Introduction and guest background

Hey everyone, Dr. Rimka here and welcome back to the Peptide Course. I have a special guest. You've heard me talk about the importance of hormone replacement and checking hormones before you begin any of these biohacking peptide protocols that we've given you.

Here I've actually brought you front and center my personal hormone-replacement doctor. This is Dr Amy Wecker. Thank you for joining us, Amy. Hi, thank you for having me.

I'm super excited. So why don't you tell them a little bit, they know this is Medical Health Institute, I've given them the referral, but now they have one of the faces.

We have a men's division and a woman's Division. If you can give them, a bit of overview of where you're working and who you are. And then we're going to get into some of questions around hormones and hormone replacement.

Sure. So I'm a traditionally trained MD, and actually by my original training, I have an infectious diseases specialist. And I was very happily working in the hospital as an Infectious Disease Specialist for a long time, until I started to actually have my own medical problems in my late 30s.

I had been perfectly healthy. Then all of a sudden, basically just started having really just uncontrollable vaginal bleeding, really, just out of the blue one day.

Of course went to see my gynecologist. And of course, you know, since I'm a doctor, get right in VIP, blah, and my guy totally dismissed me. He basically did an ultrasound and told me I didn't have cancer, which I never thought I had cancer.

Then he told my I was fine and I went on to have very heavy periods that were almost debilitating. This went for a few months and then I ran into a friend of mine at a party one night.

She was practicing functional gynecology. I curbsided her and pulled her aside at this party, told her my whole story. And she said, oh, blah, there's some different things.

So I want to see her. He did some labs. I figured out a few things that were wrong, put me on some therapy, and I got better and went back to being totally healthy again.

That really sparked my interest in learning more than what was taught to me in medical school. So then I went to school and did a fellowship in functional medicine with A4M.

Now I practice functional medicine myself and so I work for the Medical Health Institute. We're a comprehensive functional medical clinic. we do have an office in South Miami but I just work online doing telemedicine and it's pretty amazing.

I don't want to poo poo Western medicine because there's a lot of amazing things about Western Medicine but the truth is that when it comes to health and wellness there are gaps and functional medicine fills in those gaps.

And so I believe that the right medicine is, it's a blend of different things. Then you can't be so fixated on one or the other. I know some people are super against Western medicine.

Some people against alternative medicine, there's the place for all of it. But that's basically where I'm coming from. Awesome. Get asked all the time about how to find a good hormone doctor.

Like, how do I find somebody good? It is a tricky thing because, and you can speak to this, you know, I didn't go to medical school. The school I went to, it was, was taught very different things.

So I made a choice not to go allopathic, but from all my physician friends, what they tell me, What they were taught in medical about hormone replacement was basically, yeah, we don't do that.

so it's bad, don t do it. And that's about it! So maybe you can give people a little bit of understanding. One, why is it so hard to find someone to test their hormones, to talk to them about and to run laps, right?

You went to a traditional, your friend, and that's not what I needed until you were able to fine somebody and how to maybe help them find this. Because I find it to be the hardest thing.

Once I can convince a woman she needs hormonal support, then she where do I go?

Why hormone doctors are hard to find

Right? And it's almost impossible sometimes to find somebody locally for her. Yeah. So I think actually, if you go on the A4M website, you'll find the a4m trained doctors, they had similar training to what I had.

And definitely, when you do your functional medicine fellowship at a 4m module, one is hormones and hormones are like, there's the crux of everything.

Hormones are the basis of Everything and everything else just stems from having a solid hormonal foundation. So I would take a look on the A4M website.

Of course, I'm totally happy to see anybody, but it is telemedicine. But I will look at their website and what happened is this, if anyone doesn't know this.

What happened in the early 2000s, there was a study done called the WHI, the Women's Health Initiative. It was the deeply flawed study, okay? But basically they looked at two synthetic hormones, provera and premarin that you get from pregnant horse urine.

They study these two hormones and then came to the conclusion that they cause increases in cancer. So it turns out actually, it was like an incredibly flawed study.

And if you go back and you look at it, the hormones, they don't cause cancer, but besides that even, I'm not a fan of synthetic hormones. Because based on that study, then the conventional wisdom just became nobody should ever get any hormones which is ridiculous because bioidentical hormones are completely safe, they're completely natural, and that's all we use.

But, of course, everything gets sensationalized in the media and, that is what happened. And now, even conventional medicine is taking another look and they are not against hormones anymore, but that WHI really set everyone way back.

Yeah. Like, for example, you tell them a difference, right? So synthetic and bioidentical people, progesterone, just give them little bit of education on that.

Yes. So this is what I tell my patients, actually. What I told my patient is like the difference between eating an apple and eating a piece of apple flavored candy.

Maybe they have a similar taste. But they are very different and they're doing very things inside your body. And so bioidentical hormones are hormones that have a chemical structure that is identical to the hormones we produce ourselves during our reproductive years.

You know, they actually make them out of yams, of all things. But then we have estradiol, that's the same estrdiol

that we make. We have progesterone, and like in all kinds of hormonal contraceptives, you have synthetic projestins.

You have different families of hormones. which includes testosterone. But again, like a synthetic progestin is not bioidentical progesterone, meaning the exact chemical structure as the progeterone that we manufacture in our own bodies.

And so you do want to use bio identical hormones, I think, obviously, because these are the hormones that make. So when we get older, and our hormone production goes down, we just want the youthfulness that we had when we were producing all of our hormones in our 20s and our 30s.

We're not trying to turn ourselves into a totally different species. Right. You don't want to talk about one that doesn't get talked about very much? That's testosterone for women.

Why don' you talk to that a little bit? Because this one, I think, surprises people. They think about that for their husbands, maybe, and they don''t understand.

Like, what I found is this is usually the first thing that somebody needs addressed. It is the first thing that someone needs addressed. So for whatever reason, testosterone generally is first hormone that we lose.

We can lose quite a bit of our testosterone even by the time we're in our mid thirties. And then after that, we tend to lose our progesterone and then we keep our estrogen more or less until we actually go into menopause.

Of course we think of testosterone as a male hormone, but it turns out that all human beings need estrogen, pro testosterone and testosterone.

Bioidentical vs synthetic hormones

We just need them in different quantities, depending on our gender. And it turns out men actually really need estrogen. They make all the estrogen they need out of their own testosterone.

So we don't generally give men estrogen, but they definitely need it. We used to give man little blockers to stop the conversion from testosterone to estrogen and we realized now, no, that's a mistake.

So testosterone is actually more abundant in our bodies than estrogen is, but we don't think of it that way because we think about it as a male hormone.

So we need vastly different quantities than men. Just to give you some type of a ballpark, a man feels really good with a level of, let's say, 700, 800, 900, 1,000. Honestly, for a men, the level is 800 and 900. They're really not really different.

There are going to basically be equivalent in terms of how man feel. Now we feel really good at the level of 40 or 50 naturally, right? And so for us, the difference between a level, let's say 25 and 75 is huge.

Like we're very sensitive to it. So we give men large doses of injectable testosterone and we take very small doses, either of the injectible testosterone or of a cream or sublingual.

Uh, so we may take maybe a tenth of what a man would take or less, but it is so important. Yeah. I find a lot of women, they come to me and they all think everybody's just always convinced it's adrenal.

It's my cortisol. I have high cortisol, I've low cortisol I know this, it is adrenal fatigue. Everybody's so convinced because that's talked about so much and I'm not trying to downplay the importance of cortisol and stress management and nervous system regulation.

And I think nervous regulation is the foundation of all the things. But I can't tell you, and I'm like, why do you think

that? Because blah, blah blah.

I just saw an Instagram post or something. And I was like. Do we have any labs on that, like why don't we run some labs? Why don' we see what's actually happening?

Oh, it turns out that's not even remotely what is happening. It's this. So it's amazing that they go to that. They never think about the testosterone.

That happened to me. I thought it was growth hormone or somthing else. Then my buddy, physician was, how do I run your labs, Stephanie? I said, okay. And it was like, oh, you have no, it says zero.

It was literally zero, generally by the time we're 40, we just don't have much left. And, and it's amazing energy, good mood, sex drive, this excitement of being alive.

Yes. Yeah. Yeah, you would have to pry my testosterone off my cold dead hand. Yeah. I'm like, it really brought me back to life in a way because I, I was going to the gym, i was doing all the things but everything I Was doing was just draining me more ripping me apart more and then I would feel bad.

you can't be vitamin and methylate yourself. You can do that. I tried, that's not going to do the same thing. No, it's a symphony and testosterone is really important.

So I think if you take a hundred random people off the street and you ask them, what's the biggest thing they've noticed is they'd gotten older. Most of them will probably tell you that they feel tired, right?

That's like the big thing, like, oh, I just feel and of the energy I used to have. It's multifactorial, but certainly testosterone, is a huge part of it.

Okay. Let's say it again. Does hormone replacement cause cancer? I do not believe that it does. I believe bioidentical hormone, replacement is completely safe.

Okay. Cause that's the big thing people say. And so then they'll say, I had breast cancer, therefore I can't have hormone placement. So yeah, it's controversial.

You have to know what kind of breast, cancer you had. Especially right after breast cancer, I think a lot of doctors would be hesitant to give someone estrogenol.

I would give it down the road, but I probably wouldn't give in immediately.

Testosterone in women and common misconceptions

But there's other things that you can do, like progesterone is anti-proliferative. Again, you have to see what kind of breast cancer it was. They actually, interesting little fun fact, a long time ago, people used to treat breastcancer with testosterone.

they used actually inject testosterone into the tumors, and it worked. And again, this is a longtime ago. This is before chemotherapy, it's an interesting historical note testosterone definitely does not cause breast cancer again people get nervous because some of it will convert but that's a whole complicated discussion i think for another time but i want them to understand i always say that it's absolutely not true you need to see a better doctor you don't have that custom and the drugs that people take for breast cancers gosh these hormone blockers you feel horrible and you're supposed to take it for five years and then you may need It's long and the amount of people who come to me because I deal with brain regeneration rehab for chemo brain is extraordinary.

Cause like they're alive, but they are barely hanging on and they like, I can't function. So that does some devastating things to the way the brain can function and a lot of people are like do I really want to live and I lose my mind?

Not really. Like that's tough. Let's talk about that part since it's on the Brain. What happens? Cause when I discovered, what? I'm like I am not going out like this.

what happens to a woman's brain? when hormones start going to that rapid boop, right? That happens. So one that takes us into the symptoms that say of hormonal…

Of menopause. Yeah. I mean, estrogen is protective of your brain. Estrogen is a huge brain hormone. Without the estrogen, you feel tired. You're going have the brain fog, memory issues, and then of course the other symptoms of menopath on top of it.

Right. And so isn't that first year, I know there's this neurologically, the changes that can happen. Cause this is the question I've already, been menopause for five years.

Should I even bother replacing? Right? And then I'm more of this preventative man. If we could catch it, like, why would you want to go through hell? I haven't had a symptom.

I might knock on some wood. Uh, never had any of the stuff. No, no. No, I mean, you know, Amy, i'm still cycling every day. So I'm cycling too. I am 48 and I still cycle.

But when I was 44, all of a sudden I just stopped sleeping. And I started sweating at night and those are classic symptoms of progesterone deficiency along with anxiety, which fortunately I didn't really have.

Definitely had the night sweats and the insomnia. Now I take my testosterone, of course, and I pick progesterone. And ideally, like in an ideal world, you start seeing a good hormone replacement doctor, or you are still cycling.

You have regular visits. Because as things change, these pyramid of hospital years are so tricky. It's just a constant tinkering. you don't really settle into like your fixed dose of hormones until you're actually menopausal.

During perimonopause, things have to be adjusted quite a bit. So in an ideal world, and you start seeing someone when you are fairly young, so you can have smooth sailing like you have, but just because you were menoptosal, it doesn't mean there's nothing that can be done.

There is a piece of conventional wisdom, I'm not sure where it comes from, that says, If you're 10 years out from menopause, no hormones, that's ridiculous.

And I see people in their 70s, and I start them on hormones. I mean, yes, of course, you are going to get the most benefits if you start early, but you still are still going get benefits at any time.

If your alive and you want to feel better, There are things you can do. Fantastic. That's what I want to make sure they understand. So let's just get into methods of delivery because there's lots of methods and things that I didn't even know you could take oral trochies and all.

I'm like, you take what? There's so many things. ranging the creams, injections, pellets, oral. There's pros and cons to all of them. And this is where it gets tricky.

Some people will try one method and have a bad response and think they can't take a hormone or whatever. Like with me, I'm in a different delivery system than when I started.

We need to change it. I think let's talk about that a little bit and maybe how somebody knows what to choose or that kind of thing. Oral estrogens and oral testosterone, they're not great to take because they are not good for your liver.

Now with the progesterone, oral is totally fine. So then you have these creams. It turns out actually that progesterone cream, which we used to use, doesn't give you the same benefits as oral progeterones.

The cream is out, but certainly estrogen cream and testosterone cream are totally Now, I'm not crazy about the creams. And again, i'm, not against the cream at all.

They're totally effective. they're, totally safe. The creams are completely fine.

Menopause symptoms and timing of treatment

But the only thing is I was using testosterone cream for a while and I just found it to be messy and you have to really rub hard and just you, have, to drive it through the epidermis into the dermis.

I always was never really sure if i was rubbing hard enough. i don't know the, cream can just be a little messy. but again they are totally, safe and they, are probably the most common method of delivery.

And there's absolutely nothing wrong with them. The only thing is, again, the progesterone cream is not going to be that effective. So a few years ago, progeterrone cream fell by the wayside, and I think some people still use it, but you really don't get the benefits.

OK, so that being said, we work with a wonderful pharmacy at the Medical Health Institute that make us these sublingual tabs. But what I really like about the sub lingual tab, yeah, they're like troches.

Basically, you just stick it under your tongue and let it dissolve. You can attest to that they have like a mild sweet taste and I really like those. We can make them in all different kind of combinations.

So we can put all of your hormones in a morning tablet and a nighttime tablet, which makes it easy. And again, you just stick it under your tongue and let it dissolve.

Can you explain that difference? So again somebody's putting in the mouth, they think that's oral, but sublingual. It's not oral because it goes under the tongue.

What happens is the hormones get absorbed into the blood vessels underneath the I'm not saying that you're not swallowing some fraction of it. Of course you are, but it's in your mouth.

But a lot of older physicians will say, oh, it not really sublingual, its oral. That may refer to some older preparations of hormones, But certainly the ones that we're using, they definitely are sub-lingu-al.

I have put hundreds of them in my mouth and they really dissolve pretty quickly underneath your tongue and you really not swallow enough. So that is a great delivery system.

And then when it comes to testosterone, you have some options. So I have to say restoring the female libido is complicated thing. I think these sublingual tabs are great, but sometimes they just don't feel strong enough to people.

Then another option for testosterone would be injectable. By injectible, I'm also including pellets You can do pellets and you can just regular injections.

So again, I'm not really against anything, like I am not against pellet, but the problem with pelletes is that once you put it in, there it is. And if the dose is not quite right, it's their performance.

I've had women tell me that they just got too much and it was like almost uncomfortable how stimulated they felt. but there's really nothing you can do besides just wait it out.

And so that's the only thing. There's supposed to be a very even, slow release, but that is also not really true. You definitely get a spike at the beginning and then it capers off, and you could put estrogen in the pellets too, I'm not against it.

But I feel like you get more accurate dosing by just using regular testosterone that we use for men. And we can use weekly injections for women because we inject such small quantities.

We can actually do it subcutaneously with teeny tiny little needles. And I think it's just nice because that way you can adjust it week by week. So if you give yourself a little bit too much or a bit.

You can just adjust that the next week, you don't have to wait for four months and go somewhere and have a miniature surgical procedure. Yeah. Yeah. And that's what I do.

You guys, I, do injections. Again, if you're in the peptide world, you eventually get over the fear of needles, but it really is like nothing. you don't feel anything.

I would say with the testosterone, it itches me a little bit. That's the only little thing that the area is a for a few days, I'm like, oh, whatever. And I can adjust it as we talk and be like okay, a little bit more, little less and I could do that week to week and that's much more comfortable and it's one time a week.

That's more physiologic, right? Because we manufacture all of our own biochemicals all the time, not just like one big batch every four months. So when you inject weekly, you're definitely mimicking the human physiology a lot more closely than you are with a pellet.

So you're one of the unusual functional doctor that also knows peptide therapy, right? So this is a beginner self peptides education course. We're at a point trying to educate.

I educate them about electromagnetic therapies, neurofeedback, transcranial STEM, all the things that I do. And I'm board certified in that their standard doctors, physicians have no idea what that even is.

They've never heard of it. Right. very much into them being empowered and advocating for themselves. If they can find doctors to help them, fantastic.

But many times you got to take the reins of yourself and do some own self things and figure things out, right?

Hormone delivery methods and dosing

That's what the biohacking community and world has been doing for a very long time. Let's talk a little bit about then where does hormones and hormone testing and home replacement play into the story of peptide therapy?

Yeah. Yeah, so again, like I believe that optimal health is the symphony. And we produce massive quantities of everything until we're about 25, and then things start to decline.

Generally, we are perfectly fine, give or take, until our mid-30s. And then we start notice, hey, things are not exactly the same as they used to be. So we talked about the sex hormones that they decline with time and another hormone that declines with is growth hormone.

So growth hormones is released in a pulsatile manner. You get 8 to 10 pulses throughout the day and night. The biggest one is in the middle of the night, which is part of why it's so important to get good sleep.

And as we get older, you maintain that pulsatile release, but the pulses get smaller. If a pulse looks like this when you're 20, it looks this one when your 70, And so you have to be really careful with it because you can get some really weird side effects sometimes from it.

And again, you've to careful because anything you take, your level will go up, it will stay up for some period of time, and then it'll come back down.

This is just how drugs work in the body. So for most things, that's totally fine, like vitamin D. You just want to have a nice high level all the time.

But with growth hormone, those pulses, And those pulses are important because, again, this is human physiology. So it's like growth cleansing, growth, cleansing growth.

Cleansing. Rather than use growth hormone, which will just be turned on all the time, I prefer to use the growth hormones releasing agents like epimoral and CJC.

to enhance your own growth hormone release, which is like a more physiologic way to do it. So basically, I feel like hormones are the crux of everything.

Like you really need to start by getting your hormones in order. Then once the sex hormones that are in orders, then you could start to add some peptides.

You have the performance enhancing peptide, like the epamoralin, the growth-hormone-releasing agents. you have repair peptids. Of course, we have these weight loss drugs now, all different things, but I, feel those are accessories.

the hormones have to be the main event. I love it. And love that. Because that is where we're at. Like when somebody wants to say, I want to lose weight, should I get on semaglutide?

I'm like, when's the last time somebody looked at your thyroid? What's your sleep? what's Your cortisol? Which is stress level? Oh, how often are you eating?

You have To look at some other things first, rather than this. a big fan of GLP-1 agonists, but I'm like, you have no right using them unless you had done certain things first and you're working with somebody to understand what's going on there.

It's this interesting thing that people, oh, I can't hear you guys. That's how the shortcut is. You can do all you want in the world if your thyroid's totally a mess.

Good luck with that. right? You don't need CMAX or C-Link for your brain or cerebral license. It's just that you have no 3-2-3. Yeah, you're suddenly smart again.

I can't tell how many patients I've had sent to me from physicians given Adderall or Ritalin, and they simply were hypothyroid. Now, I feel the same way.

So it's an interesting story with the thyroid. You know what happens is this, of course, we learn thyroid physiology in medical school, it's well understood.

But then when you start working, you relearn everything from your seniors when when your an intern. And so this is the thing. So everyone orders this TSH channel.

It's a standard lab order, right? And it gives you the T SH and a few other things. And that's it. And it doesn't come with a free T3. For whatever reason, that is all we get taught how to order, even though we do learn comprehensive thyroid physiology in medical school.

So I think that the problem is that everyone just orders the TSH panel, they just go by the tsh. But that isn't the whole story. You have to look at the free t3, and of course you can order it, it's not a big deal to just order but nobody knows how.

I didn't know until I went back to school and did my functional medicine training. Now I order it and I see all the time that people have a low T3 and they may not need like a full spectrum thyroid medicine.

They just need some T three and it's just overlooked because it is not part of that standard panel. That I feel is really like the thyroid story. And in terms of Quest and LabCorp, the panels are the panel, so we just have to have more education so people just order that free T 3 along with it.

Hormones, peptides, and growth hormone support

Exactly. I tell you, it doesn't matter what you got, all the other things. What's available, you guys, what's the free testosterone, the Free T3? What I want to do, let's go ahead and wrap it up.

Which last final message you want give to everybody here about the hormone? Like if you've got something to say, doc, go. This is what I'll say. Is that.

that if you go back a few hundred years ago, we didn't live that long. And this is something I tell my patients all the time too. We did not live long, okay?

You had a ton of children, 13, 14, 15 children. A few of them survive and then you die. If you made it to 50, you were very old. There really was not much life after menopause.

So maybe you went through menoppause, maybe it was a little uncomfortable, but this was really at the end of your life. Now, I think most of us would expect to live Probably till around 90, give or take.

I know people want to live to 100, 120, 180, 500. And so you're going to have a really long period of life where you are post-menopausal. Even if you live only until 75, that's still 25 years.

That's a long time. It's not just enough to be breathing and have your heart beat. You really have to a good quality of live. And so I think if you feel good, if want to feel and you have things that you want accomplish, I'm going to put these chemicals back into my body that I am no longer making, or you just have to accept the natural consequences of aging.

And then myself as a 48 year old busy doctor, and a yogi, I have a lot of things to do. I'm not ready to just fall apart and give up on life and feel horrible and sacrifice a lotta things that I really enjoy doing.

And I think that's really what it comes down to is just taking care of yourself and making the commitment to properly take care for yourself so you can truly enjoy your life.

Yeah, I think it comes down to that. That's this last statement I'll say that I've just wrote a book on and for women. It's about pleasure. And I Think pleasure has gotten overlooked as a therapeutic healing tool, especially for and the potency we actually have that is far surpasses what any man's capability is in terms of that.

And so our society has gotten to the point where it's so numbed out, we don't know sensation. We're built for sensation and we're motivated by that, the brain is driven by pleasure and sensation, where they're looking for some sensation or avoiding pain of losing the sensation right?

When you really look at that it As women get older or with a chronic illness or something, it's like feeling good, pleasure, sexual pleasures and say, that gets thrown out the window, but I don't care less about that.

And I'm taking the stance right now in my career. Like, wait a minute. I think that's the actual most important access. It's hard to have feeling, good and pleasure with no hormones.

Since this is vital, like a life force, the energy to even be with, right? So I think it's part of why we see so many people walking around just so half dead, unable to connect, their relationships are falling apart, because it is just hard to even have the charge with other people, much less be regenerating themselves through feeling good.

I love that. I completely agree with you. And I talked to you about having fun. People lose the ability to just have fun, and it's so important.

Quality of life, pleasure, and aging well

It's hard to play when you have no energy, though, right? We've all been saying, I can't play, you know? It was like,

yeah, but see, it is the playing that's going to revitalize you, so we get those hormones back and then go play.

Then it keeps building upon itself. Pleasure builds begets more pleasure, more fun begetts more So I like people to have an avalanche towards feeling good.

And it's hard to do that. We've all felt, had a fever or felt fatigue. Nobody wants to play like that, so the hormones being depleted, like you start replenishing them and man, your outlook changes.

They're the way you communicate with people changes your social engagement changes, and that's what we're built for. we are creatures that need social, engagement and play.

As we get older, we just put that aside with all this adulting and certainly like suddenly what you don't think 60 and 70 year olds are supposed to play and have fun.

Absolutely. They are right. Yeah. So I love that. Thank you so much, you guys. I have the information, how you get to Dr. Wecker and their facility. And what's incredible is they can see you.

all over the country. I can't tell you how hard it is for me when I have patients all You can help see people and prescribe a compound pharmacy, ship it to them, see other labs.

Yes, you're going to need a physical person near you guys. I need people to check your blood pressure and physical exams are very important, but in general you can do hormone replacement without the physical exam.

Safely I feel really comfortable with. Totally. Yeah. So thank you so much. I appreciate everything you do. It's not easy to go back to school, unlearn, relearn and reprogram.

And I give credit to every Western trained physician who woke up and said, there's got to be more ways, better ways to help my people. Usually it's you guys get sick yourselves and you're like, that didn't work.

That wasn't actually great. No, it's true. I mean, It's been such a journey, but it has been so worth it. And thank you so much for having me. Fantastic.

Thank you.