Introduction and background

Doctor Shanta Sound is an enormous advocate for women's health and just the ability to live optimally. He is board certified in Obstetrics and Gynecology and by the American Board of Integrative Medicine.

He holds a medical degree. In addition to a PhD in mind body medicine. Doctor Tyson is highly regarded as a patient advocate. His work includes studies and publications on spiritual quality and medical care.

Whole Foods to Heal the Human Body, and integrative Medicine. He is an instructor for medical residents and students of the University of Arizona and the University of Oklahoma Health Science Center.

He even teaches integrative medicine at Arizona State University. I am so grateful to have this conversation with you. Sean Sean is one of my very close friends and colleagues.

I've known him for seven years. He is a force to be reckoned with in the world of advocating for women, for women's health, for women's hormones, and really pushing us along and giving us a safe place to be.

So thank you so much for being here, doctor, to sound. Well, you're you're too kind. I really appreciate you asking me to be a part of this. Yeah, so I know your story.

I know how you ended up in this sector of medicine, but I know that it's such a passion point for you. So I'd love for you to share with everyone how you ended up in women's health.

And as America's holistic gynecologist. Well, you know, when you're in medical school and you have to pick a profession, I initially actually is it's funny, I thought I was going to do cardiology or something, and I had set up my whole fourth year with all the medicine rotations, like, you know, kidneys and lungs and heart and GI and I had an elective that I had to fill, and I took it in, OB ultrasound.

And it was really interesting because I had more time to spend with the O. B. residents. And what I found was, I just really liked, you know, most of the medical professions have their own kind of personalities, you know, family practice, pedes, O. B., all kind of people you'd probably want to hang out with.

You know, they're friendly, and because they have to be. And I just really hit it off. So I thought, well, I'll do OB, and I really liked it. And, you know, delivering babies.

And I was a it was not a sad, you know, there wasn't much dying and death and all that. And you do a little surgery and then my mom, when I was, like I was a second year resident, was diagnosed with ovarian cancer and she lived about five years after that with, you know, multiple surgeries and chemo.

And I, as a doctor, I knew all the stuff, like, I knew the chemo, I knew the surgeries, I knew the disease. But. And I'm an only child, what I, what I found was when my mom died, I realized that I wasn't able to help my own mom just live a happy, productive life for those few years that she was sick, I.

I had nothing, absolutely nothing to offer her. And when she passed, I was like, you know, there has to be more to this. Healing thing that it just can't be.

I mean, I have all this training. I couldn't even help my own mother. And what a hypocrite am I? So as you do when you have a dark night of the soul, you go to Sedona.

And, I was in Tucson at the time and it was like a three hour drive. So I went to Sedona and I was reading this book at the time. It was probably 2005.

It was Andrew Wiles, eight weeks to Optimum Health. And at that time he was talking about fish oil and CoQ10. It was like blowing my mind. And so I signed up for the fellowship, did the two year fellowship.

In that fellowship, there was an eight week section on spirituality that really blew my mind. So then I was like, well, I got to do more. So I went and did a six year PhD in philosophy, but I focused more on the mind body kind of connection.

How he entered women's health

And I went around South America and hung out with shamans and did all kinds of stuff. And wait, I didn't know that part. Yeah, I, I went to Peru, I went to Brazil, Guatemala, Mexico, and just spent weeks with these people and just kind of observed.

And it really just opened me to the possibilities of what could be. And so I just sort of, you know, incorporate that into what I do. And that's kind of where the Bible whole balanced Bible came from, was more about the stories and the narrative side of medicine and just kind of, you know, helping.

And actually what I learned from them more than anything is the art of listening, because that's what they do. They they just sit and listen to people, and people will tell you things.

And if you listen, especially women, because they're not listened to 95% of the time, that helps more than anything. So that's my story in a nutshell.

I love that I even learned a few facets about that. You know, I did a Ted talk a long time ago, but it was about like what real medicine is, and it's really connection.

And I pulled my patients, like all of them in my practice. And I was like, what is the most therapeutic part of your healing journey with me? 78% of them literally said just being treated like a human and a friend like that is so incredibly true.

And just feeds into the topic that we want to talk about today so beautifully of, you know, how hormones integrate with mental health and how there's such a deep interconnection, and you are absolutely the perfect expert to speak on this.

So I'm so glad that you are. Yeah. Tell me, I know whenever I see patients like hormones for women dictate incredibly so much about how we feel, how we view the world on a day to day basis, they can shift.

But tell me a little bit big picture about ways that you see that happen. And then we'll dig into like the nitty gritty of each individual hormone or just any way that you want to open this topic.

Really, I think the overriding lexicon in society, and this was when I was a kid, because I can remember when I was probably in eighth grade, my mom had a hysterectomy, and that was kind of the early days of hormone replacement with primary and and whatnot.

And I can remember when my mom would get mad at me about something, and I would not recommend any man do this, but I would say to her, did you take your pill today?

And that was not the best thing to say, but it's. Good you learned that lesson young. No? How would an eighth grader know to say that unless it's in society, you know, you see it on TV.

Women are hysterical because of their whatever, and they overreact and all the storylines. And it even affected me as a younger, a younger man. And then you see, it's still there today.

I mean, I, I can't tell you the amount of misogyny just in the medical field. Gaslighting and all that stuff. I'm sure you hear about it and you probably experience it, but, it's it's really fascinating to me that, you know, 25, 30 years later,

it's still the same.

And the research isn't done on women, the, the options for women. I mean, I was just talking to Anthony, Yoon today, a friend of ours, doing a podcast, and we were talking about the North American Menopause Society and how they literally only talk about vaginal dryness and hot flashes.

That's it. That that's the this whole society of menopause specialists. And all they can come up with is that women boil down to hot flashes and vaginal dryness, and they don't mention any of the other things.

It just blows my mind. Yeah. So true. I mean, I hope that in our lifetime, medicine starts to look at women in a different way and our health in a different way, and hear us and believe us.

And I know you and I definitely advocate for that constantly in the world and in our practice. Tell me. So my whenever I think about mental health and how it relates to hormones, obviously there's interplay in all of them.

But one of the most powerful hormones that I've seen in my clinical practice that influences mental health is progesterone. So I would love for you to tell us what you see in your practice about the interrelation of people's mood and how they feel and see the world, and progesterone and kind of ways of improving that, even whether it's premenopausal, Perry or Post.

Well, I think the number one thing that we talk about with progesterone that women may not know is progesterone alone is, PMS, Pmdd and, postpartum depression.

The and those are things in younger women. And then you look at even younger women that are on birth control pills. We are shutting down their endogenous progesterone, and we're giving them a progestin, which isn't the same thing.

And we see a lot of depression and anxiety and insomnia and all the things. Because the big three that I always talk to patients about with progesterone bioidentical progesterone is you sleep better.

Progesterone and mood

You you feel calmer and you, you have less anxiety. And a good story that I tell all the time is I had a patient who came in. She had three younger kids.

You know, they're at the dinner table, she's doing dishes, and somebody breaks a glass. She spins around and she said, she said to me, I literally like scorched earth policy.

My, my children verbally. And she said. Then I sat down and I was like, why did I just do that? It was just like, she just went off on them. And, you know, we did labs and whatnot, low and progesterone.

So we put on progesterone about six weeks later, she came back and she said, you know, as kids do, same thing happened. And she said, I spun around because a glass broke.

And she said I could visually see my children flinch, like bracing for impact. And she said my initial response was, oh, don't worry, honey, I got it.

And the 12 year old said, what have you done with my mother? And she and that's progesterone, that that initial response is not anger or aggression, it's just calmness.

And so many women have that that are told over and over again. Take, Lexapro, take Prozac, take Searchingly, you know, whatever it is, you're automatically put on an antidepressant, which might help, but it's really not fixing the problem.

So progesterone is probably not my favorite hormone overall, but it is probably the one that you want. You can't

really find a bad thing about it. Some women might get a little bloated with it, or they might feel dizzy if they take too much or something, but it's a really safe hormone, and it's a really great hormone as far as how you feel.

Yeah. You know, I mean, I'm obviously I'm in the business of thyroid, right. Like that's my thing. But we deal with hormones as well. And I mean, we get to change people's lives.

You know, those with thyroid every day. But I'll tell you what I tell so many people, which is there probably is nothing in medicine that is more life changing that I've seen so quickly as fixing a woman's progesterone like it is like night and day in a matter of 72 hours.

It's like all of a sudden they sleep better, they're less anxious, they feel more zen, more like themselves. It's like you give them back them their self in a matter of, you know, a few short hours.

It really is incredibly powerful. And I had no idea that was the case. When I initially started doing hormone replacement. Like it blew my mind. But it is.

It's really it's cool to be able to to participate in that as it is. It is. It's the fastest of the hormones to, like you said, totally. A lot of women will even sleep better the first night.

The first night. Like really quick. I know I'm like, listen, you'll probably sleep better. Night one by day three or 4 or 5, you're going to actually just feel more like yourself.

It's beautiful. And I couldn't agree more like the side effect profile is, you know, less than 1% like it's just so rare. So yeah, love progesterone for sure.

That's always where I like. That's where my mind goes when I think about mental health. But you you mentioned like your favorite hormone. So I kind of want you to tell me about that in general too, but tell me how it also, of course, might relate to mental health.

It's probably my favorite because it's the one that isn't used hardly at all by mainstream. And that's testosterone. Because across the board, every age group, testosterone levels are low.

And that's true in men, too. But I, you know, in younger women, birth control pills drive testosterone down in the women that are in their probably 30s and 40s in the perimenopausal phase, you have diet, weight, stress, you know, all of those things, right?

Yeah. Driving testosterone down. Menopause. You're going to lose 50% of your testosterone production right there. And it's just so common. And yet it's so not talked about.

And the thing about low testosterone is you think about libido. That's probably the one thing that women know about. But you don't think about decreased drive, motivation, desire, hair growth on your head, mood, elevation.

Because testosterone can definitely make you feel better and just have a better mood. It can change the way your body looks. I mean, muscle tone and muscle mass, and it builds bone back.

For women that are osteopenia or osteoporotic. And it's just it's not used that there are like 12 FDA approved testosterone replacement for men. There's zero for women.

It's ridiculous. If there is one area that shows that medical gap in that gender bias, it's testosterone use, for sure. I couldn't agree more. And, you know, it's interesting.

So obviously my data set is skewed, right. Thyroid people are not just normal people walking around, but it is the exception, not the rule, that a woman comes to see me and her testosterone is even, like reasonably okay, like even detectable.

Most women that come to see me, their testosterone doesn't even show up on a lab. It's like less than 12. And so, yeah, I mean, I couldn't agree more.

And it's either almost like people don't address it or they over address it and they put people on. So women on so much testosterone. Tell me about some of your favorite forms of testosterone replacement for women.

And then maybe some of your least favorite. So the, the the way that I do testosterone is I, you can either do topical creams, you can do a sublingual stroke or a tablet, and even I will even use or oral capsules.

Testosterone is different than estrogen. Estrogen orally can, you know, cause can increase risk of blood clots and cancer just because of the metabolites.

Testosterone isn't like that, and it tends to be absorbed more lymphatics. So it's really not going to the liver. But I use capsules as a last resort.

And 99% of the time one of those three options works really well. The problem is with testosterone is you have these bad actors that think that if a little is good, a lot must be better, and they are pushing the pellets and the injections.

And the problem is that, like, let's say most labs, a normal total testosterone is 2 to 64. These pellet companies teach women that, 100 are teach doctors at 150 to 250 is what you want to shoot for.

And I don't know any other medicine on the planet where three times the normal rate is considered normal. That'd be like telling somebody to take, you know, 12 Motrin for a headache and doing it over and over and over again eventually.

That's not good for you. But they teach this stuff all the time, and it really, unfortunately gives testosterone a bad name, because then you have the mainstream docs who already don't use it, but then they see these women that come in and mentally, you know, it makes you super aggressive.

Testosterone in women and men

Anxiety goes through the roof if it's too high. I mean, you just feel like you're coming out of your skin. I've had women ask me to try and dig them out, and you can physically impossible to get them out.

And you just have to really. I've had to put women on beta blockers sometimes to calm them down from the effects of their testosterone for a few months, because it takes a while for those to wear off.

And then injections are a lesser of two evils because at least injections are out of your system within a week. But the up and down nature of the injections are what I don't like.

And I just think the and also, you can't really give an injection at a low enough dose to really be in the safe zone for females, and that's why I don't use them.

But if I post about pellets or injections on Instagram, I will always get the testosterone junkies that will come after me. And but I feel so good and and I'm like, yeah, well, you feel good on cocaine too, but it's not like you're going to use that long term.

And it's just it's really hard to get people that are convinced. I've been doing them for four years. Well, what's your cholesterol? You know, what's your blood count?

You know, call me in ten years when you have heart disease. And it's just it's just not a good way to do things. And I wish I could tell you that I see people on pellets with a testosterone level of 150.

That's maybe 10%. I mean, I see. Like four months later, like four months after the pellet there, maybe at 150. I

can't even imagine what they are, baby.

I mean, I've seen a woman over 2000, another woman over 1200, another woman over 800. And to put it into perspective, for people maybe tuning in who aren't familiar a really great like exceptional man's level of testosterone is like a thousand.

So for a woman to be over 2000 on the same scale is, you know, headed towards involuntarily potentially transitioning. And that's not really what they signed up for when they just wanted a bump in their libido.

And it really is the rule. It's not the exception. And people don't know that. And it's becoming strangely normalized in medicine. It's pretty crazy. So it's important that you find a clinician that knows what they're doing.

And I did want to touch on this, too. Like, I know we're talking about women, but there are men on here, too. And men, I mean, I originally I ended up strangely in thyroid by way of integrative and functional psychiatry.

So I worked a lot with hormones and mood and all of that. And I'll tell you, the telltale sign of a man with low T is apathy. Depression is mood dysfunction, right?

It's it's not. Libido comes way later or sexual dysfunction comes so late in the game with testosterone. It's so important for men and their quality of life and their outlook and their endurance and just their wanting to participate in life, that their testosterone is optimized too.

So yeah. And I tell women all the time, if low testosterone was a t shirt, I would just say, man. Told me, I'm going to use that. Yeah, you just don't care.

And that's why I say low libido. Because you don't care. Yeah. And you are tired. So yeah, sex is not going to happen. Yeah, absolutely. And yeah, I mean I just think it is it's so important and it's undervalued and then it's overdosed.

And so again like Doctor Tyson is a great, great resource and person for like real true medically sound and safe support for testosterone replacement for sure.

Yeah. Tell me about estrogen. So film fill me in on the estrogen PSA. It's always the demonized one. It's like the redheaded stepchild in this situation.

So take me through your thoughts on it at first. And then we'll dig into like, safety etc.. Well, I think, you know, estrogen has been demonized because of the Women's Health Initiative.

And I, I see women all day and I'll put somebody on estrogen and then they'll inevitably someone will call me back. Oh, my friend said it causes breast cancer.

Yeah. That study, the Women's Health Initiative, has harmed an entire generation of women. And it really screwed up an entire generation of doctors as well, even though that study has since been debunked many times over, the authors have even retracted most of it.

And we have, a big study came out last year, 10 million women that showed, women over the age of 65 that were on estradiol had lower rates of breast, colon and lung cancers, decreased rates of dementia, and they had more longevity.

They lived longer. And so even though we have all this now in the lexicon, doctors still deny they make stuff up. I mean, like, oh, you can't take it longer than two years, you can't take longer than five years, you can't take it if you, you know, I mean, there's so many rules that are the old.

Wives tales that are propagated. And they are. And what that means to me, I or that or the other one is a doctor that will give a woman estrogen, but they will literally put her on the lowest dose physically possible, not even

enough to protect bones.

And it's funny because when I see those doses, I'll say, oh, you have a doctor that probably wasn't really interested, but you probably coerced them into giving you something because you can tell by the dosing.

And it's just it's it's fear. It's fear. I mean, here's my thing. If estrogen caused breast cancer, then every man and woman would get breast cancer because we all have estrogen.

And you would expect to see higher rates of breast cancer in your 20s when your estrogen is super high. But we don't we see it more when you're in your 70s because it's more of a genetic age related dietary inflammation.

You know, estrogen. I always say estrogen isn't the cause, but because I had a lady say this yesterday, well, how do you explain then to women who have an estrogen receptor positive breast cancer?

Okay, well, if I give you estrogen, it might stimulate that growth of that cell. But that's not cause, you know. Right. And you're you're at your breast can't your breast cells always had have had estrogen receptors on them.

That's just the nature of the beast. And you didn't have cancer until just now. So it wasn't the estrogen. It was all these other piece. Cancer is so multifaceted, right?

It's not one thing, but we've been led to believe that estrogen is what causes breast cancer. And it's just not true. Right. And the other thing that I think people don't quite understand, that's a little nuance that clinicians, I think understand is medicine is almost it's like generational.

It's like the people that we train from, especially in physicians, I think maybe even more so, they learned medicine a certain way, and then they pass that on to the next generation in medicine, more so than they're learning new research, new literature, new hey, this new study came out.

No, they're learning from there. And you can speak to this even more than me because you're a physician and I'm a PA. They are learning from their preceptors who learned oftentimes from their preceptors.

So it takes a long darn time for medicine to get updated on new research on how things actually truly are. As new data emerges. Medicine evolves one funeral at a time.

Estrogen, safety, and the WHI fallout

And I mean, the doctors are dying because. Because the old idea is die with them and then you have new people coming along. I mean, a great, you know, Ignaz Semmelweis in the 1800s discovered that women were dying postpartum because the doctors that were delivering them were going down to the morgue and doing autopsies and not washing their hands.

And then they were going up and delivering babies, and they were spreading postpartum fever with these bacteria and the and the nurse midwives who didn't go down and do autopsies didn't have any infections.

So he came up with this unique idea of washing your hands. And he lost his practice, and he ended up losing all of his money. And he was he died in an insane asylum because of the way that they treated him.

And now we look at handwashing and go, well, of course, but that's what I'm saying. It's like, it's like you have to wait sometimes for the old guard to die off, for the new ideas, to really flourish.

Right. And it's exceptionally sad with the Women's Health Initiative study because these I mean, I literally see women every day that I'm in clinic. And I know that you do too, who have seen other people.

And they're like, literally estrogen causes breast cancer. And I'm like, well, that was a study from the 90s that really is not valid. And everyone knows it's not valid, but that person actually has an updated their viewpoint since the

90s.

So here we are. And it's just a shame because again, it's a disservice to this entire generation of women. Even women with breast cancer in their history.

Yeah, I have, I probably have 10 or 15 that I take care of that are on estrogen. And the reason is they cannot live their lives without it. They are miserable.

And they will say, I will gladly take on the risk just so I can live my life. And who am I to say, no, that's. Not your decision, right? I have that discussion with you that it might cause a recurrence.

I don't know, but I'm going to withhold something that I know will make you feel better. Now, I might try. If it's just hot flashes and mood, I might try testosterone first alone, and then maybe add a small dose of Astrid in if she needs it.

And I do like to try to work with the oncologists. Some of the oncologists are actually really nice. And they'll go, yeah, let's try it. Because she's miserable.

But you want to. It's all about support, right? You tell somebody no. And and you give them all this negative information, that's not going to help them.

My mom, she had ovarian cancer and they wouldn't give her estrogen. And that's my point, was that they she was miserable. She flashed. She just felt miserable for five years.

Her last five years, she couldn't travel because she just felt like garbage. And she lived five years of nothingness. It was just empty existence. And I just think it's just it's a shame, you know?

I mean, I don't I don't want to do that to other women. Right. And if there's anything we've learned from this conversation today, it's like hormones are powerful.

They impact our quality of life in a huge, huge way. And you're exactly right. Making the choice about someone else's quality of life is not shouldn't be on our bingo card.

Like, that's not up to us. It's up to them. Well, if you had one kind of closing or starting to close, if you had 1 or 2 pieces of advice for women who are struggling with hormone dysfunction or hormone dysfunction that maybe is influencing their mood or mental health, what would that be?

You're going to I have women ask me all the time, how do I get my doctor to do X? And my answer is always, you don't. You're not going to get them to do anything.

You have to influence them by leaving. And the more women that go and see this is the thing we talk about, this is real time. Why are these patients seeing chiropractor?

Why are they seeing naturopaths? Why are they seeing coaches? It's because we're not doing it. And if we really want those women to come back, we gotta listen to them.

So there are people out there like you, like me, that, that do the labs that do listen. And the more and more that women know that there are choices. And the other thing is normal if you are told, because how many times have we heard this, your labs are normal, but you feel like garbage, that you know you better.

And normal is a range from Massachusetts to California, right? Yeah. If a woman comes in with a free testosterone 2.3, I can multiply that by 20. And it would still be normal for a woman that is such a massive range.

If I told a guy I was going to triple his testosterone, he'd be ecstatic. But we don't ever have that conversation with women. So when they say normal, where where am I in the normal range?

Am I in the 10th percentile? And when you start asking that if they get upset or peeved, like you're bothering them, it's time to find somebody else because it's not your normal and they're just they're too busy for you really is what that is.

Yeah, and I couldn't agree more. Like I tell people on social media all the time, well, how do I get people to run a full thyroid when you don't like you will never change a clinician's practice of medicine.

Even if they run the darn panel, they don't know how to interpret it like it's a dead end road. Use that as your your giant red flag to exit. And it's I know it's a pain and I know it's stressful.

And I remember struggling with, you know, in my own health crisis of how am I? How am I going to find someone to help me. It is so worth trying. And that's what these conversations are for, you know, so people can have insight.

Finding the right clinician and closing advice

And I know you're all over at this point, so I know people can find you so easily as a resource and support. And I know you show up for women. Finding people like, you know, people like us who actually you and I work together.

You know, we I don't get offended. Like, I can't tell you how many patients I have. Or they'll say, oh, Michael's handling my thyroid, so we can just leave that alone.

And I'm like, oh, okay, that's just less for me to do. And, and it's like, but you could have a doctor especially like an endocrine that would be like, oh yeah, oh, you shouldn't be on npj thyroid.

And it's like, why would you do that? She feels great. I've had how many times a this happens to you more where the doctor will take the patient off of what you got them on, even though they feel great, and then they come back to you because they feel miserable again.

It's like, why are you doing why are you doing this? You know, it's ego. It's just ego. That's all it is. And and you don't want that when you're looking for to feel better, you know?

Yeah. You don't want to expend your resources on placating someone else's ego when you're just trying to get your life back, right? Yep. So thank you so much for this conversation.

I want you to share with everyone how we can find you, how we can keep up with you, where you spend the most time, any resources, give it to us. I would have to say I'm probably on Instagram the most.

Sean tests on MD. I am licensed IQ in multiple states about 40 right now and practicing out of Boston, but I do a lot of telemedicine. And the reality is, I think, you know, the hormone balance Bible is a good start.

Shameless plug for my book on Amazon. It's great. It's 500 pages. It's and it took me like five years. And I you know, I'm proud of it. And I think it's a good starting point.

But yeah, you know, we post all the time on Instagram that the question is, I get this a lot. How do you know who to trust on Instagram? You know, that's a good question.

People like us, me and you, we don't make crazy claims. We're just focusing on what we know, and we're not. I'm not out there saying I'm an expert in liver detoxification or whatever.

So find the people you resonate with totally. Stick with them and, you know, stay with the positive messages, I guess. Yeah, absolutely. And I mean, that's the power of social media, right?

Like for people who are trying to figure out where to go for their health, if they can land on your social, on your Instagram profile, they can pretty much understand exactly what their experience is going to be when they meet with you about their health, their hormones.

You know, and so harness that like it's a powerful thing that generations before us didn't have, but it can serve people so well in their health journey.

Well, thank you for all the work that you do with women. Thank you for advocating for us. Thank you for hearing us. Thank you for believing us. I am so grateful to share this message today.

Thank you so much.