Introduction to the Menopause Conversation

You know, I did my residency in the early 90s, and I remember we were lamenting how few women, only about 15% of women menopause used hormones. And we knew there were benefits, okay?

We knew women felt better, looked better. Most likely had better outcomes in terms of cardiovascular health. So that's why the WHI was undertaken. But they used the wrong women the, wrong hormones, in their wrong route of administering the hormones Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hey y'all and welcome back to the My MD Unscripted podcast. I'm your host Dr. Clint Carter and today's going to be another fun one.

And I've got Dr Liz Leister with me. She's amazing. she's been doing this a long time. Um, uh, gonna tell us how she takes care of this difficult time, kind of the perimenopause and after, and, um, the kind thing that as a, you know, as the doctor, who, you know, does long visits, it takes care of people in a sort of a direct primary care setting.

It's super hard and yet super rewarding. So Dr. Liz has spent 30 years challenging the idea that you're just older and you are supposed to feel bad and that your labs are normal, so you kind of just get used to it.

And so I'm going to let her give a proper introduction and kind tell us how you We got here so Dr. Liz thanks for coming on and tell us a little about yourself.

Thank you very much. Thanks for having me on your podcast. Well, you know, there's a lot to tell, so I'm going to try to the story with the relevant points that got me where I am now.

I board certified OB-GYN.

Dr. Liz's Background and Early Menopause

And I still maintain that board certification, even though I haven't delivered babies in over 18 years and I don't do the office gynecology anymore, I do entirely menopause, perimenopaus, anything hormone related.

I help men also. They're about 5% of my practice, so the vast majority are women. Women, as you are already aware, have been under what I call the long dark shadow of the Women's Health Initiative study from over 20 years ago.

I have so many stories about that. Something was wrong as soon as that came out. It was really totally crazy when that Uh, but, in addition to that, I went into menopause when I was 43. Ooh, so that's pretty young.

And I didn't know, uh, no idea what to expect. I don't have any sisters. My mom had a hysterectomy in her thirties. That's another story of what medicine did with women in the seventies and, um, So I.

Was writing my first book. I realized that I had a system that took patients through of detailed symptoms, history,

detailed labs, optimizing and treating with bioidentical hormones.

So maybe we'll have a chance to talk about what that really means. Yep. I'm writing my first book and I go, you know, I should probably just do my labs.

And so I did, I ran my labs and there's one test that is a main marker for menopause. That's the FSH. It's, the brain hormone stimulates the ovaries. So that as the overage head into retirement, their brain's like, wait, come on, and the FSH goes up, up up.

And it's supposed to be below 25. it is below twenty five before menipause and mine was above a hundred. I'm like, well, okay, I guess I am walking the talk here.

And so a lot has come from that, my own experience. I knew that hormones were safe from data I had seen even before the WHI study. So I literally had about one hot flash and at that time I still had an office.

Yeah. Wow. Okay. And so that is how that unfolded for me personally. Now I'm 61 at the time of us recording this. You do not look 61. For those of you that are listening, just getting that out there.

Thank you. And that's the point, right? That is, you know, and that is not with doing anything major in terms of work. It's really from replenishing hormones as they were declining, feeling good, keeping my brains about me.

You know just all the things, like you said, that women are told they just have to live with. By the way, I call that the J word. Just. Yeah. Yes. Yeah, so that's the J word.

So I put a circle around it and a line through it. Uh, So that really kind of my mission in life. My, my favorite women to work with are they're in their late forties or their fifties and they've been told, well, your labs are fine.

Why the WHI Changed Hormone Care

Yeah. I mean, you know, hormones aren't a quick fix, but I get people feeling better within the first month. Typically. Well, it's a lot of fun. That's where, so you were doing bioidentical hormones even before you went through, we'll call it early menopause.

I mean, it's not like crazy, but it is early. So, you know, at what point did you kind of decide that you weren't going to go with the flow on the WHI and all the hormones are the devil.

And, as a practicing gynecologist in America, I'm sure there was a little pressure to do the opposite. Yeah. You know, I did my residency in the early nineties and I remember we were lamenting how few women, only about 15% of women menopause used hormones.

And we knew there were benefits. Okay. We knew women felt better, looked better. Um, most likely had better outcomes in terms of cardiovascular health.

So that's why the WHI was undertaken. But they used the wrong women the, wrong hormones and the long route of administering the hormones These are women in their sixties on average at least a decade where inflammation sets in without hormones okay so they had to do that because otherwise if you're having hot flashes you'll know if your given hormones are placebo.

Oh, that was the point. Okay. Yeah. So in order to be a blinded study, they took women who were well into menopause. And we know it's actually not ever completely too late for the vast majority of women to start hormones.

But then there was a problem of the wrong hormones, horse estrogen and progestin. As I like to say, human female ovaries don't make pro gestin, They make Progesterone.

And then the last was the wrong route of administration. So we now know that oral estrogen does the first past effect through the liver and stimulates the production of clotting factors.

And so those women did have an increased incidence of blood clots, strokes, heart attack, things obviously that no one wants. Then of course it derailed the entire idea of the cardiovascular protection.

Yep. Yeah. The whole study was to prove that it helped. And then they were shocked that they didn't. They stopped the study early and then. Yes. You know, millions of women off their hormones the next day.

Absolutely. One of the. Generations of woman. shriveled up and died, you know, slow death. Yeah. Yes, absolutely. I was trying to sell my house at the time, I lived in Southern California and my realtor was one of those women.

So she walked in to my home and she just looked horrible. She was sort of like, Beat red dripping sweat I knew exactly what happened to her for she even opened her mouth.

And this literally right after the studies the study was published and in fact the the press release came out before the start. Oh right. So we didn't have a chance to really pick apart the study.

So it was stopped early because of the trend towards increased cases of breast cancer. There were an additional four cases out of 10,000 women. Right?

So there were nine in the placebo group and 13 out That's it, like literally nine, nine in the placebo group and 13 in treatment group. So it did not reach statistical significance, but they stopped the study because of that.

And even before that, I had been at a talk at the hospital, one of the hospitals where I was delivering babies at that time. And it was an animal study and they looked at progestins and were seeing problems with projestins.

So that was already part of my database in here. It's been a long road. get people out of the field. You believed that the, that what you knew to be true that went against the study, you could hold onto enough that you continue to practice that way because that was a, You know, are you taking a medical legal chance there?

If someone starts questioning you, I know in my area, even now, I don't have a hormone friendly, you know, I've got a lot of doctors in this town that really respect me and how I do it, but most of them do not get the hormone thing.

Well, that's really unfortunate for your patients.

How Dr. Liz Evaluates New Patients

Yeah. In the last year at the end of 2025 and February of 2026, the current powers that be took the black box warning off of estrogen products and that blackbox warning was put on there in 2003 after the WHI findings.

A lot of doctors have heard this and they're at least willing to write the prescriptions, but two things are sort of funny, not funny about that. One is that they are treating it like new information.

Oh, this is new data. No, no, it's just correction of something that shouldn't have been put on there. And then, you know, then of course it has led to shortages.

That's definitely not Yeah, no gosh, dotty patches are impossible to get right now. Yeah. It's crazy. But at least they're not, I mean, you know, there are commercially available oral estrogens and people are taking them and they, it's probably, maybe you could do the math, but it is probably better than nothing.

I think so. So let's circle back to the patient, comes into your office, you know, 48, feeling just, ugh, everything's getting harder. You know? They're not sleeping great.

They've got the brain fog. Maybe they're having hot flashes, maybe not. Where do you go? How do approach those patients? Okay. Well, the first thing is a lot of listening.

A lot listening, and by the way, I used to do this all with me billing insurance, but I literally just couldn't see enough people in the day to keep that model going.

So then I, there were a few steps involved, But I was fortunate enough to be able to leave the insurance model and be to spend the time with my patients that they deserve and that need me to Spend with them and also to treat them with what they order the labs that They need and treat Them with What they really need in order to feel better.

So she comes in, first of all, I love when women come late 40s. That's usually before the average age of menopause is 51. And so, but even before women go into menoppause, they start losing bone density.

They're having issues that often get what I call band-aid medications, right? They are not sleeping well, so they get a sleeping pill. Yeah. Other mood is disrupted the antidepressant and they're like i'm not depressed i know not press i just short tempered with my kids and my spouse.

And my co workers or whoever you okay how would i call the short fuse short. Okay, so step one is really listening. I ask a lot of questions. Everything's digital now.

At this point, by the way, they're usually still online when I'm first getting to meet them. So that also is helpful to be able to help people. And so it was six pages when it printed.

Now it's all digital, so they can just sit and click a link and throw it all out. And then we do a consultation, we review all of that. Then I order a really detailed panel of lab work.

It's usually the most detailed panels that they've ever had, typically. Right. Sometimes they've had somebody, they have gone outside the system before.

They've already been outside. Yeah. So we do that. It's mostly blood work plus a urine kit as well. Then we meet for an hour and a half. And we go through it all with a fine-tooth comb.

And hopefully by that time, I've also been able to educate them and send them things. I always ask like, where are you regarding hormones? If they're super afraid or if they've already done a lot of research and they know that the right kinds of hormones are safe.

So that's when we come up with a treatment plan. And then I have the year-long programs, and it depends what people need. You know, it might be hormones, some peptides that are helpful.

There's all sorts of options that can be really helpful, so that the steps that I do. It depends mostly on them and what their priorities are. Yes. And if sleep is disrupted, I boost that to position number one because you can't be in a good mood.

You can want to have sex with your partner if you're tired. It's just, you, can address libido if they're not sleeping. That's not how libidio works for women.

Nothing works when you are not sleep. Right. I think you can't, you don't want to eat, right? You don' want exercise. You know, that's right. Care. He just, he just want go back to bed.

But it's like, but you could also, there's anxiety about going to bad because you're just not sleeping in. It's a terrible cycle. So, I mean, absolutely.

And hormones do indeed, when done correctly, help with sleep a lot, usually. You know, and you're taking these long histories and, you know you've got someone who's been, had trouble sleeping since they were in, middle

school.

Well, okay, it's not just hormones. But to the extent that it got worse in the last, number of years, that's certainly a part of the solution along with everything else.

Perimenopause, Progesterone, and Hormone Patterns

Yeah, I love that. Are you, so I saw somewhere that you like called like menopause, like the miracle of menOPause. Like menOpause is some sort of opportunity.

I don't think most of my patients would have put it in those words. So explain yourself. What are we talking about here? Yes, sir. Sure. Well, you know, um, just remember back to my twenties and how, I call it externally focused.

I just cared a lot about what other people thought. And it's partly from having lower levels of hormones. But as people approach midlife, they're, I think, on a very good program of caring less about other what people are thinking.

That's really where that comes from. you know, midlife is a whole rebirth. So I've got butterflies, I got like butterflies all over the place. Because that's that transformation and birth into that whole new era.

You know there's an Asian word for menopause that is second spring. Other cultures do a little better than we do. We have a bit of a youth worship situation here more than in other parts of the world.

So that's the idea. That's a fun idea, you know, we definitely, first of all, it's, yeah, You get old and you're no longer useful in our culture. And in other places you revered for being, elder.

Yeah. I think there's like elder porn in some cultures. Like they're completely different. It's completely difference. Well, that funny. Okay. I think this perimenopause state is, it's just this like quick sand area for me because, you know, they're having some.

It's like estrogen might help, but then they're still having these spikes and then their progesterone's always low because they don't have a consistent estrogen source.

And I'm just always playing there. I suspect the answer here is patient by patient and symptom by symptom. But is there a guide for the rest of us when the 47, 48 year old comes in and is really starting to have these perimenopause symptoms?

Yeah. There's a few things. So as you said, there's no one size fits all. It's not that kind of neither you nor I have that type of practice in the first place.

But the way I like to describe it, I had a graph that I show to each person. And the hormone that tends to decline in women is progesterone. That's happening at least in their 30s, maybe even younger.

We have so many endocrine disruptors and stressors going on at this point that they do see it younger and younger, Let's just say for sure by the time we're in our thirties and progesterone calms the brain.

It helps with sleep, it helps the anxiety. So women say things like, you know, I I'm afraid to cross the street and that's ridiculous. I've been doing that since I could walk.

Uh, so that type of thing. That's pro gesterones. And then by, by time when we are in forties, estrogen does do some degree of decline, but it also does what I call the stock market phase because it goes up, down, up down.

and That is the bumpy part. Yeah. shepherding them through that part and that is definitely the hard part. And then the way the graph looks is it comes down comes out really low on the other side.

Yeah. I know there's a few hormones that are just like on this steady decline right same with for men as well so testosterone. Okay so steady to climb for man say the claim for women a lot of people don't even realize women have testosterone DHEA, right, they're adrenals, we women don't have anywhere near as much testosterone as you men do, so our adenals are what keep us just pumping it out and we're productive at work and doing all the different hats that we wear, that type of thing.

And so, and then there's also thyroid. Thyroid is the conductor of the hormone symphony. So when I have someone who's not fully in menopause yet, I'm looking really carefully.

You know, there is one, maybe two tests that most doctors do for thyroid, my initial panel has seven tests just related to thyroid and As you also are aware, we're taught almost nothing about adrenals, but there's a lot.

Yeah. You know, failure or tumor and like nothing in between. And so that can be really helpful too, because by that time, like I said, her adranals have been carrying the load.

So I do, I'm looking at all those different areas. And before benapaz testosterone can really be helpful, I don't start with that. I start getting the others balanced first.

Okay. Cause so in my practice, I will take the testosterone approach because I feel like. I mean, most women's testosterone is, is gotten pretty low by 40. It's kind of like, you know, that it's kinda like the way they were created, moving out of your reproductive years, You know?

You don't need quite as much of that testosterone, especially related to its relation to libido and all of.

Testosterone Benefits for Women and Men

So, um, but then, I like to tell my patients, it's like, you know, do you lose your testosterone at 40? You lose just your estrogen at 50 and then life expectancy with 60. So it was like.

Exactly. But now we're going to go another 30, 40 years like this away. Um, so I usually end up hitting the testosterone first. largely because it's something I know that I can measure and then I fix and that usually get a lot of benefit from.

However, it is also partially because I don't know what to do with the other stuff nearly as well, you know, in that middle phase, those mid to late 40s before menopause hits.

Yeah, there's really a lot to it. I've been going to conferences specifically related to hormone therapy for about 20 years. Whereas, like you were saying earlier, and it was cute the way I got started with that, which was there was a nutritionist friend of mine that I knew through a particular weight loss program 20 plus years ago.

And so he's a nutritionist. He's working with clientele and he has a doctor who he he is doing all the testing and then he just telling the doctor what the person needs prescribed in the doctors just write a prescription on this doctor retired.

When he looks at me like you need to go to this conference in los angeles i was in orange county southern cal at the time i'm like great all i love learning on the total geek i will absolutely go that and it was life changing.

Uh, and it, you know, heard all about all of it. All about the thyroid, the adrenals, uh, which are, You know the core. I mean, they're literally physically the court, right?

Like thyroid to adreno. It's like literally the inner core of our hormone system. And, And the rest is like quality of life, Which as you said, it's, I call that a modern problem.

How long we live now. Yes, modern. Absolutely. Yeah. Okay. Well, okay. So, you know, talking about testosterone and women, um, and like you said, You've got a few men that consider you their, their gynecologist, which is

probably fun for them to tell their friends at parties.

Um, but I'll ask. But we'll go testosterone here for the ladies. I've got a few guys that come in and say, hey, you've gotta get my wife on testosterone.

And I'm like, listen, You need to be nicer to her. Maybe she'd want to have sex with you. However, there's a lot of benefits here and let's talk about, libido certainly is one of them.

So what are some of the advantages that you see when you bring testosterone into these situations? Absolutely. So helps with muscle building, helps results at the gym, results metabolically, mental sharpness and mood stability.

I always, and I say this to women, that I think that testosterone is the main reason that men look at women and they're like, I don't see what's the matter.

like, I'm really sorry, but I just don't see the problem that you see here. And so I think testosterone really helps with that. It probably helps for crepey skin.

I was having that conversation with a patient this week. Yeah, so there's data for that, it's just a wonderful quality of life hormone. Of course, people are worried about side effects and it can have side-effects like acne, sort of stimulates uh, the oil glands to kind of come back to life.

Okay. So there's a benefit to that, but initially it can give a little bit of acne, a bit facial hair. And I always say it's not facial that anyone else will notice.

Yeah. But then I say, we just have to see if you like it. Your level is low. I think it will help with these things. and you're gonna be the one to determine, right?

Let's say you love it and the acne doesn't settle down, I can fix that. That happened to me when I very first started it. I started testosterone when was about 50, no, 49? Now I don't know the math.

Where are we? 26. I was 50, and it was amazing. For me, it really is the word retrieval. A lot of women can relate to that. The thing, I know what that thing is called.

Right. So that's when I know, and I personally do hormone pellets, which are just another method. They're not. Yeah. I really like them. Uh, but I, you know I use, I used all the methods and from a compounding pharmacy.

Yes. Topical creams or gels and yeah. Under the tongue troche. We've even started doing some compounded injections for some ladies because they just chose that and it compound and you can bring it all.

You can. Bring the dust down and not turn them into a deer. Right? Like that. Um, so just being good at that dance. And also, I mean, just like one thing I've had a couple, when we started doing hormones for real.

I had couple nurses working for me in their mid forties, right? And so we went to the training and we do all the things. They're like, uh, yeah, me hook me up.

Um. Right. That was me when I went into my training. And we were doing pellets at that time. And so we pelleted first round and they were like, I think I'm starting to feel better.

It was like that second round, that fourth month, if you will, when they got that repeat pellet. They had already turned on all their testosterone processes and everything was kind of ready for this pellete.

They came back to life. It was like one of those movies where everybody wakes up from a coma and asks where they've been their whole life, they were like, I am back, baby.

What else do you want to get done? Because I can do it. it was so fun to watch. I continue to see that in my

patients, but it It was, you know, I got to watch it really up close day in and day out with a few of them when we started.

It, it was fun. Yeah. That's really, and I love that. And that's what I want for women, right? That the whole, that the name of the game. I mean, sometimes people get on their consults with me and they're like, okay, well I saw my labs and blah, blah blah.

Tell me about how you're feeling.

Hormones, Longevity, and Quality of Life

Cause that our number one marker. Yep. Absolutely. And if you go to training at this place, they'll say, Hey, your goal numbers are this. If you got to a training, at THIS place your gold numbers with that.

Then someone gets bought by someone else and they change the number and it's like, okay, hey, Yeah. And then my, you know, the newer practitioners were like hanging on every lab value.

I'm like, y'all stop it. We were previous, we were running higher and now we're running patients lower. What really matters is how they feel, what their side effects are.

It's just like. You know. Don't live and die by that. Um, and then, it's kind of the same thing that I talk about with the men. uh is like you know everything's harder than it should be right like so these guys will come in and they'll have lowish testosterone and be like i'm fine you now my libido's fine like yeah you Um, what about, you know, mood and energy and bandwidth for people's stuff and, and just motivation and it just kind of like your life force, if you will.

Like everything is just so hard. He's like, I love that. Okay. Yeah. There's that insomnia. Uh, yeah, all of that, um, but then a lot of those times, If I'm not treating the, the wipe, I will make him go home and ask her first.

Because if his libido goes up and she's finished having sex forever, I don't want to be causing trouble. Right. You do not want cause a mismatch. But I also might turn him back into the kind of person she might like to have sex with one day.

So there's a little bit of both. And so one of the things that's hot right now is longevity, right? Like, you know, longevity medicine is great and it's not about living forever.

It's about looking better. How do hormones fit into the longevity with your, cause I know that you're getting into, anybody who spends an hour and a half with their patients is getting in to quality of life times time.

how do the hormones play into that? What else do you look at? Well, I think they're foundational. Right. It is my lane and my expertise, so I'm going to think that, but I definitely do think.

I think, you know, if you look at overall hormone levels and you at someone who's 20 and they're not getting chronic illnesses, they are recovering from injury quickly.

And as I like to say, we don't want to give people 40s, 50s and 60s the hormone level of a 20-year-old. As I say, we don't, that's, there's a reason we want 20 year olds running things.

But, but in any case, But we wanna get ourselves back to a point where we feel good and we like ourselves. That's the phrase that people use. They come in like, I just don' feel like myself.

Yes, ma'am. Yeah. And so that is, you know, that's the name of the game. So as far as longevity, and we have so much data. In fact, I just was, got this book out just for visual effect to show a patient the other day.

This is a wonderful book by several colleagues of mine and it's almost entirely references. Wow. Okay. It's all about bioidentical hormones. We know that, for example, just estrogen for women lowers the risk of breast cancer.

We actually know this, that's what the data shows. It even lowers the risk of recurrence in breast cancer survivors. That's a little longer conversation.

You can lead that one, I'll follow after you blazed it back. But lowering the risk, we learned this from the WHI. The women's health initiative only stopped the study that had the progestin in it.

the women who'd had this directive is they were only on the wrong, still the right estrogen, but they had a lower incidence of breast cancer compared to the woman on placebo.

So lowers breast, cancer lowers colon cancer, lowers hip fracture, which are devastating. A hip fractured can be. I mean, the mortality after a hip fracture is vastly worse than many different cancers.

And lower cardiovascular risk, lower dementia. All the things that we want to avoid. We have abundant data that replenishing hormones is going to lower the risk of a very long list of illnesses for women as well as for men.

Yeah. And longevity is about living well and being healthy. Unfortunately, the system, and the way that it's built, that the payers pay, it has to be treating disease.

You know, getting old is not a disease and slowing down and not being, you know. Eventually you can get a diagnosis of like mobility impairment, but by that point you literally need a handicap sticker.

Like it's too late. Let's dig in. So, man, Dr. Liz, thanks for being on. Tell us a little bit more about your clinic, what you guys are up to, if I've got a.

Clinic Info and How to Follow Dr. Liz

45 to 65 year old female especially that's that listen to this is like that is me My doctor said no way You know, how can they reach out to you? What else you all up to and Make sure that everyone can follow up Yeah, absolutely.

Thank you for that. The best way to reach me is my website, which is drlizmd.com. So d-r-l-i-z-m-d dot com. I also have a podcast called Hotness. Nice.

And it is about exactly what it sounds like it's about. Living with vitality, you use the phrase life force, Which I adore that phrase. It's just awesome.

Uh, so I talk about all sorts of fun topics, sex and dating and You name it, we've addressed it as well as nutrition and exercise and all the things. There's lots of podcasts about those.

I'm on all of the channels, Instagram and everything, but all that information is linked to through my website, including a button to be able to talk with me directly in a discovery call.

So I'd love to hear from anyone who's not feeling well being dismissed by her regular doctor team. I see patients in person in the Bay Area on a limited basis, but mostly I'm online.

So I am really able to help people. And does it matter what state they live in? You're available. What are the options? So not to speak with me. It does not matter.

so I just encourage any woman who is not getting the help she needs to reach out and see what we can do. Okay. Well, and if you're in the East Texas area, let us know.

Um, I will, uh, that'd be awesome. And so in, the meantime, thank you so much for coming on. We'll get, um, Uh, your website on the show notes. So we'll make sure everybody can get ahold of you.

Thank you, so, much, for, coming, on, just love, love love what you doing. I think it's, it, changing lives. It's too, It, way overdue. um And, Thank, you thank, You so.

Much for your time. That was great. My pleasure. Thank you. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare. Real change starts with real conversation, so let's keep them going.

Until next time, stay well,