## Introduction to Donna White and BHRT Academy

All right, everybody. Welcome back to another session of the solving sexual dysfunction summit. And this session, we're going to be talking to Donna White.

She is the founder of the BHRT Academy. And I can't wait for you guys to hear from her. So thank you so much, Donna, for being with us today. Oh, thank you.

Dr. Greenleaf, I am excited to be here with you and to share some things that hopefully give insight about hormones to your audience. You know, that's my big question, is I love people's back stories.

How did you get involved in hormones? And then like people who get involved in hormones so all of a sudden open an academy to teach practitioners. So that's a big job.

So how did how did this all happen for you? Yes, I do have an academy and we train practitioners on how to prescribe biochemical hormones. And you just said something funny.

You said, how did you quickly just do this? The real truth behind why I started this hormone training academy is because I am a was a hormone train wreck.

30 years ago I had an awful case of PMS. I wanted to strangle somebody every 28 days. Horrible headaches, heavy periods, acne. I looked like I was in puberty, so I had to learn about hormones.

And I figured out all of this chaos going on once a month of my life was related to hormones. So I should be the poster child for bioidentical hormones because I've literally been on them 30 years.

Actually, I think over 30 years. I turned 60 last year, so it's it's it's not it's not a career for me. This is a life passion that I have been involved with for more than 30 years.

The truth be told, that's it. Personal.

## Donna's Personal Hormone Journey

And in that journey, what made you now decide to like that? You needed to train practitioners on how to do this? That's a great question because I want other women to get the same kind of relief that I got.

And then I realized, and I'm sure you can agree, Dr. Greenleaf, that practitioners there are not trained about hormone balance in medical schools. You didn't learn that in medical school.

You had to go out a step out of your box of conventional training and seek that to learn it. I know you know it well, but that's how you had to do it.

So I wanted a place where practitioners could learn to prescribe and balance hormones and learn it right and learn it well. So that's what we do at the BHRT Training Academy.

And I have to say, for all the practitioners that are listening to this, this academy is awesome. Like I have actually taught for it for them and like such a great education source.

And so check that out. But I want to ask you some more. There's a lot of misconceptions, especially about bioidentical. In fact, so much I don't even like to use the word bioidentical much because there's some people who have this like negative connotation.

I always say bioequivalent now because it's more like what's in the body just because of that bioidentical getting this bad rap sound. Mm. You are so right.

And you know what I call it? I call it the hormone confusion. Hormones are very confusing. And you're right, two bio identical is kind of a slang term.

And what that really means, if we could just get everybody on the same page here real quick, what are these hormones we call bioidentical? Well, they're bio logically equivalent or identical to the hormones we make in in our body or indigenously produced hormone.

They are similar. They're exactly the same. So there's this molecule and then in a plant could come from soy or yam or what have you. It's converted into the bio, biologically identical or same molecular shape of the hormones we make in our body.

Therefore, they have the same action and the same effect. Our body can't tell if we made that estrogen or progesterone or rubbed it on as a cream because it's the same it's the same hormones we've had in higher amounts since puberty.

Not anything different. Just exactly the same hormones. So whether whatever you call them, that's that's what they are. And that's why they were. And, you know, they've gotten this bad rep because I've seen it.

I've seen it in patients.

## Why Practitioners Need Hormone Training

I myself, before I knew any better, was afraid of hormones, too, because there is this hormones are going to cause cancer. Yes. Yes. And I hate that. And I, I that's one of the reasons why I love to speak and teach at medical conferences and and to women is to clear that up, because hormones do not cause breast cancer, not when they're balanced and done properly.

So let me just back that up with just real quick a few pieces of data, because it's really not what I think or what you think, it's what does the research show?

Because there is research to support the use of biological hormones. They've been studied very well since 1976 and even been used in Europe for what now?

70 years? Well, let's go back to that breast cancer thing, because that's scary. I mean, to us as women, that's scary. Why would I want to do something that might increase my risk of breast cancer?

Well, what does the data say? Well, just in the past few years, specifically, let's talk about estrogen. Does estrogen cause breast cancer? So in the past two years, we've seen research to come out that has come out that has shown that taking estrogen helps reduce the risk of five different cancers by 33%, including breast cancer.

So it reduces the risk of breast cancer by 33%. The longer women have taken estrogen, the the lower their risk is and the less risk they have from dying 44% less risk of dying from breast cancer if they get it.

So estrogen, this needs to come out. And what about these other hormones? What about taking progesterone? What about testosterone? Because, you know, testosterone is important for women, too.

Well, progesterone, we knew back in as early as 1981 from a study that came out from Johns Hopkins University Medical School, that how how do you hear me?

Half of all breast cancer could be prevented by taking by having normal levels of progesterone.

## What Bioidentical Hormones Really Mean

Now, since then, there have been many other studies showing us how progesterone protects the the breast tissue and protects it from estrogen and in so many different other mechanisms of action.

And then now we know that testosterone is breast protective. These hormones are putting us at risk. They could be protecting us from the risk of breast cancer.

That's why I thank you so much for being an avenue to help get this word out so women can rest more. Sure. Now there's other things we need to do to prevent breast cancer as well.

But we don't need to be so afraid of hormones. Yeah. And then, you know, then there's a lot of misconception and I just was learning about this because in an earlier session we were talking with Dr.

Felice Gersh in when it comes to replacing these hormones, I think a lot of us practitioners, especially if we're not educated in how to replace, we're like, all right, well, let's just give someone estrogen our lithium, estrogen, progesterone.

All right, let's just give them testosterone. And it was this whole like symphony and interaction, especially that works on sex drive. I love that point and I'm a big fan of Dr.

Gersh's as well as I am yours. So, yes, that's that's so important. And that's one of the things that worries is. And so I started the the BHRT academies because practitioners and and women as well really need to understand that all of these hormones, estrogen, progesterone, testosterone, the adrenal stress hormones, if you will, let me call them that DHEA, cortisol, thyroid hormones, insulin, all of these hormones work together.

They interfere, they interact. So a really savvy, well trained practitioner will look at all of them and test them and not just give out hormones. We are not advocating for that.

We are advocating for assessing the hormone levels and getting them back to optimal levels for two reasons for symptom relief and for disease protection.

So and then there are times, Dr. Greenleaf, as you well know, some women make too much testosterone, like the PCOS patient or too much estrogen. So it's about balance, getting hormones into optimal balance and at optimal levels, that's when you feel good and look good.

You know, I wanted to actually ask you, I'm really curious about this. We were talking about this before we started talking. And you have a questionnaire, a hormone questionnaire.

And I was going to like save it to the end. But now that you brought that up, I'm like, I can't wait. I want to know what this hormonal questionnaire.

Well, I have something that I created a few years ago is called the seven Question Hormone Quiz.

## Hormones and Breast Cancer Misconceptions

And then one of the reasons why I did this, because I'm all about education, I'm a teacher at heart, is because so many women especially don't realize that some of their symptoms are correlated with hormone imbalance, but they don't make that connection.

So let's do that for everybody right now. So hold on. Here's the here we go. The seven questions can give you some insight. It's not a real test, but it's a fun test.

So seven question, hormone quiz. So here's here's the first symptom. Now this one, we kind of know any PMS or menstrual problems or menopausal hot flashes, vaginal dryness, low sex drive.

I mean, women kind of get that if they're having any of those symptoms. Usually they, they suspect that. Mm.

Something may not quite be right with my hormones, but here comes some other ones.

Number two, fatigue, tired, low energy levels, whether it's low grade fatigue all day or maybe just between three and five in the afternoon when you really should be on top of your game, you'd rather be on top of your desk taking a nap.

So fatigue is associated with or can be associated with any of those seven hormones we just talked about being out of balance. Then there's weight gain.

Oh, not being able to lose weight or not being able to maintain weight if you've generally been able to do that because hormones have a direct impact on metabolism.

And so especially that's so frustrating if you're doing everything right and you just can't lose or you lose a few pounds, but I'm right back on. You want to know which hormones cause weight gain? Hmm.

High estrogen. Low estrogen. Too much progesterone. Not enough progesterone. Too much testosterone is associated with weight gain or low testosterone or high DHEA, low DHEA, high cortisol, low cortisol, low thyroid.

It's too easy to gain weight, but you have to get your hormones in balance so your efforts work for you and keep, you know, and most women gain £20 at menopause.

It doesn't have to be like that. Let's help these women. Dr. Greenleaf. I was thinking like it's like Goldilocks. It's got to be just right. Yes. Yes.

Okay, so here's the fourth symptom. It's poor sleep, so you can be so tired. Oh, just trying to get everything done and then are cleaned up. Kids, whatever you got to do.

Oh, I can't wait to go to bed. And then what happens? Put your head on the pillow and then there goes your brain. Oh, I need to do this. I can't. I can't forget this.

I should have done that. How to do this tomorrow? Your brain just kicks in or go to sleep just fine. But what happens at 3 to 5 a.m.? Wake up. Can't go back to sleep.

Think hormones kick next symptom mood swings depression anxiety crying it commercial irritable crying in one minute then you want to rip somebody's head off the next minute.

Hormones affect mood. I think women should know this or somebody can say Amen, sister to that one. So, yes, hormones directly impact our mood levels. And then number six is foggy thinking.

Can't remember what you went to the pantry for. You're standing there like I knew it a minute ago. Or just read a paragraph. You know why I just read?

Got to read it again. I can't tell you how many.

## Balancing Multiple Hormones Together

You know, I've worked in a number of practices as well, and women will come in and say, I think I've got all time or No, you've got to have hormones in your brain.

The brain even makes some hormones. And if it needs hormones, I need my brain to have them. It's like the word will be right here, but it won't go out the you know, it's like the brain.

My tongue is not connected to my brain today. I think hormones and then the last thing is rapidly wrinkling. Did you know that women with low estrogen look seven years older than women with normal levels?

Now, I don't mind being 60, but I don't want to look, you know, older than I am. I mean, come on. We need hormones to produce collagen, hyaluronic acid to keep our skin thick and moist.

So those are my seven questions or the symptoms of fatigue, mood, sleep, wake wrinkles in that, you know, the hormones, if you have any of these symptoms and go to a savvy, well-trained practitioner that knows all of the symptoms and knows how well to test your hormones.

Oh, my God, those were really amazing. And I you know, I'm thinking because I remember, unfortunately, I had a hysterectomy when I was like 41 and I at the time did not know anything about hormones because I wasn't trained in them.

And I, even as a practitioner, had this Ms. belief that they cause cancer because I trained I was coming out of training. Right. Is that women's initiative study came out and so I was terrified to go on hormones.

And I will tell you, I had every single one of those symptoms, including like all of a sudden within a year my skin looked so much older and sag year and I was like, what is going on?

And finally I was like, That's it. Me out of hormones. Like. You're real jaded now, aren't you? Yeah, yeah. And they God then actually started looking into it more and finding amazing information out there to actually learn how to do that.

So it was yeah. Now that's the other thing I wanted to ask you. Like what other misconceptions are there out there about hormones so that we could all just get over it and just get on her hormones?

Yes. Really? Are we tested to see if that's what your problem is now? We have other kind of problems as well. But yes, other misconceptions I hear quite frequently, you know, out there speaking is that, oh, I'm too young to have hormone problems.

Well, let me tell you. No, we see and I'm sure you do in your practice as well. You know, women in their early twenties that have hormone problems like your PCOS type patients or young women that are stressed out because stress is a major cause of hormone problems.

So now my younger daughters, I have two daughters and two sons. My two daughters, they had hormone problems when they were, you know, 19, 20, 21 making too much testosterone, not enough progesterone.

So now you are not too young just because you're not in menopause to have hormone problems. And honestly, some of the worst hormone issues, if you have had them earlier, start about mid thirties when progesterone levels start start dropping.

And then the on the flip side of that, a lot of women think, oh, I'm past menopause. You know, I'm past all that. It's not my hormones. AU contraire. Thinking of my mother, who's 78, who's been on hormones, you know, since she was 60 something, because, you know, we we think that, you know, oh, okay, I don't have periods anymore.

## Seven-Question Hormone Quiz

But and yes, hormones do drop they're supposed to drop some time so that we don't have periods anymore. Nobody wants to do that forever. I love not having a period, but we want our hormones to, you know, the women at 65, 75, 80, they still can have some of these symptoms and not sleep well.

And these hormones are protective. They help protect, you know, against cardiovascular disease, cognitive decline, because estrogen revitalizes the hippocampus, you know, so there's heart disease, bone loss, cognitive function.

So many different diseases, inflammation, immune function. So there's so many reasons why we should support and optimize our hormone levels at any age and then so that people will sometimes bring up, oh, well, okay, so

hormones are supposed to drop more.

Why? Why on earth what I, what I want to replace them. Well, okay, so our vision changes and we sometimes need reading glasses. That's normal. But should we just go around?

It's possible to read anything but know. We know too much for that. I love it too, because, you know, I was thinking about like, nature really doesn't want us probably living past like 30, 40, you know?

And then if you look at like what in modern life, you know, we're now living in eighties, nineties, even some places into our hundreds. And so we're spending more time in life without hormones.

If we do the natural process, then we are like in hormones. So why not make that time that we are living easier, better with able to be able to manipulate our hormones with bioidentical natural natural hormone yourself?

We do. We've learned so much. We know you know how to eat better. We know supplements, hormones are just another piece of the puzzle that we can help protect our health and look and feel good.

And, you know, we live in a in a world we live in a dirty planet. There are so many toxins and stress levels are different from how they were, you know, at the turn of the 19th century.

So we know more what's there more. When you're training practitioners, is there a common question that happens with practitioners when they're first starting this that they're like, I don't know that.

They're like, Oh, I'm a little confused about this idea. Do you is there something that you see that gets asked more often than not? MM I think one, one of the common things that we see at the, at the Academy is that providers kind of think it's all about estrogen and progesterone and they're not considering testosterone for women, they're not considering the role that the adrenals play and the thyroid and the insulin.

Kind of like how we were talking before or because maybe they've gone to, you know, a hormone training just to learn how to put in pellets. We have to learn these other hormones because if you just if you think about it stressed, who's not stressed these days?

Unfortunately, you know, even if you if you live on an island and, you know, for a few if you if you're not working, you don't have to work and your kids are grown and you're financially stable.

There's toxins. There's all sorts of other factors that that are stressing our body. But anyways, stress hormone imbalances or elevations will block the effects of our hormones.

And so it's so important to look at all of the hormones. So that's that's where I see a number of providers kind of missing it. And then once they start learning about the other, oh, gosh, that makes sense.

That makes sense. And then they start looking at all of the other hormones. And then one other thing is that there's they kind of get in sometimes they come into the academy thinking there's only one dosing for them, like, oh, it has to be pellets.

Pellets are great, but some people don't want or or can't use of pellet creams are good. Some hormones can be used orally, but not estrogen. And our stance is the academy.

There's injections, there's patches, there's vaginal. So my recommendation to providers is learn how to dose all of the heart, use all of the dosing forms.

And so that fits what your patient or each patient needs. And learn all of the different ways to test hormones, because there's more than one way.

## Common Hormone Symptoms in Women

And sometimes you might want to do a saliva test, sometimes you might want to do a dried urine or Dutch test, sometimes you might want to do a blood spot or blood serum testing.

So learn all of these approaches so that you can best serve your patients and supplement protocols and lifestyle and diet and all that. But practitioners really have to learn supplement protocols as well because it's critical to for to learn.

You know, the key supplements, I mean, is amazing is I think hormones are there's other things too like the right nutrients to help hormones get into the receptors or you know if you if you make too much cortisol there isn't a medication unless Dr. Betsy, if you want to write me a prescription to go live on an island for six months, my adrenals might get better.

But anyways, me too. Yeah. So, so certain. You know, key nutraceuticals can help balance out the stress hormones. So you have to learn that as well. And it's not difficult.

Maybe I'm making it sound complex. It's not. Clinicians can catch on to this and women understand that as well. As long as they get the right foundational education.

And I think that's well, I think that's so important because I think too often practitioners, because this is how traditional medicine is done in traditional medicine is done one size fits all.

Because if we look at all our pharmaceuticals that are in the traditional medicine world that are prescription like let's take antibiotics, for example, like I'm writing, you know, the the recommendations for dosing on antibiotics, it's the same whether you have a little tiny £100 woman or you have a big, you know, a hefty £300 man and then, like that never made any sense to me.

Why are we using the same medication dosing on those people? You know, we don't do a pediatric medicine. We just the dosing based on people's age or based on weight.

And but then all of a sudden, you become an adult and every medication is dosed exactly the same except for when we get into the bioidentical. And there's so many little nuances that, you know, back to the Goldilocks, you know, we need to be able to get things just right and to be able to.

And I remember even when I first came out of my traditional training, it was, I'll put put everybody this is the starting dose. Put everybody on this.

You know, this is the hormone that we're going to use. Put everybody on that. And you don't need to test hormone levels because they don't mean anything.

And that and that was I mean. All right. So I came out of training or God only knows, let's see. I hate to say how many years ago it was. I can't even do the math. It was that many years ago.

But the point is, that idea has still has not changed, except for in the world of functional integrative medicine, where we we know better, like. Yes, women are sensitive and especially you're so right, especially when it comes to hormones, because some women need estrogen, some women dull, some need a little bit of progesterone, some need a lot.

And you, a well skilled practitioner, is very versed on the symptoms and improvement and they treat the patient, not the lab results patient, not the paper.

So that's so right what you just said. That's my favorite thing that you said, too.

## Hormone Issues Across Different Ages

And that's something that I love to harp on when I whenever I'm teaching too is, you know, we're using the labs to

kind of direct us, but like listening because the patients tell you, I mean, and if you're in, you know, if you're a woman here, you know, the symptoms you're having, you know, like, all right, I'm moody, I'm getting hot flashes.

I'm, you know, you know, maybe having a low sexual, you know, your symptoms. And as long as you're, you know, that's listened to like there's that directs us to like what needs to be done so.

And some women have a higher metabolism and they burn through their hormones quicker. We all have a different biochemistry. Our stress hormones are in effect the rate at which we breath.

So it's there are many factors to consider. But what you said is so important listening to the patient, this dose made me feel great or I'm still having heavy periods or whatever.

You cannot perfect the lab, but you can certainly get the patient to feeling so much better by listening to them. You know, another thing, it comes off often.

I wanted to ask you about this because the patients will often ask this and I and I've heard practitioners, they'll go, well, when, when you come off hormones.

And more often you may take that out of my hands then, but before then. No, no, no. Okay. I don't mean to be silly. No, I love that. So how long do you want the benefits?

Do you how long do you want the cognitive protection? How long do you want the cardiovascular protection or the the skin or the brain function? That's my answer because once you start, stop taking them like, let's say, you know, I've got, okay, I'm 60.

If I went off my hormones today, they would drop back down and then I would be at risk. No, I want to maintain those. You know, like you said, we're living a lot longer after menopause.

I want to maintain those benefits. I want the brain, the bone, the cardiovascular, all the weight management, all those benefits that hormones give for as long as I can possibly get them.

That's a good point, because, you know, it's interesting. I had a surgery recently. My surgeon made me come off my hormones. And at the time I'm thinking, well, you know, that's probably fine because I don't feel the difference anyway.

They're probably not working, you know, because their doctors were terrible patients, you know. And as soon as I came off them, I was like, Oh my God, they were working.

I was like, you know, here I am. I'm like, No joke. I can't even tell you how many times I've locked myself out of the house. I got forgetful, my keys, you know, because I found that the brain fog and the forgetfulness and the sleep and I was like, you know, in the hot flashes, of course.

But like, I was like the other things. I was like, I forgot these were back and I was laughing before. When you were, say, crying at commercials, my whole family was like laughing at me.

They're like, What is wrong with you? I'm like, Career loses that. It just. Be miserable. It's like, Mom, there was a toilet paper. Yes. It just make you feel normal.

Sometimes we forget what it feels like to be normal. This is all. This is so common. Everybody has this. But yeah. That I've seen that with patients too, where they're like, well, you know, I've reached a certain age, maybe I should stop.

And we have that conversation and we're like, All right, well, if you feel like you should stop based on age a little more, let's try weaning you down and see how you do.

## Testing, Dosing, and Individualized Treatment

Those same women are going, okay. No, I changed my mind, my background, the hormones. It's about me. You know. And that's the thing too, with I want to also point out, because the name of your academy specifically is bio identical and bioidentical hormones are not the same as the hormones that were in the Women's Health Initiative study or some of the synthetic hormones that are out there on the market.

So just because you're on hormones, it's not necessarily going to have the same effect. And could actually be worsening your health. So you are so right because they don't they're not like the human identical hormones and they have side effects and risks.

So agree you need to know if you're taking HRT, are they biologically identical or not? And that actually I'm glad you brought that up. How you explained the bioidentical at the beginning of our talk, because I know sometimes I get hung up when when practitioners ask me this question, they're like, but it's coming from soy or it's coming from yams, or it's being created in a lab.

So what makes that bio identical? And like, I like your explanation, I'm just going to have you tell us that again because I thought that was really good.

Yeah. So yes, they are synthesized in a lab from plants, but it's the end result that has the same molecule or molecular structure as human identical hormones.

So here's an analogy that makes it easy to understand. I think so. Hormones are like a key. So think of your house key or a key? It has its own unique grooves and shape and it only fits in your door lock.

And hormones are like that. So estrogen, like the estrogen that we make, has a molecular shape in it only fits and the estrogen receptor progesterone molecules shape fits and the progesterone receptor and that's the same for all the other hormones.

Now are a non biologically identical hormone. It's like putting the wrong key into a lock. Have you ever tried to force the wrong key into, like, oh no, this is the right key, but it won't fit perfectly.

And it doesn't. You can't. Sometimes it gets stuck in, you can't get it out. So when somebody takes a nonviolent hormone, whether it's horse estrogen or a scent, the synthetic estrogen or synthetic progestin, it's like putting the wrong key into the lock.

And so those non-biological hormones don't fit perfectly in there. And the hormone receptors, they get stuck. They don't dislodge. So they don't have the same effect.

And they also have side effects. Increased risk of breast cancer, increased risk of stroke and cardiovascular disease. So think about it that way. That was a really great explanation.

I really that was that was perfect. I love that.

## How Long to Stay on Hormones

So where can people find out more about you, especially practitioners really want to understand this and do the right thing for their patients or even patients that are like, Hey Doc, maybe you should go check out this academy.

So, I mean, I honestly, I have to tell you, some of my best training has come has been initiated over the years by my patients bringing things up to me and me going, you know, I don't know anything about that.

I'm going to go learn about it. So so don't be afraid to bring this up to your practitioner. And if they're insulted, they go find another practitioner because that's not the person you need to be with.

So that's why you're such a doctor. Dr. Greenleaf? Yeah. So where can people find out more. BHRTtrainingacademy.com And after the first of the year my book for women is coming out the hormone makeover.

So that'll help women understand these and how to be able to talk to their patients. So BHRTtrainingacademy.com and look for the hormonal makeover. And you know what?

And I'm going to brag for you here a little bit. So in the past year, you guys actually got certified as an official place of Learning. Institute of Higher Education by the Board of Education of the State, where we're licensed.

And so, yes, and we for practitioners, you know, we have CMAs, about 55 CMAs for our program and and we mentor our providers.

## Bioidentical vs Synthetic Hormones and Closing

And it's a great community, if I do say so myself. But we it's so great. It's so much fun to help equip the providers because when the providers that we really want to learn like you did, you know, years ago, it's they're just so unique because they really want to help their patients and they want the best for them.

And that's why my hat's off to you and the providers that we get the privilege of working with. So I get it. And I also say for those practitioner injuries who think, you know, everything more education doesn't hurt, you know, it always helps.

And also learning things from a different way. And things may have changed since the last time you learned it. So I recommend everybody go check it out.

Plus, we have fun because like I said, I've you've invited me to some of the the office hours and I had a really good time doing that. So thank you. You're so welcome. Thank you. I appreciate it.

And I hope we've shared some things to help your listeners today. Awesome. So everybody go check it out and stick around because we got more great sessions coming up.