Introduction and guest background

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But really what you're the issue is that you are so stressed that your body's not making that pro testosterone and then end up in this estrogen dominant phase.

The other pattern we see most commonly is insulin resistance because of that same HPA access, which then spikes your cortisol, and then the cortisol causes insulin resistant.

And then that is going to disrupt your gut health, your microbiome, really your entire body. You're listening to the Lifestyle Medicine podcast with Dr.

Ivan Rusilko, brought to you by AccessLab, where we explore new perspectives at the forefront of personalized health care. Well, welcome to the Lifestyle Medicine Podcast.

I'm Dr. Ivan Rosilko and we're powered by Access Medical Labs. If your doctor's not checking labs, they're not a doctor. And today we have a treat for you.

We have Dr Rossum and Codino coming straight out of Washington State, probably one of the most beautiful parts of actual world. and I've spent some time there.

So I am just excited to have them both here. we'll talk hormone health, lifestyle, and everything that makes longevity long. so guys, thank you so much for being here today.

Thank you so much for having us. We're very excited. Well, I have to ask, how did you two meet each other? Actually, we met in medical school. So we ended up going to medical together.

I was obviously a little bit older than she was. And I had four kids by the time I went to Medical School. She was like the kind of only old soul. at our medical school and so we just kind of meshed and started hanging out and we're friends and studied together and then ended up starting three businesses together.

That's fantastic. Could you guys kind of explain your business now? We were talking earlier, I was nerding out your website. I mean, that picture you have on there is just addictive.

So please tell me everything about it. Yeah. Our main clinic that's our favorite one and the one that you're talking about, the website, is Blossoming Longevity.

And that one focuses on obviously longevity health, but also hormonal health. Particularly for women, and that is our specialty, as well optimizing gut health and skin health when it comes to hormones, but also just making sure that everyone's doing all the lifestyle things too.

make sure that they can live long and happy lives. And then our other business is Lotus. That one is our brick and mortar one. that one we really have more so we can give back to the community.

We see a lot of Medicaid patients there and yeah, we do that more for making sure people have access to this kind of care because not everyone can afford to get to doctors who are trained in functional medicine.

Defining longevity and core health pillars

So those are our two main clinical ones. And then we have our own podcast, Hormone Heroines, and that is trying to spread education for anyone who can't see us in person.

Oh, I got to say hormone heroines. That's a fantastic name. Very, very, good. Okay. Cool. So you guys have have a lot of synergies here. I'm super curious when it comes to longevity medicine, longevity is a very I guess you would say kind of a long word, if you will.

How do you define longevity? And within that context, what do think the most important pillars of it are? Okay, so longevity to me is about health span is one of the words that people are promoting more now.

But really what that means to meet is having quality of life for as long as possible. So pillars for that is are you going to be able to do the activities that you want to with the energy that want have and not feel like if you go and do those things that have to spend forever recovering from them.

Amen to that. Yeah, so I always like to start with foundations of health because you're not going to have a long life if you are not eating right, sleeping and exercising.

I like tell people all the time that you can't out supplement or out medicate a healthy lifestyle. So for me the biggest pillars are diet, sleep and movement and then after that optimizing whatever kind of your weak points are, whether that be genetically or, you know, because you've had different exposures in life or moving those aspects.

So that's really the foundation is making sure your lifestyle's in order and then working with your body and unique history to then clear out those barriers to health.

Oh, I love that. Very, very cool. Anything to add to that one? Well, the other, one of the, other pillars that we really, really try to work on. And it's actually like our hardest part personally is stress management.

We are not very good at it. You tell all our patients, listen to what we say. we know what, we're supposed to do. It's just hard for us to, so we do try.

and so one, of, biggest things that, do work, on with our, patients is working on getting the stress level down and having stress, management, because no matter how good your diet is, no, matter, how much you move, if you're having high cortisol constantly, and you are constantly in fight or flight.

You're still gonna have dysbiosis. You'll still have hormone issues, you're gonna sleep issues. It's just this big circle that kinda goes back to all of it.

So that's one of the big things that we really have to work on with a lot of people, especially this day and age. For sure, for sure. And I guess managing, so you guys focus on women, correct?

Yes, but we do see men as well. Okay. We do a lotta children and kids in our friggin' world. What would you say out of your demographic up in Washington?

Because again, the United States is such a melting pot right now. Where I'm at South Beach, where we're seeing different people, different ages, and different sexes, everything.

What do you think the biggest stressors that you're finding both through diagnostic testing and lifestyle are for your exact demographic? Family, finances, just everyday life, honestly.

It seems like there's not enough time to do everything. Because we do see a lot of moms, and we see lot younger women, we say a lots of older women. We have people from puberty through post-menopause.

And even through that whole gamut, you've got all these people having to deal with, in puberty, dealing with high school, with puberties for one. That just stresses you out in the first place.

And then you might have marriage, you may have kids to raise and then when you get to perimenopause, all of your hormones tank and you can't handle things as well.

Plus you're dealing with your kids moving away and your having emptiness syndrome and dealing being with partner alone again for the first time in like 20 years and maybe dealing aging parents that you have to take care of and there's and at the height of career so you are probably working more.

Your time just seems like it just goes away. And it's really stressful and really hard to get them to come back in. How do you see that translated into diagnostic testing or your intake forms and things like that?

Obviously, you guys have got great intake form, everybody comes in, and you're doing diagnostics.

Stress, HPA axis, and hormone disruption

Where do see kind of stress translate? Is it gut, is it hormonal, nutrition, toxins? What do most of you? We see it all over the place. I'd say the biggest ones that we see is gut issues and then hormone issues.

And I always like to talk about the HPA and the HPG access because you have your hypothalamic, pituitary access, which you start with your brain sending all the regulator Hormones down to tell then your organs to like make these different hormones And if you are super stressed out that is gonna not send those signals down Because it's gonna suppress those things like let's talk about the gonadal access So if your super stress your brain may not the signals to say hey ovaries testes make those hormones and So it can suppress it from that end.

So sometimes we might see lower levels of hormones because of that. One pattern we see all the time is low progesterone. And when you have low-progesteron, even if your estradiol is normal, you can then have an estrogen-dominant phase or issue.

But really, the issue is that you are so stressed that your body is not making that progeteron and then you end up in this estrogen dominance. That's a pattern that we all see the all time.

But then the other pattern we see most commonly is insulin resistance because of that same HPA access, which then spikes your cortisol, and then cortisol causes insulin resistant.

And then that is going to disrupt your gut health, your microbiome, really your entire body. But those are the things that come up on labs first, usually.

No, for sure. Can you tell from somebody's just their intake in general if they're having something say a progesterone deficiency or something like that?

Are there certain telltale signs that you see almost like? Yeah, definitely. So one of the things that we see often, a lot with PCOS especially too, is we'll see like really heavy bleeding or really happy clotting that just kind of started coming on more and more.

And that's because the progesterone's not blocking the estrogen from growing the uterus so much. There's also brain fog, massive anxiety or panic attacks that come out of nowhere.

Even if you're not feeling panicked or anxious, A lot of times you'll have that feeling, the heart palpitation. dry skin, hair loss, there's a ton of symptoms that kind of go with the low progesterone picture.

And also amenorrhea, right? So like, if you don't have enough progesterone, you're not going to have a period. Then if do have good levels of estrogen, your uterus is just going keep growing and growing, and then when you finally do you have period, it's going be horrific.

For sure, for sure. You also mentioned estrogen dominance. Could you kind outline what that is, what it feels like and kind what looks like phenotypic?

So estrogen dominance. Really, what that is saying is that your estrogen is out of ratio with your progesterone. So whether that's from high levels or high level of estrogen or low levels of progeterones, either way the symptoms are, like Heidi was saying, really heavy bleeding, very painful periods, having more, a lot of times a little more acne and also irregular cycles is probably the big biggest ones that we see.

So those ones, if people come in with those, you're pretty much almost positive that they are having some type of estrogen dominance picture, whether that's from the low or high levels of the hormones themselves.

That's what it looks like when it comes in. Is there, is there a specific type ratio? Is it like four to one, five to two, or is it, kind of like a symptomatic aspect as well?

It's not necessarily a specific ratio, but what we do is we look at the numbers. We do look a estradiol. A lot of times when there is an estrogen dominant picture, be it from too low of progesterone or just too high of estrogen, you will also see estrone be higher.

Estrone is our more inflammatory kind of estrogen. And especially when that's higher than the estradiol, we know we have inflammation pictures going on and we really have to help them bring that down and push it to the right pathway.

Because when it goes through, when estrogens go through the liver, they get conjugated. They go though a whole different type of thing that I'm not going to geek out on right now, but I love it.

But you have to push it in a different pathway so it doesn't go down that inflammatory pathway because the estrone, when that is higher than the estradiol, even if it's at a normal level, you could be presenting with estrogen dominance issues because that estrone is much stronger and it is causing more inflammation, causing a lot of the issues.

Now, what about estriol? I'm curious about that. Where does that fit in here? So Estriol is more of our like pregnancy estrogen. It's one of the weakest estrogens, but it's a very nice, wonderful estrogen and it is great for skin care and everything.

But it isn't something that is very high in our bodies naturally except for when we are pregnant. when you're pregnant. Okay, cool. Cool. So if you were going to run as a physician, a full estrogen panel, so esterone, estradiol and estriol, is there a specific time of month that you should run it or is it depending on?

I mean, obviously postmenopause is one thing, but I means it should be before period, follicular phase, little phase or where should it be? But we have a couple of different practices.

But if I could just test people as much as I wanted and didn't have any pullback on coverage or cost or anything like that. I have couple tests that I like.

So I liked the mirror test because you can test throughout the cycle. And I also like Dutch as well for those. Those two are my favorite functional medicine tests you could test through out the and get a really good full picture about how our hormones changing throughout it.

Estrogen dominance and hormone testing

If we don't have access to that, then we'll use blood tests and blood test. Again, if we are having regular cycles, ideally, we're going to test around day two to five.

in the beginning to see when hormones are at their lowest and then around day 14 right around ovulation when they get up to some of their highest and around date 21 so right before you head into your menses to kind of see that's also when their pretty high but you kinda wanna that way that gives you like that nice little bell curve that you wanna see throughout the cycle as best as possible so those are kinda the days but if I had to just pick one day Because we can't test all of those, then I would shoot for ideally as close to a day 21 as possible because I want to

get them in that luteal phase.

So let's say they have a really irregular cycle and we're like, okay, we are pretty sure you ovulated. Let's try to test you now before you have emensies.

That way we'll get an idea of how high the hormones are getting. And if we had to pick one, that's how we would do it. Or if they're really a regular, it might be how you do.

See, that's super good information because I know a lot of physicians who actually test for all this stuff who don't, who can't really give me an answer to that.

So that was very, very well done on that one. What about testosterone though? Did you guys ever test testosterone along with that? Because again, you do have obviously menstruation, menopause, but I, women do go through andropause as well, which I think is masked by, the guys getting all the credit for that, is that something you focus on too?

Absolutely. Um, so testosterone, I'm very passionate about it, obviously. We need so women need it. It is our number one sex hormone. And people forget that it is not just a male hormone, it Is our Number One sex Hormone, we have more of that than we Have estrogen or progesterone.

So we with an R and repose speaking of enterprise, our enterprise actually goes more like this, men's enterprise goes like So very slight and very slow.

Ours kind of just tanks. So, and it tanks along with our estrogen and progesterone. A lot of times in perimenopause and postmenopausal, women just feel like crap, like constantly.

And they'll go to a doctor and a lot mainstream doctors will just test estrogen, pro testosterone and now they're finally prescribing hormones, right?

So that's great. Um, a lotta times they are not prescribing the right ones, but that is a whole different story. But they're not testing testosterone at all.

And people will be at great levels for their estradiol, and they'll be a great level for the progesterone, but they still feel like crap. They're tired, they have no motivation, They've got the malaise going on, a little bit of depression, little of anxiety.

Can't, their working out four days a week in the gym lifting heavy weights, And they cannot build muscle to save their life. And the thing is, is that they never tested their testosterone.

And our testosterone dips a lot faster and a little more than men's testosterone just because you guys have so much more and it takes a long four years to dip.

I don't know why they're not testing it because it's a huge hormone that we need. We do it all the time, especially perimenopause, postmenopausal, but we have a number of younger women who have irregular cycles or infertility issues and we test them too because we need to see if they have high androgens because sometimes when their testosterone is too high they'll have the PCOS picture and that can cause other issues too that we may need address.

So we always test it We tested in our young ones, we tested it in their middle-aged ones. We test it and our older ones because if they are low and they're postmenopause or perimenopausal, you definitely want to supplement with that, right?

We definitely wanted to have that in them because that's what's going to help them build their muscle and keep their muscles, which is huge, especially in peri-menapause and post- menapaus because we lose so much.

You lose like 5% starting after age 35. That is a lot and it's five percent every decade and we we don't have that much to begin with usually at that point and We can't lose it.

We need to be able to stay independent. You need To be to have our bones good everything. So we definitely test it We're very passionate about it and I love that It's also you mentioned a lot of things when it came to stress as well.

Do you see correlations between things like cortisol and DHEA and progenolone all that kind of stuff as Well, is that something you guys also incorporate because again, this is you know, it's like Chinese arithmetic There's so many moving parts that affect the other part of it So I'm just kind curious.

Is that stuff that they use? You guys have one big panel and you test everything together? Is it like okay? Well will test testosterone after we do estrogen or is it a one fell swoop?

No, we'll test testosterone. If we're doing one of the Dutch tests, for example, that tests testosterone with the other ones. But if we were doing the blood tests we test the testosterone panels.

So we actually do a testosterone panel, not just testosterone total. We do bioavailable sex hormone binding globulin total and free testosterone as well.

And we want to make sure you're during the women's panel not the men's panels because otherwise it's not even going to show up. It's my mistake. I've seen people make, but yeah, we test the testosterone along with the progesterone and the estradiol and estrone.

So when we're running those throughout someone's cycle, were running testosterone with it because it changes throughout the cycle as well. Same rules apply to testosterone for cycle timing as the other ones.

We also want to make sure that it's tested before 10 a.m. every, when they're getting tested. So you want it to always test before ten a, m, doesn't have to be fasting or anything like that, but you need it before Ten A. M.

because that's when the levels are going to the highest and we want see where you're at when their the No, for sure. For sure and did you see like along when you test testosterone?

Does it now say you you've already tested estrogen and all of a sudden you're like, okay, let's test this testosterone bar the panel by itself. Is there a specific timeframe like you would have for estrogen progesterone during the cycle that you'd want to do it?

Or is it the exact same kind of methodology? It's the exact same curve. So you will get a high, you have usually if everything is working well, You'll have the same kind of curve, right?

So in the beginning of your period, it's going to be a little bit lower at ovulation. You get to spike and that's where a lot of women will notice that they're a bit happier and a More frisky.

And yep, exactly. That's from that testosterone boost, right? You're getting that estrogen boost but you're also getting a testosterone booth. Then it usually will go down a little bit in the luteal phase but it still stays pretty well and then it drops again right before your period too.

Testosterone, cortisol, and cycle timing

Again, it kind of follows the same curve as the rest of it. It's less of a curve but still on a curb. Still there, So let's go back to the actual adrenal glands, DHEA and cortisol.

Now, so let us put all these together. Do those influence anything like that actual curve as well, like cortisol be higher during maybe ovulation versus anywhere else in DHA or have you seen correlations like?

So the cortisol in and of itself should be on more of a daily cycle than a cycle throughout the whole period, but the period does, or like the menses and all that, does change it just not as significantly as your daily cycles that you go through.

However, if you're under chronic stress, high cortisol can do a couple things. Not only is it going to affect the HPG excess that we talked about and potentially just your brain from telling your ovaries and gonads to make the hormones, but also if your cortisol is high downstream, it can block the receptors for estrogen and progesterone and it make you metabolize those hormones faster.

So it can suppress hormones on multiple layers, but the cycle itself, you know, usually you can tolerate more stress during your follicular phase than you during luteal phase.

Because of that, the things that you're doing, if you are doing a cycle-sinking kind of lifestyle, which I think is good for everyone, who's having regular cycles, you might see higher levels of cortisol during that time, but that's because of what you're doing.

And like if you were doing some fasting or if your doing more high intensity training, those types of things, your body can tolerate it more. But the cycle itself, I haven't really seen it, specifically raise cortisol outside of its normal daily spike in the morning, come down at night pattern, unless you are having other stresses that are causing that to be disrupted.

Okay. And so going back to the actual cycle itself, now I know a lot of practitioners believe in like dieting a specific way during the little versus the follicular exercise in a way like that.

Is that something you guys subscribe to or is that's something that you think is nonsense? No, it's actually, I mean, scientifically proven too. So basically in your follicular phase, you're going to have more of those hormones, right?

So you gonna be coming from the low and you are gonna go up and your hormones are raising, which gives you more energy. It gives more mitochondria to give you energy because the more estrogen you have, the estrogen, if there's estrogen receptors on those mitochondrion, estrogen tells your mitochondrial, hey, we need more.

That's why you make so much more when you pregnant because it listening to the estrogens receptors. So when those start going up and then your testosterone also goes up, you're going to have more energy and you are going be able to handle stressors, whether it's physical, emotional, those kinds of things, better than in the luteal phase, when you at the end of the Lutea phase especially, your hormones are just dipping.

And then, that's when get the irritability and your like, just leave me alone, don't talk to me. want to be near you, you're tired. You know, your going to a lot more tired because your estrogen has dipped.

Your not getting as much mitochondria support and also progesterone is dropping so your gonna be more fatigued and your testosterone is also dropping a little bit too.

So everything in combination, if you want do high intensity workouts and all those things you need to listen to your body. Everybody is different, everybody has different ranges of hormones and in different parts of your life, right?

So like when I was younger, I could do high intensity workouts throughout my whole cycle and it didn't bother me. It was fine, even in the old phase, not a big deal.

Listen, no, it's not going to happen. I'm so tired during my luteal phase. And my, you know, I am on hormone therapy, but at the same time, my hormone, therapy you get to a normal level.

It's still not a normally up where I was when I younger. So you need to listen to your body. And most of the time with most people, if you're having a regular cycle, You can do more things and have more stressful events that you can handle easier and better in the follicular phase than in alluvial phase.

Makes total sense. And it also comes back to the aspect. I see you guys do a lot with the gut hormone connection. Do you see specific diets like ketogenic versus paleo versus Mediterranean versus fasting that have an effect on how hormones are produced or no?

Absolutely. Yes. So there's a lot to unpack with diet, but I usually tell people you want to be eating a whole food diet. You want be. Eating high protein, high fiber, and then high healthy fats and low carb diet that's just a good general rule for everyone.

I mean, we can always individualize it based on very specific health background, But that is a general good rule. And then if you are going to do any fasting, because I do think there's lots of benefits to fasting.

But for women, those should be being done during your follicular phase. So what I usually tell women is like, you know, your full killer phase starts the moment you start bleeding.

However, Your hormones are still really low that because first like five days, so I would wait until you're done bleeding, then you have that period where you could do a fast.

those types of things when your hormones are starting to come back up because that's when you're estriol and your testosterone starting come up. You want to give yourself a little bit of break even though it's technically part of your follicular phase during bleeding.

And then as it comes back and then after you up through ovulation when head into your luteal phase when progesterone is at its highest pro gesterones is going to make you tired and sleepy.

It's like your I think it is like you like mushy, gushy hormone that just makes you want to curl up on the couch and read a book and relax and just be cozy.

It's the cozy hormone.

Diet, fasting, and gut health for hormones

When that is at its highest, it's making you hungry, but I say you should listen to your body and store up a little bit more energy so that way when you do bleed and lose all those nutrients, you have a bit of a store.

I don't recommend fasting during that period. Your body is intelligent. You know, a lot of women, if you're having really healthy regular cycles, you'll be less hungry during your regular phase, and you are going to be more hungry in your luteal phase and should listen to those things.

That being said, You should still eat a healthy diet. Just because you in you lutial phase doesn't mean, oh, I'm going go eat bunch of candy because I am craving chocolate.

But that's kind of the general rule. I, keto diets, I generally think are fine, but I still am promoting lots of fiber during keto diet because If you're not eating fiber, then that's going to throw off your gut microbiome.

And that super important for how you metabolize estrogen. I mean, we have the estrobolum now and we are learning more and more about it. If your not even fiber then you are not going congidate your estrogens correctly and that can throw you into either estrogen dominance or not have enough estrogen, so you need fiber in your diet.

against keto diets, but if you are going to do them, then I think you need to be making sure that you're still meeting your fiber requirements, which typically I say are about 30 grams a day.

Where do you find the best source of fiber is when you tell your patients? Is it oatmeal or how are you suggesting your, your patient's? Eat your vegetables and your fruit.

And you know, if are gonna have grains, it needs to whole grains. It can't be anything that's just processed. Also

beans, lentils, nuts, seeds, they all have fiber in them.

One thing I'll say about the keto diet, the Keto diet I know it was a very big fat for a while and it kind of comes and goes. It was made for children with epilepsy and they were only meant to be on it for and then they were off of it for a year and they go on it per year, and that off a bit for year.

If you do it in a correct way where you are eating vegetables, there's a lot of, you know, in America, There's lot versions of the keto diet, And some of them are healthy and some are very bad.

There are some that are just like, let's eat bacon and red meat all the time and have absolutely no vegetables or fruit. And those people are the ones who are having heart attacks and strokes and having a lots of cardiovascular issues.

If you incorporate it to where you're basically just have like your carbs are your fruits and vegetables, you can still do a keto diet because if you have enough fiber going through, it's going to flush out the sugars.

So, and you still have that high protein and the high fats and whole thing with the healthy fats. is that you really need those to be able to make your hormones.

If you don't have enough healthy fat in your system, you're not going to able make the hormones, the hormone are made off of the backbones of cholesterol.

So you have to have healthy fats in order for your body to even make and process these hormones Well, I got to say, now we're coming to an end here, but this has been a very, very fun conversation, how we've pivoted from estrogen progesterone into testosterone, and now fiber.

I mean, talk about 70 degrees of health. So that's great. So for this one, and feel free to answer which one you'd like. For any patient who's now in the traditional medicine market, let's pigeonhole it to women.

If they're looking to get out of the whole traditional aspect of hormones are bad for you and this, that, the other, whatever it could be, what's something that they should look when trying to find a physician, a healthcare practitioner, anybody who is going to help them on their hormonal journey?

What's some that should they look for to make sure that their getting not only the best care, but the most quality care? The biggest things you need to look for is, I honestly, it's hard in the traditional system because the tradition system was taught one way and they usually don't continue their research unless they're really into that thing.

We all have to do CEs, we all do that, but you kind of go with what you like. Find a doctor that maybe has something under their bio that says functional medicine trained or those kinds of things, or has extra training in hormones.

There is the Menopause Society and they have a training for practitioners. I'd also like, if you are able to have like a first appointment and just go in and see them, ask them questions about it.

What tests do you run? When do run them? Does it matter when you ran them because if they think it doesn't matter, then that's probably not the right practitioner.

Ask them about what hormones they do prescribe and what forms they prescribe. I don't even prescribe it to my younger women. Those are the biggest things.

And you can go to a doctor and try to establish care and talk to them, about your hormones and just, you know, go with your gut too. If you feel like you're not being heard or they don t know the answers to any of these questions, Go somewhere else.

But if you re just looking, I would definitely look in their bio, see if they have any extra training in hormones.

Because if we don' t have extra traing, what we learn in med school is not enough.

So if they don't have extra training, they might not know what's going on. I love that. Very, very true. And I couldn't agree with you more on those entire ones.

So the second question, if you're a healthcare practitioner, it could be anything and you looking to be like, okay, traditional medicine is not for me.

I'm out. Not a big fan of it. You want to get more into the wellness, longevity, anti-aging, whatever hat you want call this industry that I can wear.

What is something that you should really focus on to make sure that your, you not only providing the correct care to your patients, but you actually doing it in the smart and educated type of way.

I think the first thing you should do is start thinking about a person as a whole and how all the different health systems are interconnected because they are going to play off of each other and you can't, you know, in medical school we're trained in isolated areas of the body and then we don't always think about how they connect and play after that.

Finding the right practitioner and closing

So if you are a practitioner and your wanting to get into this space and start really helping people heal and have more quality of life and longer lives, then you need to start thinking, like have web thinking about how the body is interconnecting and playing off of each other.

And if you're looking for the best way to learn that, it'd probably be to look for some kind of training where someone is going to do more like review cases with you and explain their thought process.

I mean we go to all these seminars and everything like that and those are great, but they don't always have a case-based learning and I think if you're really trying to learn how everything is interconnected, if he can find something that has more of a Case-Based learning, you are going to get a lot more out of it because then you will see how things are interconnecting and playing off of each other.

Two fantastic answer, guys. What a delightful conversation today. For everybody listening, where can they find out more about you guys, follow you, or, I mean, what's the best way to actually get a hold of your guys about practice?

Yeah, so you can reach us at email, info at blossominglongevity.com. Also our website, blossominlongivity. com is probably the best way to get a hold of us, but if you are just looking to follow us and learn more things that we're trying to put out into the world for educational purposes, then you check us out on TikTok and Instagram at Hormone Heroines.

That's also our podcast, and we do a weekly podcast that is put on Spotify, I heart radio and apple podcast and we post little clips from that on our social so you can check out any anywhere from there depending on what you're looking for whether it's just more information or if you actually work with us directly.

We also do help with training practitioners too so if they do if You are a practitioner and you want more training in it and You want to do the case based stuff.

and you want to walk through all this stuff and like kind of pick our brains on how you can do that, just go ahead and get a hold of us at Info at Blossoming Longevity or through our website because we do offer trainings for that stuff too.

My god, what a good team you two are. I love it. Very, very, cool. Well guys, thank you so much for being here today. Again, this is the Lifestyle Medicine Podcast for Power by Access Medical.

We're on Spotify, we're Apple, and we are pretty much everywhere on YouTube. So just make sure you check us out. Make sure to check out Blossoming Longevity.

Guys, guys thank so you much. It was a very educational one day. And I think I learned a few things. Not just one, many. Um, again, I can't wait to hopefully maybe have you back one.

Thank you again for stopping by. Thank you so much for having us. Thanks for joining us today on the Lifestyle Medicine Podcast. At Access Labs, every innovation we pursue is driven by one bold purpose, making personalized medicine more practical and accessible for patients and providers.

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