What Your Doctor Isn’t Telling You About Menopause & Bioidentical Hormones Transcript

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Introduction and Dr. Hall's Background

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. I'm pleased to welcome Dr. Prudence Hall as our guest today.

Dr Hall, would you mind introducing yourself to our audience? I'm happy to. I became a gynecologist in 1982, an obstetrician at USC Keck School of Medicine.

And it was a goal that I had for probably about six years. I came late to the desire of wanting to be a doctor. i was studying philosophy and world religion and third world developing countries and it kind of came together.

in terms of saying, how can I serve humanity? How can serve women who are underserved in this world? And it came together in a cataclysmic rate. I need to be a gynecologist.

And Peter wasn't wanting to a doctor, because doctor? What? No, I'm going to gynaecologist, so with that very strong desire, putting that out into the universe, it happened quite easily, and it just has unfolded for the last four decades.

and become more and more rich and rewarding and just a true avocation, a truly joy. Well, I love that. Not only did you know that you wanted to make a difference as a physician, but you knew specifically that, you fit into the world of gynecology early on, because that's a very important field, helps so many people.

And one of the purposes of podcast is try to help doctors find a way to, make it difference in the, world and scale their impact and find relevance and meaning in, the work they're doing.

You found that early, on how did she do that? Cause that is really challenging for lots of people that are in training. They get part way through and they say, there's a lot of paperwork and there is a lots of stuff that I didn't really anticipate.

So how did you find that joy and stay connected with it? Well, I actually came to this late. I was in France at the time studying international relations.

And I studied with Pierre Balazs who told us all the wonderful things that we could do in countries to help women and men and I thought this was going to be my application.

And then something happened. We were actually at a New Year's party and we were dancing on the tables and I was quite young when I 18. I'd done one year at UC Santa Cruz and left after a year saying, yeah, I need to know myself more before I return.

And we're just having a great time and were doing things like, who am I? What do we want for the new year? And I kind of got up on table. The whole little restaurant was was evulsed in joy and dancing.

And it was just like, I don't know who I am. Seven people kind of took me and they said, you're a doctor. We're doctors. You're like us. The same calling, the same desire to help.

And that night I went into really deep thought and it's like, oh my God, there are no doctors in the family. I come

from the intellectuals and my father was a provost and all kinds of, you know, very different than what was expected of me.

And when I told my dad that I wanted to be a writer, he said, Oh, do you want to become a doctor? He said Oh you wanna be harnessed maker? And I said, what do you mean?

He said that's kind of a trade school. It's not, not being a physicist, it's a tradeschool, but you'd probably be good at that. I thought I'd be a samurai sword maker at least.

He says, yeah, same thing. So it was a little bit outside of what I had been encouraged perhaps to do. And it just perfectly checked all the boxes, talking, being in community.

helping individual and groups of women. It's just using my hand. You know, I got in college as a virgin, so I trained for years being a surgeon and delivering new life.

And it just seemed to come together. So I left Spain and I went back to the Santa Cruz. I actually did a year and a half there and was accepted into medical school.

Discovering Gynecology and Purpose

I came back and I said, you have a master's degree, we're not going to take you back. In a sec, I need a year, i need some science. I haven't taken the same class, not one.

i think my father pulled some strings maybe because they won't accept me back, but I went back studying science and my career was launched. It was an experimental medical school, UC San Francisco and UC Berkeley.

And he asked me, do you want to be interviewed by one person or six? I said, all six. I want six more. And we sat on the grass at UC Berkeley, and I would say, I wanna know how to become the best doctor.

Tell me your wisdom, guide me. And we sat there and they kept on coming down saying, you know, there are four other people waiting for an interview and he said, no, not yet.

And they felt so happy to be guiding a new doctor. I wasn't accepted, but you it was setting that intention and knowing this was going to. My life in knowing it and really having gone through the work of who am I?

Who am. That conversation kind of sets the table for the discussion of what other things you've done in your career. You've scaled this impact and I know you started your own clinic and you have written a book and done lots of things to help women across the age spectrum and so I realize it's a try to put everything in a nutshell over a long career But how did you transition from that same sense of purpose and that knowledge, you know, because we go through this really rigorous process to become physicians and gain the skillset and have the number of cases needed to be able to do the surgeries, etc.

How did go from there and transition to kind of where you're at today and maybe walk the audience a little bit through what is the Hall Center, what do you do, and how have you transitioned your career from more of a traditional OB-GYN practice to doing a little bit more restorative medicine and working in that field a bit with the transition through menopause.

Well, that unfolded pretty rapidly, unlike, you know, coming to gynecology is a profession. So I was accepted into one of the beautiful, really stellar groups to be a gynaecologist and obstetrician in Santa Monica with three other very top physicians.

And when I started meeting my menopausal patients in that practice, I realized I didn't know much about menopus. I had gone to the menopause clinic for four years and basically were taught, obtain an FSH, that's the brain hormone that tells us if ovary is releasing enough estrogen, you know, the brains the king here.

And I was told to use primarin in Provera, which is a pregnant horse's urine. That was created in the mid 1940s. So when I started doing this, and then see patients in a year, that was the standard, see patient in the year after starting them on primer and purveyor, as long as their FSH is graded in 20 and maybe they've missed their periods, haven't had periods for a years, so that's the guideline and the training I had.

And when got out in practice, I realized, oh my gosh, These are very emotional women and they have problems that my really lovely and great impoverished Spanish patients at USC really what they shared with me.

So this is a different game. And I kind of came into what felt like a blockage. I would bring patients back in a year, but they wouldn't come back a day.

They'd come in three months sobbing and telling me why they failed them and what else can I do? And it's like, oh my God, what can else I can do. So this happened for about a years, Peter.

And then I said, it is like I got to learn. Okay, either I quit gynecology because I had a lot of menopausal and perimenopauseal patients. Didn't know there were periminoposal at the time, but it sounded like menopsal patient.

And I said either, I'm going to just leave gynaecology, because really I failed women, or else I am going just go right back to school. My tradition was to go back school, and so I studied and I went to various places and learned how they were treating, especially France, how were they treating patients because they are about two years ahead of us.

And Germany, the Germans were using, and they still do, a lot of homeopathy and herbs and things like that. I was like, oh, these are very advanced countries and are using what seems like not really cutting edge Western medicine.

And I bought a bunch of bioidentical remotes back from France, creamed in the creme basis. Well, I think that your listeners probably know that bio identical just means it's the same chemical makeup is a woman's or a man's own biochemistry, their own hormones.

So it wasn't the pregnant horse's urine that I was using. And I started playing with that in terms of using it with women, giving it to them to try. A couple of my dear friends were older and they said, I'd love to, try it.

I'm suffering tremendously and it seems to work. Peter, it was really helpful. Women came back saying, oh, I feel much stronger. I have more energy, and I'm sleeping through the night.

And I was also using some homeopathy and supplement. I was using GABA, aminobutyric acid and melatonin and 5-HTP for sleep. A lot of these things came from Europe and Germany.

So I continued like this quite successfully, I would say, with menopause, but just using estradiol and progesterone.

Building a Menopause-Focused Practice

in the bioidentical form. And about two years later, I started realizing that women's sexuality was much more important than I had realized. I'd sort of taken it for granted, that I hadn't had a class.

We wasn't really discussed much in my gynecology residency, and I starting measuring a lot more hormones. So I start measuring testosterone and some of the adrenal hormones, DHEA, prednisolone, cortisol.

I realized, oh my gosh, these menopausal women, they're depleted from many hormones, if not just these two hormones. And I realize that their thyroid was, you know, not really clinically deficient, but In a subclinical way, they were acting very hypothyroid and I then started getting a lot more training in thyroid from Terry Hurtog and some of the Europeans who are very advanced with this.

So I started putting together, oh, women need testosterone, we need estrogen, maybe progesterone, and they

need some T3, T4. That's thyroid. And then they also need, well, the need DHEA.

But what are the youthful levels? And I realized that the labs were using or skewing their values to sick and to elderly people because who's getting their blood drawn?

They're looking at age match results rather than just average patients in their peak years. Yeah. And so I got to that point alone and I was talking a lot about this with other colleagues and then Jeff Bland stepped in, Dr.

Jeffrey Bledend and started to go to his yearly conferences and listen to its weekly podcast. Jeff is the father of functional medicine and this was a long time ago.

This was probably, I don't know, 25 years ago and he just was an amazing man, is an amazingly man. He still has his annual conferences and I go to them and it was like taking on blinders that I had.

It's just like, wait, let's try to find the core root cause of these conditions. And that was bringing together all kinds of things, not just hormones, but detox diet, and they got results just from an elimination diet.

It's a classic functional medicine diet so I started, I hired a nutritionist and I said, oh I need somebody to deal with stress and to help with the stress.

I had an integrated stress person and we started working together and that's how the center formed. Just one piece at a time. Oh my gosh, we need farm infrared saunas and we needed bodywork and soma therapy and it just was better and more exciting.

And you know, there's another piece to it later, but we could kind of stay there. I just wanted to reflect on it for a second. So most of the audience are physicians and I'll just reflect for second, I'm a primary care physician and i come across this pretty often perimenopausal woman who's been really healthy and done everything well and exercised and approaches the years where they say, okay, I'm struggling with all this stuff.

I have more fatigue, more weight gain, lower libido, etc. And if you look at the menu of what's available, FDA approved stuff that's kind of mainstream medicine, it is estrogen replacement, whether it be synthetic estradiol, or Premarin or progesterone supplementation.

And you can do some of these things orally or injected, but it seems like if you're kind of following just down that mainstream path, the options are limited.

Some of my patients receive those things and they feel great. That solved their problem. They were estrogen or Progesteron deficient and feel fine. But there was a subset who said, I take that, But I still feel crummy.

I've often felt a little bit frustrated because they said I don't know I don't have any training. It wasn't part of my medical training or residency training to really color outside the lines or do any of these other things.

But there's a lot of hormones involved in how we feel and how our bodies act. And you know, aging is a normal process, but every chapter of life has kind of a different.

hormone makeup. And so I wondered, as you started this clinic and you brought all these people together and your research, what they were doing in Europe and across the United States, how did you find your way through kind of the regulatory environment?

Because that's one of challenges. Many of my patients will say, well, I would do X, Y, and Z, but I don't have any insurance coverage for it. Or, you know, it's something they have to get compounded.

So I'm curious how you've walked that path with a lot of your patients. So at the time that I was beginning all of this, there were not such strict regulations.

Right now, it was actually called the art of medicine when I went to medical school. And I used to, with my residents, when i was a senior resident, I would say, how are we going to solve this problem?

I thought, How are you going put this together in a way that really does best for our patients? And i always looking for different ways of doing things.

because there weren't those kinds of restrictions where, okay, this is the one diagnosis, the ICD code, what you do, how you follow it. That came in quite a bit later.

I was much more free to be working to find what served individually to our patient. Now it's not like an individual. It's more like a one-size-fits-all.

The same dose of chemotherapy for somebody who's 105 pounds might be the same as for someone who is 200 pounds. Right. Everything's designed into algorithms and if you stray from the algorithms, then you're not following the standard of care, et cetera, which is good in some things, but it can also be a little bit challenging because you can't really tailor that because then your outside the standards and people worry that their lawyer or their peer review type stuff wouldn't back them up because if they had a medical malpractice case.

I'll get into maybe a little bit of that, how I was confronted by the medical board in just a few minutes, but I had all the background of knowing that very civilized countries, France, Germany, Japan, How they were using integrated house and how they are using all kinds of things.

It was absolutely proved in frontline and accepted. And so I wasn't in the box of how Americans do things, only that. Or wasn' in in a box, of well, my training taught me this.

Looking back, it was really a big surgical subterranean. I mean, that was a specialty. And I spent years learning how to, well, you know, as a total of four years of gynecology residency, learning to deliver babies.

Then many years after that, I delivered babies, but I wasn't in the box. Somehow I'd escaped that and I had a wider community of doctors in the world that where we were conversing and talking and discussing about cases and that was very encouraging to me.

I'm not sure that I could have done it absolutely alone. And Peter Necessity is the mother of invention. And I was dealing with patients who were just saying, my husband is going to divorce me because I am frigid.

Let's look at the word frigide, let's discuss this, unravel this and unpack this bit. I would spend a lot of time talking with the patients. about their lives and what their belief systems were and trying to untangle that.

Factories have become much more proficient. I kind of went into this spiritual realm of realizing an awful lot of things don't happen in this physical body.

They're happening in the universe. inside something else, not really this physical body. And so I embraced those knowings. It was really a knowing of being very important in terms of actually being in a healing profession.

So mystic scientists, and I think they meet beautifully together. I mean, Yogananda in his book, Autobiography of Yoga, he talks about the science and then also the mysticism.

That book, when I was probably 16, listened to Alan Watts, and I put all of that on hold because that didn't have anything to do with helping women.

Functional Medicine and Whole-Person Care

And then I realized, wait, this has a lot to with help with women, all these esoteric or kind of more ideas surrounding who are we in terms of consciousness.

And so I started bringing a lot of the teachings that I knew and I had learned into medicine. And it came down to Peter in a way that really we are not just a medical scientist.

the body is made up of energy and consciousness that we have really no idea how to interact with. So I started interacting with this and I went on quite a profound personal journey while doing all the medicine and the supplements and being big into functional medicine.

I realized how important love was in terms of the most healing power. And it's like, wow, well, what am I doing that's loving to my patients? I mean, I wasn't taught that.

And so love is presence with another person and sharing. it's non-judgment. It's like, oh, I was always saying, Oh, just like me. All these crazy things that are hurting us.

Oh just me, you know, and really not separating myself from that patient in a harmful way. Or I would say in our true way that we are one. You know this oneness came quite profoundly after being in India a lot and study with V-Veda and different things like that.

Peter, it just evolved. And it kept on building. And in some ways I was guided by my own curiosity and my desire to be in service. Things became a little bit less intense when I had three children.

Then that was the zen of mothering. Oh my God, I'm so glad I got that opportunity to really learn unconditional love. So where we put our intentions and where feel passionate about what brings passion into our life, that seems to be a driving force towards greater service and greater personal happiness.

Yeah, well, you know you've hit on a couple of points that I think are really important Almost everybody I talked to has a spiritual belief a religious background Believes in a life before this life or a live after this live for a connection with the greater universe or there's different belief sets But almost everybody believes they're more than just a pile of cells packed into some skin You know, most people believe that they are more that not that.

They have a connections So you touched on that and you found this really interesting international connection started off with your aha moment when you were at that New Year's party.

You know, even then you work in connecting with international physicians. So you had all these opportunities to meet people outside of the United States system, which is good to kind of connect professionals everywhere.

And then, you found that as you connected with the women who would come and entrust their care to you, You would talk about your own experience, your kind spiritual connection to the rest of world and the universe.

empowered to go outside of whatever the algorithm said to say this is the right thing for you at this time for as a patient. I do love that idea of the whole body that we are not just one organ system.

We're a whole person with lots and lots of different connections. And so it sounds like that's informed a lot of decisions and the ways that you've approached this.

Yeah, it certainly has. And Jeff Brand is probably one of the smartest people in medicine today. In his personalized lifestyle, medicine is really affected the way I practice.

It is personalized, and it is lifestyle as well as medications and supplements. So that just was a godsend, frankly. and It allowed me to be much more effective in terms of what I was doing.

And I wouldn't eliminate possibilities right at the beginning. When I see patients now, I have all their hormones and all kinds of stuff, you know, questionnaires have filled out, and I don't look at it.

I want to talk to them first and understand who they are and what their beliefs are, what symptoms are driving them to come to me, in what are their goals.

Everybody is an individual, And think that we're not an ICD.9 code. We're Not That. That's a good point. I am not my ICD-10, my ICD-9 code. You can put that on a t-shirt.

Yeah, so what causes depression? It's low thyroid, especially unrecognized low-thyroid. It is low estrogen, low testosterone. Adrenal fatigue or deficiency.

Problems in relationships. financial, emotional, it's with kids. It is perhaps some astrology too. Now that sounds very old, but believe it or not, some of it is true.

I fought that one for years. But you know, you could go into a very difficult kind of phase and is it the diet? Is it exercise? How are you sleeping? So lifestyle.

So there are so many things that affect us as humans. And is there some kind energetic problem going on in your body where you're locked in a rigidity that is killing you or harming you.

So it just kept unfolding and it still unfolds to this day. If I'm not learning, I am dying basically. That's a good point. I have not yet to go to that place.

Well, so one of the challenges in 2026, just with the current insurance structure and how most patients pay for their care, most people have some sort of insurance and most doctors are constrained by what the insurance will pay.

And then the other part is, like I said, I'm a primary care doctor. huge panel of patients and only so many people you can see per day and how many People you need to manage so when I talk to a lot of guests what I've found in my own life and what?

I talked to others about is they say I wish I could spend all this time to get to know people really at their deepest core level and Go to some of the more lifestyle things that are affecting their health and do more preventative care But our system is designed around disease, and it's designed around identifying and treating disease rapidly.

And again, primary care is all about prevention of disease. But I find myself constrained saying, well, I need to spend an hour with you talking about diet, exercise, lifestyle choices, you know, healthy foods, etc.

but I have 20 minutes and I've got to go to the next patient and we'll have them come back, but it is challenging. So how have you navigated that? And I think you said you started your own clinic and wondered how you have survived in medicine in 2026 with our current constraints.

So I couldn't do it all. I realized that there was no way I could do at all, even though I spent an hour with new patients and about a half an hours with returned patients.

So, I hired a nutritionist and I heard a detox naturopathic doctor and hired another functional medicine. We worked together as a team, so I invited them into the center and or into this.

It wasn't even a center into how I was working as doctor. And I won from them. I didn't know. How many nutrition classes did I take? I ended zero in medical school.

So I learned a lot more from these people. And even though I had a pretty good basis from Jeff Land and all of that work, but it just built organically.

And I bought in people who were actually better spiritual counselors than I was because, you know, the mind matters and the emotions matters. It's mind and emotions, body and all that.

And so they would work with patients during COVID. I also had a clinic in Israel. Yeah. Spending time in israel doing various different projects and I thought, oh my God, these Israeli women are just desperate.

They are. the way that they live in terms of that societal structure really created a lot of desperation. So I started a

little clinic there, I starting training some Israeli doctors.

And I had to close a while of this during COVID. I closed that clinic and that made me feel very sad, but I have to closed it. But I couldn't get into Israel. I'm not Israeli, I am Jewish actually, but I could not get in to Israel and I start scaling back my clinic here in California at that time and I was doing a lot more work even before that.

I mean, I on Oprah and Dr. Phil and Doctor Oz and all these different doctor shows and spreading the word and reaching out to lots of different people.

And the medical board didn't like that, Peter.

Regulatory Challenges and Medical Board Scrutiny

They did not like that at all. And they said, you cannot tell people that hormones decrease LDLs and APOBs, and the LP little A, these are the some particles of the LDN cholesterol.

You cannot them that it's going to decrease stroke. It's like, but the data is here. Here's the date. Can I? You can tell them, that decreases osteoporosis and that, it is for symptom relief.

Really? I wasn't aware of that. And it's like, so they sanctioned me. They wanted me so badly, Peter, they really shut down a lot of the work that I was doing.

I working with Suzanne Summers and she inspired me to write the book. She said, Prudence, if you don't write that book now… I'm going to be mad at you.

I've written five books to your nun. So she went forward to my book and told me how to write it and I wrote it. And I give it away. Yeah. Well, and maybe just as you're talking about your interaction with the medical board, just sidebar on that book, you wrote a book.

It's available on Amazon. That's one of your ways to scale this impact. Tell us just a little bit about the book? Well, first of all, you can get it for free on my website.

I give it away. And there was a brief period of time where I sold them on Amazon. It's just like, this is not to sell. You know, at least this something I can do where, I'm just giving things away." And Suzanne had interviewed me a number of times.

We were in Korea together, along with Dale Bredesen and some really wonderful functional medicine and luminaries in the field, and a big opening of an integrated health center in And I got to know a lot of these people better and to really admire what they were doing.

And then Susanna, I became friends and she became my patient. She had lots of different doctors following her health, but she was really a big star in this field.

having a direct voice for the ordinary person. She knew how to really speak to people, and she was interviewing people across the United States and the world in terms of different, I mean, she wrote books on menopause, the sex years, She wrote on detoxification, on cancer, diets.

And she kept interviewing me during these times, putting me in her books, which was really generous of her to do that. So that didn't go well with the medical board than I was thinking outside of the scientific arena.

You know, I should be talking with my peers and that's what I'm doing. But I wasn't reaching out to as many people as was available, frankly, because the suffering was so great.

When I've seen the patients now, they're still suffering tremendously. They were pretty much thought they were denied bioidentical hormones because the black box warnings on bio identical hormones said, well, hormones

increase strokes, dementia, heart attacks, and hypertension.

So They were furious that I was doing this. Really upset that was a mouthpiece for, you know, I never was against the pharmaceutical industry. Thank God we have them.

And cures, well, great treatments for HIV and cure for melanolase and hep C. It's just that I didn't want to be only a pharmaceutical doctor because I knew that was knocked away.

So anyway, I went through this probation with the medical board and I was told at numerous levels how dangerous it was. to be part of that kind of establishment.

It's like, well, we need a medical board. There are a lot of doctors out there who are really perhaps not keeping their patients' best interest in mind.

And one of the things I had to do is I have to take a, oh, many things. I was proctored by somebody who didn't even measure hormone levels. I mean, it was shocking to me that the head of this big university clinic on menopause never measured a single hormone.

Just like, well, how can you manage hormones without? And I started this curiosity thing, wondering, what are you doing? Then I realized, just don't. Do not go there.

Go through the training. and go to the other side and it's going to be better. So I didn't, I mean, after exploring why they were doing things in certain ways that were clearly not up to a high standard of care.

I kind of went underground, Peter, and I stopped doing all these podcasts and stopped lecturing widely. And that was a very, very hard time, except people wrote to me around the world.

Oh, they don't begin to have your skill. They don' begin have you knowledge. Don't listen to what the medical board is saying. at heart. They might or they might not.

It depends, I think, on the part of the board that we're talking about. So I went through that, and I stopped basically speaking, And that was really sad for me.

I love speaking and educating. And I got through it, then when COVID hit, they were certainly frying much bigger fish than me That was a very, very hard time for doctors who were using ivermectin or any kinds of I mean, look at Paul Merrick.

He wrote the seminal books on intensive care, and his reputation was ruined. So a lot of people were very, very hurt during COVID who were in integrated health.

I wasn't. You know, I was quiet. Well, so how did it change once that black box got removed by the FDA? Has that changed your practice at all? No. Because for 25 years, I had been talking about the wonderful benefits, proven, scientific.

I mean, Dale Bredesen, he wrote the Wonderful Book, the Endobolt's Harmless Disease, and other books. And he came out of his very strict research and didn't know how to do functional medicine.

So I have a few lunches with him and we talked about functional medicines. Then he connected with Jack Bland and all those people and created wonder in terms of the field of functional And I knew he was always telling me, keep giving women that, estrogen's great for the brain, it's so important to prevent neurodegenerative decline.

And, I would talk with these people who were icons in their field, validating and looking at more research. So, i've been talking about it for years, the benefits, as well as some of the side effects.

There are not that many side-effects, frankly, that's done correctly, but the individuality of how you need to

individualize care. I just wondered if that had changed from the regulatory environment or the medical board oversight because that black box was basically highlighting a lot of the risks of hormone therapy and then in hindsight was essentially removed, is my understanding, from estrogen and so on.

I wondered, if you still received the same level of scrutiny or if it was a little bit more accepted after that? No, as soon as I stopped speaking and being so kind of bold, I would say, or truthful about what was going on, no, the pressure stopped.

Okay. For 25 or more years, I've been talking about everything that was not, that black box is wrong. It does not cause dementia. it is a way to absolutely help to prevent it.

One of the components, one of block preventing it, hormonal balance to youthful levels. And it did not cost increased cardiovascular work. I mean, any pioneer, you look at Abe Martintel around of Harvard, being a pioneer in changing what I was taught, Oh, testosterone is the fuel that feeds prostate cancer.

I was taught that in medical school and I did my urology rotation. No, no, No. Testosterone is a way to help prevent prostate. And Abe talks about how when he was at Harvard, professors would come up to him and say, you are a disgrace to our profession.

You are killing men with testosterone.

Hormone Therapy, Research, and Clinical Guidance

He received a lot of very hurtful feedback from people that he loved in icons in Harvard until he broke through that bias to prove with data, tons of data how helpful testosterone is for men.

Decreasing heart disease, decreasing dementia, and decreasing sugar problems, pre-diabetes and diabetes. So now that's very, very accepted. And my hope is that more research will be done on all these things.

It was sort of suppressed a little bit for quite a long time and you hope that going forward research, will provide even more clarity on what dose and what frequency and who should receive what and, what things are safe and where out of the risks.

And I think those are all really important conversations as we kind of get closer to wrapping up our time. Again, most of our audience are physicians.

What would you tell a physician listening who says, okay, now I've got this perimenopausal person in my office and they didn't respond well to estrogen, Premarin, type therapy, or progesterone, what resources would you offer to them?

Yeah. Well, first of all, they always respond. I mean, how many people do I have that in perimenopause and menopausal don't respond? I've worked with a couple of patients for a year.

Specifically thinking about a woman from Sri Lanka and, you know, one or two other women, but generally the response is rapid and it is a promise, a sacred promise that I make to patients that they will feel better and that most of their symptoms will disappear.

So it's just not knowing how to prescribe it that is causing problems. and not perhaps they missed low thyroid. You have to look at the free T3, the reverse T 3, that thyroid antibodies, you have look a lot of different stuff.

And are they missing adrenal deficiency? You know, it's not just Addison's and Christian, but it is all of the stuff in between that's very subtle. So to approach it from a multi hormonal point of view, and to approach it with lifestyle.

So to bring more people who really are specialists, not just kind of the traditional nutritionist, but really the functional medicine nutritionists who understand supplements.

And to go back to school to learn this stuff and start small. Paring menopause of Peter starts in our late 30s, and probably 44 to 48, that's the new timeframe for menopaths.

It's no longer 52, 51, A rare patient of Mediterranean descent will sometimes have a later menopause like that, but not with the stress and the sugar and stuff in the United States at all.

Just to start recognizing that when women say, I can't sleep, I've gained 15 pounds, and more down. Yeah, you know, have worse PMS. These are classic symptoms of perimenopause.

And to check all the hormones, check the cholesterol, the ApoBs, all of the estrogen, testosterone, DHA. Check all those things and then try to match the scientific values to youthful levels.

So don't look at the reference ranges that the labs give because they're sick and they kind of a compendium of all the patients that come through. They're not youthful reference range.

Learn what the youth full reference ranges are. Watch Terry Hurtog out of Belgium, has all kinds of different modules that he's a huge hormone expert, wrote the Hormone Bible.

I love this guy. So he has lots of difference modules teaching people very specifically, how do you manage thyroid? He has the hurtog sign loss of the outer edge of eyebrow.

So he really, I think teaches probably the best of anyone I know and his profession is surrounding teaching. He has the university there, teaches worldwide.

So that would be a great place for doctors to start learning. And if they have a desire to do that, if not, they can hire a nurse practitioner. I've always trained my nurse practitioners to know how to this or a naturopathic doctor who can do.

That, you know, give patients more care, more specific. information about hormones. So if they don't want to do it themselves, they can really bring someone in who's a colleague and say, This is my perimenopausal and menopause specialist.

And then that person needs to be really well trained. So we can't do it all ourselves. It takes a village. Absolutely. Well, I love the passion you speak with, and I know you're trying to scale your impact and make a big difference for a lot of your patients.

I appreciate you talking about all this. Like you say, some of it's been controversial over time, but some it has been proven to true as more studies have gone.

and i hope what will happen is the field of research will just continue to lend more support and more specificity to what we do on all this stuff. One of the questions I wanted to, as we leave here, how can patients or how could doctors follow your work if they say, I really want to hear what Prudence Hall is up to.

Want to connect with her. I have a question. Is there a website or a resource you would refer them to?

How to Follow Dr. Hall and Closing Remarks

Yeah. Well, they can get my free book. It's Radiant Again and Forever and Suzanne Summers wrote the forward and that's for free on my site, the wholecenter.com.

And I'm doing podcasts with stellar and wonderful people like you. I appreciate this very, very much that you're doing this because doctors become old and they become disillusioned and boxed in and feel that this is their only option.

To help doctors on to help kind of say, wait, there might be another way or there is another and this worked for me,

it might not work for you. That's brilliant, Peter.

So I would say to go on podcasts and to listen to different doctors, me included, and start a new to see what possibilities exist. It's never just one option.

it is a series of possibilities that we can choose from and what would be the best for that patient or those series patients. So I invite people to visit wherever I'm talking or podcast, and I wish everyone a profound impact on their patients.

That's so great. Those are great words to end on. And I really appreciate you taking the time and wish you all the best for you and for your patients going forward.

So keep in touch. Thanks for tuning in to the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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