Introduction and Guest Background

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And so that's why like the first time I was able to do it, but the second time I needed that biological hormone replacement therapy. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and how we can make it better together. Welcome to the Fightcast. Hello, and welcome back to the My MD Unscripted podcast.

I'm your host, Dr. Clint Carter, and I'm excited to have Dr. Serena Russell with us today. Dr. Serena is a naturopathic doc, an award-winning speaker, a functional medicine doc who specializes in women's health from puberty to menopause, extensive training in bioidentical hormone replacement, which we love at My MD Select, as well as pelvic floor therapy, and she's passionate about Helping women thrive at every stage of life.

Thriving being one of our mission and our core values. I love it. So before we get started here, Dr. Serena, I'll let you introduce yourself further. But the question that I want to start with so many women struggling with hormones, skin issues, fatigue.

And they're told it's just part of getting older. Why do you believe that the body is designed to heal and where should we really start? So I know that's kind of a loaded question.

Why don't you tell us how we got here and give us a little bit more introduction about you. Well, a little bit more about me. You kind of got all the professional aspect, but I became passionate about hormones and treating hormones because I myself have struggled with hormones.

Yeah. Basically since I hit puberty, which was delayed because I grew up a competitive figure skater who. Oh. You know, as most female athletes, I was lean, muscular, but, you know, surprise, surprise, dealing with an eating disorder.

And that screwed up my hormones so bad. Yes. Yeah. So from the beginning, I was put on birth control and I was basically, you know, some went well, some didn't with the side effects.

Some were great, but None of them regulated my cycle, and every time I went off, I ended up with horrible, heavy, near-debilitating cycles that were irregular, but when they happened, they were awful.

And still, the only option I was ever given was birth control, and I even had one doctor tell me I'd probably never be able to have children of my own.

Gosh. So yeah, it started off rough. That's a heavy thing to say to a teenage, early 20, young woman, for sure. Yeah, it's not the best bedside manner, I'd say, looking back on it now, but you know, at the time I was like, okay,

well, let's just like one opinion.

We'll see when I get older and started to get older, got married, started trying, had multiple miscarriages. And now I was like, oh my gosh, it might be true.

And it wasn't, yeah.

Hormone Struggles and Fertility Journey

And it wasn't until I started really focusing on foundations of health now decreasing my stress, fixing my diet, getting good sleep, that I finally started to get some hormone balance and able to finally have a child of my own and carry a pregnancy all the way to term.

Yeah, so it was rough. And then even after that, unfortunately, when we started trying for our second kid, I had a miscarriage that almost took my life.

Oh, gosh. And yeah, and then during that period, no matter how much of the foundations of health I was doing, it just wasn't enough. And I ended up needing bioidentical hormone replacement therapy to get me back on track enough to have another child.

And here I am, 20 weeks pregnant. Right now? Yeah, right now. Congratulations. That's amazing. Thank you. Yeah. Fingers crossed we make it all the way to the end, but right now it's looking pretty promising.

Oh my goodness. Well, we will keep that in our prayers for sure. Cause it feels like every pregnancy, every healthy kiddo is a miracle. But some of these stories, they feel a little extra miraculous.

And the fact that, you know, God put bioidentical hormones in your path. It's inspirational. And it also sounds like it was directional for you. So tell me more about how you ended up being a naturopathic doc.

And it sounds like hormone, bioidentical hormones were a natural segue based on your life experience. But how did we get here? Yeah. So, you know, when I was in undergrad, I always knew I wanted to be a doctor.

But the more I learned about the profession and how it actually be like practicing out there, the more I felt like, you know, for lack of a better term, I just kind of got this feeling that it'd be like working in a top shop.

Yep. where I'm like can't really treat people or heal people and then naturopathic medicine honestly like fell into my lap. I mean I had been working for chiropractors so I was like just as a secretary in undergrad so I was already open to like functional medicine and like all those different avenues.

And I hadn't heard about naturopathic medicine at the time, but then I heard about it and I was like, oh my gosh, this actually seems like you could really help people and not just, you know, be the person that's like pushing pills or surgeries.

Not that I don't believe in those things and they aren't like miraculous, but they just seem like the only answer, the only answer. So then I like went to naturopathic school and learned about all this other stuff.

and you know unfortunately it's still very stressful so it was not helping my hormones and you know I was married all through naturopathic school and that's where the miscarriages started happening oh my gosh okay with the stress it wasn't until I got out of school and you know was working and even though I was working I was like less stressed than being in school yeah and then eventually after having the first kid and like been working in naturopathic medicine for a while and Then that's when biodegradable hormone replacement therapy came around and I was like, this has been a game changer and I need to be offering this to more people because it changed my life.

And yeah, that's kind of the summary of it. I'm a little surprised. I guess, you know, I don't know. Well, first of all,

kudos to you for doing it enough.

research to know that the direction that mainstream medicine was going, I just blindly went from phase one to phase two to phase three to phase four. And like you said, it's not without merit, it's not without value.

My family medicine residency is amazing. They put out amazing docs. The system that we're in, it's insurance first, second, and third, it's just so limiting.

And then not knowing what goes into naturopathic training in detail, I'm a little surprised that it was later that you found out more about bioidentical hormones.

And I guess one question I have just as a physician curious in the process of trying to get pregnant and be healthy to carry to term, how did you do bioidentical hormones in a way that promoted ovulation and sort of that a healthy cycle that would then turn into implantation and a healthy baby?

Like how does that look? And is it too complicated to go into on a podcast, but it sounds awesome. Yeah, I think I can do it. So first of all, because my hormones started messed up because of like the eating disorder and just basically having no hormones, but still having no hormones, first it suppressed the progesterone more than the estrogen.

So even though I had low hormones, I still was in an estrogen dominant picture. And so you have to address the estrogen dominance. And part of that is bringing up the progesterone.

But for me, I also had to bring up my estrogen. So instead of doing bioidentical hormone replacement therapy for the estrogen, I use more of the natural approaches to not only bring up my estrogen, but also to help process it better, like move it.

through the body the way it's supposed to know through. And then I used biodegradable hormone replacement therapy to bring up the progesterone. And I was cycling it to get my cycle to regulate and then promote ovulation and all of those types of things.

Because my hormones were just so low that I wasn't ovulating. Or if I was ovulating, it was like on a three month cycle or whatever it was deciding to do.

But I find in general when you're dealing with that issue, since you're estrogen, you know, we live in that kind of a world that just promotes estrogen dominance.

So I find a lot of times with fertility, it's easier to use the natural methods to deal with the estrogen. But progesterone is just kind of harder to get, to get up there.

And so that's why like the first time I was able to do it, but the second time I needed that biological hormone replacement therapy.

Bioidentical Hormones and Pregnancy Support

And then, you know, probably did you need to be on progesterone throughout the pregnancy as well? I've seen that on some of my patients with miscarriages as well.

You know, during the first pregnancy was tested and like because I'd all had all the foundations in line, my progesterone was high enough, I didn't need it.

But this time when I needed it to regulate my cycles, I did need to stay on it through the pregnancy until the placenta took over that progesterone production.

And that's miraculous. Yeah. At our practice, we meet about every patient the day before, the day of, and the day

after. And then we open and or close that meeting with some prayer for prayer requests and to get us going for our day.

And we will add you to the list for sure. 20 weeks, you said? So doing great. We're almost a viability. Can I hear a 36 to 40? Let's do it. Tell me more about what you mean exactly by foundations of health.

I think that's a term worth clarifying because most of my listeners will have no idea what we're talking about. Yeah, so I have a definition for you. Foundations of Health refer to core lifestyle, nutritional, and physiological principles that support our optimal function across all systems in the body and are central to overall well-being as they influence metabolism, energy, mood, sleep, reproductive health, and the body's ability to adapt to stress.

So, of course, these things greatly impact our home loan balance. Yeah, right on. Break that down for me. So when you say, okay, I had my foundations of health as kind of in order as I could, in layman's terms, what does that mean to you at that time?

So the big ones are gonna be like healthy lifestyle choices. So regular movement, managing stress, getting good quality sleep. And then after that, it's gonna be nutrition.

About getting the right nutrition and I'm really big on whole food diets and supporting our body through that. And then also you need to support your detox organs.

So, you know, specifically the liver, gut, bowels, you know, if those aren't supported, then you're not going to be processing all the toxins in your body and they build up and cause other problems.

Right. And then finally, due to the environment that we live in, unfortunately, avoiding toxins as much as possible. You know, I say that with caution, though, because if you go down the rabbit hole, it can really light.

Yeah. scare you and there's only so much we can do in the world that we live in. But it's just acknowledging that we do live in a toxic world and trying to limit that as best we can.

And one of the best ways to do that is to support those other foundations of health. Right. If your liver, your kidneys and your diet are as toxin free as possible, then you're at a good start, right?

Just there's so much crud and so much of the food out there that would probably count as a toxin itself on top of just the environmental stuff that we're surrounded with all the time with the plastics and all the things.

Okay. So, you know, and we, we touch on that in, you know, I do direct primary care, so we have time to dig in with our patients because I don't get too deep into all of that.

Like I definitely need to learn more and be more specific on some of these categories that you're talking about. But when I find my patients that are like hormone, they have all these symptoms of perimenopause, obviously menopause, you know, a family medicine trained guy who's learned as much of the outside the box stuff as I could.

I tend to go to hormones pretty quick. Tell me more about, you know, the foundations of health I think that you refer to as ways to put off having to take hormones and supplements and that kind of thing to help this body do what it's supposed to do to heal itself.

What's your approach when someone comes in with obvious, you know, sets of hormones, symptoms, and you can maybe cover that a little bit, what that looks like, what you typically see in your patients and where do you start and kind of how do you phase in supplements and eventually bioidentical hormone replacement?

Yeah, I feel like the simplest answer is like, I want people to feel better as fast as possible. So I do often go with hormone replacement therapy and working with them to set up those foundations of health.

That being said, it depends on what hormonal issue they're dealing with. Like, you know, if it's more of the things

that affect younger women like fertility, PCOS, estrogen dominance, TMS, those kinds of things.

Defining Foundations of Health

A lot of times I will start with the simpler things of like setting good foundations of health. Like one of my biggest things is starting to clean up the diet and then moving into movement.

And I will often give them supplements. fairly early on with that to just kind of try to kickstart their body into processing their hormones better, supporting their hormones if they don't have enough, just kind of get those processes started.

And then my hope is that eventually, whether I start with supplencer and also end up adding the bioidentical hormone placement therapy to it, is by setting up those foundations of health, I can at least taper them down on those or off them completely.

That being said, that's the younger populace who have overings that should be working. When we get into perimenopause and menopause, of course, I give them hormones.

Like if you don't have hormones, you need hormones. But that doesn't mean you can't optimize the hormones, the biomedical hormones that you're giving them by setting up these good foundations of health with them.

But foundations of health take a long time. They do not happen overnight. If you tell someone, like, All right, let's completely change your diet, stop stressing and work out more.

They're going to be like, I'm not doing all that right now. Or if they do do it, they're going to do it for like a week or two, maybe a month. And then they're going to quit everything and never come back to you.

That's right. Well, and how do you stop stressing and. work out more and totally change your diet. That's stressful. It's hugely stressful. Definitely a process.

I'd love to hear more about diet. I guess you could go anywhere with that. Let's go with estrogen dominant female, could be young woman, middle age, perimenopause.

What do you recommend? Are you just going like whole foods or are you specifically avoiding certain food groups? How do you approach that? Yeah, so first I like to say I individualize my diets to my patients.

I don't think one size fits all. However, that being said, I have a few rules. One, standard American diet, not good for you. We need to cut out the high sugar, the ultra processed foods.

Ideally, bi-organic to decrease our toxin burden and just decrease things that drive inflammation. Because if you have inflammation, it's going to eventually mess up your hormones as well as other things in your body.

Yeah, right. Everything. We've got to get off the standard American diet. And secondly, with women, it is a huge issue with, you know, not only like eating disorders, but also just with all the wellness trends.

They get a lot of fad diets. You get things like intermittent fasting or fasting in general. And it's not that I'm opposed to fasting, but things like that.

often get disguise eating disorders and then women aren't getting enough of their needed macros. Like you need protein, you need fat, you need carbs. It's just about getting them in the right ratios.

And that's going to be different depending on if they're working out, which they should be, but let's just go off like basic recommendations. Like if someone is eating a standard American diet, what do I tell them when they first come in the door?

So I say, cut out those ultra processed foods, try to cut back on the sugar. But usually I say, let's say like what we can add before we talk about what we're subtracting.

So that's usually like, let's start tracking our fiber. Let's shoot for a goal of 35 grams of fiber a day. And if possible, I'd love you to be eating 30 different plants a week to support good micro biome diversity.

Ben. Not gonna happen. How do you feel about those capsules full of ground up vegetables and fruits? So when I say 30 different, I also tell people herbs count.

Like if you are seeming to be in your food, that counts. Like you don't need to be eating a salad with 30 different vegetables in it, but like every single, like if you make yourself tea, that counts too.

That all contributes to the diversity. So, you know, it makes it a little bit simpler to have that conversation with them. Yeah, I love that. Yeah, is the goal.

And then we talk about how to get more plant diversity in our diet. But my big one is the fiber. And if you can't meet the fiber based off what you're eating, then I want you to supplement it and slowly supplement it to get it in there.

So, you know, trying to not be unreasonable with things, working with people where they're at and slowly increasing things over time. The other big one is I tell women often to do 30 grams of protein a meal or 90 grams of protein in a day because women don't eat enough protein.

That's a decent amount of protein right there. That's pretty, yeah, that's for real. Yeah. Well, very few people are meeting that goal. So that's usually the goal.

And a lot of times people come back and they're like, well, I did 60. I'm like, great. That's a huge improvement. Like I'm happy with that. So celebrating the wins with diet is huge.

And then lastly, I just tell them like, You know, start incorporating healthy fats. I don't care which ones they are, but like if you like avocado, eat avocado.

If you are like olive oil, drizzle it on just about everything.

Diet, Fiber, and Protein for Hormone Balance

Don't cook with it, but drizzle it on everything. That sounds good. Eat fish. I prefer wild caught cold water fish because then you're going to get less mercury and less toxin exposure as well.

And also then you get a higher content of those fats. So those are just kind of my general guidelines. And then finally, I say cut out any food intolerances.

And when it comes to food intolerances, there's a couple of ways you can figure that out. You can do the gold standard elimination diet. To be honest, no one ever wants to do that.

But some people have already figured out what they are. And so then just encouraging them to keep those removed. And then there's others tests to figure out if people really have no idea and you really think of food intolerance as a big underpinning to optimizing their health.

There's a variety of different tests you can use to kind of figure that out. That's where I start with diet. Well, okay. So I think that's doable. I love that.

I think one of the next big pillars might be stress and or sleep or some combination thereof. They tend to run hand in hand. High stress is equals poor sleep and poor sleep equals high stress.

Where do you sort of break into that circle of death there and how do you advise that they, because stress is

inevitable, what do I do about it? Yeah, so first you got to have the conversation of how interconnected stress is and the vicious cycle that all these different things create.

So, you know, mental stress, physical stress, they go hand in hand. But I also like to talk to people about like, well, if you're working on your diet, you are lowering your physical stress.

Like you're improving your metabolic health, which is going to be less likely to then impact your hypothalamic pituitary adrenal access because then you're decreasing your inflammation.

So you're already working on it there just by starting to address your diet. So a little bit of positive reinforcement throughout, but also, you know, talking about how much there is a feedback loop with all the different things we do and how that then increases our stress and then further worsens all hormonal dysregulation.

So you have that conversation and then you know if people are doing movement that's a great way to work on stress too. So then you get another layer of okay well now we have two things that are already also foundations of health but also working to decrease our stress.

So movement and diet are a big piece of decreasing stress as well. So if that's all you can do right now, that's still a big step. But what I would love for people to do is to have a non-negotiable.

And what I mean by that is you get to pick what it is because everyone's different and everyone de-stress is different. And ideally, I want you to do it daily.

But if we start out doing it weekly, that's okay too. I am fine with either, but I want you to incorporate a non-negotiable into your life. Whether that is when I wake up in the morning, I take 10 minutes where I sit down and I just enjoy my cup of coffee or I enjoy my cup of tea.

or I take a bath once a week where I just get to enjoy taking a bath and decompress or if you enjoy walking going for a walk like any of those things I know like we're really big on talking about like mindfulness and meditation but honestly I find like Most people aren't going to be huge on incorporating into that, into their lives, like right off the bat until you get a little bit more buy-in.

So like whatever makes them feel better, that's not scrolling on their phones and social media. Too many times people are like, Oh, it helps me de-stress.

I'm like, it doesn't. It helps me to go to sleep at night. It literally does not. Yeah, so as long as it doesn't involve being on your phone, I don't care what it is, preferably no screens at all, but whatever makes you feel better, whether that's like forgetting what you're stressing about for a few minutes a day or a few minutes a week, or if that's just like actually making you feel decompressed by the time you're done with it.

Yep. And so that's probably the biggest thing that I try to get people to incorporate into their lives to really address the stress factor. What about sleep?

I find that like it's ubiquitous. Almost nobody sleeps well. Either they don't fall asleep well, they don't stay asleep well, they wake up exhausted. I like to try to address that by addressing the stress to some degree, but it's also, I mean, unless I get as good at that as you are right now, that, you know, the stress is a little bit of a non-negotiable in and of itself.

It's going to be present. I like adding in positive non-negotiables as well. How do you address sleep directly? Is it secondary? Can you address it primary?

How do you do that? Yeah, so, I mean, going back a little bit to the non-negotiable, I always tell people you're gonna have stress in your life and there's good stress and bad stress.

It's about dealing with chronic stress. And part of that is sleep. And so sometimes, depending on who it is, the non-

negotiable might be having a regular bedtime or having a routine around bedtime.

I do talk a lot about sleep hygiene with my patients. You know, I know people struggle with it. I am not above that. I struggle with it too. I am not the best sleeper.

So it's something I too work on all the time. But yeah, addressing sleep. Sometimes I'll start off with like, you know, if it's fair menopause and menopause is a woman, you give them a progesterone, they start sleeping better.

And I'm like, great, let's do that. And that hugely impacts that whole stress cycle and all the other downstream effects of that. For younger women or other populations, I'm not above trying melatonin or things like farmagaba, which is a really great Designs for Health product that helps just kind of chill you out.

I'm not above using supplements to help people get tired or if they wake up in the middle of the night, take something to help them go back to sleep to just try to start getting better sleep.

Once we have a habit built, whether that's using supplements or better than a hormonal replacement therapy or what, then that's when I really start and they feel better.

That's when you really start getting more of the buy-in on working on the sleep hygiene. Yeah, right on. Agreed. I find it really sleep hygiene is almost like.

insulting if you go to it first. Like, you know, yeah, oh, I never thought of just closing my eyes and going to bed. Yeah, that never occurred. You know, your podcast that you run is called, literally is called Hormone Heroines, right?

So the hormonal play into, you know, what stress does to hormones, what sleep does to hormone, what getting your hormones right does for stress and sleep.

You know, one thing that I found is, you know, on the, on the male side, especially in these weirdly young 30 something year old guys that we find in here like miserable and low T is that stress causes you to be low T and then low T makes you less good at handling your stress, right?

You're just completely adrenal dependent at that point. And it's this cycle that eventually just burns out and oftentimes in a blaze of glory. Like you said, foundations of health that we're going through here, it's primary And then hormones being a big part of how they end up feeling in the end, whether it's secondary or whether you have to start helping them out at the beginning.

How do hormones in sleep play? I know progesterone is a cheat code in that estrogen dominant female, that perimenopausal, menopausal female. How do you look at hormones in sleep?

Because I think I could learn a little bit here for sure. I think it really just goes back to regulating your hypothalamus because it regulates all your other accesses, whether that's the pituitary gonadal or the pituitary adrenals.

Stress, Sleep, and Hormonal Regulation

And so if you're not getting good sleep, you're messing with that master clock that then can suppress or increase all those other downstream hormones, whether it's cortisol, estrogen, progesterone, testosterone, any of those things are going to be impacted if your hypothalamus, your circadian rhythm is messed up.

So when it comes to estrogen dominance, you know, that definitely disrupts your sleep because it affects that negative feedback because it increases inflammation in the body, which then increases your cortisol and then feeds that feedback loop of your HPA access that then tells you that you are further stressed and further suppresses those other things.

And unfortunately, progesterone is the one that gets suppressed more than estrogen. And it just continues to be a

big drain. So, you know, progesterone is the cheat code.

Like if you really want to help someone sleep better, that is often a cheat code to like get ahead of the game. Once they are ahead of the game and they're sleeping, that's when you can start backing things off and trying to just use the foundations of health.

You know, a lot of times I do come in very conventionally where, you know, using the higher interventions to get people feeling better. And then when they feel better, that's when they can start doing the other things so then hopefully get them off those things.

I just kind of want to throw this back to like perimenopause and menopause. When we live our life under chronic stress and our adrenals are depleted by the time we're hitting that phase in our lives, that transition is going to be harder, not just because we're still under chronic stress and it's getting worse because we feel terrible, but also because your adrenals are supposed to be starting to produce some of that estrogen.

It's supposed to be maintaining a little bit of those reserves for you so you don't have this like, oh, my ovaries are done. Like we're flatlining that it's supposed to, like your adrenals are supposed to be there to still give you a little bit in that transition.

So if we live our whole lives under chronic stress, that transition is going to be even harder. And like, you know, luckily for us, we had the cheat codes about hormone replacement therapy, but like, why not shoot for longevity when we're younger and start addressing stress sooner?

Oh, I love it. To open up, so, you know, I'm talking to a naturopathic doc, so we have to talk about the gut a little bit, right? I mean, like that's a prerequisite, except that we're talking hormones at the same time.

And I don't always tie, I guess, you know, I could, you know, MD stands for make a decision or make it up. Gut, inflammation, inflammation eventually is going to affect your hormones, but.

Tell me about how you see sort of the, the gut hormone health connection and how that works. Yeah, so this one might be a little long-winded, but let's go for it.

Let's do it. So the gut plays a central role in hormone metabolism, circulation, and signaling far beyond just digestion. So one key player here is the gut microbiome, and more specifically, a subset of bacteria, which we're coining a new phrase, you're seeing it more and more, called the estrobolome.

So these microbes produce an enzyme called beta-glucuronidase, which helps regulate how much estrogen is resorbed into a bloodstream through a process known as enterohepatite circulation.

But when the gut is not in balance, it affects those microbes and how much beta-glucuronidase you have available. It might increase, it might decrease.

when that is off, then you're going to affect how much estrogen is absorbed back into the body. And if too much is absorbed back into the body, then you're getting your estrogen dominant stuff.

You're getting like PCOS, regular menstrual cycles, all those issues. If too little is absorbed back into the body, then you're falling into the same thing.

You're getting your regular menstrual cycles or you're worsening period menopause symptoms because your body is like, processing more estrogen than it should be and further complicating those symptoms.

So dysbiosis can hugely impact our estrogen metabolism and how much ends up back into the body just in that alone. But, you know, estrogen isn't only hormone-affected.

Like we've been talking about, the gut is deeply connected to the brain and the endocrine system via the gut-brain

access, which influences your hypothalamic-pituitary-gonadal access and that system regularly reproductive hormones like progesterone and testosterone and estrogen.

So when you have that inflammation and it's spiking your HPA access, it's suppressing your HPG access and then that… further suppresses those hormones.

And when those hormones are low, then you can start getting issues with your gut lining. It can become more inflamed. It can become more leaky. And also those hormones affect your microbiome because the other fun fact about the estrobolol is as your estrogen decreases, your microbiome changes.

So you start to have a completely different microbiome than when you had when you were younger and that predisposes you towards that low estrogen, less estrogen getting put back into the body as well.

This can just directly impact carbon production and regulation throughout the entire body and it changes throughout your life. And then lastly, you know, of course, when we have all this pro-inflammatory state and your gut is inflamed, it's further impacting the HPI access and then cortisol also affects your digestion and can mess up your microbiome.

So cortisol, you know, it slows digestion. It's your stress hormone. It's not the rest and digest hormone. So if you're not digesting your food because your cortisol is high, you're not getting the nutrients you need.

Also, that food's going to start basically like rotting in your digestive tract because it's not being digested and moved through it the way it's supposed to go.

And then that's going to further aggravate the leaky gut, further disrupt your microbiome in general. And just like stress, it becomes a whole feedback loop that also contributes to the stress feedback loop.

And it's ultimately often suppresses hormone production on multiple layers as well. Man, there was lots of cycles there, right? Like, so inflammation, first of all, I said inflammation, so that gives me a point.

But secondly, inflammation causes this, which causes that, which causes more gut, which causes more inflammation, which, you know, it's like, there were like three times where it was like, well, that causes the gut biome to be worse, which causes that to be worse, which causes the biome to be worse.

So, you know, start with the microbiome or start with the leaky gut or start somewhere and start breaking that cycle somewhere. Sounds like it would be.

incredibly fruitful for folks that are really suffering in that direction. I mean, that's why I find when people first come in, you know, I usually start treating the gut before I start treating, like getting them to do the stress reduction, to be honest, because it's often easier to start there and we start really small.

Just like I said, we just try to increase the fiber. We just try to increase our protein. We just try to eat healthier things. And then as we get comfortable with that, we slowly phase out the inflammatory things and optimize our diet.

It's a slow process, but it's hugely rewarding and the benefits impact you throughout life, not only with hormone production, but also just your overall longevity and will benefit your circadian rhythms as well.

I think that was a really good overview of sort of the foundations of health and how that's, you know, cycling in with hormones and just wellness in general.

Give me a cool or your favorite or a stereotypical patient story of someone who comes to you because you're not the first doctor they've seen. Give me a good story of how this typically plays out.

I have two cases. You want like a fertility case or a PCOS case or do you not care? Oh, hey, you know, dealer's

choice.

Gut Health and the Hormone Connection

I love it. Okay. All right. Well, since we kind of talked about my fertility story, it kind of covers a bit of that. Let's talk about the PCOS. So a lot of women either come in suspecting that they have PCOS or, you know, already like having that diagnosis and they feel like they are just defeated.

They're like, well, I have this and this is the way it is. I'm never gonna have a normal life because of it. So when you have that, honestly, the first thing I do is, you know, test them, see where their hormones are at, just to get some baseline.

Big thing I want to know is like, where's your testosterone? Where's your sex hormone binding globulin? And what are those levels at? I also want to know, are you in a severely estrogen dominant state as well because your progesterone is so low with the increased androgens?

So I just like to get an idea of where are they? Like how bad has this gotten? Once I get that, You know, we got to get them feeling better. If they're not already on spironolactone and they have really high testosterone, I put them on that.

If they're in the estrogen dominant situation and they have no progesterone, I put them on that. Honestly, I cannot tell you how beneficial progesterone is to PCOS.

patients, it is a game changer for them. I would say it's almost as comparable to like your perimenopause and menopause patients. When you put on progesterone, they start feeling better.

So we do those things right off the bat to get them feeling better. But PCRS is hugely a lifestyle thing because you also have all the metabolic dysregulation and the insulin resistance.

So you have to work on diet. And so just like everything we talked about already, we start with those baby steps in diet. Often when you have that insulin resistance, most of the time I do find you have food intolerances that are further driving that inflammation.

So getting those pulled out while working on diet is hugely important for that. Once you get diet under control, you'd be surprised how much your testosterone comes down and how much your estrogen starts to regulate.

Wow. Once those things are coming down, then the stress comes down as well. During this time, I still keep them on the progesterone. A lot of times, we get off the spironolactone pretty soon after we fix the diet, but I do usually still keep them on the progesterone because they just feel so much better on it and they really struggle at making it.

That's not to say that I don't have a lot of natural tricks up my sleeve to try to increase progesterone naturally. But like we talked about, we live in a world that really promotes estrogen dominance.

And a lot of my PCOS patients just end up staying on the progesterone. But I also will do things to try and increase their sex hormone binding globulin.

Green tea is a huge part of that. It really increases it a lot. And that is a great way to absorb that extra testosterone that's floating around there.

without messing too much with your estrogen and pedestrian honestly. Like when I increase that, I don't see it affecting the other ones as much, but it does really seem to bind up the testosterone.

So even if they have a high total testosterone, their free testosterone is within their normal limits, but their sex by hormone-binding probably usually increases.

So the PCOS thing that honestly with them the biggest one is diet and then after that when they're feeling better their stress comes down and they are able to start managing the other things.

Everyone has the sleep problems but that hasn't been like the biggest game changer of course it's something I work on. The biggest thing with PCOS is the diet because you have the insulin resistance piece or like the predisposition towards insulin resistant and metabolic dysregulation.

So diet is probably the biggest foundation of health that I work on with my PCOS patients. And that's really the classic picture. And then, you know, as far as biogenic hormone replacement therapy, I'd say progesterone is pretty invaluable in treating PCOS.

The opportunity with PCOS females is that, you know, with hairy menopause, they've been suffering with it for a few years. And menopause, you know, didn't start till they were 50ish or whatever.

But these PCOS women have been doing this for decades, potentially. Is there an age minimum for progesterone? I mean, do you do this in a 17 year old?

And if so, is it, is it with the cycle or is it every night? How do you play with that? Yeah, so definitely 20 year olds, I will use progesterone. Like when they're that young and they're in their 20s, they often like, part of them also like want to have babies and fertility and you just use PCOS.

So they're in their 20s and they're also wanting to optimize fertility, I 100% agree on progesterone. But if we're talking about like a 17 year old girl, a lot of times I do start with the foundations of health before we jump in, which can be really hard in teenagers because they're not super motivated to change their diet that much.

So when it comes to teenagers, I do a little bit more of the supplementations because they are more willing to start there. than they are necessarily to, you know, stop eating the cookies at lunch.

Sounds like a good population to give them an easy win with some progesterone before bed. But yeah, you're right. Yeah, no, I don't usually start it with them unless I'm really on the labs, I'm seeing a more advanced case.

But I feel like the lucky part is, is that if you do catch it that early, I don't typically see them, you know, as far into the disease process as you see with older women.

Because I really have seen a pattern where you are seeing it early on in like teens and twenties. It's usually not as severe as if you have someone that's like 35 and coming to you who's had UCS their whole life.

Like there's a lot more hormonal dysregulation that's happened throughout that because just like everything else with life, if we haven't been taking care of ourselves and we've aged, exasperated these problems.

PCOS Treatment and Progesterone Use

So that's why I find with younger women, I don't need to jump to the progesterone right away in the teenage years. They're in their 20s and they're wanting to do fertility and move towards that phase of their lives, then I will jump to it pretty quickly.

Well, gosh. Okay. So kind of wrapping it up a little bit, come a full circle. This is like great. I know I've learned a ton and I appreciate it. I mean, this is stuff that I can use right away for someone who's like, you know, for a listener who's a little overwhelmed.

Not just because of all the information they got dumped, but just because of the way they feel. And it just seems like, you know, oh my God, where would I even start?

What are some of the, you know, and maybe we're just going to repeat ourselves here a little bit, but how would you have them start? If someone's listening to this, you know, and they're, they feel, you know, fatigued and their

estrogen dominance symptoms or their hormones seem to be all over the place or their, you know, 40 something female who's like, yes, that sounds like me.

Where should they start? How would you have them approach this thing? Look, a couple of things. One, find a good doctor. Find a good doctor who's going to be your cheerleader, because it's hard.

I'm not trying to say it's not going to be hard, but you need someone that's going to give you your options and help guide you. And also to help you celebrate the wins, because I feel like all too often we make these changes and we're like, yeah, I did it.

But we need to celebrate those. Those are huge accomplishments in our lives, and it is going to benefit us throughout life. So let's celebrate it. We should celebrate the little wins, and you should find a good doctor who can not only give you the good information and access to all these different types of treatments and options out there, but who's also going to basically be there to hold your hand a little bit as you make these changes, because they're not going to happen overnight.

And you're going to need that cheerleader in your quarter that's going to help you continue to make those changes and also remind you from like when you have made it a while and you're like well I still have these issues but also like remind you how far you come.

Yeah. So I feel like that's a huge aspect you know that we often just like we always try to like fix things on our own and you know we don't try to learn everything our own like mentors are invaluable and You know, you can think of your doctor as your mentor in this case, but so I feel like that should be, you know, number one.

But if you don't have access to a doctor or you can't find someone who is going to be that for you, then honestly, I usually say let's start with things that feel attainable, whether that's incorporating a little bit of movement into our life or starting to work on our diet, like baby steps.

If you're going to do it on your own, baby steps. No matter what these things are, just start with the one that feels like you can do it and stick to it.

Start there and go slow. I love it. If you're in the Texas area, I'd be happy to help you out, but you know, it's becoming more and more popular. Functional medicine is thankfully spreading.

Direct permanent care is growing. If you're in the, now, what are you doing? Tell me, are y'all doing, your show is called Hormone Heroines. You usually have your partner in crime up there.

Are y'all doing telemedicine? Are y'all brick and mortar at this point? How are you doing that? Yeah, so as far as these foundational hormonal complaints and really the hormone heroines aspect of everything that our podcast is trying to draw attention to, it's really a telemedicine business that we can treat people in Oregon and Washington at this point.

We're hoping eventually to grow, but right now, as people want to reach out that are in Oregon and Washington, we're telemedicine based, so it doesn't matter where you live in Oregon and Washington.

Perfect. Perfect. I love it. And then, so what about how else can we get ahold of you? So someone wants to get ahold of you and they want to either just get some advice they want to establish with you virtually, follow your podcast.

What's the best way to do that? Yeah, so Hormone Heroines is going to be launching here hopefully in a month. So you'll be able to follow it on all your regular podcasts, channels, whether it's Apple, Spotify, wherever you listen.

Other than that, if you want to get a hold of us right now, we have a website at BlasphemeLongevity.com. Our business is called Blaspheme Longevity and that's where we do all of our telemedicine out.

out of, you can go to our contact page on that website and reach out over that, or you can email us at info at blossominglongevity.com. Love it. Blossom longevity.

It's beautiful. We'll have all of that in the show notes. So it would just be a click away. And Serena, thank you so much. This has been awesome.

Practical First Steps and Closing Remarks

I don't know what I'm going to title this episode, but it's probably going to be some of the effect of like hormones, hormones, hormones. And it's not just about your hormones or something, you know, it's all about just, you know, a healthy lifestyle.

You know, I wish it were simpler than that and that there were a cheat code, but it sounds like you just kind of gradually pursue health and wellness and longevity.

And thank you so much for sharing with us. How do we get closer? And in my case, help my patients better and, you know, quite frankly, help me better.

I love it. That was great. It was great talking to you. All right. Thanks a lot. We'll keep an eye out for your podcast to hit. And I can't wait. Talk to you later.

Thanks. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

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Until next time, stay well, stay curious, and never stop pushing for better.