Understand Inflammation Through Hormones Transcript

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Introduction to Hormones and Inflammation

Welcome to the conquering Chronic Inflammation Summit. I'm your host, Dr. David Jockers. And today I am interviewing Dr. Sharon Stills. And we're talking about the hormone imbalance and inflammation connection.

There is a key connection between your hormones and your inflammation levels. We're going to go on a deep dive into that. Dr. Sharon Stills is a leading naturopathic medical doctor renowned for her holistic and natural approach to health and wellness.

And she's devoted over two decades to practicing and advancing naturopathic medicine. Her work emphasizes the power of natural healing and the importance of understanding and addressing the underlying causes of health issues.

You can find her at drstills.com. And we're doing a deep dive on the connection between hormones and inflammation. Her favorite labs and biomarkers to track inflammation, to track hormones, and of course, the best action steps for people to begin balancing hormones and reducing inflammation.

So if you're a female out there and you are going into perimenopause or menopause, really key presentation to listen to. If you're a man that wants to support healthy testosterone levels as you are getting older.

Very key information here as well. So without further ado, let's go to the interview with Dr. Still's. Well, Dr. Sharon Stills great to connect with you here.

I know you're a hormone expert and I get so many questions about hormones. And in particular, you know, we're talking about inflammation. And so there's there's a a intimate connection between our hormonal health and our inflammatory levels.

And so we want to really go into that today. So let's start with that. What is the connection between our hormones and inflammation. Well I guess the question would be what isn't the connection between the hormones and inflammation?

How Hormones Affect the Whole Body

Hormones affect every single system in our body, from our immune system to our cardiac system, our cardiovascular system to our gastrointestinal system.

And so I think especially as women, we tend to just relate our hormones to, if we're a cycling woman to our menstrual cycle or to whether we're going to get pregnant or not, or as we're going, you know, further down the hormonal journey to menopause and just to, oh, I have hot flashes.

So I guess my hormones are dropping and we we never really expand the view, which I'm so passionate about educating, that our hormones are our key players.

And so it's not just about not getting a regular cycle or having hot flashes, it's about looking at the whole system to make sure our immune system is functioning, to make sure that our arteries aren't getting clogged, to make sure that our brain is not inflamed.

And so for the first thing, just if you take nothing else is just to realize hormones impact so much more than just the things we tend to associate with hormones.

Yeah. Super important. And you know, you're just like you said, most people, when they think about hormones,

they think about sex hormones. So we think about estrogen, progesterone, testosterone, which are critical hormones.

But insulin is a hormone that manages our blood sugar cortisol. You know, it's a hormone that helps manage blood sugar and imagine it manages our wakefulness in the morning.

you know, melatonin is as a hormone that manages our sleep, right? So all of these things critical role in overall cellular physiology and cellular health and so what is driving it?

Obviously we have an epidemic of chronic inflammation in our society. So what do you see as some of the root cause factors here driving hormonal imbalances and inflammation.

Yeah. And I just want to before I answer that question, you bring up you know, a good point because I see that all the time when I run hormone tests on patients and their melatonin on is low and they're like, well, it's okay, I sleep fine.

And I'm like, no, no, no, it's not okay. Like melatonin has a really big impact on your mitochondria, has a big impact on your immune system. It's an antioxidant. It's anti-cancer.

And so yes, we have to look very globally at how all these things are affecting. So what do I think is driving inflammation. I mean I think we have obviously toxins.

Right. It's it I've been practicing 23 years, and I feel like when I first started practicing it was more, let's let's do some testing, let's do some investigating.

Let's look at your symptoms and see, are you toxic? And now it's totally I know you have toxicity. Let's just see how much you have and how much is it affecting your health and your wellness.

And so when we're thinking about toxins one, so I look at things from a, from a European by a regulatory medicine perspective. So I look at things very terrain based.

And I think about the work of Dr.

Root Causes of Inflammation and Toxic Load

Hans Heinrich, a wig who all the heal remedies were founded after his six phase home of toxicology. And I think it's a really important because I think when we think about inflammation, we think, okay, I'm eating an inflammatory food or I'm not sleeping and that's causing inflammation, or I'm dehydrated and that's causing inflammation.

And those are all really important. And we can talk more about that. But I like to look at it like, why did the inflammation, why did the toxins settle in your body and cause inflammation to begin with?

And if we look at his six phases, it's really nicely laid out as the first phase is excretion. And excretion can be anything from sneezing or mucus or sweating or diarrhea or vomiting.

And those are normal reactions of the body. But we've been kind of trained in our society to like, shut it down, right. We don't want to deal with that.

Stop the diarrhea, stop the throwing up. We we can't be inconvenienced in our very busy lives. We don't have time. I don't have time for this. Give me an over-the-counter, give me a pill to make it stop.

And what happens is, when we make that stop, we're we're working against our body. The body is trying to get rid of the toxins to stop inflammation from happening.

But if we don't allow those excretions, which are very normal, like I think of it from a homeopathic perspective, this

is the psoric miasm This is someone who can have excretions and lives to be 130, and they're probably still pounding whiskey every day, but they just have a healthy excretion system.

And if we don't excrete, then the next step that the body does is inflammation. And so when we think inflammation, we can think anything. Itis otitis. Pyrite is bronchitis.

You know, put cystitis, whatever it is you want to put. And this is an acute. So this is not a chronic inflammation. This is an acute inflammation. And this is happening in the connective tissue.

And what is the body do then. It's spikes a fever. This is our own innate wisdom of the body to raise the temperature to burn off the toxins. And just like I said with excretion, what do we do?

The kids have a fever. Oh, give a little Johnny Tylenol or, you know, we take Advil, we don't let our bodies. And as you see, when we get to the last phase, which is cancer, the most chronic inflammation, what I hear, and it's not even like always, it is every time, every single patient I have worked with who has dealt with a cancer diagnosis and after 23 years, that's a lot of patients I've dealt with helping them with cancer.

They all say the same thing. I don't understand Dr. Stills. I don't understand how I got cancer because I never even get sick. And I'm like, there we have it.

You haven't excreted. You have in your body doesn't know how to do inflammation in a healthy way because there's healthy inflammation and there's the detrimental long standing chronic.

And this is what then leads us down to the next phase, which is deposition into the extracellular matrix. And we're always so focused on the cell which is important.

But the extracellular matrix I say is like the swimming pool that the cells are swimming in. And this is actually the information highway. This is where the cells are getting their information, getting their nutrients, getting their oxygen.

This is the way it's getting into the cell. And this is the highway that's cleaning out the cells. And so if we haven't excreted, if we haven't burnt off the toxins, they're starting to deposit into the extracellular matrix.

We're getting fascial constrictions. We're getting lymphatic congestion. And things that happen here can be cysts. They can be chronic swollen lymph nodes.

It can be eczema. It can be obesity. All of these are forms of inflammation. And sometimes it's silent. Sometimes you know, we talk about silent inflammation.

And sometimes we don't even realize these things are going on. And we we think we're fine. I don't get sick, I don't get fevers, I don't have colds. And we don't realize that we're growing illness.

So people always find it interesting when they come to see me. And like at the top of my to do list is like, we got to get you sick, you got to get a good cold or flu, you got to get your body to have a fever.

And so we have those first three stages, and then we have what he calls like the biological divide. And then from there we go into the more chronic inflammation where we have impregnation and now the toxins are actually inside the cell because we haven't excreted them and so forth.

And so now we have more chronic infections. So we can have an itis, but it's more chronic bronchitis. It's just with us constantly. Or we have coronary heart disease or we have rheumatoid arthritis.

And now the cells function is actually being disrupted. And then from there we go to degeneration. And so this is considered modern medicine or mainstream medicine I should say considers this irreversible destruction.

I don't personally consider anything irreversible because I've seen everything be reversed when you do things from a natural perspective. But here we have like a depletion of energy production.

The mitochondria are being affected, enzymatic function is being affected, and this is all due to toxins. And now we're looking at things like Alzheimer's or COPD or congestive heart failure.

And then finally we go to degeneration, which typically is expressing itself as cancer. And what's the first thing we do when we see a cancer patient.

We look at what is the toxic load. And so we have this excess of free radicals here. We have destruction of organs. We have destruction of tissues. We have the patient in my office saying, I don't understand how this happened.

I never even get sick. And so we really have to bring it back to the initial phase to excretion. And if we want to address inflammation in our body, what are we doing to allow excretion to happen?

Are we looking at these among arteries, these elementary organs, and are we making sure that they are functioning? That is so much more important than doing a detox.

We have to first make sure all the organs are open, or we are just going to create more inflammation in our body. Yeah. Super key. And so toxins as a driving factor.

We you know we got to keep all of our systems are drainage pathways open. Like I always say. You know we don't want our system to be like a stagnant pond.

Instead we want it to be like a free flowing stream. Moving things out. You know, we got to poop, sweat and, and exhale, in a sense, toxins out of our body.

That's just so important. And you said something interesting there where you actually want people to get a fever from time to time.

Why the Body Needs Healthy Fever and Excretion

You want them to get sick from time to time, which is so counterintuitive to our thinking in Western society. We think anything we can do to stop suffering, right?

To avoid suffering, which is, you know, really the that's the paradigm of Western medicine. And, you know, their heart is good for that. You know, they don't want to see people, in pain. Right?

But their idea is whatever we can do to ease suffering. But what you're saying is actually a some level of suffering, actually primes us and makes us stronger.

Kind of like fitness. You don't get strong muscles and a strong body unless you undergo resistance. Right? And there can be pain associated with that when you're lifting weights, when you're, you know, doing intervals or sprints or something like that.

So to build fitness in our physical body, we've got to undergo some level of uncomfortability and to develop fitness in our immune system, we've got to undergo some level of uncomfortability.

Yeah. I mean, a lot of times I give patients actually remedies that stimulate the granulocytes. They're like a pathogenic bacteria remedies that train.

It's like, okay, we got to get your immune system in training. So let's get some granular acidic activity going. Let's teach your body it's okay to inflame, right.

Because we need inflammation. We needed to turn off. But if we don't even know how to get it started in the first

place. And it's always so. It's funny because people are always I remember when my kids were little and now, you know, my grandkids and you know, what do you do with the kids?

Get sick. What do you give them? Like a hug, a blankie? You know, I just let them be and I let their body do what it needs to do. And I do the same thing for myself.

It's like if I feel a fever coming on, I go, okay, let's see, have I been pushing it too much? Like, where am I out of alignment in my rhythm? And I let my body do its thing and I don't take anything to suppress it because I know it's what should be happening.

It's a good sign. Yeah. For sure. And going back to the idea, you know, we get a rest. Obviously if you're not feeling good, you need more time to rest, hydrate so you get things moving like a stream.

Right. These are some of the important things that you want to be thinking about. so let's talk about lab markers. When you're analyzing somebody and you want to see what their inflammatory process looks like, what are some of the key biomarkers in labs you're looking at?

Well, gosh, but a lot I run a lot of lab work. So my patients probably get like 30 tubes of blood drawn for their baselines and, and, then I'm doing other tests as well, but, I mean, just in the blood, for starters, some of the basics, which I'm sure you probably already talked about, but, you know, running a C-reactive protein, which I want to see under one, I don't want to see it even medium or, you know, to three.

I want to see it low. Looking at insulin, looking at homocysteine and looking at fibrinogen. Now post-Covid, I'm looking at D dimers. I'm looking at galectin three.

I'm looking at the interplay organs specifically like IL six, IL eight. I'm looking at tumor necrosis factor. I'm looking at a said rate. I'm looking, you know, at like amylase and lipase to see if there's inflammation in the pancreas, which surprisingly, I see a lot of, I'm doing complete ion panels to look at ferritin, which is your ion stores.

But like ferritin, fibrinogen, some of these, you know, even cholesterol can raise as an acute phase reactants. So it means there's just acute inflammation in the body.

so those are some of the basic. And then I'm looking at like just even in a CBC, I'm looking at the neutrophil lymphocyte and the ratio. And making sure that the neutrophils aren't really high in the lymphocytes aren't really low.

And then we have something going on and we're, you know, suppressing our natural killer cells. so or I'm seeing the lymphocytes are higher. So we should see like neutrophils like say 65 and lymphocytes like 35.

We want to see like that kind of split. But sometimes not even sometimes often I'll also see the opposite where the lymphocytes sites are higher than the neutrophils.

And then we're looking at a chronic viral infection like slow low burn of an infection because we're probably not getting a fever and we're not burning things up.

And so those are some of the things I'm looking at in, blood. Then I'm looking at for cortisol saliva test. So I'm looking at inflammation. From the cortisol perspective.

You mentioned cortisol before. And we know cortisol is very important for our in flat inflammation our blood sugar sleep wake cycle, our energy if we're inflamed with allergies.

And surprisingly, it's not always what we hear. We hear a lot that you know, you're inflamed and you have high cortisol. But I see more often that we actually have low cortisol or we have high cortisol at the wrong time.

You know, we should have a nice little ski slope where we start off high. We have our morning cortisol awakening

response. And then we kind of ski so we can go to bed at night.

But you know, often it's like this or it's backwards or it's just flatlined. And so often I give hydrocortisone, I give bioidentical cortisol in some physiological doses to actually get the adrenals back on board.

So I look at that a lot. I look at heart rate variability to see if someone's stuck in sympathetic, you know, dominance. And that is something again across the board because I work with a lot of patients who have chronic illness, whether it be cancer or a long haul now or autoimmune disease, and they're always stuck in sympathetic.

Key Lab Markers for Inflammation

And so we have to work to really upregulate the parasympathetic tone so that they can heal, because we can't heal if our nervous system isn't regulated.

I'm looking at inflammation through toxicity testing, through stool testing, through chronic infection testing. So there's no shortage of ways we can look at the body being inflamed.

And it's important to be thorough because we not we might not be inflamed across the board. There just might be certain pathways or certain areas where we see the inflammation.

Yeah, it makes sense. There's a lot of biomarkers that can be tracked here. You know, you mentioned a whole whole wide, wide variety of those. And then trying to figure out the root cause.

Or are there chronic infections in their toxicity as a major issue. circadian rhythm disruption. You mentioned, looking at, you know, cortisol levels, melatonin, things like that, looking at circadian rhythm.

So all of that obviously super key. Now you mentioned so many people are in fight or flight. What are you doing to help them improve their heart rate variability and balance their nervous system coming out of this sympathetic, high sympathetic tone fighter flight and back into balance with their parasympathetic or rest, heal and digest part of their nervous system.

Yeah, I mean, it's really individualized because again, it's looking at what is driving that. So it could be teaching them mindfulness meditation and like you said before, you know, like my my newsletter, my weekly newsletter is called the Weekly Exhale for a reason.

Like people need to learn how to exhale. We need to learn how to breathe. It might be regulating their sleep and their. And I had a patient last night who, you know, our whole conversation was about you got to go to bed early.

You know, you you got to just honor that, you know, so sleeping at the right time, if it's a postmenopausal or perimenopausal woman or even a man you mentioned before when we were off, before we came live, you know, and so, you know, hormones can be.

I had a patient a few days ago who was in extreme pain, and it wasn't the fish oil that I gave her or the curcumin, or optimizing her vitamin D. it basically was the hormones that just balancing her hormones.

And she was like, she's like, my libido may not be 100% yet, but my pain is 100% gone. And that was just because her hormones were like she was running on empty.

So it so how to get someone you know and that helped her get back in the parasympathetic state. And so it really depends if there's trauma and they need more emotional regulation and nervous system work.

we're opening up a big clinic here in Scottsdale where we're going to have flow press. So which is a lymphatic treatment we're going to be doing color.

We're going to have oxygen, but at times we're gonna have light therapy, helmets, visors, you know, all the things

so that you can get back into a parasympathetic state.

Kind of like you go to the gym to work out. I'm like, I'm opening a clinic so you can work out your nervous system and decrease stress and upregulate your parasympathetic.

So, I mean, even something like getting a colonic and having good abdominal massage can really help upregulate your parasympathetic. So it just really depends on of course then using nutrition and supplements and remedies like magnesium, potassium, those are the minerals that are more supportive of the parasympathetic nervous system rather than calcium and sodium.

So it just really depends like what I'm very individualized on what someone needs according to their story, their lab results, their experience, you know, and what their what they're willing to do, what they're able to do.

so it's really different. But like getting in nature, you know, there's, there's all these simple things that I think we like often give lip service to, but then we don't think that that is important because we've been trained as a society that my, my, my fix must come in a pill bottle and I'm going to go see someone like doctor stills or doctor Jockers because they're naturals.

So their pill is going to be a vitamin or an herb rather than a pharmaceutical. And yes, I you know, if I took you on a tour, you'd see like all my supplements on my counter and all the things.

But that is not the only place that healing and medicine come. So just as important as taking that vitamin or that nutrient is really look at what kind of anti-inflammatory lifestyle are you leading?

Or are you starting your morning with your feet on the ground to get some good earthing in? Are you watching the sunrise to set your circadian rhythm?

Are you considering, you know, a hydration as like your job? Not just an afterthought, but something you make sure you do every day? Are you moving your body?

Do you have a plan for how your lymph moves? Are you sweating every day? Are you prioritizing sleep? Are you prioritizing nature and community and connection and white space?

One of the best things you can do is just not hack your day where you're just boom, boom, boom, boom, boom and stressing out your nervous system. So there's all these things that are so important that you can do right now on your own.

You don't need me, you don't need him. You don't need anyone. You can just start implementing. That is going to help you lower your inflammation and help you raise your parasympathetic.

Yeah, I love that. Just some simple things that obviously, you know, always going for the low hanging fruit, easy things like getting out and doing some grounding barefoot on grass, dirt, sand, getting out in nature in general, walking, just going for a walk.

In fact, you can do something called horizontal gaze where you basically are just looking out into the horizon, right?

Nervous System Balance and Parasympathetic Support

And just doing that, you know, we're so looking at our phone and everything's so close, you know, our computer that drives sympathetic nervous system activity.

But when we're looking out at the horizon and the further we're looking out, the more that activates that parasympathetic nervous system. So those are simple things that are free, you know, good hydration.

You had mentioned. So some simple things that we can be starting with box breathing. you know kind of a

controlled intentional breathing habits, simple, easy things that you can do.

And then of course you can step up to, you know, more advanced things, like a lot of things you're offering in your new clinic that's opening up. So that's really exciting that you that you're offering a lot of those advanced therapies there that that sounds awesome.

let's talk about ki ki lab test biomarkers that you're looking at when it comes to hormones, you know, tracking, you know, you mentioned cortisol. So stress hormones, how about sex hormones as well.

And what are you seeing with that when it comes to, maybe estrogen and progesterone ratios. Testosterone for what? Men and women. What are you seeing with with these hormone biomarkers.

So I'll do mine first because you guys are a little easier when it comes to hormones. so mainly and it's kind of sad, but lately I've been seeing even in my like 20 year old population that, you know, these young men, their testosterone levels are plummeting.

And I can only think it's from the intense stress levels and the toxins we're facing. And you you brought up the phone and I didn't, you know, don't get me on my Wi-Fi phone.

So box you know, that is these these invisible toxins that are just destroying us on every little level, like emotionally, mentally, spiritually, physically taking us out of the moment.

so for men, I, I utilize blood for the most part. I run, free testosterone and total testosterone, relying more on the free testosterone. I run an estradiol, I run a DHT, I run an FBG.

So I'm running the main levels to see. And men, you know, sometimes men need a little progesterone, surprisingly enough. but the majority of men I see need testosterone shots.

Their testosterone is declining. contrary to popular belief, testosterone doesn't cause prostate cancer, so I actually use testosterone to treat prostate cancer because it is in that older population where they're testing tossed around, has jumped off a cliff, that we see prostate cancer.

We don't see it in young, strapping boys whose testosterone is surging. So that's kind of how I look at men. Typically, a man can do like a testosterone shot once a week and, you know, and of course, then we're still looking at his thyroid because thyroid, although we think it's predominantly women, I see a lot of men with thyroid dysfunction as well.

And we're looking at their insulin. I'm looking at their cortisol. You know, the basic things. Women get a little more complicated, because we're just complicated creatures on a whole.

So with women for hormone sex hormone testing, I'm utilizing 24 hour urine testing, complete urine collection, not dried urine, where you're carrying around a jug for 24 hours and you're collecting all of your urine, to get really accurate results.

And that way, I'm able to look at the three main estrogens or E one year to year 33, looking at your estrogen metabolites, looking at your progesterone, looking at your DHEA and metabolites, looking at your testosterone and metabolites, looking at your glucocorticoid production, not looking at the rhythm.

So I do then like to have the saliva test which shows the rhythm of cortisol. But I can get an idea of your production looking at your aldosterone levels, looking at your thyroid levels, your melatonin levels, your oxytocin levels, your growth hormone levels.

So the whole symphony, because hormones really are a team player sport, you don't want to just address one hormone, you want to address them all. And so it you know, for the most part not always, but younger women it seems to be more standard.

They're low in progesterone. They're estrogen dominant. you know, they're they're stressed out. So they're sucking their progesterone down the wrong pathway.

Stress is kind of an antagonist to progesterone is really an antagonist to all sex hormone production but particularly progesterone. Yeah. Yeah. It's you know, if if you're stressed your body's going to suck the progesterone to support your stress pathway because the body goes don't want to live or or do I want to have a baby?

I want to live that comes first. And so, so that's typically what we see. but then as you go through menopause, it's just, you know, a menopause is not a disease.

Menopause is a natural transition. And so it's normal for the hormones to drop off. And, you know, if you read the textbooks, you think about physiology.

It's like, well, your ovaries are going to stop producing and your adrenals are going to pick up the slack. But by the time you get to menopause, your adrenals are typically, you know, they're not picking up anything.

They're already fatigue, they're already tired, already stressed out. Unless you have really spent a good portion of your, you know, 20s and 30s, like thinking about your adrenals and really building them up.

And so when we get to menopause, you know, it's very common for me to do a baseline 24 hour urine test and see, just like low low low low low low low low, like across the board but not always.

Some women are still producing. They're still aromatase ING some estrogen which is the inflammatory E1. They're aromatase ING that in their fat tissues.

If they're carrying around too much weight some women their testosterone goes drops first. Some women it doesn't drop and it still hangs on. So it's very individualized.

Hormone Testing in Men and Women

But if I had to like say what I majority would see would be that the levels are just all super low. And so if you don't have estrogen, you know, in relationship to inflammation, then you are setting yourself up for all sorts of issues, from increased beta amyloid production, which is associated with Alzheimer's, decreased mitochondrial resuscitation in your brain, decreased brain glucose metabolism, and decreased white white brain matter.

So you're you're setting yourself up for brain inflammation. You are increasing your I mentioned before like interleukins. So like your il6 your TNF alpha, when your estrogen goes down, these goes go up the inflammasome which regulates your first line of defense and your immune system gets kicked off.

So your whole innate immune system gets thrown out of whack and inflammation sets in. You are, you know, decreasing like your CD4 and your CD8 ratio. So there's like a whole, you know, set of reactions that happen biochemically and physiologically that create inflammation when the hormones go down.

So it's kind of like we often don't listen. So the body's we get at the symptoms have to hammer ass over the head. And so you get hot flashes so bad you can't sleep.

And finally you're like, okay, I'm going to go see a doctor because I can't sleep. Because women tend to, you know, just want to take care of everyone else and not themselves.

So I find that, you know, our symptoms can be gifts, because if you didn't have that hot flash, maybe you would never have explored replacing your hormones.

And of course, I'm talking about bioidentical hormone replacement, not synthetic. And you know, and in doing that, then you're saving your brain and your bones and so on and so forth.

So the hormones are such a huge, huge piece. And I really do recommend, you can be misled in blood work with hormones. I see it all the time. You can be misled with saliva testing in hormones.

And so like your levels will be elevated and then your physician will tell you you need to lower your doses. So it really you know, when we say we talk about medicine, we talk about the art and practice of medicine, it really is true.

It's like I look at a patient and I look at what they're experiencing. I look at my knowledge, I look at what I know and then I look at the lab tests and, you know, at the end of the day, I go, oh, that was a good doctor day.

You know, the labs and the patient's experience actually matched. But, you know, that doesn't always happen. So you really want to find someone who is going to be able to think outside the box and look at you and not just your lab, but is going to use labs to guide you because hormones really need to be measured and you really need to see what's going on.

You really need to see the metabolites, just estrogen, for example. There are so many different metabolites and some not so good. Right. Like the for estrogen is considered to be carcinogenic and DNA damage.

But like two methoxy ester diol is anti-cancer. I use it to treat cancer. So it's really lazy medicine when you know, someone says to you, oh, you know, estrogen causes cancer, or your mama had breast cancer, so you can't do hormone replacement.

And then I see these women, they're suffering and they shouldn't be suffering. And getting the hormones balance, like from my perspective as a physician is like pretty easy to do.

You know, it's all the other things getting you to eat right and sleep right and get your organs eliminating. And all that is, is more work than putting the right balance of hormones into your body.

Yeah. So you find when you come across somebody that you know has hormone imbalances, you've run the labs. You obviously I'm going to match on their first visit.

You're telling them some of the natural lifestyle solutions to be working on. But once you get those lab results, are you working to use the bioidentical hormones, right, to help them feel better, right, and create more momentum and energy and brain function so that they can then apply the lifestyle strategies that really address the root cause.

Yeah. I mean, if if a woman is say, like having really bad PMS or, you know, she's not to perimenopause or menopause yet, it depends like can we use something like vtx, which is chase treatment, which can help to stimulate more progesterone production potential?

Sometimes it depends how bad things are. you know, can we move the liver and move the bile and all those things? Yes, but when a woman is postmenopausal, then the root cause really is that her ovaries stop producing hormones and we need to replace those hormones, then. Yes.

I always talk about, like we have to put hormones into a happy, healthy terrain. So I'm not one of those doctors who is just going to give you hormones and that's it.

Like, I'm like, you got to do the work, you know, I'll give you the hormones because they are going to make you feel good and they're going to help you, but you have to be willing to do the lifestyle changes, to look at your microbiome, to look at your adrenal levels, to make sure your bile is flowing, to make sure you're lymphocyte flowing.

All of these things, you know, health is health is never just one thing. It's created by many different choices and actions we take. Yeah for sure. And so when you're looking at, labs, what are you seeing as far as maybe some of the top nutrient deficiencies that people are dealing with?

Oh, gosh. zinc, magnesium, big one. And zinc is really key for all those hormones. Testosterone. Progesterone really key is a backbone there. and magnesium also vitamin D, which, you know, we call vitamin but it's really hormone D.

I mean, I see a lot of deficiency and I like your levels up between 80 and 90.

Nutrient Deficiencies and Absorption Issues

So you can be in lab range, but are you in an optimal range. And so, those are big. You know, iodine is a big deficiency I see frequently. gosh. What don't I say?

I mean, selenium can be a big deficiency. I think, you know, when you think about toxicity and you think about heavy metals and so I see a lot of like, lead and mercury is pretty much a given, right?

Everyone's got some degree of lead and mercury. And so we know that lead, is displacing the zinc. And we know that mercury is displacing, selenium and then arsenic displacing manganese is another big one.

I see. So, you know, always stepping it back, like, why do we have these deficiencies? I see a lot of B vitamin deficiencies. But then I'm always looking at, well, do you have a hydrochloric acid deficiency.

Because I see a lot of also calcium deficiency. And if you don't have enough hydrochloric acid, which I think is like a pandemic at this point, like almost every person I see needs some hydrochloric acid support at this point.

then it doesn't matter what you're taking or, you know, if your protein intake is good, but you're not absorbing. And I see this a lot too. Like, women are like, no, no, I'm rocking my protein, getting my 30g three times a day.

And then I look at their levels and I'm like, that's great, but you're not absorbing it. You have no hydrochloric acid. So we always have to look at not just, you know, why is the deficiency, what deficiency?

But also why is that deficiency going on? And what can we do to make sure we're absorbing what we're taking in? I see a lot of fatty acid deficiency is, those are some of the biggies.

Yeah. Across the board. Just so many different things. And glad you brought up hydrochloric acid. And we could take be taking the best nutrients. Right.

Stills Health Center and Closing Remarks

We could take taking supplements and eating foods. But, you know, we got to make sure we're absorbing it. And you're right. Stomach acid support is so key.

You know, I think for once, so many people are eating on the go or eating in a stress state. And that's antagonistic to producing enough stomach acid to be able to digest the food more effectively.

so I think it's so key slowing down, being intentional about eating, taking a few deep breaths before we eat things like that can be very, very helpful there.

Well, Dr. Stills, you know, it's just been, a great interview and, you know, excited about the health clinic. And definitely tell us about that here. And, of course, people can reach out to you at drStills.com and you've developed now this, this clinic out, out in, Arizona that you're excited to, to basically present to the world really cutting edge place.

Tell us a little bit more about that. And any last words inspiration for our audience. Thank you. Yeah. I, I've been doing I had a brick and mortar in New York for ten years.

In the last 13 years, I've been doing telemedicine, and I just decided, that people are really sick and they need a

place to go where I can, you know, do Hebrew or do neuro therapy, inject them, have the tools they need, and, it's a family clinic.

So my eldest son is also a physician. My other son is running the clinic. My daughter in law and my my son's partner is handling the inventory. I've got my granddaughters, you know, they can make the front desk.

They're two and four. Yeah. So, I'm really excited about it. It's going to be 7000ft². I'm kind of like, go big or go home. That's kind of my dream clinic.

Everything I want under roof. So it's called Stills Health Center, and we're hoping we'll be open in the first quarter by March of 20. And that's in Scottsdale.

That's it. Scottsdale, Arizona. Yeah. Yeah. So and people obviously locally out there can find you, but then people can also fly in or drive in and spend some time and you'll have treatment protocols kind of more, more, more intensive treatment protocols for people that come in from out of town.

Yeah. So right now patients fly in to see me. we do thermography, CRT, thermography scans, and I see them, but we do it out of my house, so it's very low key.

So yes, we're excited to have an actual clinic where patients can come and we can have all the tools to help them with their healing journey. So yeah.

Wonderful. And and we'll be able to people to be able to find that information at Doctorstills.com. Yes. We're we're going to have a stills healing center website but it'll drstills.com will be a hub lead.

You okay. Great. Great. Well thanks so much for your time and your expertise and, you know, look forward to next time I'm out in Arizona area, which I absolutely love that area.

Coming out and checking out the stills health center. Awesome. Yeah, we love to have you. Absolutely. All right. Thank you so much, Dr. Stills be blessed.

Thank you.