The Menopausal Matrix, Part 2: Advocacy & Myth-Busting | The Longevity Protocol Ep. 33 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 Advocacy and Awareness

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 your very best at any your very best at any [Music] [Music] [Music] age. The menopausal matrix part two age. The menopausal matrix part two dispel uh dispelling the myths uh and dispel uh dispelling the myths uh and menopausal advocacy. Um in our last menopausal advocacy. Um in our last episode we talked episode we talked about just menopause in general. We got about just menopause in general. We got into even some of the spirituality into even some of the spirituality behind it. What does it mean? what are behind it. What does it mean? what are the symptoms? How do we handle that?

the symptoms? How do we handle that? What you know, what are all the What you know, what are all the conditions that are kind of related conditions that are kind of related around it? And it's it's a big problem.

around it? And it's it's a big problem. I mean, obviously, we got into details I mean, obviously, we got into details about that, but this is a national about that, but this is a national problem. It's it's a global problem, at problem. It's it's a global problem, at least particularly in developed least particularly in developed countries, but it's it's a problem here countries, but it's it's a problem here in the US, and we need to advocate for in the US, and we need to advocate for more for it. We need to educate more more for it. We need to educate more about menopause, pmenopause, hormonal about menopause, pmenopause, hormonal issues and the proper and safe and issues and the proper and safe and effective use of estrogen and effective use of estrogen and testosterone therapy for women. And uh testosterone therapy for women. And uh we have interestingly already been doing we have interestingly already been doing that. We've been advocating uh by being that. We've been advocating uh by being directly in the trenches um uh with directly in the trenches um uh with women and for women for two decades. And women and for women for two decades. And um it's just we've seen this huge um it's just we've seen this huge resurgence or sort of renaissance resurgence or sort of renaissance rebirth of that. I maybe not even rebirth of that. I maybe not even rebirth this might be the this birth of rebirth this might be the this birth of this idea. I don't think it's a rebirth.

this idea. I don't think it's a rebirth. Yeah. It's just I mean I don't think Yeah. It's just I mean I don't think it's a rebirth because I think even when it's a rebirth because I think even when we think of a time perhaps where there we think of a time perhaps where there was more wisdom from the crone as we was more wisdom from the crone as we mentioned in the previous episode. Yeah.

mentioned in the previous episode. Yeah. women's menopausal experiences back then women's menopausal experiences back then are not what they are today. So really are not what they are today.

Why Women Need Better Menopause Care

So really this is the first time where we're this is the first time where we're having in developed countries as you having in developed countries as you mentioned menopause is a disease instead mentioned menopause is a disease instead of just a state of just a state and that therefore there's there's and that therefore there's there's options for that and that we should options for that and that we should advocate for those options right we need advocate for those options right we need to advocate for doctors being educated to advocate for doctors being educated to understand what the options are and to understand what the options are and provide those yes uh to women um so provide those yes uh to women um so incredibly important and we need to incredibly important and we need to encourage women to talk about these encourage women to talk about these things. I mean, I I I know women um one things. I mean, I I I know women um one of the characteristics of females is of the characteristics of females is they tend to cluster up and and they tend to cluster up and and commiserate, commiserate, commiserate, but menopause isn't necessarily but menopause isn't necessarily something that everyone talks about in something that everyone talks about in part because I don't think they know part because I don't think they know that it's a symptom they shouldn't be that it's a symptom they shouldn't be experiencing. Um so that's one of the experiencing. Um so that's one of the things or they don't know there's things or they don't know there's answers so they say, "Well, I got to answers so they say, "Well, I got to live with it." And eventually you just live with it." And eventually you just resign to this idea that I got to live resign to this idea that I got to live with it even when you're commiserating with it even when you're commiserating with your friends. Yeah.

with your friends. Yeah. until you find that one friend that until you find that one friend that comes into the group that says, "Have comes into the group that says, "Have you heard of the sex dogs?" Yes. Have you heard of the sex dogs?" Yes. Have Have you been? Which, you know, a joking Have you been? Which, you know, a joking aside is essentially what happens, aside is essentially what happens, right? Like um I just recently met with right? Like um I just recently met with an amazing group of women. It was a an amazing group of women. It was a quick group of women. It was like I quick group of women. It was like I don't know 10 or so. I have already don't know 10 or so. I have already treated two of them. Yeah. And and it treated two of them. Yeah. And and it was so it was so awesome. It was like was so it was so awesome. It was like the the one friend who knows me from the the the one friend who knows me from the gym. we have the same amazing trainer gym. we have the same amazing trainer and she was like, "Hey, would you be and she was like, "Hey, would you be willing to talk to my group of friends?" willing to talk to my group of friends?" And I thought, "Well, this is fun. I've And I thought, "Well, this is fun. I've never actually had this much of an never actually had this much of an intimate setting where it's a group of intimate setting where it's a group of friends that sit around weekly. They friends that sit around weekly. They play cards." Um, or what do they play?

play cards." Um, or what do they play? No. Is it maong? Maong. Yeah, they play No. Is it maong? Maong. Yeah, they play maong, which I don't think is cards.

maong, which I don't think is cards. It's like domino domino. So, they play It's like domino domino. So, they play their game and they talk amongst their game and they talk amongst themselves like, "How about this? How themselves like, "How about this? How about that?" how do I'm suffering with about that?" how do I'm suffering with this or I tried that doctor. Isn't that this or I tried that doctor. Isn't that a great idea? You know, someone who's an a great idea? You know, someone who's an expert in something you're curious in expert in something you're curious in and you bring them in. It reminds me of and you bring them in. It reminds me of like, I don't know, the Jane Austin like, I don't know, the Jane Austin Times or something where you would have Times or something where you would have someone come and speak on a topic and I someone come and speak on a topic and I love that. So, that's what they did.

love that. So, that's what they did. They invited me to come and join them. They invited me to come and join them. We were there for two hours just We were there for two hours just fielding questions. And I was so fielding questions. And I was so surprised at how much they didn't know surprised at how much they didn't know and how much they were just braving and how much they were just braving through. It was pretty shocking. I over through. It was pretty shocking. I over the years I've had many many women say, the years I've had many many women say, uh, I've got my group of friends and I'm uh, I've got my group of friends and I'm the guinea pig. They'll say, I I, you the guinea pig. They'll say, I I, you know, I found you. I'm coming. And know, I found you. I'm coming. And

everybody wants to know what happens everybody wants to know what happens when you when you go see the hormone when you when you go see the hormone zone. Uh, you know, what what happens?

zone. Uh, you know, what what happens? And then they go back and they tell them And then they go back and they tell them and often those patients start kind of and often those patients start kind of trickling in to see us. Um because trickling in to see us. Um because generally speaking, uh people feel generally speaking, uh people feel better. Yeah. Once they get hormone better. Yeah. Once they get hormone replacement therapy done the right way replacement therapy done the right way and all the misconceptions about who and all the misconceptions about who can't try it. You know, I'd actually can't try it. You know, I'd actually like this to be like a a really like this to be like a a really important talking point. Let's take a important talking point. Let's take a minute to highlight this point. Okay. I minute to highlight this point. Okay. I think everybody should have a think everybody should have a consultation with a hormone consultation with a hormone expert if they think they're not a expert if they think they're not a candidate. if they think they're nowhere candidate. if they think they're nowhere near it, if they think um they're near it, if they think um they're already on a great solution, everyone already on a great solution, everyone should seek to have consultations with a should seek to have consultations with a hormone expert because you never know hormone expert because you never know how much better you can be doing. Yeah, how much better you can be doing.

Consulting Hormone Experts

Yeah, that's a perfect segue with this idea of that's a perfect segue with this idea of advocacy. Yeah. Um that we should just advocacy. Yeah. Um that we should just say, you know, public service say, you know, public service announcement. Yeah. Everybody go in and announcement. Yeah. Everybody go in and get checked. Yes. Um, and you know, or get checked. Yes. Um, and you know, or say seek the doctors that know how to say seek the doctors that know how to check. The reason I say that too, check. The reason I say that too, because there needs to be more advocacy, because there needs to be more advocacy, which is part of the education for which is part of the education for doctors, because many will say it, they doctors, because many will say it, they still say it. Uh, no, you don't. I can still say it. Uh, no, you don't. I can give you hormones, but we don't need to give you hormones, but we don't need to check levels. Yeah, that doesn't matter.

check levels. Yeah, that doesn't matter. I can just throw something at you. Maybe I can just throw something at you. Maybe there's a cream or a patch or something.

there's a cream or a patch or something. I'll give that to you if you say you I'll give that to you if you say you have these symptoms. But there's no real have these symptoms. But there's no real checking or preemptive checking, checking or preemptive checking, proactive checking. None of that exists.

proactive checking. None of that exists. Or the opposite ends of the spectrum, Or the opposite ends of the spectrum, which is I'll check and everything looks which is I'll check and everything looks fine. Oh yeah. Because you know you're fine. Oh yeah. Because you know you're 50. Yeah. Right. So your level should 50. Yeah. Right. So your level should suck and you should feel and you should suck and you should feel and you should feel like because basically this is feel like because basically this is that stage of life. Exactly. Yeah. You that stage of life. Exactly. Yeah. You have to live with it. And we always say have to live with it. And we always say you don't have to live with it. Um so you don't have to live with it. Um so yes that that this is all about yes that that this is all about advocacy. So here we are kind of advocacy.

Policy Goals for Menopause Reform

So here we are kind of advocating for people to advocate for advocating for people to advocate for themselves to go out there and and look themselves to go out there and and look but also um I think that there's need but also um I think that there's need and we're now starting to see this and we're now starting to see this fantastic penetration actually into fantastic penetration actually into legislation and creating policy um for legislation and creating policy um for menopausal women. I mean this this is menopausal women. I mean this this is just fantastic. And part of the reason just fantastic. And part of the reason they would say that it's needed um is they would say that it's needed um is one just the understanding of it, but one just the understanding of it, but that there's more options potentially

that there's more options potentially out there for guys. Let's let's talk out there for guys. Let's let's talk about uh sexual dysfunction. Um there about uh sexual dysfunction. Um there are dozens of FDA approved medications are dozens of FDA approved medications for men for erectile dysfunction. There for men for erectile dysfunction. There are two FDA approved medications for are two FDA approved medications for women. U maybe three, but I think it's women. U maybe three, but I think it's two uh FDA approved medications for two uh FDA approved medications for women for female sexual dysfunction.

women for female sexual dysfunction. That's a disparity. That's that's a That's a disparity. That's that's a pretty wide disparity. And you pretty wide disparity. And you know, most of the people that I follow know, most of the people that I follow on social media that are talking about on social media that are talking about this topic that I'm interested in, a lot this topic that I'm interested in, a lot of times it's like an a female us of times it's like an a female us against them, like females against men against them, like females against men kind of a thing. And I really don't care kind of a thing. And I really don't care for that. I just I think it's really for that. I just I think it's really important having been in this industry important having been in this industry for so long to recognize that men are for so long to recognize that men are also very undertreated. Men are also also very undertreated. Men are also very underserved. So this isn't really very underserved. So this isn't really about like men have always had it better about like men have always had it better than women and that's got to change. No, than women and that's got to change. No, it's not about men having it better. But it's not about men having it better. But what is true is that most of the what is true is that most of the research out there is about men. Most of research out there is about men. Most of the research out there doesn't even the research out there doesn't even consider consider consider exploring menopausal disease because exploring menopausal disease because it's not a disease.

it's not a disease. That's yeah very very good point. Um, That's yeah very very good point. Um, and you know, we've we've seen this so and you know, we've we've seen this so much over the years that guys also are, much over the years that guys also are, you know, having their own issues. We've you know, having their own issues. We've done plenty of podcasts about it. We'll done plenty of podcasts about it. We'll continue to do a podcast about it. Men continue to do a podcast about it. Men in many, many ways are massively in many, many ways are massively underserved as well. Yeah. So, it just underserved as well. Yeah. So, it just but it happens to be that there's a but it happens to be that there's a bunch of pills and things and options bunch of pills and things and options for guys for for ED and for women. um for guys for for ED and for women. um whether they weren't advocating for whether they weren't advocating for themselves or it didn't seem like it was themselves or it didn't seem like it was necessary. I or not even necessary, not necessary. I or not even necessary, not that it wasn't possible uh to be able to that it wasn't possible uh to be able to help with it. I don't I don't know. I help with it. I don't I don't know. I don't know. I mean, I guess probably don't know. I mean, I guess probably that's that's a discussion in and of that's that's a discussion in and of itself. I'm a little bit more along the itself. I'm a little bit more along the party line and probably a lot of women party line and probably a lot of women are on the party line where if it is are on the party line where if it is true that the uh medical community being true that the uh medical community being predominantly at the time anyways um at predominantly at the time anyways um at the time what does that mean the time what does that mean historically let's say it was historically let's say it was predominantly men that they were not predominantly men that they were not considering women's health as a priority considering women's health as a priority because the women's suffering wasn't a because the women's suffering wasn't a priority or wasn't relevant or it was priority or wasn't relevant or it was just a badge for them to bear and I just a badge for them to bear and I think that's probably what a lot of think that's probably what a lot of women think and I I think there's a lot women think and I I think there's a lot of truth to that. I think that has of truth to that. I think that has shaped where the money has gone. But shaped where the money has gone. But let's say in the past 30 years, that's let's say in the past 30 years, that's not the case. It's not about that. It's not the case. It's not about that. It's just about it's just about deficiency, just about it's just about deficiency, period, across the board. So, let's not period, across the board. So, let's not spend too much time crying about why it spend too much time crying about why it didn't happen before. I don't really didn't happen before. I don't really think that's a good use of our energy. I think that's a good use of our energy. I think what we should be doing now is think what we should be doing now is saying, "This is what we're feeling.

saying, "This is what we're feeling. This is what we're experiencing. How do This is what we're experiencing. How do I make it better now?" Well, that that's I make it better now?" Well, that that's certainly the uh the proper way to kind certainly the uh the proper way to kind of get things done. But let let me just of get things done. But let let me

just put a caveat to that. No, we don't want put a caveat to that. No, we don't want to overly uh cry over spilled milk, but to overly uh cry over spilled milk, but I do think it's important, and we've I do think it's important, and we've talked about this many times about the talked about this many times about the Women's Health Initiative. And the Women's Health Initiative. And the reason that I think it's important to reason that I think it's important to always bring that up to say, yeah, if it always bring that up to say, yeah, if it wasn't for the Women's Health Initiative wasn't for the Women's Health Initiative uh and the the incorrect association of uh and the the incorrect association of estrogen uh to uh causing breast cancer estrogen uh to uh causing breast cancer that we probably wouldn't be in this uh that we probably wouldn't be in this uh predicament as much as we are in this predicament as much as we are in this past 23 odd years. Um that women would past 23 odd years. Um that women would have stayed on estrogen and would have have stayed on estrogen and would have you know we've been able to understand you know we've been able to understand this more and we wouldn't have had a this more and we wouldn't have had a generation that suffered. And the reason generation that suffered. And the reason I'm saying it's important to say that so I'm saying it's important to say that so we don't go through these problems again we don't go through these problems again because we went through that problem because we went through that problem with the women's health initiative. We with the women's health initiative. We sure as hell went through that problem sure as hell went through that problem with COVID. I don't know it seems like with COVID. I don't know it seems like all these podcasts we keep bringing up all these podcasts we keep bringing up CO but it it's because it's about health CO but it it's because it's about health and co was part of the reason why we are and co was part of the reason why we are actually in this sort of waking up actually in this sort of waking up process that we've been in the past process that we've been in the past roughly 5 years. Um so it's important to roughly 5 years. Um so it's important to bring that up to point the finger to say bring that up to point the finger to say let's not repeat that. Let's learn from let's not repeat that. Let's learn from this process. That's fair. I mean, it's this process. That's fair. I mean, it's important to learn from history if important to learn from history if history is being retold accurately.

history is being retold accurately. Certainly within medicine and in science Certainly within medicine and in science because that's what they were because that's what they were bastardizing was the good name and good bastardizing was the good name and good intention uh and and and institution of intention uh and and and institution of medicine and science. That's what got medicine and science. That's what got screwed up and we need to understand screwed up and we need to understand that to where we can continue to move that to where we can continue to move forward and advocate for our own health forward and advocate for our own health and that of our community and and etc.

and that of our community and and etc. So speaking of that, the advocate One of So speaking of that, the advocate One of the best advocates out there right now the best advocates out there right now uh is Dr. Mary Cla Haver. Um if you're uh is Dr. Mary Cla Haver. Um if you're at all following anything on social at all following anything on social media regarding uh hormone replacement media regarding uh hormone replacement therapy, uh menopause, inevitably you're therapy, uh menopause, inevitably you're coming across uh Dr. Haver. um she was coming across uh Dr. Haver. um she was just recently on um Oprah, but she has just recently on um Oprah, but she has this fantastic it's called a citizens this fantastic it's called a citizens guide to menopause advocacy and you can guide to menopause advocacy and you can look this up and uh it's a multi-page look this up and uh it's a multi-page document kind of going through various document kind of going through various policies that they're pushing forward um policies that they're pushing forward um and with another woman Jennifer Weiss and with another woman Jennifer Weiss Wolf who's a menopausal advocate and Wolf who's a menopausal advocate and she's done she's been advocate for for she's done she's been advocate for for other things um over the years. Um but other things um over the years. Um but what we'd like to do today is go through what we'd like to do today is go through that particular uh document and the that particular uh document and the different policy goals that they uh have different policy goals that they uh have have put have put forth. So there's oh what is there about forth. So there's oh what is there about a uh six of them half dozen of them and a uh six of them half dozen of them and uh also some legislation that they have uh also some legislation that they have right even here in Arizona.

right even here in Arizona. So policy goal number So policy goal number one, they're believing and we believe uh one, they're believing and we believe uh and that's why we're going all this. We and that's why we're going all this. We support this um reset the record about support this um reset the record about menopausal hormone menopausal hormone treatment. Um they're even saying treatment.

The Women's Health Initiative and Medical Dogma

Um they're even saying contacting the NIH, the Office of contacting the NIH, the Office of Research on Women's Health, and tell Research on Women's Health, and tell them that you want to publicly them that you want to publicly unequivocally reset the record um with unequivocally reset the record um with this current understanding of the data.

this current understanding of the data. This is huge because so many people This is huge because so many people still don't know. They don't know. If still don't know. They don't know. If you're not the only place I I've seen it you're not the only place I I've seen it is on social media, okay? Um if you're is on social media, okay? Um if you're not following accounts that are wellness not following accounts that are wellness and health focused, and not everybody and health focused, and not everybody does, then you're not going to see this.

does, then you're not going to see this. So, it's extremely important that we So, it's extremely important that we command and demand a correction. Yes.

command and demand a correction. Yes. You know, I think this is a good um I You know, I think this is a good um I always bring this always bring this up. Dr. uh Machir um wrote a book called up. Dr. uh Machir um wrote a book called Blind Spots. Dr. Macker is actually on Blind Spots. Dr. Macker is actually on the committee with uh Make America the committee with uh Make America Healthy Again. So, he with this recent Healthy Again. So, he with this recent report. We did our podcast uh about that report. We did our podcast uh about that recent report a little while recent report a little while ago and Dr. Macker is on this and so he ago and Dr. Macker is on this and so he wrote this book called Blind Spots and wrote this book called Blind Spots and it's about medical dogma and how medical it's about medical dogma and how medical dogma dies hard uh and it creates this dogma dies hard uh and it creates this these false narratives and inevitably these false narratives and inevitably makes people suffer one way or another.

makes people suffer one way or another. Um and one of the things that he talks Um and one of the things that he talks about is the women's health initiative.

about is the women's health initiative. He's got a whole chapter specifically on He's got a whole chapter specifically on that and he tells the story um and that and he tells the story um and because he's interviewed the people that because he's interviewed the people that were part of this whole thing back in were part of this whole thing back in 2002 and the women's health initiative 2002 and the women's health initiative this massive study at the time in 2002 this massive study at the time in 2002 it had already been going on for about a it had already been going on for about a decade and um in 2002 they were all of decade and um in 2002 they were all of the scientists the principal the scientists the principal investigators the PIs they all go to investigators the PIs they all go to their annual conference and they meet in their annual conference and they meet in Chicago and uh they are all sitting Chicago and uh they are all sitting there there's this key woman and this there there's this key woman and this key doctor. I'm forgetting their names, key doctor. I'm forgetting their names, but they were the ones that were part but they were the ones that were part of propagating this idea of estrogen of propagating this idea of estrogen causing breast cancer. Anyway, they're causing breast cancer. Anyway, they're standing behind the lectctor and they standing behind the lectctor and they said, "We're scrapping the entire agenda said, "We're scrapping the entire agenda agenda that you thought we were going to agenda that you thought we were going to do and now we are going to launch this do and now we are going to launch this paper." And they hold the paper up and paper." And they hold the paper up and it says estrogen causes breast cancer.

it says estrogen causes breast cancer. Uh they hand this paper to these Uh they hand this paper to these principal investigators. They look at principal investigators. They look at the data in the paper and said the data the data in the paper and said the data is wrong. There's something called is wrong. There's something called confidence interval that they looked at confidence interval that they looked at and the confidence interval should and the confidence interval should actually be um and this is a little bit actually be um and this is a little bit of statistics stuff and we've talked of statistics stuff and we've talked about these things before and written about these things before and written about it but and you can read about it about it but and you can read about it in Dr. Mach's book but it should be in Dr. Mach's book but it should be either less than one or more than one.

either less than one or more than one. It shouldn't be both. So what happened It shouldn't be both. So what happened was there was this very large what's was there was this very large what's called confidence interval. It is called confidence interval. It is statistics 101. If you have a broad statistics 101. If you have a broad massive confidence interval, it's the massive confidence interval, it's the data is crap. It's just it never in data is crap. It's just it never in other words, it means you can't have other words, it means you can't have confidence in the information. Correct.

confidence in the information. Correct. You can't have confidence whether it did You can't have confidence whether it did or did not cause the cancer uh in this or did not cause the cancer uh in this particular case was because the particular case was because the intervention was about looking for intervention was about looking for cancer. So you you couldn't and that was cancer. So you you couldn't and that was like right in the paper right there. So like right in the paper right there. So you've got these really brilliant you've got these really brilliant scientists just know what they're doing scientists just know what they're doing and they just said, "No, this is wrong." and they just said, "No, this is wrong." Right? And then so they said, "Okay, Right? And then so they said, "Okay, we'll give you a little bit of time." we'll give you a little bit of time." This is standing right here happening in This is standing right here happening in real time. We'll give you some time to real time. We'll give you some time to uh you know do an addendum. So they all uh you know do an addendum. So they all sat there and scrambled and started you sat there and scrambled and started you know typing away on this quick addendum know typing away on this quick addendum because they said we need to publish because they said we need to publish this thing. We need you know but you got this thing. We need you know but you got a little bit of time. I don't know it a little bit of time. I don't know it was like they gave them minutes to do was like they gave them minutes to do it. So it. So they collated it all said okay just so they collated it all said okay just so everyone understands you know this is everyone understands you know this is what the conference showed you know to what the conference showed you know to where we can interpret this in the where we can interpret this in the correct way. They finished. They handed correct way. They finished. They handed it over to her and she went, "Sorry, the it over to her and she went, "Sorry, the the courier already came. They've the courier already came. They've already printed it. Sorry." I mean, it already printed it. Sorry.

Research, Education, and Access

" I mean, it was this, you couldn't make this stuff was this, you couldn't make this stuff up. And so that was it. Then at that up. And so that was it. Then at that point, um, you were not allowed to point, um, you were not allowed to disscent. And that's the big thing, too.

disscent. And that's the big thing, too. And that's what I was saying earlier why And that's what I was saying earlier why I think it is important to bring these I think it is important to bring these things up and point that finger so we things up and point that finger so we don't repeat these kind of nonsense don't repeat these kind of nonsense things again that creates um this dogma things again that creates um this dogma in medicine that inevitably leads to in medicine that inevitably leads to people suffering in this case women people suffering in this case women suffering for a generation treat yes suffering for a generation treat yes without treatment. Again, we had without treatment. Again, we had mentioned in the previous episode or I mentioned in the previous episode or I had mentioned in the previous had mentioned in the previous episode that estrogen replacement episode that estrogen replacement therapy is usually met by most therapy is usually met by most individual women as a no until they individual women as a no until they become so uncomfortable or so ill that become so uncomfortable or so ill that they explore alternatives.

they explore alternatives. And it should be the opposite. All women And it should be the opposite. All women should approach estrogen therapy with a should approach estrogen therapy with a yes and then go through a process of yes and then go through a process of figuring out whether or not they are the figuring out whether or not they are the candidate. And assuming they are, which candidate. And assuming they are, which is true for most women, what is the best is true for most women, what is the best therapy to follow? Policy goal number therapy to follow? Policy goal number two, catalyze a modern equitable two, catalyze a modern equitable menopause research agenda. Um, so you menopause research agenda. Um, so you know, more research and and and this is know, more research and and and this is what we both wanted to say about this what we both wanted to say about this that there's already a lot of research.

that there's already a lot of research. It's already been there. We have been It's already been there. We have been talking about it for years. Um, I'm not talking about it for years. Um, I'm not saying that there shouldn't be more saying that there shouldn't be more research because you always want to have research because you always want to have contemporary research. But please contemporary research. But please understand that this stuff goes back understand that this stuff goes back decades. This is well established as as decades. This is well established as as true, but it was a lot of that research true, but it was a lot of that research of course was suppressed. It was just of course was suppressed. It was just ignored uh across the board and now you ignored uh across the board and now you know people are waken up and they're not know people are waken up and they're not ignoring it anymore. We're bringing it ignoring it anymore. We're bringing it forward. Policy goal number three um forward. Policy goal number three um update and then ultimately mandate back update and then ultimately mandate back to what we were saying and mandate to what we were saying and mandate menopause education for providers.

menopause education for providers. That's what needs to happen. Um, you That's what needs to happen. Um, you know, uh, I would like to know that know, uh, I would like to know that there was even more competition out there was even more competition out there for us because there's people that there for us because there's people that know more and more about hormones know more and more about hormones because that's just going to help more because that's just going to help more people, more women. Um, so doctors do people, more women. Um, so doctors do need to get educated on this. It needs need to get educated on this. It needs to be educated at the level of the to be educated at the level of the medical school. Um, not just within the medical school. Um, not just within the specialties. It needs to just be sort of specialties. It needs to just be sort of a basic understanding, but certainly in a basic understanding, but certainly in in in obstetrics and gynecology. Right.

in in obstetrics and gynecology. Right. So that's what I was going to say that So that's what I was going to say that even within the specialties we've we've even within the specialties we've we've repeatedly expressed how obgyn surveys repeatedly expressed how obgyn surveys and endocrine uh surveys show that those and endocrine uh surveys show that those specialists do not feel well trained or specialists do not feel well trained or do not feel like they are masters and do not feel like they are masters and therefore not responsible for women's therefore not responsible for women's hormones. So who is taking care of hormones. So who is taking care of women's hormones? That's a great point.

women's hormones? That's a great point. Yeah, they they leave them out to just Yeah, they they leave them out to just go figure it out and then or to figure go figure it out and then or to figure nothing out, which has been what's been nothing out, which has been what's been happening. But that's the majority of happening. But that's the majority of it. But some of them will continue to it. But some of them will continue to keep knocking on doors until they do and keep knocking on doors until they do and then they find places like us and there then they find places like us and there are uh many people uh that do what it is are uh many people uh that do what it is that we do uh and across the United that we do uh and across the United States. So keep looking uh and and do States. So keep looking uh and and do not take no for an answer regarding all not take no for an answer regarding all this. Yes, ultimately we need to demand this. Yes, ultimately we need to demand that providers are getting this type of that providers are getting this type of uh education. Policy goal number four, uh education. Policy goal number four, make menopause treatments affordable uh make menopause treatments affordable uh and accessible. And again, I would say, and accessible. And again, I would say, you know, our take is it already has you know, our take is it already has been if you find you the these are been if you find you the these are affordable options. Um even what we wind affordable options. Um even what we wind up offering uh many of the things that up offering uh many of the things that we do are uh you know not the cheapest we do are uh you know not the cheapest things in the world. It's but with that things in the world. It's but with that said um really really accessible. Yeah, said um really really accessible. Yeah, I mean that one's that one's a challenge I mean that one's that one's a challenge for me because I think that for me because I think that um most of these therapies that you and um most of these therapies that you and I recommend for our patients out of I recommend for our patients out of pocket are reasonable expenses. And I pocket are reasonable expenses. And I think it's a good podcast topic. I've think it's a good podcast topic. I've talked about it before that I think we talked about it before that I think we should talk about this notion of the should talk about this notion of the Americans relying on health care Americans relying on health care insurance versus um having a stronger insurance versus um having a stronger sense of of autonomy for their wellness.

sense of of autonomy for their wellness.

Workplace Wellness and Corporate Support

So, this one's a little bit more funny So, this one's a little bit more funny because one of the things that I like because one of the things that I like about it not being looked at closely is about it not being looked at closely is that there's not a lot of um rules and that there's not a lot of um rules and regulations making it difficult for regulations making it difficult for small compoundingies to make it small compoundingies to make it affordable, right? So, the fact that affordable, right? So, the fact that it's it's like no one cares about it's it's it's like no one cares about it's not popular, you know, like when there's not popular, you know, like when there's a brand of a bag company that you really a brand of a bag company that you really like and suddenly it gets picked up by like and suddenly it gets picked up by some influencer and then the bea the bag some influencer and then the bea the bag becomes like four times more expensive becomes like four times more expensive than it used to be. that kind of a than it used to be. that kind of a thing. I feel like that's what will thing. I feel like that's what will happen with HRT, with compounded bio happen with HRT, with compounded bio identical HRT. So, as it becomes more identical HRT. So, as it becomes more accessible, let it stay affordable.

accessible, let it stay affordable. That's how I would reward uh reward That's how I would reward uh reward that. that. that. That's uh a very very good point. You That's uh a very very good point. You know, um like freaking birth control, know, um like freaking birth control, everyone in their mother's on birth everyone in their mother's on birth control. That's affordable. Very control. That's affordable. Very affordable. And insurance companies are affordable. And insurance companies are covering that. So, it should be a covering that. So, it should be a similar concept. Then it's you're it's similar concept. Then it's you're it's then defining what is affordable.

then defining what is affordable. Affordable sometimes, if not all the Affordable sometimes, if not all the time, is related to value, meaning what time, is related to value, meaning what does the patient value? Uh because when does the patient value? Uh because when they value something, they go, "Okay, they value something, they go, "Okay, I'm I'm willing to do that." Um, and I'm I'm willing to do that." Um, and we've we've seen this with patients and we've we've seen this with patients and and what a great example that we've used and what a great example that we've used before on podcasts is what happened with before on podcasts is what happened with eggs because we always were getting the eggs because we always were getting the best possible eggs because we valued best possible eggs because we valued that for ourselves and our health and that for ourselves and our health and our family, right? Um, so the eggs were our family, right? Um, so the eggs were already it's that that black box. I already it's that that black box. I forget now the name of the Vital Farms.

forget now the name of the Vital Farms. Vital Farms. Yeah, that's right. Um, and Vital Farms. Yeah, that's right. Um, and they were already around I don't know they were already around I don't know eight nine 10 bucks. And then when eggs eight nine 10 bucks. And then when eggs went through the roof, um it we were went through the roof, um it we were already spending that much. It wound up already spending that much. It wound up actually making a lot of the actually making a lot of the conventional eggs more expensive. I conventional eggs more expensive. I think those other vital farms got eggs think those other vital farms got eggs got a little more expensive, too. But it got a little more expensive, too. But it didn't really change all that much didn't really change all that much because we had already saw the value of because we had already saw the value of that. So for us, it wasn't like, no, that. So for us, it wasn't like, no, eggs are not 99 cents uh a dozen.

eggs are not 99 cents uh a dozen. They're they're about 8 n 10 bucks. They're they're about 8 n 10 bucks. That's just what it is for us because of That's just what it is for us because of the high quality that we saw. And that's the high quality that we saw. And that's just but using the same exact analogy, just but using the same exact analogy, what I would like to see is that those what I would like to see is that those high quality eggs don't have to cost me high quality eggs don't have to cost me $89. So is the is the system is the $89. So is the is the system is the support there in place if we're going to support there in place if we're going to get policy involvement? is the support get policy involvement? is the support there in place to make a good quality there in place to make a good quality product easier to manufacture, less product easier to manufacture, less expensive to manufacture so that we can expensive to manufacture so that we can have a variety of vendors that can have a variety of vendors that can afford to deliver this product and still afford to deliver this product and still be profitable but not so expensive for be

profitable but not so expensive for the customer. Yeah.

the customer. Yeah. Policy goal number five. Yeah. Make Policy goal number five. Yeah. Make menopause treatments free of these menopause treatments free of these outdated warning labels. uh you know outdated warning labels. uh you know they just uh removed at least on they just uh removed at least on testosterone they they've removed the testosterone they they've removed the cardiovascular disease risk uh for cardiovascular disease risk uh for testosterone products so outdated it was testosterone products so outdated it was it was all nonsense it's cardiac it was all nonsense it's cardiac protective it's just baloney so there's protective it's just baloney so there's already those uh misleading kind of uh already those uh misleading kind of uh box warnings that they have even on box warnings that they have even on local vaginal estrogen products you know local vaginal estrogen products you know so that's a good way to determine so that's a good way to determine whether or not you're um aligned with whether or not you're um aligned with your doctor's treatment approach if your your doctor's treatment approach if your doctor is saying things like, doctor is saying things like, "Testosterone is bad for your heart." "Testosterone is bad for your heart." Yeah. Estrogen causes cancer. It's Yeah. Estrogen causes cancer. It's almost like when you're interviewing almost like when you're interviewing your doctor, you're meeting them for the your doctor, you're meeting them for the first time. You should ask those two first time. You should ask those two questions right out of the shoe because questions right out of the shoe because if they are giving you outdated if they are giving you outdated information, they're going to do that information, they're going to do that for everything they recommend. That's for everything they recommend. That's right. Yeah, that's that's a that's a right. Yeah, that's that's a that's a great screening tool right there. Policy great screening tool right there. Policy goal number six, ensure meaningful goal number six, ensure meaningful workplace interventions. I thought this workplace interventions. I thought this was uh really really interesting. the was uh really really interesting. the idea of corporate wellness is something idea of corporate wellness is something we've uh worked with over the years as we've uh worked with over the years as well. Um there's more of that. We're well. Um there's more of that. We're seeing uh more and more corporate seeing uh more and more corporate wellness out there and just the wellness out there and just the corporate wellness market. It's corporate wellness market. It's massively growing. Um so that's kind of massively growing. Um so that's kind of what that what that is. It's using um what that what that is. It's using um your workplace environment to be able to your workplace environment to be able to talk about menopause and get those talk about menopause and get those treatments. We can certainly say that treatments. We can certainly say that what's the advantage of the people who what's the advantage of the people who work for us um wind up getting treatment work for us um wind up getting treatment uh and then they feel better and then in uh and then they feel better and then in the end they wind up uh being happier the end they wind up uh being happier across the board. They're more across the board. They're more productive uh with work just because productive uh with work just because they got some basic hormone treatment.

they got some basic hormone treatment. Yeah. And um you know perhaps people Yeah. And um you know perhaps people won't like what I'm going to say but I won't like what I'm going to say but I think it's really important from a think it's really important from a business perspective if you think of business perspective if you think of your employees as assets right um they your employees as assets right um they are assets and you invest time and are assets and you invest time and energy and money into molding them to be energy and money into molding them to be productive and missionaligned and and productive and missionaligned and and hopefully you get longevity out of that hopefully you get longevity out of that employment. Well, what is happening?

employment. Well, what is happening? Part of this idea of the glass ceiling Part of this idea of the glass ceiling that women face is that there are so that women face is that there are so many cognitive symptoms that come with many cognitive symptoms that come with being permenopausal. There is such a being permenopausal. There is such a decline in mental and emotional decline in mental and emotional stability and ability if you're not on stability and ability if you're not on hormone replacement. It behooves hormone replacement. It behooves companies to invest in the wellness of companies to invest in the wellness of their female employees because they are their female employees because they are providing they are providing um expanded providing they are providing um expanded longevity for their asset that is an longevity for their asset that is an employee.

employee. employee.

Legislation and Call to Action

I you know many people know or maybe you I you know many people know or maybe you know or not but I used to uh do massage know or not but I used to uh do massage therapy. I did that for years and one of therapy. I did that for years and one of the first jobs I had was a sort of the first jobs I had was a sort of corporate wellness massage therapy kind corporate wellness massage therapy kind of thing and I would go around to uh all of thing and I would go around to uh all kinds of places of business right here kinds of places of business right here in Phoenix and Scottdale and give chair in Phoenix and Scottdale and give chair massages uh and they would include that massages uh and they would include that as part of their corporate wellness and as part of their corporate wellness and there was all kinds of even back then there was all kinds of even back then research on showing how there was research on showing how there was increased and improved productivity, increased and improved productivity, decreased um sick days and all that just decreased um sick days and all that just by you know having a once a week chair by you know having a once a week chair massage for 15 massage for 15 So, uh, yes, these kinds of corporate So, uh, yes, these kinds of corporate wellness makes a lot of sense. Take care wellness makes a lot of sense. Take care of your employees. So, then finally, so of your employees. So, then finally, so that was the six policy goals right that was the six policy goals right there. We just want to add that. Super there. We just want to add that. Super good. Well done to the team. Well done good. Well done to the team. Well done to to to Dr. Absolutely. Um, Dr. Absolutely. Um, there is there are bills and legislation there is there are bills and legislation and not just in Arizona. We'll talk just and not just in Arizona. We'll talk just quickly about Arizona, but I encourage quickly about Arizona, but I encourage you to go through these links that we you to go through these links that we have here and check that out because you have here and check that out because you can see um a map of the United States can see um a map of the United States where there are already there's bills where there are already there's bills that have already some of them already that have already some of them already passed, some are in the process of passed, some are in the process of passing that are about this very passing that are about this very concept. But right here in Arizona, uh concept. But right here in Arizona, uh it's House Bill uh it's House Bill uh 2734. Uh this would enable healthc care 2734. Uh this would enable healthc care providers with tools to educate women uh providers with tools to educate women uh on the symptoms of pmenopause and on the symptoms of pmenopause and menopause and createformational menopause and createformational materials for that. So that's a first materials for that. So that's a first good step uh towards that idea of good step uh towards that idea of education right there at that that basic education right there at that that basic level of of of primary care, you know, level of of of primary care, you know, and and other healthcare providers. So and and other healthcare providers. So uh definitely check that out if you're uh definitely check that out if you're in Arizona and check out whatever state in Arizona and check out whatever state you're in uh and and try to advocate for you're in uh and and try to advocate for the sake of moving these kind of piece the sake of moving these kind of piece policies. I mean, if there's anything we policies. I mean, if there's anything we learned from the America Health learned from the America Health initiatives that we're seeing right now initiatives that we're seeing right now is that it really is the people. Yep. It is that it really is the people. Yep. It really is your vote. It really is your really is your vote. It really is your voice. Really is where you spend your voice. Really is where you spend your dollar. So, like you said, the maha dollar. So, like you said, the maha moms. Yeah. The mah I mean it's the moms. Yeah. The mah I mean it's the moms. It's it's the the frontline, the moms. It's it's the the frontline, the average folk. We are the ones making a average folk. We are the ones making a difference and pushing our country difference and pushing our country towards health and wellness and being a towards health and wellness and being a leader in the world in that capacity.

leader in the world in that capacity. And women need to be at the top of that And women need to be at the top of that consideration. Amen. Yep. Are you liking consideration. Amen. Yep. Are you liking what you're hearing? Do you want to hear what you're hearing? Do you want to hear more? Are you loving this great content?

more? Are you loving this great content? And do you want to ask us a question? And do you want to ask us a question? Please like, subscribe, and comment. You Please like, subscribe, and comment. You can find all of our links on our social can find all of our links on our social media, featured articles, basically media, featured articles, basically everything we cover at linkree at everything we cover at linkree at longevity protocol pod. And if you want longevity protocol pod. And if you want to understand and hear a little bit more to 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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