The Menopause Symptoms No One Connects Back to Hormones Transcript

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Career Turning Point and Leaving Conventional Medicine

What was the, was there some specific trigger that was able to make you jump from this standard job that you've been working on? You've putting your life and effort into it.

Is there anything specific that made you like, okay, this is the decision. This is why I'm going with any like turning point tipping. Well, you know, like many of us own health, as I realized that stress is not good for me, in that there is actually stress, even if you always think as a physician, oh, I can, women, middle-aged with kids and dogs, and they are like, Oh, can handle it.

We are so proud of it, until we realize it's really wearing me down. It's not giving me any fun. I'm not in control and the stress are bad. You have to work in a system that doesn't support your ideas.

And then I had a great partner who was a part of that. It was big step. People thought I was crazy when I left University of Maryland. That's like, you have the golden shackles.

And so it sounds to me when you made that transition, it was like a weight being lifted off your shoulders. Yes. I mean, you know, that comes with anxieties and insecurities, but I definitely never looked back.

What if aging isn't about slowing down but leveling up? I'm Dr. Isaac Jones. This is the Longevity Leaders podcast. We have Dr Christine Enzman, originally from Germany and now in Maryland.

So you're an MD, PhD. First off, where did you get your education, your degrees? In Hamburg, Germany. Yep. I did medical school there and then my doctoral thesis.

That's where the PhD is coming from. And I really, I saw myself as a university professor in Germany, so my plan was really not to come to the US. It was my.

my ex-husband. It was funny because I really liked this career path. I wanted to be a breast surgeon. In Germany, breast surgery belongs to gynecology, so I needed to do all that.

But then life played out differently. My ex husband, he got a job in the US, and we thought, well, two years, a time, then they come back, how it often ends up.

We never came back. How many children do you have? Two. And they are now, you know, they're 21 and 23. Okay. All right. We should be grown up. Wow. You look too young to be having kids that old.

That's your work coming to fruition, huh? Yeah. Yeah, that's awesome. Prior to this conversation, we were talking about that you went from conventional care and now transitioning.

So you were doing gynecology or doing surgery here in the States. And then what kind of like made you want to transition? What's the origin story there?

It's a good story. So early in training, gynecology, and when I worked for University of Maryland, I was very proud of myself. And so I started early on taking care of menopausal women, but there's no training in gynaecology and you really were not well prepared.

Medical Training in Germany and Move to the U.S.

certified with the North American Menopause Society. So I did really good data on menopausal care. I started early HRT and followed these very good guidelines.

The North America Menopposal Society is great. They were supporting women very early on when everyone was still scared of hormones. And as I love the great data they have, there were kind of gaps.

It was always like, well, you're going to gain some weight, but it's only three kilos. So this is the care I gave my patients. And then how it is, it happened to myself.

I was rather on the earlier side. Like most women, stress in midlife, the divorce and the kids and that very stressful job at level three hospital. And I started skipping my cycles at 45, and I thought, oh, whatever, that is just stress.

But of course it wasn't. I followed really the strong criteria, stages of reproductive aging. Three years later, last menstrual period at 48, over. And then suddenly, I realized that I start to have all these mystery symptoms my patients had.

You know, one thing is hot flashes. Everyone talked about hot flashers easy on, but I saw because I so many menopausal patients, they had GI issues. I mean, now everyone knows, you know with Instagram and as you new information juggles very fast.

But 10 years ago, there was no correlation between GI issue and menopus. No one talking about it. It was a stepchild. Like the palpitations, all of them, came with a Holter monitor.

Menopause Symptoms Spark a New Approach

all of these things. And all that happened to me now, the GI issues, and the palpitations, panic attack at night. At the same time, there came the weight gain.

I was like, I'm not going to tell myself, no, this is okay. Don't worry. It's an average only like three kilos. So suddenly I realized, This is not okay!

I love my good data and my conventional medicine, but now I need a different toolbox. to help to get answers. And that's when I really started to branch out to functional medicine.

When I got myself that education. Ultimately I left University of Maryland. They were not supportive of that, what I found so important. Apart from it was like an unbelievable stressor, which I then realized.

I always thought I'm cool with stress and then got wearables and I realized, oh no, I am highly stressed all the time. This is just in my mind. So, and yes, then I started really to understand the connections between the gut and the heart issues and had like a whole new toolbox and it started just felt so much better to actually give my patients solutions and help them.

What was the, I want to kind of zoom in on the decision to be able to leave a job that you've been operating with and then having this, almost like a switch in your framework and belief system.

Was there some specific trigger that was able make you jump from? this standard job that you've been working on, you know, putting your life and effort into it.

Is there anything specific that made you like, okay, this is the decision, This is why I'm going with any like turning point tipping. If you're a medical doctor, nurse practitioner, chiropractor or other health expert that's stuck in a broken system, There's a better way.

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Building a Functional Medicine Practice

I thought you have to go in shackles. And I was like, no, I am going to move on. So it sounds to me when you made that transition, it was, like a weight being lifted off your shoulders and.

Yes. I mean, you know, it comes with anxieties and insecurities, but I definitely never look back. Yeah. Good. And so now from that decision process to where you are now, what's been like, obviously integrating this with patients, seeing success, that type of thing to be able to get to now you have your own private practice, virtual practice.

What do you? Yeah, so first I went to a different healthcare system to work initially full-time, then part- time, and then I started building an online business.

And the reason really was, was just difficult to, as many of you know, like really integrating this very, very fun, but labor intensive care into regular insurance.

So I was again, feeling I'm just burning out as interesting and engaging as it was. So then I wanted to provide these patients with the opportunity if they really want to dig deeper to, you know, to have care with me.

And that's when I created, I decreased my hours with my real job back then and then created space to create that online space. Awesome. So that is how I did it.

Yeah. Great. And then, so are you focused in specifically on females though, or are? Yes. So, you know, I'm a gynecologist. But I treat all genders. I have actually, have a child I am treating. I have more husbands now.

Because, many of the things that apply to mid-life women apply, to every word. Right. Absolutely. Are we getting to that? I did quit my healthcare job, actually.

Yeah, great. That's all amazing. Well, congratulations on being able to do that. practitioners, especially coming from the conventional space, the security of the current job, they, um, The opinion of their peers that they've, you know, people that respect and that have been respected by, it becomes very difficult to make a switch like that.

And, Um, You know it's conferences, its communities like this, where you hear people and they're surrounded by people, that are supporting those decisions.

They've gone through it. So I appreciate you sharing your story because I think it is going to motivate other practitioners maybe at that tipping point and to be able to make that decision.

So in thinking about those types of people, is there any particular piece of advice or thought process of like how to work through that? Yeah, you know, I took it very slowly, as I was then with a new job that I worked part-time in a big healthcare system.

I want to encourage people because initially I wasn't afraid, putting these more functional medicines thoughts in my patient notes.

Going Virtual and Growing Through Referrals

So I knew, well, the internist can see that and the rheumatologist. But the confidence came because people were starting to send me patients. Like, you know, really, the diehard conventional medicine endocrinologists, they started to send me their complicated patients.

That was funny, right? That it was like really… And I was, like, okay, You know? Well, I've got chills hearing you say that because that means that the tide's turning the way this building bigger, Right?

I mean, to show the documentation of why or how and then really reasoning out in the notes, it educates those doctors, but then it puts them a lot more confident in your abilities I was like, okay, and then even I want to tell you, like I had a bone health center and, you know, I let them manage like osteoporosis initially.

And someday that endocrinologist, she read out to me and said, can I come and shadow you? I would like you to educate me about you. I love that so much.

It was funny. Then I said do you want just want hear about the hormones? And I'm like telling her, look, in a functional space now, there might be some things you might have never heard.

Where can I get that education? So, and she actually stopped, you know, recommending dairy for the osteoporosis. Oh my goodness. I know. She, I don't see it in her notes anymore.

It was crossed out, she says greens and vegetables. And so, yeah, so that's the change. Yeah, more alkaline. That's awesome. So wonderful to hear. Anything else from like, where has it led you currently?

Like what are you doing right now in the virtual space? I'm going to dive a little bit deeper into that. Yeah. So literally three months ago, I finally decided I'm going to leave that conventional space behind, not because I think I could do things there, but it's just, it didn't get me where I want to be.

And it was just taking away RAM, from really creating to really help more and more patients. I resigned and now I am literally doing basically 95% isn't online.

And 5%, I have half a day a week, I do see my own practice now, because I also do vulvavaccinal disease. They haven't talked about that. There is something that gives me also lots of finds.

So that's how it changed around. I mostly do online and have this little space where I still see some of my old patients and that vulvovaccine disease, so.

Beautiful. And are there people that are coming through the virtual? How are you acquiring those patients? Is it through marketing? A lot of word of mouth at this point.

See, that's awesome. Yeah. I really, I haven't done any ads. That's not… I have a virtual assistant and she does like, you know, social media, but I feel many patients really find me word-of-mouth.

They just, they are being referred and they look me up online and I give them the option to see me. Make it very clear, clinic is regular gynecology. You know I'm very clean about that.

you know, what they understand, and what are they going to get there versus you really want to dive deep and these are most symptoms. And so they, I have to say the way I'm clarified on my website, most people self-assign them in the correct way.

Yeah, yeah. Great. It's such a reward to have other patients refer patients to you and then to be able to build your practice off of a referral only is pretty special.

Yes, that's nice. They send me, you now, then their daughters, And then the husbands. Yeah, it always starts with the wives. Well, not always, but majority of the time it starts at them.

That's awesome.

Contact Info and Closing Remarks

Okay, so where, if people are listening to this, another practitioner wants to speak with you, a patient or a prospective patient wants reach out to you to learn more about how you approach female hormones or general health, how would they contact you?

I have a website, DrKristinaEnsmann.com. I've an email, contact at DrChristinaEnnsman. Com. So just shoot me an e-mail. Look at the website. And then Christina C-H-R-I-S-T- I-N-A?

Yes, correct. M-A-N-M. M. A. N. N. And Dr. S. D. R. Yeah. But you're going to find me because it's weird. So even in a hospital system, when people put my name in, always my private practice came up.

I was afraid they're gonna fire me at some point, but they didn't. Okay. All right. Well, I'm glad that you were able to be the one that determined when and you are going leave.

and I appreciate you sharing with me and with us the process of what that was like. Thank you very much, Dr Christina. Thanks for listening to the Longevity Leaders podcast.

A Lungevity leaders community is on mission to transform a hundred million lives by 2040. If you enjoyed the show, please share this with somebody that you know, especially another doctor or physician, but also click that follow button.

Until next time, stay strong and live long.