Introduction to Menopause and Hormone Health

Well, welcome to the Longevity Summit. I'm your host, Doctor David Jockers. And today I've got the honor of interviewing Doctor Sharon Stills. And we're going to talk all about how to thrive through menopause.

And if you don't know Doctor Stills, she's a licensed natural path medical doctor with over 25 years of dedicated service and transforming women's health.

And she has an amazing clinic in Scottsdale, Arizona called the Lasting Wellness Center. She also works with people all over the world utilizing bioidentical hormones, peptides, nutrients in order to help women thrive through perimenopause and menopause.

And that's what we're going to talk about today. We're going to talk all about how to use hormones, right. How to use these bioidentical hormones in the proper dosages to help women thrive.

And this is really her foundational expertise in her niche is really using these bioidentical hormones and she sees amazing results with them. We're going to talk about root cause factors for different perimenopausal menopausal symptoms.

We're going to break down the overlap between symptoms of testosterone deficiency, estrogen deficiency, progesterone deficiency, and thyroid issues. There's a number of overlap, but there's also specific things that are unique to each one of those specific hormones.

We're going to talk about lab testing and looking at those labs best nutrition nutrition strategies and supplements. So you guys are in for a treat. This is going to be a great interview.

Again. You can check out her website, drstills.com. Or she's got a lot more great information. You can reach out to her if you're looking for help with hormone support.

So again, you guys are in for a treat. And thanks so much for being a part of our summit here. Everybody be blessed. Well I'm here with hormone expert doctor Sharon Stills.

She is one of the leading experts, works with women all over the world with perimenopause menopausal issues. And she's a natural medical doctor, has an amazing wellness center and virtual health program as well.

And so Doctor Sharon, great to be with you and guys. You can check out our website drstills.com. Let's start by talking about what's happening in women's bodies as they go through perimenopause and menopause.

A lot is happening and thanks for having me here. So as we're going through perimenopause and menopause, the number one thing that's happening is our hormone production is starting to slow down.

And so our ovaries are, you know, exiting stage left and things are starting to slow down. Now, not every woman loses her hormones in the same manner.

Some women, it's just like a free for all cliff jump. They have hormones one day and they're crash the next. For other women, it's more like a roller coaster ride at the amusement park.

For other women, it's just more of a gradual ski slope decline. So it's different for everyone. And at the same time that that's happening, it's kind of like the Great Unmask or things that maybe you've been keeping at bay and, you know, maybe you haven't been eating a good diet, but it's not really showing up symptomatically yet.

What Changes in Perimenopause and Menopause

Start to unravel as well. So that's why so many women who are going through perimenopause and menopause just feel totally wrecked. Their insulin signaling and receptivity is changing.

Their blood glucose is changing. Their nutritional needs are changing, their movement needs are changing. And so and also even just emotionally, a lot of caretaking and not putting yourself first is starting to catch up with you.

It's like what we can get away with when we're in our 20s, we can't really get away with. And perimenopause is the start of that reckoning with yourself, of looking and saying, you know, how do I really want to take care of my body, body, mind and soul?

And what am I going to do to move into this next area chapter of my life to be my healthiest? So there's a lot going on? Yeah, for sure. And all women go through this stage, but some women have a lot more symptoms low libido, hot flashes, anxiety is a big one.

Weight gain. A lot of women have more of these symptoms than other women. What are some of the root causes? Were some of the reasons why a woman might have more of these types of symptoms.

Yeah. So some women are going to have more symptoms because they've had hormonal imbalance all along and they've had PML their whole life. But they were told it's normal because common, as we often hear, common doesn't equal normal.

And so they've already had the bloating, the migraines, the food cravings, the weight gain, the cramping, the heavy periods. And they didn't really think much of it.

Maybe they're dealing with what used to be called PCOS, PMOs, or they've had infertility issues, or they have fibromyalgia, fibrosis breasts, or they have endometriosis.

And so they've already had hormone issues that weren't properly addressed. So by the time they get to perimenopause, it's just a really difficult time and their symptoms are overflowing.

Some other women, like I said before, you know, they've just been robbing Peter to pay Paul and they haven't been sleeping and they haven't been hydrating and they haven't been eating healthy.

So it all starts to catch up with them. And some other women have gut microbiome, severe dysbiosis. So that's starting to play a role in or they're carrying a toxic load.

And so now as they're even for example, as they're going through perimenopause and they're losing their hormones, they're starting to lose bone. And so in the bone when you're losing bone, they're starting to liberate lead that's been stored there for many years potentially.

So they're starting to get toxic exposures not only from outside but also from within. Yeah. Important stuff for people to know. And how do these hormone changes play into longevity.

You talked about bone loss for example as we're women are losing estrogen. Estrogen is protective on bone. So they're going to be more predisposed to that.

What are some of the factors like how does this impact overall longevity for women. Yes. So I think we as a society have undersold hormones and the powerful role that they play in our body.

I think we think of hormones for women as something that enables us to have a menstrual cycle and something that enables us to hopefully get pregnant and have babies, and then something that declines and then gives us hot flashes.

That's kind of like the broad view, societally, of what hormones do.

Root Causes of Menopausal Symptoms

But the truth is, from a longevity perspective, hormones are intimately involved with our immune system, with our gastrointestinal system, with our genital urinary system, with our bone health.

And it's not just Estragon, it's progesterone. It's testosterone, it's DHEA, it's melatonin, its proper adrenal balance. It's thyroid hormone. It's vitamin D, which is a hormone.

It's looking at our parathyroid hormone. It's looking at insulin, which is a very important hormone in cortisol. So they're involved in our brain health.

I mean they're involved also in like our hair and our skin. And they're involved in muscle health, glucose regulation. Like there's nothing that our hormones don't touch.

So to me, I mean, there's so many things we can do to increase our longevity. And I think I really like to make the distinction, because I think we still come from the society of even though we're holistic doctors.

Right. Patients still give me the magic pill, you know, the magic vitamin or the magic herb and there is none. It's really a very multifactorial group effort.

And so hormones I see as like one of the greatest levers a woman and of course, men to can utilize to age gracefully to ward off the chronic illness that leads to deaths so commonly.

But those hormones need to be put into a happy, healthy terrain. It's not a magic bullet where you can just get proper hormone replacement, but you can still burn the candle at both ends and not have purpose or community in your life, and not be hydrated and not be moving, and not be pooping and not be sweating and all the things that contribute to longevity.

So I think they're an important piece. And often what I find if a woman comes into my office and she's in that perimenopausal menopausal age and she's got this laundry list of I'm not sleeping, I've gained weight, I'm losing my hair, I have anxiety, I have joint pain, I have no libido.

I'm having constant urinary tract infections. Often just replacing the hormones can significantly wipe out all the symptoms or most of the symptoms, or take the symptoms from a ten to a two.

So I find that balancing the hormones is the first step, because then we don't have to go chasing down different rabbit holes of what's missing here, or why aren't you sleeping here?

And then once we have the hormones balanced and a woman feels like herself again and has her energy back, then we can start tackling the easier but harder things of how are you eating, how are you living?

And all of these things. Because these are so important. You can't just take hormones and expect to live to 120 and feel great. You've got to do all the things.

So you're using bioidentical hormones there and what do you do? You like creams. Do you like sublingual? What's kind of the best delivery source for bioidentical hormones?

Yeah, I love that question. So I've been doing this for 25 years now. And so I've kind of been around the block a few times. And I have figured out like just from seeing thousands and thousands of women and running 24 hour wet urine hormone tests on them, like what actually works, what actually absorbs.

Now there are some outliers, but the way I do things for the majority of women is I'm using a bi s, which means two estrogens, estradiol and estriol cream.

Now, when we use a cream, we apply it to the external labia, which is mucosal tissue. A lot of people are putting hormones on dermis, on skin. And what happens is we get a down regulation, the hormone starts to get stuck in the fatty tissue and it never quite reaches the cellular receptor site.

So when we use Newcastle tissue we don't get that down regulation. And I can actually use lower doses. And they're more effective than the higher doses applied to the skin.

So an estriol has kind of. So you mentioned some weird the vaginal tissue the mucosal tissue in the in the vagina. Yes. Yeah. So the external labia. Yes.

Hormones and Longevity

So it's the wet mucosal tissue not into the vaginal canal but to the labia. And it includes estriol which weirdly has been getting like bad press online.

And I'm not really sure why. Because estriol is the anti-inflammatory, anti-cancer supportive estriol that hits the beta receptor sites and actually comes things down.

It's not that aggressive. Proliferative estrogen like estrogen is, or estradiol can be. An estriol we're now seeing affects the enzymes that actually help to lengthen the telomerase.

And so it's actually creating an extension which is connected with longevity. So there's no reason not to use estriol. And if you're only using estradiol you're actually putting yourself potentially into an inflammatory state.

And you're missing out on the many, many, many benefits of estriol. So we do that as an estrogen cream. I do progesterone as a compounded, sustained released oral microRNAs capsule and as a cream.

So the oral capsule actually crosses the blood brain barrier and it hits the Gabba receptors, which we know are the inhibitory neurotransmitter, the major inhibitory one.

So that's why women who take it feel like, oh, this is like taking natural that, you know, they feel chilled out, their anxiety goes away. They can sleep.

Their husbands are very happy with me that I gave, you know, they're like, thank you so much. She's back. And so there are a subset of women who react and don't have that beautiful effect.

And when that happens, we have to be creative. We also have to look at why are they having such a negative response. And often it's due to nervous system dysregulation.

And so we have to go in and regulate the nervous system. But I use the cream as well because the capsule mainly is crossing the blood brain barrier. You're taking it orally.

So it's going through that first pass in the liver. But the cream when we apply it again, like the estrogen to the labia, it's actually skipping the first pass of the liver.

And so you're getting more effect for your breasts, for your bones, for your blood glucose. And so I like to kind of split the dose and do both. So we prescribe both then for testosterone I like to do an injection.

So we do compounded test testosterone cypionate. And we do small doses. So like for men we do bigger doses. But for women sometimes just five milligrams a week can really make a change.

Women get their libido back and not just their sex drive, but their drive in general. Because when you're low in testosterone, you have no drive. Like we think about testosterone for sex drive, but it's actually drive in life and wanting to participate and wanting to contribute and all those things.

And so we see stronger muscle mass. We see increased bone density and quality. We see less anxiety, clearer brain cognition, stronger cardiovascular system.

So testosterone is a really important hormone for women. It's you know, it's not just the man's hormone, just like I prescribed progesterone for men, but I prescribe lower doses of progesterone for men than I do for women, and the same for testosterone, lower doses for women than men.

So some women use a cream because they hate shots. But I have found that only like 50% of the women will actually absorb and utilize and feel the benefits of the cream.

And when you take the cream, it also has a higher risk of raising your DHT. T is dihydrotestosterone, which is a metabolite of testosterone, and if it goes high, it can make your hair fall out.

And no woman wants that. Now, I do have some women who have higher DHT, and their hair is fine, and there are some benefits for the bone and so forth for the DHT.

So we just watch, you know, if it's like ten, 20, 30 points higher, if it's 100 points higher, we're going to block it with sol palmetto and pumpkin oil and zinc and different nutrients, typical nutrients that you use to support the prostate gland.

But I find the testosterone shot is easier. It's once a week. It's not cream every day. It's cheaper and it's more effective. And because that route of administration doesn't raise DHT as much as the cream, it's just a better option to go.

And that's a great breakdown right there. Have, oxytocin. That's a great breakdown. You mentioned estrogen. You mentioned progesterone. Testosterone. You're going to go into oxytocin. I also want to go into labs.

You mentioned dried urine tests for comprehensive hormones. You mentioned the Dutch. I also want to want to ask about different labs that you're looking at with that too.

So I actually do not use Dutch. Dutch is the dried urine. We use 24 hour wet urine testing. So think about like we want to do the gold standard. And the gold standard is 24 hour complete wet urine collection.

Bioidentical Hormone Delivery Methods

So hormones have circadian cycles. And if you're just taking like four points you're not getting the whole picture. And if you think about in mainstream medicine, like if someone wants to check your kidney health and they want to do a 24 hour urine creatinine clearance, or they want to do a calcium or an oxalate, they don't say, just give me four samples.

They say, here's your jug and you're going to collect your urine for 24 hours. And that's because we need, you know, the most actual and effective and efficient results.

And so I think the you dried urine and the only doing four samples came because people thought, well, it's too difficult to ask women to collect their urine for 24 hours.

So we're going to simplify it. But unfortunately in simplifying it, they they ruined the results. And the results are not accurate. They can either overestimate or underestimate your hormones.

And when we're prescribing hormones we need to be as exact as possible. This is not like, you know, taking an extra five milligrams of a B vitamin or something.

These are very specific hormones. So I only rely on actual 24 hour wet urine testing to get the metabolites, to get production, to get how they're being processed, and to really be able to hone in and be able to prescribe accurately.

So I'm a real stickler for that. I mean, I also love blood work. You know, if you're a patient of mine, you can't get by without at least getting like 20 tubes of blood drawn at a time.

So but I'm looking in the blood for other things. So when it comes to hormones, I'm looking at FSH and LA. Because if you're menopausal woman, but you're on hormones, we want to see those lower so that we know your body is your brain is perceiving the hormones and you're getting the benefits.

I will look for DHT, which we talked about, the testosterone metabolite. I'll look for that in the blood. I'll look for SHBG, which is sex hormone binding globulin, to see if your protein, the sex hormone binding globulin, is binding up too much and not allowing your hormones to get off the bus, so to say, and to the bus stop to the cellular receptor site.

I look at vitamin D in the blood. I look at parathyroid hormone and ionized calcium in the blood, and then I look at roid in the blood. So you can totally get thyroid, you know, effectiveness by running the six levels that most people know about.

It's free T three, free T4, reverse T3, anti tipo and thyroid globulin antibodies. I think where some of the difficulties come is that the right levels are run, but they're not interpreted properly.

And so when it comes to thyroid hormone, to me what's most important is that your free T3 is high, your reverse T3 is low, you have no antibody production.

And typically you know, your TS h, if you're not medicated should be one should be much higher than that. But really what it comes down to is how do you feel?

Because the free T3 range is like 2 to 4.4, and you could have a free T3 of 3.5 and it looks perfect. And you still have a laundry list of low thyroid symptoms.

So then 3.5 is not perfect for you. Or you can have a 3.5 and be like, nope, I feel great. You know, my skin is soft, my hair is soft. It's not falling out.

I'm not depressed. I'm not constipated, I'm not cold. I don't have joint pain. I don't have brain fog. You know, all these things that we see with thyroid and there's about 100 symptoms that are associated with low thyroid.

So it's a lot more than just the textbook. I can't lose weight and I can't poop. So it really takes understanding like what your patient is feeling, what you're seeing on the labs.

A lot of times when I'm titrated up thyroid hormone, I'm not even running labs. I'm running. How are you feeling? Here's your symptom checklist. What is changing?

And when they get to this point where they're like, I had ten symptoms and now I have one, I'm like, good, let's check in and see what your thyroid labs look like so we can start to learn what your optimal is.

Yeah that's good. Now there is some crossover between estrogen progesterone testosterone and thyroid. So do you do you sometimes use all of them or like are there specific symptoms you're looking at more closely related to thyroid like maybe hair thinning on the outer 30 eyebrow or something like that versus estrogen just going to drone?

Yeah, I mean, the majority of my perimenopausal menopausal patients are on estrogen, progesterone, testosterone, DHEA, probably oxytocin, melatonin, and a lot of them, not every single one, but a majority also are on thyroid support because as we're going through menopause, we're going through thyroid pores and the thyroid is looking at the sex hormones and going, oh, that looks like a good idea.

I think I'm going to go on vacation. And so our thyroid starts to slow down. So there is a lot of crossover I would say with estrogen joint pain. But that can also be testosterone.

It can also be thyroid. It can also be low cortisol hot flashes heart palpitations. Those are big ones for estrogen difficulty sleeping anxiety definitely kind of.

All the hormones play into it for thyroid. Yes. Like losing the I just my last patient I was just saying that to her. Like bout a third of her eyebrows were totally gone.

That's a sign. Inability to lose weight like you know. And we have to look at as women especially, we've kind of been taught, you know, if you grew up like in the 80s, it's like, you know, starve yourself because that's how you lose weight.

But now that's not what our bodies need.

Hormone Testing and Lab Interpretation

And when we are under eating and not getting enough calories, that can be just as much of a cause of your thyroid slowing down because it thinks you're in danger and there's a famine and it wants to protect you.

So that can be just as much of a cause as overeating or making poor food choices. So, thyroid, definitely feeling cold all the time is really common. Being constipated is definitely a thyroid thing.

Muscle aches. Like any kind of fibromyalgia, I always see there's a thyroid issue, a low temperature, and a low pulse. So if you have a pulse of like 55 or 60 and you're not an Olympic athlete and you're a 5060 year old woman, that's probably a sign your thyroid and your adrenal function is low.

Low temperature is a sign that your thyroid is low. For progesterone. The biggies are heavy bleeding. If you're having irregular cycles in some Nia and anxiety.

Those are some of the biggest ones that I see. Yeah, that's a great breakdown right there. Now your approach is address the hormones first. Get the women feeling better.

Now let's go into lifestyle. Like what are what sort of diet do you recommend. Are there specific foods that you recommend that these women avoid? Specific foods that you recommend they put into their nutrition plan?

Let's break down your nutrition with this. Yes. So I don't recommend the same exact diet to everyone. But I would say like on the average, I think a healthy based paleo type diet where you're getting good quality protein, you're getting grass fed and finished beef and wild caught fish and pasteurized eggs, I think is important.

I think, lowering your grain intake, but not entirely cutting out carbohydrates, because then you get into that problem where the thyroid shuts down because it thinks you're starving.

So we do need carbohydrates, but we can get a lot of our complex carbs from fruits, from vegetables. I like quinoa as a grain or millet. I like sweet potatoes and winter squashes.

I think it's important to eat seasonally as much as you can. Like right now when we're filming this, it's I'm in Arizona and it's the summer, and so I don't mind having a smoothie and having something to cool me down because it's 3000 degrees out, but when it's winter, then I'm more, you know, I'll eat soups and stews.

I think in general, a lot of people can't tolerate like cold foods, even salads and things that we've been taught are healthy. So if you don't have strong digestion, I'll often, you know, say, I know it sounds weird, your pet's telling you not to eat that salad, but I'll say, let's stir fry those vegetables.

Let's steam those vegetables. Let's break it down a little. So when it gets into your body, your digestion is not struggling. And then this food becomes a stress to your body instead of fuel and nourishment.

Yeah that's key. So blood sugar stabilizing diet trying to go as much whole real foods as possible. Protein centric

but also getting enough, you know, complex carbs and and, you know, real food based carbs.

More more carbs in the summer, you know, you know, with our circadian rhythm, getting more sun exposure improves our insulin sensitivity. So that's when you have more fruit and more, you know, your your different types of root vegetables in the summer, in the fall, winter time, a little bit less because we're getting less sun exposure typically.

So something along those lines. Yeah, I'm a big fan of the sun. I always tell the story when someone brings up the sun, but when I was in med school in 1997, they had us right in our nutrition class, an article on our favorite vitamin.

And everyone was like writing about vitamin C and vitamin D and vitamin B, and I wrote a paper about the sun because the sun is our is our life force.

And it's super important that we not be scared of the sun and we get adequate sun exposure. And we we get the benefit of the morning sunrise of some afternoon sun.

You know, I'm always like, bonus points if you can fit it in and watch the sunset. But we really are so disconnected. I mean, a lot of people, you know, you can just wake up and go to your office and sometimes now our office isn't even outside our house, and you're just inside all day and you're sitting all day and you're not connecting to nature.

And to me, that's the kind of things I talk about. Like it's easy. Like it's easy to come see a doctor and let me tell you what hormones you need to take.

But we need to make the time to live differently, to live in connection with nature, to realize we are part of nature. And so we're the microcosm of the macrocosm out there.

And that most medicine, to me at least, actually doesn't really come in a pill bottle. It comes in the things we do and the thoughts we think and the actions we take.

Yeah, that's so good. I always say the two biggest deficiencies in our society are sunlight, right? Or really, you know, sunlight deficiency and darkness deficiency because most people at night they've got lights on, right.

They're staying up late. They're on their phone scrolling. So they've got blue light exposure at night as well. And they're not getting the right melatonin release, growth hormone release at night to really optimize recovery.

And so we want to be great. We want to have to be full of energy during the day, but we also want to optimize recovery at night. That's so critical. I know you do a lot a lot of work with that too, because most women are not sleeping well.

Absolutely. I was just arguing with a patient this morning because she's not sleeping well. And I said, well, tell me your evening routine. And it's like we're watching TV.

We're on our phones. We're we're scrolling. And I said, you know, and she's like, but you know, what do you have to give me so I can sleep? And I'm like, well, you know, yeah, I have all the fancy sleep peptides and I can mix you an herbal tincture.

Thyroid Overlap and Symptom Clues

I'm like, but that's not what needs to happen here. You need to get your phone out of your bedroom. You need to get your Wi-Fi turned off. You need to figure out a nurturing routine, whether it's Epsom salt and lavender bath or its legs up the wall to calm your nervous system, or reading like these are the things you need to make sure your room is pitch black like pitch black.

Not like sort of dark, but like I always think of when you were a kid, I would go to the planetarium and you put your

like, you would get so dark, you put your hand in front of your face.

And I was like, I can't even see my hand. And so it needs to be pitch black. You can't have light shining. You need to have healthy bedding and pajamas.

If you're wearing pajamas, it's really best to sleep naked. But your pillows should be organic. Your your bedding, your sheets, your blanket, your mattress, like a lot of mattresses, are super toxic.

And they're, you know, we spend you know, I want you sleeping eight hours. So we again, it's that like, what's the pill? And it's like, no, what's the lifestyle change that you're going to make?

And you know, I understand like some people have kids or elderly and you, you know, you need a phone in case of an emergency, but then either that phone needs to be far away in another room.

So God forbid if it rings, you hear it or spend the money and hardwire. So you have a landline and just your your close circle, you know, has that number.

So no one's calling in the middle of the night and waking you up. So we need to we just we so need to shift. You know, if you think of the blue zones, right.

And the people who live the longest in these areas, they're not taking a ton of pills. They're eating fresh cooked local food. They have community. They're moving.

They have purpose. They're not in Y5. And all this electromagnetic frequencies, like those are the things, you know, like back to the basics. And, you know, even when we're talking about like what we're eating, I think it's also really important that we, we recognize the nervous system and that eating all those healthy foods, if you're stuck in sympathetic, if you're eating and scrolling and looking over here and not chewing and not liquefying and not present, then you're not really extracting the nutrients the way you could and should be.

Yeah, that's so key. Having good nervous system regulation, taking time, taking deep breaths, focusing on that longer exhale which will stimulate the vagus nerve to help calm you. I think that's super key.

You know there's little easy things that you can do. Even just sticking your tongue out actually will help activate that vagus nerve to help calm you.

So nervous system regulation really focusing on good sleep. Are there any specific supplements that you're seeing tend to work really, really well with women? We've talked about hormones.

Any specific supplements or are you looking at labs specifically for different nutrients? What are you finding from a supplement perspective? Yeah, I think I mean, when I have someone on hormones, I'm always giving them liver support.

I'm always giving them hormone receptor sites support. I think there's a lot to be said for creating for you know, if you're not meeting your protein needs, then to do a good quality protein shake.

Most people I find need vitamin D and K2 and magnesium, good quality fish oil. Phosphatidylcholine also helps the liver, but it also helps the cellular walls and keeps fluidity happening.

Those are some basic things. You know, I really like to look at labs and then I think in a perfect world, right. You would take a multi, you know, a good multi that you take a couple times a day.

Not these one a day things, but you take a multi, you take like a good flora, you know, you take some good all you take a D. But I find most women who come to me, they're already very deficient.

And we have to address those things before we can get to just like here's your basic protocol to stay healthy.

Yeah, that makes a lot of sense. You know, when you're looking for a multivitamin, make sure you know, you've got methylated B vitamins, you've got blood sugar support like chromium, vanadium, things like that.

Good multi can cover a lot of bases. But like you said a lot of people are vitamin D deficient. They're not getting out in the sun right. And so vitamin D most people are deficient in vitamin K2 right.

Which we get from fermented foods.

Nutrition for Menopause Support

And most people are not consuming fermented foods or egg. You can things like that. Oftentimes where we get that vitamin K2 and magnesium is so key. Right.

Magnesium for out of these symptoms, you know, magnesium really works well, right. It helps kind of calm the brain. So we're talking about nervous system regulation.

Breathing is so key for that gratitude. There's different devices like I've got the Apollo Neuro on my aunt hand right now which helps with nervous system regulation.

But magnesium is like the key one of the key nutrients, right, to help calm the brain. So I find that to be really cute. It's such a deficiency. So you want to make sure your doctor is running magnesium in the red blood cell.

And, you know, I just see it's so deficient even in patients who are taking magnesium. Because if you're stressed out, you're just burning through it.

And so it's good to monitor and see. I also I'm glad you brought up fermented foods, because that is one thing. When I run stool tests on patients, if they have a pretty good, decent baseline stool test, I'm always like, do you eat a lot of fermented foods?

And they always say, yes. And so there really is a lot to adding fermented foods into your diet. It's super important. But as far as to add in, I like kimchi.

I really love sauerkraut. You know, you could do me. So I'm a huge sauerkraut fan. I have like the kinds of sauerkraut I crave sour food. I mean, I just if it tastes great, like to me it does.

Just having a little bit of sauerkraut or something like that. I always recommend like 1 to 2 tablespoons at least of a fermented food right in the beginning of your meal. Or, you know, apple cider vinegar and water, right, can be really helpful, right?

Even like Greek yogurt, great protein source. And it's fermented as long as you do okay with dairy, right. Organic Greek yogurt can be really helpful to.

Yeah. And sour you know that sour taste is supporting your liver and your gallbladder. That's the taste, you know, from traditional Chinese medicine. So yeah, sour is important.

You know, starting your day with some lemon is good to get the juices flowing. And then I just wanted to say for magnesium like also people should think about not just ingesting it but topical magnesium like I use magnesium cream.

I like slather myself at night and it's so good. You know, it absorbs through the skin. Or if you're a bath taker, using like excess Epsom salts can be another way to infuse magnesium into you.

So again, thinking outside of you know, and not to say like, trust me, I prescribed and I take a ton of supplements. So it's not to say not to take supplements, but just to like, open up, like what is healing look like and what are other ways I can heal my body other than just swallowing pills.

Yeah. That's key. And really the only downside of magnesium is if you to take too much, you're going to have loose stools, which for most people that actually short term helps them move things out.

Right. But if you do have the loose stools and you're taking a lot of magnesium back down for a day or two until your stools become more normalized and then, you know, cut your dosage down and take it again.

And you don't really notice that topically. Like if you're taking it like in a bath or the creams, I've never seen that actually cause people lose stools.

It's more the oral taking it orally if you take too much, that can cause the loose stools. And then there are some forms like magnesium oxide tends to you really don't absorb much of that.

It's it's more of just selective. Right. Whereas the ones that you absorb better are going to be your magnesium Glisson eight, magnesium malate, magnesium L3 and eight citrate.

Those are going to be more well absorbed, magnesium that get into the the blood brain barrier and impact and kind of just help calm your brain, help relax your muscles, things like that.

So those are better for that, that position, you know. And I honestly don't really even think you really need to test magnesium. I mean, you certainly can, but really just dose it based on symptoms or dose it based on, you know, seeing what you need to to sleep better to be more calm throughout the day.

I think you'll be fine as long as you know, you know the the side effect of loose stools. Right. And and back down there. Yeah. And if you, you know, if you're not testing, like if you crave chocolate, that could be a sign of magnesium deficiency.

If you, you're if you're a very messy sleeper. So like you wake up and it looks like there was a wrestling match that can often be a sign of low magnesium.

If you have extreme muscle tension or you're getting tension headaches, you know, those are all some good telltale signs that you don't have enough magnesium.

I think it's probably the number one mineral deficiency like across the top. No doubt, no doubt. Now I recently started looking a lot at cortisol 2DHA ratio on blood cortisol.

Blood cortisol to a ratio is kind of like a marker for stress resilience. Have you looked at that and analyzed that ratio. Yeah I look at cortisol mainly in saliva because I like to do this circadian four point rhythm.

Sleep, Sunlight, and Nervous System Regulation

And then we get a d h there. So yeah sometimes like as your cortisol is crashing your DHEA starts rising. And that's a sign of impending doom. So I find at least in the populations I'm working with, that high cortisol, which is what we often talk about, is actually in the rearview mirror.

Gone are the days of the adrenals being able to secrete such high levels. And now we're looking at more low cortisol. Or often I see flipped cortisol.

So instead of being high in the morning, they're low in the morning. There's no cortisol awakening response. And then low and behold, at night when they want to go to sleep, their cortisol decides to come out and play.

And now we have to come that down. So I find I mix herbs all day for patients to increase their cortisol levels to help stable. And we have to remember like it goes back to blood glucose.

Right. So it's not just your adrenals. Cortisol is in response to your glucose. So if you're waking up and you're starving yourself and you're not feeling your body, your cortisol is going to crash.

So a lot of times it comes back to our you eating good quality protein within an hour. Are you then having lunch and are you having dinner and are you, you know, fueling your body or are you going.

I mean, I have some patients come in and tell me they wake up at six in the morning and their first meal is at 2:00. And unlike you can't do that. You can't do that when you're 50.

So that'll stress our adrenals as well. And good hydration is key. Hydration with electrolytes. Because if you're not hydrating well, that actually is a major stressor on your system and your body is going to release that cortisol, especially if you're not taking in electrolytes to in order to basically shunt shunt water where it needs to be.

And it's a significant stressor. So I see a lot of people just chronically dehydrated and electrolyte deficient. And I find that that that can be a big factor.

Yeah I mean I'm glad you brought that up. There's like just so many things to talk about. But yeah, I mean subclinical dehydration is pretty much like everyone.

And then even if you are drinking, I see a lot of women who come in and they're like, I drink, you know, three liters or a gallon a day, but they're not putting minerals in.

They're not putting the electrolytes in. And so their bodies not utilizing it. And we can also get hydrated through chia seeds, through cucumbers, through celery, through through our foods.

An apple a day is a great way. So, you know, these are the things, right? Like, yeah, I can give you the hormones. You can feel great, but eventually it's only going to last so long if you're still walking around dehydrated.

If you're still, you know, I take my water like my water. Drinking is like my second day job, right? I measure it out and by the end of the day, I know I've drank my water and I get the benefits of it.

Yeah. That's key. That's going to keep your energy levels up, your brain functioning better. So that's so good doctor. So it's been a great interview.

And guys you can check her out doctor stills.com. You can go visit her at her lasting Wellness center in Scottsdale, Arizona where she works also with people all over the world.

She's got programs and things like that as well. And any last words, inspiration for audience here? Doctor stills I yeah, just that, you know, it's never too early.

It's never too late.

Supplements, Hydration, and Final Advice

Like however old you are, whatever health condition you're in. Like don't let anyone tell you your window has passed. You don't need to worry about it yet.

Like taking care of our vessel and our body is, you know, our number one job in being here. And so there's always hope. I've helped women who were told they can't have hormones because they miss their window.

And, you know, that's not really true about missing the window. So wherever you are, no, you can get started now. And obviously, yes, prevention is always easier.

But you know, if you're on the other side of that and you're really not feeling good, there's still hope. So don't give up. Oh great message to end this.

And guys check out drstills.com. And everybody be blessed.