Uncover Essential Facts About Your Hormones Transcript

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Introduction and Guest Welcome

Hello. Hello. Welcome back to Mastering the Menopause Transition Summit 2.0. I'm your host, Dr. Sharon Stills, and as always, thrilled to be here with you and really, really excited for the conversation you're going to get to listen to in just a moment.

My guest, Dr. Daved Rosensweet We were introduced. I'll just tell this quick story. Someone I know said, Oh, you need to talk to him. You know, he does hormones, too, and so forth.

And and I thought there's so many people out there who are doing hormones and don't know what they're doing, and he's probably one of them. So fine. You know him anyway, because I have an open mind and we have done a Zoom call and this is probably about a year ago.

And and I was like, Oh my God, he's like my hormone soulmate, doctor, because we we're just like, Yes, yes, yes. And so I'm really excited for you to learn from him today.

He I was looking at your bio and he graduated medical school in 1968. That's the year I was born, let's say. So I love having someone who's been around longer than me.

And, you know, I. You are part of the group with Dr. Jonathan Wright and when I graduated Naturopathic Medical School in 2001, and then Suzanne Somers book came out and I saw the need and that women were going to be coming to me for bioidentical hormone replacement.

And I said, That's who I got to go get trained by, because I'm a big believer in finding the best and learning from them. And so I love full circle. I didn't know you back then, but I love now that we are colleagues and that you are still doing what you're doing and getting it right and helping so many people.

And so it's really my honor and a privilege to have you here. So thank you for being a part of the summit. It's fun to be here with you, Sharon. Yes. So let's just dive in.

And so, you know, I guess just quickly introduce yourself and tell everyone how how did you become who hormone expert? How how did that unfold for you?

By the magic and mystery of how our careers unfold. I started it into holistic medicine in 1968 when I came out of medical school. I was really curious about nutrition and toxicity and was in holistic practice.

And then in the early 1990s, a patient of mine really well, she had been so successful and brilliant. She had retired in her mid-forties. Think about that.

How Dr. Rosensweet Entered Hormone Medicine

And she stormed in my office one morning, ran into my consultation room before I started and said, I'm going crazy and help me, please. I'm not kidding.

You don't think you know me? Hmm. And serendipitously or otherwise, by the sacred magic way that the earth really works. I had spoken to John Lee and learned that progesterone was good, gave her some progesterone, and three weeks later I got a letter from her saying, Oh my God, this stuff is amazing.

I'm totally myself again. And I didn't ever truly guide my career, you know, she told some women, and before I knew it, I had a menopause practice. And.

It suited me perfectly. I love biochemistry, I love hormones. And it's so it's such a wonderful treatment as you know so well. You're dealing with very basically a woman in midlife when she's at the peak of her her experience and her knowledge and skills.

And that is so devastating for men and women, both to lose hormones that interrupts the upward trajectory of effect on the planet Earth and family and professions and everything.

And then it's so rewarding because if you do it properly, women and men are back on the horse doing their great work for the rest of their lives. And I find nothing more impactful and inspiring than giving people what they want.

You know, keep my mind going, my libido, keep me out of a nursing home and assisted living facility. These are all related to hormones, you know so well.

Keep me thinking clearly vital alive. And my God, if I can have intercourse, I'd like that to. Just. To name a few things. It really would be amazing for the whole planet to be on bioidentical hormone replacement, because just like you say, it would change everything.

Because I love your attitude. It's like we are we're on this trajectory going up. I think society likes us to think that we're going down, but that going down is so correlated with the hormones.

And when you get the hormones back on board, of course the trajectory. So it is, yeah, it's something. And that's why I do the summit to just let more and more and we have to spread the word.

We have to spread the word. And so let let's talk about hormones because like I said in the beginning, you know, when we talked, we were both like, oh, use 24 hour, you're investing.

Oh, you know, And so like, let's talk about that. You know, what is the importance of testing? Why 24 hour urine testing? You know, let's start there.

Well, in general, in working with someone who's not feeling well, there's many, many different points to learn about in a sense, to be truly effective and of course, the clinical story from somebody is a tremendously revealing in from it.

We get our ideas. Well, I think we should give you this. And then ultimately, you know, 100% of our patients, we confirm that things are going well at about the 3 to 5 month mark with women by 24.

Your and hormone testing. And for one thing, we once did this study. My group did this study where it was before I was teaching in a major seminar. I like to look back and see what I had learned in the preceding year.

And so we examined the 24 hour year hormone tests of 54 women that were most recent. And all of these women had said, Hey, I feel great. I'm, you know, I'm good, I'm good.

This is working.

Why 24-Hour Urine Testing Matters

And what we learned that only 25% of those women were actually in an optimal hormone treatment zone where they were 50% felt good. But we're not on enough hormones to protect their vagina in their bones.

They're not protecting the vagina and bones. Look out arteries, look out brain and everything else. And 25% of them felt good. Did not have symptoms of overdose, but were on dosages more robust that there was a risk of breast glandular cell proliferation.

That's not something we really want. 24 hour urine. So so that was a shock. So we always confirm by testing, even though the word in the traditional street is you don't have to test, testing doesn't work.

You can just evaluate everything by symptoms. Well, I saw and live in Technicolor. That wasn't true. Mm. In the 24 year hormone testing in initially in my career, I tried other forms of testing.

It just didn't correlate with the clinical symptoms in Dear Brother Mentor Jonathan Wright said to me, Hey, Dave, you got to do 24 hour urine hormone test.

This is the best stuff. And I just I wouldn't be here today without it, at least to a level of precision and understand handing in confirmation that nothing equals in it alleviates the issue about when did you take your last dose when you're sampling a full 24 hours.

Doesn't matter when you took your last dose. Mm. When you're sampling blood or anything else, it does matter. So I want to just ask you like just go over the other ones because I think there's so much confusion and so many women are misled out there because they are being sampled in the saliva or in the blood.

And can you just speak a little bit as to why those are not accurate and not the way to be testing? Yeah, but let me start from a study that our group is doing as we speak.

We've we want to clarify the issues in hormonal medicine that make us vulnerable to censure. As low and behold, there's pressures afoot to prevent access to compounded by identical hormones.

And one of the places we are vulnerable is in testing. And one of the bugaboos is saliva testing. And saliva testing has a place, but not when you're treating someone with hormones.

Does it work? And I find that out. Well, back in 1992, I started off with saliva testing and a lot of people it was easy to collect and send it off, but it didn't correlate with women's symptoms.

In the numbers I was getting was outrageous. And but right now what our group is doing is we're sending split samples off. That means for any given woman who's participating in our study, she's sending off a sample of saliva same day, a sample up to two different 24 hour urine, hormonal laboratories.

You know them both. And a sample, too, of urine, five point lab in blood testing. We're comparing and we have the help of a real expert in in hormone testing George Gilson.

Maybe you know him and we're trying to sort out what's accurate and what's not have. Is it do you have any findings yet or is it all. Yes. One thing we found is that today, a year on hormone testing with the two labs that were sampling, that really correlates and everything else is very mixed.

Saliva is way off. Elevated, right? It unbelievably. Way elevated. Yeah. That was my experience, too. Well, this thing is at the mercy of when you took your last dose.

And if you're not really rigorous about how you do that with patients, you can't get a real clue. And the five point is understudy. But I'm grateful for, as the owner and principal scientist behind that particular test is participating with us.

Do you mean 5.0? Do you mean like dried urine samples? Yes. Dried urine testing in which you're collecting four or five samples over a 24 hour urine period.

There is a lot of issues scientifically about doing that. Mm. Like one very erudite study scientists that, you know, with many metrics laboratory who sponsored the study we did said to me why in the world would anyone want a pen to filter paper and try and extract sticky steroids from filter paper?

Why don't you just do the straight urine if you're even if you're going to do five points? There are scientific issues, but I don't want to speak too soon.

I appreciate that there's cooperation. We don't see the correlation yet, but we will discover over time we're aiming

for 50 samples and we're at nine right now.

Split specimen. So when is the assay used to. We won't have the the results until we get the samples. Yeah, I'll give you samples. Maybe and is actively participating in this.

So that's great. I love, you know I always find what you're saying in the studies. I haven't really put together studies. I'm pretty much, you know, in the trenches just being a clinician.

But everything you say, I'm like, yes, that's exactly what I saw in clinical practice. That's exactly what I see.

Saliva, Blood, and Dried Urine Testing Compared

And that's why I have come to, you know, just rely on the 24 hour urine, because it really and I love that point you brought up. I just want to reemphasize it for those listening that the testing is so important because you could be overdosed and feel great.

You could be under dosed and feel great. But, you know, this is Goldilocks. We want to get you in the right bed with the right support. We want you feeling great, but also getting the therapeutic benefits of the protection because the hormones are not just about symptom relief.

We like to get rid of our symptoms, of course, but they're about the long term protection of those important, you know, your brain and your bones and so forth.

So very good. I speak to that because I love what you're saying There. I mean, in 1968, I was a senior medical student and we were getting a lecture from a gerontologist, a specialist in treating older people.

And young, arrogant me was saying I don't to I'm young, I don't want to think about older people. But his words stood out to me to this very day. He said, You're senior medical students, you know, thousands of diagnoses.

Let me tell you what's really happening to older people. They're losing their muscles through a process called Sarcopenia and they can't stand or walk disability.

They fall in their osteoporotic hips. And in 1968, most of them died. And I said, You want to do something for older people, help them protect their muscles in their bones.

And you don't get to do that without hormones. They're so reliant. Hmm. And you know, anyone in our audience who have elders that have entered into assisted living facilities and nursing homes know what a defining moment and a very uncomfortable moment that is for so many of them.

And we make guesses and providers. And I, you know, like what percentage do we think are in nursing homes because of lack of hormones? And I've heard guesses from 80% to 100% of people are doing the work.

So that's you know, you and I, as physicians, we get to see people of all ages and your life is going to mean as much to you when you're 80 and 90 as it does right now.

It's going to be as meaningful to you and you. And we get to see the spectrum so we know what happens to the older people and the things Zach Lee with the gerontologist told me.

So being able to prevent that, but to have the foresight to prevent it, well, nature speaks very loudly. It disables 80% of women and about the same percentage of men with such a loud signals of life disruption that all you have to do is listen and say, Gee, what's going on here?

I think I think I want to figure out what's really going on here and lack of hormones is part of it. And like you say, the prevention, it's you know, the hormones are starting to decline.

You know, before. And so it's really thinking. And so I always say, like to anyone watching this, like share this with, you know, even women who aren't thinking about menopause.

But it's just good to have this mindset, this preventative mindset. You know, maybe you're 33, but you remember when you're getting older and you're getting into that perimenopausal state.

Oh, yeah, that's right. Prevention. Don't wait until the hormones are totally at zero and I can't sleep and I can't think like jump on board and prevent because it's so much easier to prevent than reverse.

Do you agree. With you agree. Oh, my goodness. I was going to ask you a question like how much more significant do you think it's easier to prevent than reverse someone who hasn't had hormones for 20 years?

My goodness. I mean, it's always 90% easier to prevent. I think, you know, you can do reversal. And I think about this also when I'm working with cancer patients, you know, you can reverse things, but it's always easier to prevent.

And I find and you probably know more about what the studies say than I do, but like I know sometimes they say, like you have to do them at the right, you know, right when you're in menopause.

And if you wait too long, you don't get the benefits. And I've had women who are in their late sixties, seventies, eighties come to me. They weren't on hormones and I put them on hormones.

And it definitely changes their life for sure. So I definitely preach, you know, it's never too late. But had they known and done the hormones in their forties, it would have been a different scenario on a different trajectory.

Like you say. So, you know, it's never too late, but it's better to be on time to the party. I so agree with that.

Hormones, Aging, and Preventing Decline

We've had success with women who are in their mid eighties, never been on hormones and recovered enough muscle strength to let go of a walker in a wheelchair.

But at the same time, boy to catch it earlier is just so critical. So yes, prevention, prevention, prevention. So let's talk about dosing. Like what are your views on hormones or who needs what?

How do you know? Because I see as you I'm sure, do too. I see everything out there from way overdosed on testosterone pellets to crazy levels. And more than you've ever needed in your life to not giving the right hormones, to not giving enough.

So I'd love to hear just what you're, you know, overview of that is. Well, that's just an excellent subject right there. And I had the great good fortune when I started out of knowing nothing.

It was so little written. You know, I had there was very few people except Jonathan, who were really active. And so I figured that I had to start from scratch.

And what I did is I wrote up some information for women because I figured, well, the hormones are going into a woman's body. Many women are going to be able to feel their affect.

We know the symptoms of too little or to less. They're too much. Let's start low and gradually increase the dose to alleviate symptoms of a too little.

And if we go too high, we're going to get symptoms of overdose. Because I didn't know the numbers. Hmm. I had no idea. I had hints because my company pharmacist told me a biased, you know, milligram per milliliter to use at that time.

So I started low and gradually increased and I was startled in a very short period of time. I realized that women

varied enormously, women to woman as to how much they needed and what kind of balance they needed between based and testosterone.

And, you know, the deeper, you know, fast forward to what you know so well, is that, for example, some young women need this much estrogen. They're fertile, they menstruate regularly, they're healthy.

And other women need three times that much. They're fertile, they're healthy, they can get pregnant, they can sustain a pregnancy. And the difference there is over three times as much.

That's a tremendous individual variation. MM Then when you're adding hormones from the outside, there's variation in how well the skin absorbs the topical hormone that you apply, and there's tremendous variation in skin absorption, there's tremendous variation in sensitivity.

Clinically, it doesn't matter because the process is the same. Most women have symptoms, not all. You start low, you gradually increase and the hot flashes that wake them up in the middle of the night, they go away and they go to sleep again.

And then if they take too much, they'll get overstimulated and breast glandular tissue and they'll get breast tenderness back down. And that's how we isolate into the dose.

And the great advantage I had read out of the gate was a 24 hour hormone test, and I had dived into the medical literature and simultaneously learned what's too little.

Well, bottom line, scientific studies have been done to know how much estrogen it takes to protect bones in vagina. That number is known, and it's easy to extrapolate that to the dosages we're given.

So right away, I started having guidelines and then we were very successful. We you know, I told you about the study that most women, 75% of them, when they said they felt good, 25% were too high and 50% were too low.

But it didn't matter. They were so close that we tweak the dosages. We didn't even have to repeat the test. They were so close. Fast forward to I started teaching.

I started getting exposure to large numbers of providers and I started seeing that people did not know their dosages and that every, you know, menopause, medicine got so stunted while other specializations were forming the late nineties and the early 2000s, neurology, internal medicine, gynecology, these great specialties were developing with board certification and standard of care.

Menopause medicine got stunted horrendously by the false reporting of a study you know so well. So the knowledge did not grow. I'm one of the few people I know.

And you were. You're one of them to have specialized in this work. There's not very many of us. And what I learn is that so many prescribers, they've got this broad based practices.

Treating with hormones is a small part of it. They never get the education. They're frightened because of the Women's Health Initiative. So they go by, well, let's just see how low we can go.

But what they don't realize is you can get symptom alleviation and at the same time not protect the bones in the vagina. So low doses prevail.

Finding the Right Dose and Avoiding Overdosing

And then at the other end, like you said, these crazy high doses prevail with people that are just not putting their microscope on with great care and specialization to learn what's going on with their patients.

And there's some financial motivations in there. And so you're naming one of the problems. I'm not saying I think

there's some appellate prescribers who have better ideas on how to do it, but we run into the challenges with the it's all the time and the authorities that be have identified phthalates as a real culprit, and rightfully so, because so many women are being overdosed.

Yeah, I worked for a short period of time in a med spa here doing helping do the bioidentical hormones and all of that. You know, I'm in Scottsdale, Arizona, and very plasticky kind of city that I live in.

And all the women were coming in on these pallets and all of them were just so overdosed and so toxic. And so I got a very bad taste in my mouth for palates, thinking, you know, this is just not the way to do it.

And since then, I think I've had one patient of many who actually came in and was on pallets, and I did her 24 hour urine and I correlated it with her symptoms.

And I was like, All right, it's not what I recommend, but it's working for you. So I'm not going to say to stop it. And so I agree with what you're saying.

I think there must be a few people out there who know what they're doing and are doing it wisely. But it's definitely not the typical are the norm. This was like a needle in a haystack kind of experience for me.

And you can get high some women. Mm. Some men actually get high for a short period of time. And these really robust dosages over dosages. And there's misconceptions out there.

I mean some, some women are being treated with testosterone alone, right? That's not the only hormone coming out of the ovary. So I before we go, I just want to go back.

So for the women who are listening, can you give them some guidelines of the milligrams of like what does protect what they should be asking for or going and checking to see if they're on the right doses?

Yeah, it's a little tricky. The hormone world of ovarian hormones grew up, and the most understanding dosages of the most potent estrogen called estradiol, that's the most potent acid and coming out of the ovary.

And yet the best medicine is. I know you do. I don't. We haven't talked about this, but best medicine is including the most prevalent of the estrogens estriol in any formulation.

So you're using biased rate. Hmm. And nature set up estrogen production in the ovary a certain way. And our dear friend Dr. Wright had this radical, medically radical idea.

Oh, God, who would think look happy nature. Don't bend this new and this is confirmed by some very important studies. So the best estrogen to prescribe the canopy's nature is something called biased.

It's a combination of estriol and estradiol. The potencies are different, so there's some math that has to be done. So we do the math. And if you do a formulation for most and certainly not all women just out of the gate, you start with and we start women and 80 to 80% estriol, 20% estradiol biased 8020 Hmm.

And we we've we've developed an organic oils way to dispense them. Yes, we speak about that. Yeah. Okay. I had been prescribing hormones and of course the best way to do this is, you know so well for acid and testosterone as topically why prescribe oral estrogen when there's problems and some women get thrombus phlebitis and you got to prescribe these higher dosages.

No topically for estrogen is so much healthier and topical for testosterone is almost imperative because testosterone can mess with the liver. Wouldn't take it off.

In fact, you can't even I heard you can get it again, but I for years you couldn't even get it so topically. The company pharmacists have been dispensing estrogens and testosterone and also progesterone DHEA in creams and gels.

And I had been prescribing for ten years without ever having seen a hormone because my pharmacist was in Albuquerque and I was in Santa Fe, and they were shipping the hormones that I prescribed directly to the patient.

And one day the pharmacist made an error and shipped a jar. White cosmetic jar back in the day of bias to my office. And I was fascinated and I broke the seal and opened it up to see.

I wanted to see what Almond looked like. And to my I was a little surprised because this really strong odor came out. And in the story I did research on what that odor was, and it was a strong solvent, learning that ovarian hormones are fat soluble and they're very poorly soluble.

You need strong solvents to get them up in the solution and in order to administer equal doses every single time, no matter how you're doing it, you need them in solution.

AP Clinic In the old days it was a spoon. Over the springs. And I had been a holistic bag since 68 and I knew about toxicity, I knew about the effect that was from these petrochem skills in these toxins.

So we went on to develop and Pat and now a certified organic oils delivery system. And that's what we do. It's our hormones dispense in these organic oils and they're they're not solutions, they're suspension.

So you've got to do this before you use it. And that's about it. Mix it. We've tested it right and left and we got three pens and organic oils. We love it.

It because if you do the math and you're prescribing creams and gels over the course of a woman's lifetime where she's applying the core a year of these strong solvents.

Yeah, but you just. Put it into this. You definitely have to look at your, your compounding pharmacy. I've had that also where like you look and you're like, what are you using as fillers?

Biest, Topical Delivery, and Compounding Pharmacies

What like what color are these capsules? You're sending your scent. These are bio identical. You're sending red pills like I keep my pharmacy on a very short leash.

Yeah. So meanwhile, in calculating estrogen potency, we, we, we do some math, and we accrue a we equilibrated through a math term called milligrams of estudo equivalent and the average amount of strength of estrogen in my practice ranges from 0.88 milligrams of estudo equivalent.

So the average is 2.8 milligrams of acid equivalent a day in split doses, 2.8 milligrams of estrogen equivalent to 2.8 milligrams of estudo. But it's really in the form of a biased op that's understandable and the range is great.

Some women are totally all the needs are taking care of it. 0.88 that's less than milligram equivalent to Estudo. And I think at the far end some women are at 4.8.

So there's a range 0.8 to 4.8. Yeah, that that is the range though. That's what I have just seen in clinical practice and, and the majority lie within the middle.

It is higher and you know, I could wear, count them on my fingers, maybe have a toe or something but yeah, that there is, there is a range. That's why it's you know, individual analyzed and for what you need.

We're all unique individuals. So you know, as we wrap it up for you know just what would your words of wisdom be to the women who are listening, who are perimenopausal, going through the throes of menopause post menopausal, like just from a you know, from your many, many years of wisdom and just who you are as a being, what would you say to these women for their hormonal journey?

What would you like to leave them with? I would say this for all women, there is a series of things that really matter,

and it absolutely pertains to all men that our hormones peak at the age of 20 and they gradually decline and then there's a cascade in midlife and the very most poignant, potent, beneficial thing we can all do for our health is replenish these most powerful biochemicals in our body that relate to brain arteries, bones, vagina, libido, energy, metabolism and on and so, number one, replenish these foods.

And then number two, to get to precision and individualization. And that is so important. I find it's going to be what you want. Right. You're going to want the best.

You're not you're not going to take one dose, one pill a day. And that fits all. No, you're want to get it individualized. You you're going to need compounded by identical hormones and they're readily available.

There's 8500 compounding pharmacies in the United States. And another thing is that it doesn't matter when you start you know, you start when you start.

So your best case for women is about in your mid thirties. Take on the subject, you know, read my book, read other books, in fact, share. And of course, you can put on your website if you want a free PDF copy of our book Happy Healthy Hormones, because it really explains to women that's what I wrote it for, was help women learn what they need to know, what's really useful.

But here's the main thing you need to know is that the earlier the better. Although whenever is great and your main job is this to go shopping to find a health care provider in your state that really loves this work and is specializing in it, you're going to need specialists too much.

Like you said earlier, which I totally agree with. It's too much amateur stuff going on here where people aren't learning the details and there's intricate details about getting this right.

Having said that, you know, even the women on Premarin Prime Pro did women who weren't treated did better than women who weren't treated and were less risk.

So I don't want to make it overly complex, but that's not what you're going to want, right? You're going to want to dial it in like your own individual body.

And so your main job is to go shopping. And. All you need to do is find someone in your state, a physician or nurse practitioner, who can prescribe. And because the menopause work in the enterprise, work can be done beautifully by telemedicine, you know, so anyone in your state and in your state, there are people who are specializing in it.

They're they're really so interested, like you and I are, and they're going after becoming expert at it. And that's who you want to see. You go shopping until you find that person.

Ask your friends, go into a compounding pharmacist in person, Ask the compounding pharmacy to speak because they're filling a lot of prescriptions. That you.

Say, I know you're filling prescriptions. Who's the best provider that you're filling for because they know the difference. Right. And so is doing amateur level work with some is doing expert level work.

So that's would be my other it would be another one of the things I like to say is go shopping. And another thing is optimize your dosages and stay on them for every minute you're on earth.

No one is going to take my testosterone over until I can't uncap the bottle anymore or something. You know. I see the hormones told me it's because I say that I'm like people say, how long does it take this for Dr. Stills?

I'm like, forever.

Advice for Women and Where to Learn More

Like, I'm like, Oh, like I plan on being buried with mine, you know, just in case. I don't know. Maybe I'll need this in case. Right? You know, I don't want to be caught without them.

Yeah, it's, you know, you take them for as long as you want to have a functioning brain and skeletal system and immune system and cardiovascular system and on and on.

So, yes, I totally. Agree to anyone who's been dialed in excellently to accompanied by identical hormone program. They know this. You're not going to be taking away their hormones just because you think we should only take this.

The misconception of the smallest amount for the shortest period of time. No wrong. Way. Have the low amount for every moment you can take a breath. I was maybe me those listening speak about this before, but we I like my patients to be tested at least once a year if everything's going fine.

I wanted to take urine and we we have a system because you know, women just want to they don't do the test. They just want to come in. And why don't do the test and spend the money?

You know, they just want to come in and get their hormones. And we're like, nope, no hormones. But, you know, you cannot get between a woman or a man and their hormones, like you said, when they're dialed in properly.

And, you know, I never have to, you know, sometimes it's like you have to nudge the patients a little, you know. Did you refill your liver support or did you refill this?

But you never have to nudge for hormones. That was like the rebels. No one's not refilling their hormones because you feel so good for them. So I like that you're you're mentioning we also check in with women annually and write prescriptions based on the annual check in and don't write prescriptions unless is that check.

And there's a lot of different points that are excellent medicine include breast evaluation and bone evaluation periodically. Not every year, not every minute. Right.

But what we do is the same thing you do. We do try our your hormone testing every year. For most women, it's pretty consistent. But there are some tweaks there.

So that's why you want to pick up on those tweaks. Exactly. So for those who have fallen in love with you like I have, where where, where can they find you?

What's your website? You're you're in Florida, right? Well, I live in North Carolina. Oh, okay. And we used to be in Florida. And the best thing is brite.live.

brite.live or for physicians and nurse practitioners who want to be trained, it's iobm in the Institute of Bioidentical Medicine but the URL is I-O-B as in boy I -M, iobim.org At art for the.

Training. Wonderful and maybe you'll be seeing something like me and Dr. Rosensweet because we keep saying we got to do something together because we're so aligned.

We are. So thrilled. Sure. And I noticed that I'm now remembering what it was like to sit with you. Okay. We're doing very similar things there. We really are. Well, thank you.

Thank you for taking time to be here and to educate. And just for all that you've done for your patients and for the studies you do and just everything you do to move the needle forward, to move bioidentical hormones and menopause medicine in a positive direction.

And it's it's very much appreciated by me. And I'm sure all of the women who are listening. So go check him out at iobim.org. And we'll be back with another interview.

Thanks, Sharon. Good to be with you. Thank you. Same.