The Better Question: What If Midlife Symptoms Aren’t Inevitable? Transcript

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Podcast Introduction and Hormone Therapy Hook

Somebody comes in and they're having irregular periods or heavy periods, or PMS symptoms, so we just put them on birth control. That negates everything, and it just controls the hormones, So it doesn't matter what the diagnosis is, we use the same treatment.

All of a sudden you're in your 50 and you go to menopause and then you just switch to a different type of hormone, but it's the Welcome to the resiliency method, the truth about healing.

I'm Dr. Erica and we are here to uncover the root causes keeping you stuck. Together we'll restore your energy, your focus and your resiliency so you can finally heal, regenerate and feel truly alive again.

The Women's Health Initiative study used pregnant mares, urine, and synthetic progestin found in such high rates of breast cancer and stroke that they cut the study short at three and a half years and then labeled all hormone replacement as dangerous.

Welcome to the Resiliency Method, the Truth About Healing podcast. I'm Dr. Erica Schultz and Dr Amy Duffey here is exposing the 20-year nightmare that this created for women.

Dr. Amy Duffyu2019s Background and Path to Womenu2019s Health

Instead of recognizing that Premarin and PremPro were the problem, conventional medicine throughout all hormone therapy and told women to suffer through their depression, their insomnia, the brain fog, and their metabolic chaos, or mask symptoms with antidepressants and sleeping pills, And today, we are here revealing the truth about bioidentical hormones that are chemically identical to your own and why they're not only safe but prevent chronic disease and how to find a practitioner who actually will work with you and knows how test and balance them correctly.

So join me today. You won't want to miss this one. Welcome back everyone. I'm Dr. Erica. Thank you for joining us today on the Resiliency Method, the Truth About Healing podcast.

i'm joined today by Dr Amy Duffy. Dr Aimee is a board-certified physician. She's an entrepreneur and a president of the North Carolina Integrative Medical Society.

she has transformed her practice into a thriving seven-figure business and she is passionate about both patients and practitioners achieving sustainable success.

a great functional medicine practitioners in the area, especially of BHRT. She is a best-selling author and award-winning speaker. She's a mom of four daughters and she's an avid tennis player.

And she is playing up right now in her league too, by the way. Her mission is to empower people to reclaim their vitality and build fulfilling lives without burnout.

Welcome Dr. Amy. So great to have you here today. Love to hear from you on what got you off on this journey. What inspired you to focus on women's health and functional medicine?

Well, it's sort of a story that goes all the way back to when I was little. I just absolutely loved babies. And there was a baby that was about 11 months old or so sitting in the sand kind of hanging out.

And I just went over and started playing with him and his mom was there and she said, Oh, well, do you babysit? He just seems to love you. and I was like, I don't know if I'm allowed to babysat.

I am only 11. So that my first job basically was to be a mother's helper is what we called it. You know, they were in the neighborhood. I'd walk over there and come hang out for like, you know two, three hours while she was, trying to get stuff down around the house or whatever.

And that just progressed. So she had more babies. Her sister lived close by and she has babies and so I was babysitting, that was like my only job. Think I tried to have a real job at a subway sandwiches and it lasts three weeks.

Then I'm like this is too much, I wanna go back to playing with babies, so when I as a senior in high school, they were having another baby and invited me to come be in the delivery room, which was very special.

I was kind of part of the family at that point. And so that was my first kind-of real experience, you know, in a hospital setting, and medicine, just once that baby was delivered, baby Josh was put on his mom's chest and I just thought, this is the coolest thing.

Like, I want to do this. So I'm going to deliver babies, go to med school and do that. That's what I did. And then while in medical school, I had my baby number one.

So that changed life a little bit in terms of where I was going. And I just remember, and probably medical is not quite what you see on TV, but it's pretty hardcore.

In the OBGYN, which is what I thought I It was just hard and they were not very nice. And I just thought, is this really what I want to do? I wanna deliver babies, but I don't know if this is the lifestyle I wanted.

Then I did family practice rotation and it was totally the opposite. It's just so calm. Cool people were having babies and I had already had one and so it just it Just felt much more family oriented and and So they could also deliver babies.

And then the cool part about that is you can see the babies, you know in pediatrics as well You kind of get this full spectrum. So that's what I chose to do and ended up here in South Carolina doing a residency that was very strong and obstetric.

So I got C-section privileges, I delivered all the babies, everybody else's babies who didn't want to deliver. They just had to do their requirement for residency and then they were done and I was like, give them all to me.

Then that led me to a year later after I graduated, as an attending physician and OB-GYN practice here in town, offered me a job and said, come deliver babies and be primary care at our practice for all of these women who go to the GYN for their primary and share OB call.

And I thought that was just a dream job for me. I was super excited. Yeah, and it was a green job. But what I found very quickly is that I had a lot of experience in OB and delivering babies, but two weeks of a rotation in GYN in family practice residency.

So, I was very inadequate is what I felt like in sort of general women's health and particularly hormones. This was 2006, 2007. The Women's Health Initiative had come out a couple years prior to that, which was this huge study, if you want to call it.

It was not a very good study but this message that hormones were bad, right? They were using information that You know, we can dive into that info, but basically we were all told hormones are bad They're causing breast cancer and strokes and you should get people off hormones.

You should use other methods to support their You Know their symptoms and that kind of stuff and so yeah, I mean we're in a black box warning, didn't it?

Yeah So, here I am stuck between kind of a rock and a hard place of women's health, but not really able to support

them in what we were kind-of trained as here's some hormone replacement, right?

So we had lots of things in the shelf, including Premrin and Prempro and whatever estrogen replacement there was. ports, birth control pills you could use.

It was quite cookie cutter, just like, let's see what's in the shelf and we can try that for a little bit and if it works, great. If it doesn't, we'll do something else.

There was really very little actual thought process to it, at least what I felt. And so I just didn't like it. I was like, okay, I can give you something that we know, we have studies that say causes harm to your health, long-term, or you could suffer or I could band-aid it with an antidepressant type medication that just makes you not feel anything and not care about it and it just sit well with me.

it's not a good choice for any of us to have. So I started just reading, you know, this was kind of really before internet, significantly. I mean, we had like email and stuff, but we really didn't do a whole lot of internet stuff.

And I happened upon a conference that was natural hormone balancing. This sounds like what I want to learn about. That was in 2008, I went to this first conference, and that I call it like Alice in Wonderland when she's going through this tiny little door into this beautiful world of functional medicine, which is really looking at what's actually happening in the body, being able to test and balance and it's not just a guessing game, it is actually what is there.

Leaving Conventional OB-GYN for Functional Medicine

And then over the years as I continued to do that work and then I'd go to another conference, and it was like, well, we are talking about hormones, but we're also talking the liver and detox, the gut, brain connection, cardiovascular and inflammation and metabolic.

I mean, it just started all sort of recognizing that this is not a cookie cutter. This is just not one thing that we need to be talking. There's this sort of, you know, I think about the inside of a clock, or with rules, and they all kind of have to be spinning at the right process to able to function and get to where we want to.

I don't want interrupt your story, but I also just am kind taken right now by just your excitement and the passion that you're conveying in your voice when you talk about this.

And this is almost, what, 20 years ago when unwound this amount of this little piece of your career, which was, I think, based on your success in this area, is the reflection of how inspired you are.

Yeah. It's just fun. I just love doing medicine this way. I love that feeling of the aha moment when patients are explaining to them what's going on and they're like, oh my gosh, that makes so much sense.

Why doesn't everybody do this? I'm sorry. We're not taught this in traditional medicine. The supplements and even compounded hormone prescriptions that we might use are not governed by big pharma, unfortunately, and so there's no money in it.

If you want to think that that's the way most traditional medicine unfortunately is driven, right? I mean, you know, we were, We were joking earlier when we're meeting chatting is I grew up in Boulder, Colorado, which was very granola.

So it just, of, You know fit with side of this natural sort of approach to how I wanted to do medicine and and what's funny is Well, long story into longer story, but so I was in the OB-GYN practice, they were looking at getting bought out by the hospital system, which is what all these small independent practices were doing in 2010, 2015, that era.

I mean, still happening now, it's rare that you're going to find, at least in small towns, any independent practice. Like I have one and I think there's one other one in Clemson and that's about it.

So that business was going to go into big business bought out by the hospital system. And I knew that that was just not the direction I wanted to. They were going make me stay within the boxes of what labs, the only the hospitals could run.

I want to do stool testing. saliva testing for hormones and doing different things. And so it just sort of naturally happened that the hospital system was going a different direction and I said, I don't want to do that.

So I knew nothing about business, but I had a consultant who said we can help you start a practice and we know how to So here we go. And that was 15 years ago now, 2011 is when I opened in October.

So we'll be celebrating 15-years this year. I feel like it's just sort of come full circle where I started this whole thing, bringing life into the world by delivering babies.

Now I hear all the time, like, you gave me my life back. Yeah. You bring birth to them. It almost sounds like you rebirthed yourself even from the traditional medical into this new realm, which I just think I do talk to a lot of medical doctors and the passion you all have for just having discovered this facet.

But also I know that sometimes there can be a challenge when you're disrupting the mainstream and how it's always been modeled. What's that journey been like for you as a medical professional?

Have you been received well or were you able just to exit it because you created your own thing? Yeah, I mean, it was funny. I stayed in the hospital for a couple of years in trying to deliver babies.

And it just came to the place where I was delivering other people's babies more than mine in terms of sharing call with other. People and babies don't come on the schedule that you create on a calendar.

So I lingered in a hospital system and with that group for awhile. And there was a lot, you know, I'd get like, how's your voodoo medicine going, but it was friendly.

It was joking. You know it, was fine. Like they didn't really care. I don't get a whole lot of referrals from, the kind of the traditional medical system.

They don' really know what I'm doing. Yeah. Um, they got a lotta referrals, from alternative, chiropractors and acupuncturists, massage therapists, PTs.

And then, of course, other patients who have been through the process and want help. I actually saw a speech therapist when I was on a walk today that I knew way back when when was in the hospital as a resident.

And she said, are you still doing hormone stuff? I need to come see you. You know, I didn't need it back then but I do now. So she remembered me from way So, you know, I think it was received fine.

I wasn't competing with anybody. So just kind of like figuring it out on my own. It has been a significant journey. Think, this is really where it gets.

Not only did I step out of the box of, the traditional medicine, medications and only test what insurance will cover, that sort of thing. But I had to really step out of the box from a business perspective because I tried to do this in an insurance model and it really doesn't work that way.

So are you all cash model then inside your practice then? You really don't have the ability inside of functional medicine to really get any of that service covered even today, 20 years later?

I fought it for a long time. We tried very hard and what happens is we just end up spending so much time and energy and even trying to get reimbursed for couple hundred dollars that I just said.

Why Insurance-Based Care Limits Functional Medicine

It just isn't worth it. You know, let's just focus on getting better. Focus on, you know… And what I tell people, it's not, I mean, we have to have a healthy business in order to stay in business so I can support, right?

If I pay the rent and I cannot pay my team and support the business, then we're not going to be able to support you. And at the same time, i wanted a business that wasn't going lead me to burnout.

What I saw all the time in other practitioners was the stress and burnout of having required to see so many patients a day and make sure you check all the boxes that insurance wants you to check for coverage and then not getting reimbursed and having to chase it down and all that kind of stuff.

I mean, I had four babies at home and I would go home, and put them all to bed, then sit down, chart for another two or three hours every night, trying to make that you're all caught up.

And that was back before AI and any transcription services and stuff that we have now. But still, that's not the life that I wanted to lead, and I found a lot of stress in that myself.

And so then I wasn't the mom I want to be, I was the wife I wanna to, be I the practitioner that wanted be. I'm the leader for my team that needed to.

So when I sort of transition and said, this isn't working for anybody. And if I don't take care of myself and take of the business, then we're not going to be anything to any of our patients.

We don' do stress in our office, like not allowed. Right, you're trying to create more openness and more calm in people's worlds. Yeah, I mean, that's one thing that I think is an interesting thing for, you know, patients to understand that difference.

And maybe it's something, it think it is something you and I live and breathe every day, because I also am just a cash-based practice. But I sometimes that deters patients from pursuing care, and sometimes there is a really monumental shift in viewpoint that could happen there.

Because that, unfortunately, if that is the requirement for your health care is that It's paid for by your insurance. You have to really take a step back and look at what is it that you're actually going to get paid.

For, you know, and when it comes to the type of care that we're offering to patients, it's really worth evaluating if the single most important aspect of your life, your health is really.

Sort of putting or into a box where, well, if my insurance doesn't pay for it, then I'm not going. Right. Yeah. Or, you know, I mean, that's probably the number one question we get, at least, online, somebody will see me posting something, and then it's like, do you take insurance?

And it is not about do we take, insurance, right? It's that insurance doesn't pay for what we do. Exactly. And so we're chasing, like I said, we spend our first consultation visit for you to come see me or one of my practitioners is 90 minutes, you know, it's a minimum.

So we block two hours just because I want to have the time, I don't want be in a hurry. I dont want the next person waiting for me if you need more time from me.

We've got to allow flexibility in the schedule to go a two hour visit versus what insurance will pay us for. is, you know, a seven to 10 minute conversation.

They reimburse, maybe $38. And then, so if we're trying to pay the bills, how many $ 38 visits do you need in a day to, pay, the rent and pay your salaries for your team and internet bill and whatever, it's not even about out here trying make a whole bunch more money.

Right, right. You tie to treatments, protocols and gurus who promise results, but don't deliver. For years, I struggled

with my own long-term illness and I know how frustrating it feels when nothing seems to work.

That's why I developed the resiliency method. It's a science-backed approach to combine the best of Western and ancient medicines to restore your body's natural intelligence.

Patient after patient has discovered what's possible, living stronger, brighter, and more spiritually connected than ever before. Whether you're facing autoimmune issues, hormonal imbalances, weight struggles, or just feeling stuck, you don't need another quick fix.

You need a clear path forward. Take the first step with a discovery call at drericaonline.com forward slash discovery. That's D-R-E- R-I-K-A, online. com forward, slash, discovery, Or dive deeper with the full initial consultation at Dr.

Erica online, because your health, your clarity, and your freedom cannot wait. Yeah, to your point, there's costs that go into running even a cash-based practice.

And it's like, do you want your practitioner to show up burned out and bogged down from the minutia of having to interact with the insurance companies?

The Womenu2019s Health Initiative and Hormone Therapy Fallout

Or do want you're practitioner being able to actually attend the conferences where they're keeping their skill sets sharp, their knowledge sharp and on the cutting edge.

I mean, it really comes down to just thinking about it from a strategic perspective, for sure. So, great, but you had brought up earlier some information, you know, just sharing, because I know your area is specialty is, like we said, the rebirth, perimenopause, mid-life health scenario.

So I definitely do want to delve into that with you, talking about that study a little bit more, if you can shed some light on what that did. And I do think that that also was using, I think this is fair to say, some medications that maybe we're not really using anymore.

Yes. I'll say them all day long. So that study that was done by the Women's Health Initiative, there were thousands of women in this study, but the average patient was like 65. It wasn't even the patients that were actually using hormone replacement on.

Not to say that 65-year-olds don't benefit from that. They do. But it turned it off for a lot of people. And they were using Premrin and something called PremPro.

So, Premrin is pregnant mare's urine, which is, you know, a hormone derived from horse urine basically. And so, it's very much if you look, get really scientific and now I got Cs in biochemistry both in college and medical school.

So I am not a biochemist, however, I use it all the time every day and so I'm like, this is crazy turnaround, but I visualize it now and I can see, the molecules and the structure and whatever.

Anyway, that hormone from pregnant mares urine is very much nothing like a human hormone, but yet we were using it as hormone replacement. It was initially designed to help with hot flashes and then found more medically to be preventative for osteoporosis.

Most women that were on it by 2000s was on for bone health protection. And then basically, it was like this algorithm. So you're in menopause, you have a uterus, yes or no.

If you ever uterine, then you need Prem Pro, which had synthetic progestin in it to protect the lining of the uteres from any overexposure to estrogen, Right.

So here we are having another chemical in order to protect you from the first chemical that was put into your body. Right, yeah, okay. And so then if you had a hysterectomy and you didn't have a uterus anymore, then you don't need that, but we also have multiple other parts of our body like breasts and your brain and heart and all that stuff that could benefit from your hypothalamus.

So anyway, it was all just crazy and so that study found that particularly the arm that was PremPro had so many negative side effects. That's the female horse urine?

Yes. So, that study was supposed to last for seven years and actually was cut off short at like three and a half to four years because they found such an increased incidence in breast cancers and stroke in that arm.

And so, they said, this is unethical for us to continue this because we know that it causes harm. So we need to stop the study, get these patients off of it.

And interestingly, it came out like in the Wall Street Journal, which is not a medical publication by any means. So it just basically, what happened then is that not recognizing that it was Prem and Prem Pro that were causing all the harm, all hormone replacement got nixed.

And so basically it This is bad. Hormone replacement can cause all this harm. And so, you know, we were told basically to get any women that was on it off of it, not start anybody on, or according to the American College of Obstetrics and Gynecology, You could use the lowest dose possible for the shortest period of time to help the woman through menopause.

And so here we are saying, it's bad, but you know, okay, if you use it a little bit for a in residency very little was start the patient on the low dose and see him back in six months.

And if they had, you know, less hot flashes than yay. If they still had hot flash and you just increase their dose. Like there was no testing and no way to sort of say, is this working?

Yes or no, besides what the patients felt and or is it is there any tests that are showing that it's going to cause you harm later, right? And so it was just very weird.

I mean, it just makes no sense. That raises a question for me. And this, I think, is an important opportunity to really educate people on the difference between conventional medical approaches and functional medicine approaches.

So what do you think inside your standard medical training, Amy, how much time did you spend actually looking at female hormone health in medical school?

Zero. I would say I remember learning the menstrual cycle. I can visualize the image of the estrogen goes up and progesterone goes and what the uterine lining does.

And then I will say, I remembered in residency looking at a chart of all the different types of oral contraceptives available and why you would choose one kind over the other because there's all these different kinds.

There's ones that change color every week, and then there's, you know, the same ones. And then, there are ones, that's right, when something like Seasonal came out, where you could take it continuously for three months at a time.

I remember having a lot of education about what type of birth control pills to use in somebody. But never, never did I ever hear of like actually testing somebody's hormones, unless it was like something really weird.

Like if you had somebody that had some sort of congenital, you know, androgenic syndrome, where you have like a teenage girl who had facial hair and, Turner's syndrome some genetic thing or something like that.

It's like, okay, this is really abnormal chasing their hormones to see if something's going on. Really, there was

never any treatment about testing anybody's hormone to say what was going So interesting.

Because treatment is easy, right? Somebody comes in and they're having irregular periods or heavy periods, or PMS symptoms, so we just put them on birth control.

That negates everything and it just controls hormones, it doesn't matter what the diagnosis is, we use the same treatment. Then all of a sudden you're 50 and you go to menopause and then you just switch to a different type of hormone, but it's the Yes.

So, I mean, it's just a plug for all you functional medicine doctors. It's like, folks, is time to make the switch if you're not working. You know, this is, you all bring and marry the best of both worlds.

And I always tell people, best-of-intentions, doctors are trained in their tool sets, and their tools set is a drug and a scalpel. For your condition, they just really need to give it a name to, give a label.

Right, but that still doesn't tell you the root cause of what's going on, right? And it's very, very rare. You know, I have patients come in, they go, what is my diagnosis?

I go I don't have a diagnosis. I several things that are telling me these are filling up your bucket and now your buckets overflowing and that's what causing you to have some symptoms.

a deficiency, it could be an imbalance, a stress on your system, whether it's a toxin or a stealth infection of some sort. So there's all these different things that are going to fill up your bucket and that's really what we're looking at.

And so what I found, interestingly, is that I was very focused on hormones because that was kind of my initial introduction into this world. Initially, hormones all the time and then I started having patients that had some gut stuff.

And so I'd be like, okay, well, let's test your gut and like we'll find, you know, whatever stealth infections or imbalances might be there. Sure. I start treating that along with their hormones and it was like exponential that they got better.

where they stayed better, where somebody would come in and you'd give them whatever adrenal support and hormone replacement and they'd do great for a little while and then they come six months later, nine months and be like, I felt great in the beginning and now I'm having these symptoms again or not sleeping or something and retest their hormones and look pretty normal and so you're like I don't know what's going on and know, that I kind of put two and two together.

What BHRT Means and How Testing Works

It's like there's such a connection between the gut and everything. The gut in your immune system, toxins we were talking about, and you know your liver has to metabolize those hormones, even though they're bioidentical and they are safe, you still have to go metabolized to come into your system and then go out.

And so if your livers busy, metabolizing or trying to protect you from all these toxins and chemicals that you're being exposed to, then it's also not going to metabolize your hormones as well.

So I think that's probably a huge part of… Premrin and Prempro were pills that were taken by mouth. And so those have to go through your liver where a lot of our hormone replacement is done with topical hormones.

One, we can use a lower dose because it doesn't have to go through your liver. So it's going right into your system and it is bypassing the liver basically initially.

We can lower doses with much less side effects. No side-effects really. we've really come full circle where it was like 20 years ago, hormones are bad.

And so nobody got them for a long time. So instead of it being everybody was on Premarin, which was causing a lot of people harm, then all of a sudden we had this phase for really the last 10, 15 years where women were afraid of.

Doctors are afraid. Like we're out there teaching these practitioners like you can use hormones. It's okay. You just have to use the right ones and do it the way and you don't have say hormones or bad and so both the medical world and patients that are out there have been just told that hormones are bad.

And so everybody's afraid of it. Yeah. There was a black box warning. Did that actually come off already? It just came off in October. Okay, gotcha. Yeah.

Or, you know, and they're being sort of, okay, it's the black box label came off for the use of vaginal estrogen. So that's really what the specifics are.

Simply because, again, using a compound hormone that is applied topically is really cheap and inexpensive for, compared to lots of other drugs that are out there.

And so, you know, who's going to pay for the study for that? But we have plenty of studies that show us from a long time ago and even up until like 2024, 2025, there's all these new studies showing where people are using topical bioidentical hormones and we're seeing not only the reduction of symptoms, right?

And the suffering that women are going through. So it's like, oh, well, you have vaginal dryness. Here's some lube, or decreased libido is normal. Depression during this time is normally just give you an antidepressant.

Oh, You're not sleeping well. That could be your hormones, but we can't use any hormone replacements. We'll just gave you a sleeping pill. Like we were just replacing all these symptoms with more and more chemicals because we're told you know, hormones are bad.

Right. Where if we can get the hormones balanced and into a body that can accept them and do what it needs to do with them, then we're knocking out, you now, all these symptoms and all of these issues.

Number one, and then number two, there's all the studies that talk about the benefit of hormones in terms of prevention of chronic disease. So women who are on hormone replacement have less cognitive decline.

They have, you know, less issues with osteoporosis. We know that already. That was never an argument. Cardiovascular disease is directly connected to hormonal imbalances and deficiencies.

even some cancers, right? Everybody's afraid of cancer, but actually not doing hormones can increase your risk of various cancers. So, I mean, it's just outstanding when you start really looking at that data associated with hormones, you know?

Now, one of the things I hear you talking and other doctors talking about is you do BHRT. Yes. Can you kind of explain that term a little bit to the audience about why you guys are making that distinction and what that's all about?

So, what used to be called hormone replacement therapy or HRT was kind of using Premarin or PremPro or some, you know, other type of hormone. If it's out there, there were, I don't even know the names of them.

There used be S-trace and something else that you could use or there's vaginal rings and things like that. I mean, it was all commercialized really. So the distinction is B, the B stands for bioidentical.

And so what that means is going back again to that biochemistry type thing is that the chemical structures of these compounds that we're using are identical to your own estrogen or your progesterone or testosterone or whatever.

So we measure, and there's various ways to measure. I personally choose to use saliva testing for hormone

replacement. or hormone evaluation and then repeat.

Will you do saliva once you have them on BHRT or will you even in the beginning? I want to see where you are. I don't want a guess because I do not know.

Would you use that in combination or over urine? I prefer it instead of urine and we'll talk about why in a second. So I do saliva testing. I knew I'd do an initial evaluation when a patient first comes to me and then based on what imbalances we might see or deficiencies, then we will replace with bioidentical hormones, meaning that the chemical structure is exactly the same.

Again, putting it on topically whether you put it in your skin or you can use it vaginally instead of taking it orally by mouth so that we're not going through that first pass metabolism.

And then repeat testing usually somewhere between three to six months depending on the person. So I want to see, is what I'm putting in your body doing what it's supposed to do?

Do we need to readjust or re-evaluate, tweak the balance a little bit, that sort of thing, also in combination with symptoms? So let's say we tried a bit of testosterone or we try some estrogen progesterone, we're still having some night sweats or something, okay, well, need tweak that balance some.

So, saliva testing, because I'm using topical hormones for the most part, it's going to be much more accurate. So saliva, basically, if you do a blood test, this is in your veins.

It gets really kind of complicated, but it is venous blood that we're collecting. And so, that's kind the leftovers. After the hormone has gone where it needs to go in the body, then what's left over goes into your vein, goes through your liver, and then out into the urine.

We're kind of getting leftovers. Yeah. Let's pause there for a second because this is where a lot of people don't really realize a lab patients is that your medical doctor, if they are testing hormones, is typically just doing blood serum testing, which in the world of functional medicine is understood to be the least accurate in terms of really understanding your hormone picture.

It can be a picture in the beginning, right? So if you're coming in and you are a virgin to hormones is kind of what I joke around, but like you have no hormones, let's say you were 55 years old and through menopause and never had any hormone replacement, you can do blood testing there to see, okay, your levels are low.

But if you start replacing with topical, it's not going to show up in the blood. It's really hard to compare. You have no comparison to where you were before versus where are you now if your doing saliva testing afterwards.

I personally do not do pellet therapy. The second part of the B for bioidentical is one, the chemical structure needs to be some, you know, bio identical.

And in my opinion, I think it also needs be physiologically identical, and so what I don't like about pellets, they chemically are bio-identically, but physiologically the theory is that you can get these pellets of hormones injected in under the skin into the kind of the fat and they're often done like in the hip area.

We got plenty a little extra right there, most women do anyway. And so these pellet are injected and people think that they're going to be delivered a little bit over time so they can get pellets implanted every three to four months.

And so it's more convenient and that kind of thing. But what I've experienced in testing, so I'll have patients that got a pellet and accidentally came to me as a new patient, and so, you know, they just got their pelletes three weeks ago or four weeks.

Their estrogen, particularly, testosterone is what they put in pellettes, is through the roof. And physiologically speaking, we weren't designed to have these hormones that go wake up and then trickle back down to nothing,

back to the liver.

And then we're kind of oversaturating. So what I see a lot in people that get pellets is they're like, man, when I first started pellet, I felt amazing.

They get this flood of all the hormones, particularly, and I got all this energy. I feel great. By the time they get to six months, nine months a year later, they are like my pelletes don't work as much.

or the dose is the same, and so they end up increasing the dos. And what's happening, you know, there's all these analogies you can use, but imagine that, we've had a drought and the ground, the grass is super dry.

Flood it, you know, then we have a flood and it's like you can't put any more water in this in This grass like it might not going to be helpful if you flood it over and over again versus a little trickle You know you could flood It a bit in the beginning that's not gonna hurt anything but like a Little every day is gonna make things work much better than this flood every this flooding in.

This drought right like your you're just not Gonna your body's the same way, right? It doesn't want to be on this roller coaster ride.

Pellets, Urine Testing, and Hormone Metabolism

And so, you can cycle them a little bit in somebody who's still cycling. So, if you're perimenopausal in your 40s, we'll use a lot of just progesterone and maybe some testosterone or something like that.

But once you get into actual postmenopause when we're not cycling anymore, then that's when estrogen replacement comes in. what I do, why we use bioidentical and again, bio identical meaning the structure but also physiologic.

So I just don't feel comfortable. I don t think that there's enough progesterone in the world to match the amount of estrogen that we get in those pellets in beginning.

Progesteron is great. It's a calming hormone. you know, felt great when they're pregnant, like not in the beginning when you're nauseous and tired and not when do you feel like a whale at the end, but that middle zone of pregnancy, you women are glowing, their hair looks great, they feel good, that's progesterone and that is really good.

And so progeterones goes down much earlier than estrogen does, so we'll start to have progesterone deficiency even in our mid-30s on your cortisol and stress on system, right, it comes down faster.

Progesteron is great but it also if you get into higher dose of progesterone, it'll make you sleepy because it's calming your brain down so much. It's like, I'm too tired.

And so you can't really find a good balance there to protect the uterus and the breast tissue from overexposure to estrogen. So pellets just get really complicated and confusing.

I was in my practice not to do that. And you mentioned why you were going to make the distinction too, I think, about the saliva versus urine too. Tell me more about that.

So the urine test can be helpful in looking at how your hormones are being metabolized. Again, they have to go into your system. They go where they need to they get sent to your liver and then your lever kind of packages them up and sends them out through your kidneys.

And so when you get a urine test you're again seeing kind the leftovers of what's happening and so it's really hard again to measure what is coming out and is that appropriate for what levels your tissues need in your brains and your bones and you know your skin and all that sort of stuff needs.

So it is less accurate when your trying to determine dosing And so, the best reason for using hormone, I mean, urine for hormones is looking at safety.

And, so if we are worried about, you know, are these hormones potential for causing harm, whether that's increased inflammation or whether, that you, know breast health or, something like that, then you can use urine to see, hey, am I this gets really complicated, but like estrogen can go three different ways.

And if it goes the right way, then it's healthy. If it does the wrong way and that could be based on your liver and your pathways and all that kind of stuff and what other stressors are going on in your body.

So if your estrogen goes then that can be more likely to turn into a cancer risk, for lack of a better word. We don't know if it's going to cause cancer or not, but we know that puts you at more risk.

Some doctors will do a urine test on a yearly basis just to check in and make sure everything's fine for all their patients. Others will it as needed based on the patient's concerns for breast cancer, or you know, risk associated because they had a personal history of breast cancer or a family member with breast and they're real nervous about, you now, hormone replacement from that perspective.

So that can give us an idea of how these hormones are being metabolized and if they are going down the wrong pathway. And then that doesn't mean we have to stop hormone replacement.

We just have support those pathways, which is exactly what you do, right? So we need to make sure, are they methylated? We can get really fancy words.

Are they oxidating right, you know, and there's supplements and support that you can use to help make hormones are going down the right path. Now, when you're talking about urine testing, Dr.

Dovey, you'll really just do that one sample, that once specimen, correct? Yeah, and I want to make a distinction too for some of my listeners that, in patients in particular, we do urine-testing, but we'll do it throughout the day.

We'll several samples. Yeah. I'm sorry, I thought you meant like one time in a timeframe. So, no, Good, good. Especially if somebody is using hormone replacement, you're going to see different levels depending on the timing of when they apply their cream or when take their hormone replacements.

Absolutely. Awesome. Thank you so much for sharing your wealth of knowledge. This is incredible information. I think the bottom line is there's really some distinction they heard in this conversation, which is, there is this test and there was this established narrative which isn't that uncommon in terms of the world of health.

So this isn' the only context in which that happens. But there has been this long-standing belief around hormone therapy, We have also recognized there were some shortcomings with those studies.

We also have looked at now, a good distinction is you were talking about progesterone when old HRT was projesterin, very different form of it. So we've also changed some of the products that we're actually using in today's context.

And there's the advent of a functional medicine doctor who's really trained exceptionally well and able to prescribe and work with you in your body. in this context and we love that because I've also seen where I have been in practice for 20 years, 40,000 visits and I got to tell you that we work at the level of repairing the kidney, repairing endocrine organs and so that allows women to have the opportunity to balance hormones without the use of even BHRT.

However, that takes some time and sometimes when patients come in the door and when you're first entering or stepping foot into your health and healing journey, These things, these tools can be very helpful and I've seen that clinically that they have, there's justification for helping to manage and calm down some of the crazy inflammation.

Yeah, I mean, if you're not sleeping and you are super anxious and your metabolically, you want to eat all the time, that kind of thing and just you get frustrated, like you can't do the things that we're recommending in terms of what we think is common knowledge of just lifestyle, right?

Like we want to eat healthier and we wanna exercise and want get good sleep and, you know, it can be almost for many women feeling like it's their fault, that they don't feel good because they can't do those things that there's supposed to do.

And so sometimes we have to like… put a band-aid if you want to call it, but a healthy band aid, not the traditional kind.

Midlife Health Advice and Finding the Right Practitioner

Let's get feeling better first and then we'll start working on, we were talking about that earlier, let's let get somebody feeling so that they can then do, they have the capacity and the resilience to be able to do some of these things that we're asking them to and go even deeper into some other work that you do.

Absolutely. Dr. Amy, wrapping up today, what's a better question that you think women can ask themselves, or maybe men too? They're getting to this point in midlife when they might need to start looking at is hormone, BHRT, hormone replacement therapy, bioidentical, is this the answer for me?

Or what in general would you say is a question for them to ask about approaching mid-life and their health? What would say? Yeah, I mean, we were talking about that earlier.

So I have a couple different answers for that. And it's hard, you know, when somebody's sitting in a traditional medical office, one, they're kind of rushed, right?

And they are hurried. It's really hard to question, that professional, Right? I don't want to questions that person. Are they talking, are they doing the right thing?

That's a huge part of why I do what I in getting on podcasts and trying to help people to understand. I would love for you to come see me as a patient if you're in my area, but I'm only licensed in so many places.

Really, what i want is for people hear the language that we're talking about. When we talk about bioidentical and HRT and liver and all that kind of stuff, can you use that language to be able to go out and search for a practitioner who speaks the same language, right, in your area so that, you know, I'm only one person I can see a patient one-on-one or we can talk to the thousands of people who might listen to this podcast and then, we're exponentially helping more women.

So I think, the answer to that question is like, if somebody's telling you something is bad for you or that we can't do that, or it's unsafe or dangerous and you just have to suffer.

Just like I said, it puts you between a rock and a hard place of going against your regular doctor or being a bad patient by not taking a medication that they're recommending or something like that.

And so really ultimately, if you're finding that stress or struggle of like, this doesn't quite make sense to me, like this shouldn't seem like the right answer.

then that's really what would trigger you if you have that internal feeling that goes, this just doesn't jive, right? Like, why would my own practitioner want me to suffer through a side effect or suffer a symptom because there's no treatment for it?

Your body is magical. It's supposed to work the way it's meant to. And that right down your alley, if we can just give it the opportunity to the work, the we're all supposed to feel great.

So having symptoms and suffering is not what we are supposed be doing. I don't know if that's a direct question or not. If you get that feeling on the inside, I think it should just be, this doesn't seem normal, right?

This doesn't seem right. And there must be more to this. We are in a magical world of information overload to some degree, but the information is out there.

business owners have to start living in the world of AI, right? So, you know, many of us are having to tweak our websites a little bit to be searchable on chat and, whatever other search engines that people are using that are AI driven now.

And so it used to be Google and things like that. And not that we're having to falsify our information, it's just different the way how AI is looking for that information.

So AI's okay. It's out there and it is going to give you help. I wouldn't say that you should ask AI to tell you exactly what your hormone replacement therapy should be.

But I think the information that's there… Yeah, they're trying to replace their doctor. Yeah. That's not helpful. But I think it's, you know, searching and using this language, like I said, and getting out there and being your own advocate and saying, does this make sense?

Or is there an alternative way? And oftentimes, there's going to be an Yeah. Love it. Awesome. Well, thank you so much, Dr. Amy, for joining us today, sharing wealth of information, experience, knowledge.

We appreciate it and yeah. Thank you. So much. I enjoyed chatting. Thanks for tuning into the resiliency method, the truth about healing podcast. If this episode spoke to you, follow, share, and leave us a review.

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