tract infections, UTI of which can in tract infections, UTI of which can in rare cases become very complicated and rare cases become very complicated and go into sepsis. And yes, there are go into sepsis. And yes, there are deaths related to uh comp complicated uh deaths related to uh comp complicated uh UTI and a lot of that was because there UTI and a lot of that was because there was vaginal dryness that could have been was vaginal dryness that could have been handled incredibly simply by estrogen handled incredibly simply by estrogen andor testosterone andor DHEA. We have andor testosterone andor DHEA. We have found if there is vaginal dryness and um found if there is vaginal dryness and um pain with intercourse and those kind of pain with intercourse and those kind of things, DHEA cream locally is it can be things, DHEA cream locally is it can be magic uh for women. And we've had magic uh for women. And we've had patients that we've talked about on patients that we've talked about on podcast regarding that. Yeah. Um so it's podcast regarding that. Yeah. Um so it's uh know that that is there for you too.

uh know that that is there for you too. But testosterone that's helping with But testosterone that's helping with libido libido libido and bone and muscle. Yes. Yeah. Okay.

and bone and muscle. Yes. Yeah. Okay. Metabolism, decreasing fat, helping Metabolism, decreasing fat, helping insulin to work better. Um testosterone insulin to work better. Um testosterone is helping with a lot of mental is helping with a lot of mental emotional things. So big. It's a it emotional things. So big. It's a it helps with um stress resilience.

helps with um stress resilience. it it's massive. So, uh and estrogen is it it's massive. So, uh and estrogen is doing many of those things too that we doing many of those things too that we were just saying. Um but they they each were just saying. Um but they they each have their own uh benefits and that for have their own uh benefits and that for us we just put it all together. So us we just put it all together. So comprehensive estrogen, progesterone, comprehensive estrogen, progesterone, testosterone, DHEA and other hormones.

testosterone, DHEA and other hormones. All of that should be considered for the All of that should be considered for the menopausal woman. menopausal woman.

Yeah. you know, this this sort of mental Yeah. you know, this this sort of mental and emotional um and emotional um issue is also, you know, I always say to issue is also, you know, I always say to patients, you don't have a a Prozac patients, you don't have a a Prozac deficiency. Uh there's no such thing. Uh deficiency. Uh there's no such thing. Uh but there is such thing as a hormonal but there is such thing as a hormonal deficiency like estrogen and deficiency like estrogen and testosterone. And it is those hormones testosterone. And it is those hormones that will

help with serotonin and that will help with serotonin and epinephrine and norepinephrine and epinephrine and norepinephrine and dopamine, all those neurochemicals that dopamine, all those neurochemicals that sometimes we're using these other agents sometimes we're using these other agents for that may be necessary, but many for that may be necessary, but many times it doesn't have to be because times it doesn't have to be because often patients will come in on those often patients will come in on those types of medications. Um, we said in types of medications. Um, we said in another podcast that often they're being another podcast that often they're being given by uh primary care physicians and given by uh primary care physicians and all that sort of haphazardly. They use all that sort of haphazardly. They use it off label for hot flashes and night it off label for hot flashes and night sweats and it's not an it's not the sweats and it's not an it's not the right agent most of the time. what they right agent most of the time. what they needed was the hormone replacement needed was the hormone replacement therapy to help and that's going to be therapy to help and that's going to be the more accurate uh agent for that. You the more accurate uh agent for that. You know, one of the good ways I think to know, one of the good ways I think to tell is if you're using one of these uh tell is if you're using one of these uh medications because you're having medications because you're having low-grade anxiety and sleep disturbance, low-grade anxiety and sleep disturbance, okay, but you're also having vaginal okay, but you're also having vaginal dryness. You're also having a loss of dryness. You're also having a loss of fat in the cheeks and in the breast, but fat in the cheeks and in the breast, but you're having extra fat in the abdomen you're having extra fat in the abdomen where you never had it before. You're where you never had it before. You're also weaker. You're also losing your also weaker. You're also losing your libido for sex and intimacy and libido for sex and intimacy and connection. And so, if you have all of connection. And so, if you have all of these symptoms, then it's probably not these symptoms, then it's probably not that you're just suffering from anxiety.

that you're just suffering from anxiety. It's probably that you're having a It's probably that you're having a systemic deficiency in hormones that is systemic deficiency in hormones that is resulting in this complex presentation.

resulting in this complex presentation. Yeah, that's a great point where that's Yeah, that's a great point where that's a that chicken or egg thing that want a that chicken or egg thing that want you know once you have these direct you know once you have these direct physical issues that's obviously not physical issues that's obviously not making you feel good about yourself and making you feel good about yourself and then again vice versa it's just it's a then again vice versa it's just it's a nasty spiral. So um you got to stop that nasty spiral. So um you got to stop that that crazy train and and you can you that crazy train and and you can you know one thing that we said that we know one thing that we said that we wanted to focus on here was wanted to focus on here was gastrointestinal issues in menopause and gastrointestinal issues in menopause and we wanted to focus on that because it's we wanted to focus on that because it's not often known. So yes, uh you have not often known. So yes, uh you have issues with the gut when you have a lack issues with the gut when you have a lack of estrogen. That is uh really really of estrogen.

Gut Health and Estrogen

That is uh really really important for people to understand um important for people to understand um that because it's a very common you know that because it's a very common you know that just having bloating that that's that just having bloating that that's probably one of the most common things probably one of the most common things you hear as it relates to women and you hear as it relates to women and hormones and periods and all that that hormones and periods and all that that concept of bloating. But even bloating concept of bloating. But even bloating that's occurring in menopause and there that's occurring in menopause and there isn't hardly any estrogen around and isn't hardly any estrogen around and they're actually having worse times with they're actually having worse times with digestion. Yeah. And this is a really digestion. Yeah. And this is a really big deal big deal because the the gut is the second brain.

because the the gut is the second brain. We say that. So if you have an unhealthy We say that. So if you have an unhealthy gut, then you tend to have um unhealthy gut, then you tend to have um unhealthy brain. But the other thing is we spend brain. But the other thing is we spend so much time talking about the root so much time talking about the root cause of illnesses. And if you are not cause of illnesses. And if you are not having appropriate digestive function having appropriate digestive function because your hormones are low, then you because your hormones are low, then you are opening the door for a rapid decline are opening the door for a rapid decline for

any number of illnesses that are for any number of illnesses that are related chronic inflammatory illnesses related chronic inflammatory illnesses that are related to age. So we're having that are related to age. So we're having people that are suffering from all these people that are suffering from all these other things like the osteoporosis for other things like the osteoporosis for example and it really comes back to the example and it really comes back to the fact that they're not absorbing their fact that they're not absorbing their nutrients well and they're not absorbing nutrients well and they're not absorbing their nutrients well because their their nutrients well because their hormones are unnecessarily low. Yes. You hormones are unnecessarily low. Yes. You know there's estrogen know there's estrogen receptors up and down inside the gut. Um receptors up and down inside the gut. Um and people often don't think about it and people often don't think about it that way. estrogen, that way. estrogen, we're sex hormones like estrogen and we're sex hormones like estrogen and testosterone. We're thinking about, oh, testosterone. We're thinking about, oh, it's affecting sexual organs and those it's affecting sexual organs and those types of things. We don't think about types of things. We don't think about the fact that maybe it's affecting our the fact that maybe it's affecting our brain and our muscles. Maybe we think of brain and our muscles. Maybe we think of bones with estrogen. That might be one bones with estrogen. That might be one of the ones you think about, but of the ones you think about, but ultimately uh it is affecting uh your ultimately uh it is affecting uh your your gut. There's receptors for that.

your gut. There's receptors for that. So, it estrogen is a smooth muscle So, it estrogen is a smooth muscle relaxer. It's it's helping to increase relaxer. It's it's helping to increase motility or movement of um food and and motility or movement of um food and and and all that moving through the gut. Um and all that moving through the gut. Um it's helping to repair um those it's helping to repair um those epithelial cells. This is just part of epithelial cells. This is just part of the whole gut repair concept that we do the whole gut repair concept that we do all the time. We're helping patients all the time. We're helping patients with their gut. I love working with the with their gut. I love working with the gut. Absolutely. This leaky gut concept gut. Absolutely. This leaky gut concept that people are worried about is that people are worried about is prevalent in the menop permenopausal and prevalent in the menop permenopausal and menopausal woman and in part because menopausal woman and in part because their estrogen is there to actually help their estrogen is there to actually help with those things. So they need healthy with those things. So they need healthy estrogen. Interestingly, part of the estrogen. Interestingly, part of the breakdown of the lining of the gut is breakdown of the lining of the gut is made worse by uh synthetic estrogen like made worse by uh synthetic estrogen like the birth control pill. So you have the the birth control pill. So you have the negatives of the birth control pill negatives of the birth control pill affecting the gut, but yet estrogen is affecting the gut, but yet estrogen is there's receptors there for because it's there's receptors there for because it's looking for natural estrogen which is looking for natural estrogen which is what of course uh we promote and use. Um what of course uh we promote and use. Um so there's a big difference there. Know so there's a big difference there. Know know that um it's regulating the the gut know that um it's regulating the the gut microbiota. I mean this gut microbiome microbiota.

Bone Health and Hormone Treatment Options

I mean this gut microbiome that everybody's talking about now again that everybody's talking about now again we've been talking about for decades u we've been talking about for decades u but it's really cool to see this uh but it's really cool to see this uh discussion and move towards discussion and move towards understanding that because like you said understanding that because like you said the second brain we've been saying that the second brain we've been saying that for years and a lot of that has to do for years and a lot of that has to do with the good bacteria the gut with the good bacteria the gut microbiome that's there we need to have microbiome that's there we need to have that influenced positively through diet that influenced positively through diet but ultimately we're getting that with but ultimately we're getting that with estrogen too right that's right estrogen too right that's right um so yeah you know it's um so yeah you know it's anti-inflammatory it's um it's helping anti-inflammatory it's um it's helping with neurotransmitter effects. So with neurotransmitter effects. So estrogen is helping with those estrogen is helping with those neurotransmitters in the gut. That's the neurotransmitters in the gut. That's the other thing. So people think about other thing. So people think about neurotransmitters in the brain. And it's neurotransmitters in the brain. And it's true they're influencing the brain and true they're influencing the brain and to some degree being produced in the to some degree being produced in the brain, but the massive majority of brain, but the massive majority of neurotransmitters are actually produced neurotransmitters are actually produced in the gut that then in turn influence in the gut that then in turn influence the brain. So we need a healthy gut. We the

brain. So we need a healthy gut. We need healthy uh gut microbiota, the the need healthy uh gut microbiota, the the the microbiome. All of that's influenced the microbiome. All of that's influenced by estrogen. Uh so wanted to make sure by estrogen. Uh so wanted to make sure everyone understood that. And then the everyone understood that. And then the other kind of things we we talked about other kind of things we we talked about uh uh bone issues. Quick shout out to uh uh bone issues. Quick shout out to the Osteo Collective, Dr. Doug Lucas, the Osteo Collective, Dr. Doug Lucas, who's a really a fantastic doctor, uh who's a really a fantastic doctor, uh orthopedic surgeon, incredible advocate orthopedic surgeon, incredible advocate for women's health and and and for women's health and and and particularly and specifically particularly and specifically osteoporosis because there's no one out osteoporosis because there's no one out there really doing that. And that's I there really doing that. And that's I really learned that from him so much.

really learned that from him so much. Um, and you can follow him on social Um, and you can follow him on social media for sure. Dr. Doug Lucas, we've media for sure. Dr. Doug Lucas, we've learned so much by just connecting with learned so much by just connecting with him, speaking with him. Um, but him, speaking with him. Um, but I myself follow him, um, and just get I myself follow him, um, and just get pearls on a daily from the things he pearls on a daily from the things he posts. So, super cool guy. Yeah. And posts. So, super cool guy. Yeah. And you're right, a big advocate for women's you're right, a big advocate for women's health. Um, they, uh, they have, uh, health. Um, they, uh, they have, uh, online, uh, consultations and all of online, uh, consultations and all of that. Now, what he tends to focus on, that. Now, what he tends to focus on, and this where we can talk about this and this where we can talk about this because now that this will lead into how because now that this will lead into how do we treat um hormones, estrogen do we treat um hormones, estrogen deficiencies, testosterone deficiencies deficiencies, testosterone deficiencies for women. Um Dr. Lucas and his group, for women. Um Dr. Lucas and his group, they they they tend to focus on creams.

they they they tend to focus on creams. Um, again, they're doing a lot of things Um, again, they're doing a lot of things from a tele medicine standpoint, but he from a tele medicine standpoint, but he he was a very open-minded guy and he was a very open-minded guy and because we were on his podcast, I don't because we were on his podcast, I don't know about a month ago or so. And he know about a month ago or so. And he even said at the end because I said, I even said at the end because I said, I want to come on and I really want to want to come on and I really want to talk about pellets because they, you talk about pellets because they, you know, he wasn't a big pellet guy. And know, he wasn't a big pellet guy. And he's been learning all of this stuff, I he's been learning all of this stuff, I say relatively recently, maybe the past say relatively recently, maybe the past 5 years or so and and he's been working 5 years or so and and he's been working with a lot of other very brilliant uh with a lot of other very brilliant uh doctors and providers that are using doctors and providers that are using creams. So he kind of went into that creams. So he kind of went into that direction just based on who he was being direction just based on who he was being influenced by. And uh when it comes to influenced by. And uh when it comes to hormone pellets, which we believe is one hormone pellets, which we believe is one of the best ways to go about it, there's of the best ways to go about it, there's people out there that that just are flat people out there that that just are flat out like almost against. But I think out like almost against. But I think that's how you know that you're working that's how you know that you're working with someone who's really interested in with someone who's really interested in the benefit of the patient because they the benefit of the patient because they are constantly challenging their own are constantly challenging their own biases. Yes. That's I I think that is biases. Yes. That's I I think that is that is definitely paramount to being a that is definitely paramount to being a physician. Like I am always trying to physician. Like I am always trying to say what let me listen to the people say what let me listen to the people that I think I completely disagree with that I think I completely disagree with because I want to always challenge my because I want to always challenge my perspective and estrogen is one of those perspective and estrogen is one of those great places like what are people saying great places like what are people saying out there about estrogen. Let's hear it.

out there about estrogen. Let's hear it. Let's learn it. And if I can still come Let's learn it. And if I can still come back to my answer which is definitely back to my answer which is definitely replace the estrogen preferably use replace the estrogen preferably use things like pellets or injections then things like pellets or injections then I'm doing it with confidence that I'm I'm doing it with confidence that I'm really thinking about the patient's really thinking about the patient's well-being as the most important well-being as the most important decision maker.

decision maker. People don't think I was listening to People don't think I was listening to Dr. Jordan Peterson. What he means by Dr. Jordan Peterson. What he means by that is that that the process of that is that that the process of thinking through and challenging thinking through and challenging yourself in your own people just sort of yourself in your own people just sort of absorb things and take it in but they're absorb things and take it in but they're not actually stopping and really not actually stopping and really thinking it through. And the reason is thinking it through. And the reason is as he was saying was because it as he was saying was because it literally does that. You have to literally does that. You have to challenge your own bias in order to challenge your own bias in order to think. You have to almost internally think. You have to almost internally create an argument with yourself and go create an argument with yourself and go through that to think. You know, it's through that to think. You know, it's funny that you say that. My sister, I funny that you say that. My sister, I will often say to her, "What are you will often say to her, "What are you doing today?" And she'll say things doing today?" And she'll say things like, "I have a lot of things to do, so like, "I have a lot of things to do, so I'm going to go home and think." And I I'm going to go home and think." And I always kind of make fun of her cuz I'm always kind of make fun of her cuz I'm like, "You're going to go You're going like, "You're going to go You're going to go home and think." But she's totally to go home and think." But she's totally right. You need to just sit in silence right. You need to just sit in silence with your own thoughts.

with your own thoughts. And if you if you have a lot of And if you if you have a lot of decisions to make, you need to give decisions to make, you need to give yourself the space to make those yourself the space to make those decisions so that you're not just decisions so that you're not just choosing the easiest answer or the choosing the easiest answer or the fear-based answer or the answer or the fear-based answer or the answer or the biased answer to make the best biased answer to make the best decisions. You actually have to just sit decisions. You actually have to just sit down and think. Estrogen helps you do down and think. Estrogen helps you do that. Yes. And so do pellets because that. Yes. And so do pellets because pellets are the only way to do hormone pellets are the only way to do hormone replacement therapy. Any other way is replacement therapy. Any other way is insanity. No, he's definitely I hope insanity. No, he's definitely I hope that never gets taken as a tidbit. He's that never gets taken as a tidbit. He's definitely saying definitely saying that because we don't use estrogen only that because we don't use estrogen only in the form of a pallet. Correct. We in the form of a pallet. Correct. We don't. Um and so yes, there's there's don't. Um and so yes, there's there's many sort of roads uh to improvement in many sort of roads uh to improvement in heaven there. Um so with that said, um heaven there. Um so with that said, um when you know how to I believe that in when you know how to I believe that in general um hormone pellets are at the general um hormone pellets are at the top of the list of consideration when top of the list of consideration when you know how to wield that tool. And you know how to wield that tool. And we've been doing it now for 18 years.

we've been doing it now for 18 years. There's not many people in the country There's not many people in the country that have been doing pellets as long as that have been doing pellets as long as we've been doing pellets. Um, and we we've been doing pellets. Um, and we really know how to do it. Yeah. So, as really know how to do it. Yeah. So, as there's been more and more people kind there's been more and more people kind of coming on the bandwagon of hormone of coming on the bandwagon of hormone pellets, pellets, pellets, um, you get a lot of monkey business out um, you get a lot of monkey business out there. True. Yeah. Um, but aside from there. True. Yeah. Um, but aside from really perfecting dosing with pellets, really perfecting dosing with pellets, what we've also seen are all the other what we've also seen are all the other things that people do like the monkey things that people do like the monkey business with pellets, but we've also business with pellets, but we've also seen the creams. We've seen the patches, seen the creams. We've seen the patches, we've seen the injections, we've seen we've seen the injections, we've seen just herbs. Like we've seen a lot of just herbs. Like we've seen a lot of things and what we keep coming back to things and what we keep coming back to are pellets predominantly predominantly.

are pellets predominantly predominantly. And with that said, the other route that And with that said, the other route that we will use is injections. But where we will use is injections. But where we've come sort of we had to go through we've come sort of we had to go through a discerning process of injections a discerning process of injections because and a challenging of our bias because and a challenging of our bias very much so uh and and and sort of very much so uh and and and sort of experimentation on how to do it experimentation on how to do it correctly for the sake of the patient.

correctly for the sake of the patient. When it came to injections historically When it came to injections historically they were you know now looking back they they were you know now looking back they were horrible the way they were being were horrible the way they were being done. But we realized it you know the done.

Pellets, Injections, and Personalized Care

But we realized it you know the baby was getting thrown out with the baby was getting thrown out with the bath water on injections because they bath water on injections because they were just giving large amounts once a were just giving large amounts once a month. They were getting these huge month. They were getting these huge spikes up and big drops down. It was spikes up and big drops down. It was just dumb the way they were doing it.

just dumb the way they were doing it. So, we just said, "Well, wait a second. So, we just said, "Well, wait a second. What if we just gave smaller amounts What if we just gave smaller amounts more frequently? We stopped and we more frequently? We stopped and we thought. Yeah, we stopped and we thought thought. Yeah, we stopped and we thought and we challenged uh and uh and and and and we challenged uh and uh and and and and dared." I think that's a big part of and dared." I think that's a big part of thinking as well. You got to sort of be thinking as well. You got to sort of be daring. It's definitely a big part of daring. It's definitely a big part of medicine. A lot of times doctors get medicine. A lot of times doctors get complacent and they're not willing to complacent and they're not willing to just let let's take a uh quote unquote just let let's take a uh quote unquote calculated risk for moving forward and calculated risk for moving forward and seeing how this will help the patient seeing how this will help the patient when it's done in a in a controlled way when it's done in a in a controlled way in a you know thoughtful way. And you've in a you know thoughtful way. And you've said this before, but we're just very said this before, but we're just very lucky to have patients that are willing lucky to have patients that are willing to play with us these games. And the to play with us these games. And the reason is and this is important because reason is and this is important because this is how I want all of you to behave.

this is how I want all of you to behave. The reason our patients are willing to The reason our patients are willing to experiment with us is because we engage experiment with us is because we engage them in so much discussion. We remind them in so much discussion. We remind them that we are there as a them that we are there as a guide. Ultimately the responsibility and guide. Ultimately the responsibility and the the decisions about your health lie the the decisions about your health lie on you. But to make those decisions, you on you. But to make those decisions, you have to do your research, challenge your have to do your research, challenge your biases, think and find a practitioner biases, think and find a practitioner like us that is really dedicated on one like us that is really dedicated on one thing, which is helping you feel the thing, which is helping you feel the very best you can. Yeah, absolutely.

very best you can. Yeah, absolutely. Having a having an advocate for you as Having a having an advocate for you as you're advocating for yourself and you're advocating for yourself and they're advocating for you to advocate they're advocating for you to advocate for yourself, empowering you. And if you for yourself, empowering you. And if you are parmenopausal and you are finding are parmenopausal and you are finding yourself on this chapter of your life yourself on this chapter of your life and you have a doctor who isn't excited and you have a doctor who isn't excited about your menopause, I think you're about your menopause, I think you're already not partnered up correctly. You already not partnered up correctly. You really need to find that person that really need to find that person that says, "Okay, this is great. This is an says, "Okay, this is great. This is an amazing opportunity. This is a very amazing opportunity. This is a very exciting, a very fulfilling chapter of exciting, a very fulfilling chapter of the female's life. However, we're not the female's life. However, we're not supposed to suffer through this book." supposed to suffer through this book." Not not into suffering. uh we we Not not into suffering.

Resources and Closing

uh we we definitely uh help people to get through definitely uh help people to get through all of those things. We're all kind of all of those things. We're all kind of on this this process here. Um we just on this this process here. Um we just want to make the ride better and that's want to make the ride better and that's definitely what hormone replacement definitely what hormone replacement therapy will do uh for the menopausal therapy will do uh for the menopausal woman. So or the permenopausal woman. So woman. So or the permenopausal woman. So definitely get your levels checked, find definitely get your levels checked, find someone that's going to be that someone that's

going to be that advocate. Be an advocate for yourself.

advocate. Be an advocate for yourself. Do your research like you said. Um our Do your research like you said. Um our book, obviously our book is a great book, obviously our book is a great guide for those people who don't have guide for those people who don't have access to us. Yes. And everyone can access to us. Yes. And everyone can check us out. they can reach out to us check us out. they can reach out to us directly for um for our advice and directly for um for our advice and opinions.

opinions. opinions. Look forward to seeing Look forward to seeing you. Are you liking what you're hearing? you. Are you liking what you're hearing? Do you want to hear more? Are you loving Do you want to hear more? Are you loving this great content? And do you want to this great content? And do you want to ask us a question? Please like, ask us a question? Please like, subscribe, and comment. You can find all subscribe, and comment. You can find all of our links on our social media, of our links on our social media, featured articles, basically everything featured articles, basically everything we cover at linkree at longevity we cover at linkree at longevity protocol pod. And if you want to protocol pod. And if you want to understand and hear a little bit more understand and hear a little bit more about our personal lives, follow us on about our personal lives, follow us on Instagram at the sex docks. Here's where Instagram at the sex docks. Here's where you can comment and ask questions that you can comment and ask questions that we will directly answer in our videos.

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