Why Hormone Therapy Could Prevent Heart Disease and Dementia | Dr. Jila Senemar | Ep. 120 Transcript

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Introduction and Women's Health Initiative

In the late 90s, the NIH puts out a big study, it's the Women's Health Initiative study. I think it was five years later, they stopped the study early.

They put on a press conference. The found that hormone therapy was causing an increased risk of invasive breast cancer and cardiovascular disease, in particular, stroke, heart attack, and pulmonary embolism.

What was the catch on that study that people were missing out on? So what happened was… We have Dr. Gila Sinamar. All right. She's not just treating symptoms.

As a veteran OB-GYN, she's redefining the future of women's longevity. Get ready to take back your health with Miami's top specialist, Dr. Jilla Senamar.

Why are the men getting all of this support on hormone optimization while women are not getting that type of care? Because… You just had a baby, you should be over the moon.

Oh my god, You have a Baby, it should great. But she's struggling. Number one, she is not sleeping. She's taking care of the baby. The societal pressure of breastfeeding only.

Because if you don't breastfeed 100% then the babies are gonna be sick. Now put in all those hormonal shifts. I can't be a good enough mom because I'm not doing this, this and this that I was told I need to do.

Which all of that is nonsense. If someone's heavily drinking, doing drugs, marijuana, cocaine, whatever it is, can they pass that dependency to the baby?

So it all depends on… Welcome to another episode of a Healthy Point of View podcast. I'm your host, Sam Tahada. And as usual, we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

Today, were gonna go deep on women's health. Not just women health though. We're gonna talk how to make super babies and how actually start your longevity journey before you're even born.

How do we do that? We do with the mom. How do we go ahead and work with a mom to get her to have that healthy baby? Well, we're going to tap into an expert who has over 25 years as an Expert in OB-GYN as a physician delivering babies and working with women on their health.

The other thing we are going talk about today. is about what Dr. Marty, head of FDA, commissioner of the FDA has talked about recently in the past few months, the black box warning of hormone optimization with women.

So today we have Dr Gila Sinamar. All right. Welcome to Healthy Point of View podcast. Thank you for having me here, Sam. So listen, this is gonna be a great podcast to talk about because we're gonna go through like that full cycle, right?

Life cycle. And you know, one of the things that we always talk in the world of longevity, when we talk health span and lifespan, is well, what is the right time to start?

And when we met, we initially met at Mar-a-Lago for the longevity Thanksgiving luncheon. And, when started talking, and you told me about your background as OBGYN, delivering many, many babies, you know, in my opinion, longevity starts when we, you know, conceive, right?

So I wanna tap into that expertise, but before we get into any of that, I want people to get to know who Dr. Gille is, and I don't wanna know about your professional life.

I'm wanna about know your upbringing from when you were a kid and what got you where you're at today. Well, like I said, thank you so much for having me here.

And I'm so glad we met at the luncheon because, you know, there's a lot of different ways to go about health and wellness. There's lots of people out there, but you really need to kind of find the right people giving the information.

I think we're all kind on the same page. with in terms of health, well-being, longevity and all of that. For me, that's come full circle. You know, I'm of Middle Eastern descent and I was born and raised in the Middle East.

Iran, to be specific, and I didn't move to the States until the mid-80s. So I was already older by the time we migrated to U. S. I grew up in California and went to school there and then went on to medical school and trained in New York and ended up Miami 22-23 years ago.

The majority of my career has been spent here in South Florida. But in terms of like upbringing and kind of what got me into this field and, you know, the way how things worked out and my path was kind paved in front of me was, coming from that background, everything was very Basically, my mom would make everything herself.

There were no restaurants, there was no fast food, no chemical changes, things like that in our environment. And we took that for granted, to be honest with you.

Now, fast forward, I'm looking back, wait, all the things that my Mom was doing for us and the foods that we ate, that's why we were never really sick.

And we don't have these epidemics of obesity and health disorders and things like that back home because the foods we were eating and their environment was a lot cleaner than kind of what we have here.

in the newer world and more up to date. So there's pluses and negatives, I guess, is the way you have to look at it. But a lot of that kind of pushed me into looking at women's health from a different lens.

It wasn't just about doing the surgeries and delivering the babies, but it was deeper. What was going on with the woman prior to conception? And like you said, women's health really begins at the time of conception in the womb.

And that's kind of where we need to set the stage in terms of women health and to treat them well and appropriately. So it starts really from the times that they're born to when they go through puberty, then when the go though their fertility journey into perimenopause, menopausal, and beyond, you know, a lot of women's health has been done in silos.

Dr. Gila Sinamar's Background and Women's Health Journey

It's like we have the box of puberty and then you have a box in birth control and you then have fertility here and the menopause is somewhere over there.

And it's done separately and kind of broken up. That isn't the way women health should be and that's not the female body, their biology is. Its more of a spectrum and we need to start on one end of it and follow the journey all the through.

where my career started and I started seeing the changes, even in conventional medicine. And that's when I was like, okay, you know what, this was about five, six years ago, right around time of COVID, where I'm like I need to do things differently.

Things are changing, we're not really helping women the way we should be after they're done with their reproductive years. We're dropping the ball. It's kind of like oh yeah, your going through the change, kind too bad,

there's really not much we can do and let's move on.

And I knew that wasn't appropriate. I don't like not having an answer for my patients. And that was one of the first times I was like, I really don' know what to do here.

And then that kind of goes back to what happened back in 2002. I was actually in training when the Women's Health Initiative study was released. That's when that black box warning came out?

Everything came up then. So in the late 90s, they decided to do, remember, number one, women weren't involved in studies or recruited for studies until 1993. Wow.

So let's let that sink in. That was just like yesterday to me. Yeah, that was right around the corner. Right before, right? I remember when I was in college, like that's how, you know, recent it is.

So now they decide the NIH puts out a big study that they want to do. It's a prospective, randomized, double-blind, so it's the gold standard of studies.

The Women's Health Initiative study was put together to look at, prospectively, Women and hormone therapy and if it can help prevent chronic long-term disease in aging women That was the primary goal of the study.

Okay Three five years. I think was a five-years later. They stopped the steady early they put on a press conference, and this is before internet and things like that, so the other researchers, people did not have access to the actual paper and the results.

So only a subset of researchers got together and came up with the press release, not everybody was involved in it. Okay, so they go to this press release and the thing that they say is that, they had to stop the study early because they found that hormone therapy was causing an increased risk of invasive breast cancer and cardiovascular disease in particular, stroke, heart attack and pulmonary embolism.

Those were the results that they released in the press release. And overnight, that fear caused a tremendous drop in that number of prescriptions that were being written and are filled by women for hormone therapy.

So what was the catch on that study that people were missing out on? So what happened was when the actual study was released, like eight days later it was published in JAMA, and all the scientists started reading and they're like, hold on, that isn't what they said.

The numbers that were quoted were not strong, they were statistically significant in that study. Oh wow. Okay? Fast forward to now, 23 years later, a lot of those claims of that press release have all been rescinded by the Women's Health Initiative, but there were no press releases to say that.

Wow. Okay. One of the biggest things we know today, we're taking, and we've known this, it's just, you know, now it out, is that in the arm where the women only received estrogen, the amount or the number of cases of breast cancer actually declined.

No one talks about that. We don't have that data. So a lot of harm was done. That is the bottom line with the WHS. A lot harm done to a whole generation of women who didn't get the benefits of these hormones and hence the risk of heart disease, bone disease fracture and dementia rose and now here we are 20 some years later trying to reverse all of that.

Would you say that proper hormone optimization in women can help avoid things like osteoporosis? Well, that is the number one reason for treatment with hormone therapy is to prevent your osteopathosis.

That data we have, it's clear and it supported by American College of OB-GYN, by the Menopause Society, and by everybody. So what Dr. McCarrie did, which is monumental for women's health, A lot of us had been doing the work.

We have been treating patients at least more recently now, because even with the FDA's black box warning on. Because we know better, we the research, and that's kind of the conversation we were having with our patients.

There are doctors who have around that are in the field, they were there before the Women's Health Initiative and they've been there since, but they never stopped.

treating women with hormone therapy. They knew, they read the study, the understood it, and they explained it to their patients, but again, it wasn't a global thing.

Yeah, when you look at the masses specifically, like, you know, obviously I worked in the fire department for 12 years, from the age of 20 to 32, retired, I'm 39 this month, so what, seven years ago I retired.

But when I was working at the fire department, my part-time gig, I working in functional medicine with Dr. Robert Willix. And that was around 2005 is when i got in.

They were one of the pioneers in hormone optimization. Throughout the years, i saw a huge disconnect between how men were getting treated for hormone optimisation.

versus the women that were going into these hormone optimization programs, they weren't being supported the same way how men were. And this was for years and years, over a decade I saw it.

So why such huge difference between both? Why are the men getting all of this support on hormone optimisation while women, that truly have a huge influx in hormones, are not getting that type of care?

So that's actually multifold, the question, because Women, number one, like we talked about, we're not part of research studies. So that just kind of puts it where it's at in terms of women's health.

We're very far behind. Okay. Number one. When we weren't part at research, studies number two, doctors, once the WHI came out, there was minimal training on hormone therapy for peri and menopausal women.

Here we are in residency. Were supposed to be taught all of this. Now they're like, yeah, you don't need to learn this, There's nothing there to do. It causes cancer.

Don't worry about it. That was literally the type of trainings we were getting. So we are the new generation of doctors coming out. I'm speaking for myself.

As well as a lot of the trailblazers in this space today, we're all part of that same generation. We're like, no, now we know better. So we're bringing it back.

The pendulum in medicine always swings from one extreme to the other. And so we are kind of bringing its center right now with the fact that we have the research, we the data now, and now the FDA behind us supporting.

at the prior office was because there's fear. You still have this fear in the back of your mind. What if I give this to her and she gets cancer? And that can happen, but did it cause it?

Probably not. If anything, there was an underlying issue there. Now, stimulating her with hormone therapy brought this problem to the surface earlier rather than later.

Because if you really look at it physiologically, we have hormones in our body from the time we're born. In pregnancy, that is our highest risk of getting any kind of disease is because that's the highest point of estrogen and progesterone.

So why are pregnant women coming out with cancers? That isn't the pathophysiology of what happens with hormone therapy. Somebody who has a precancerous cell, that cell is in their body.

It just takes something to initiate it. So hormone therapy does not cause breast cancer, we all know that. But if somebody is predisposed to it, yes, they're at higher risk so the conversation then changes.

It doesn't become, no, you cannot take it. It becomes, these are your risks and these your benefits. And this is how we're going to address you going forward.

Yeah, I like that. Dr. Jayla, so before we go further into women's health, adult women health by hormone optimization. I wanna go way back in time to creating these super babies.

So I want to go through Before having a baby, then the baby being born, we'll talk about a few things about what's happening when babies are born. And then we're going to go into the puberty, right?

We'll take about some of the things that are happening with birth control and all this stuff and messing up people's hormones. So I have a lot of appreciation for people who deliver babies.

I've gotten to deliver quite a few babies myself, working in the fire department. Unique scenery, where I deliver the babies, is that a lotta people think, oh, well, it's in back of the truck.

It's like, a lots of times, not in it. in a bathroom stall sometimes. It's on the side of I-95 of the freeway. Sometimes, you know, the babies we deliver are very sick babies, babies from drug addicts.

And then we have the people that love having babies and not going to hospital. They want to have them at home inside of a little tub or pool. So you see it all.

You know delivering babies when I first got into the fire department, it was very nerve wracking.

Hormone Therapy, WHI Misinterpretation, and Menopause Care

It was just like I would freeze and I remember when I started at the fire department my probation year I had one of the lieutenants one other rescue lieutants came up to me says Sam This is the most natural thing Humans are the only ones who actually go to a hospital to have babies and they click and i was like Yeah.

Why am I so like worked up? Like I have my training, all my medical training and stuff, but let's let it happen and be there as an arm of support. So yeah, I just want to say that because that always clicks when I hear about delivering babies.

It's the most natural thing. But in your career, how many babies do you think you've delivered? It's funny, we actually did the numbers just a few years back.

Oh, you did? Yeah, just for fun, to kind of see. And it came out about 5,500 or so plus. Wow. Yeah. That's crazy, that's a lot. It was quite an accomplishment.

You know, and it's fun because I started delivering babies in 1999. 1999, right before the millennium. Right before. And a lot of those kids are my patients.

Oh, really? Since they were grown up, and they've become patients of mine. So that really puts it in perspective, when I think about that. I'm like, yeah, that makes sense, because my oldest is 22. And I had him when I was in training as well.

Yeah, makes sense. So you've seen a lot. 55 babies. With your experience delivering 55 baby, and it's probably been a mixture of doing the C-sections, natural and all that stuff.

You've probably seen mothers living different types of lifestyles. and their babies having different type of complications, right? So, and especially if a lot of these babies are your patients now, you could probably see things that have worked up to where they're at with their health today.

So I wanna talk about creating that super baby. What does the mother have to do to prepare to have a very healthy baby? Yeah, that is a great question because things have shifted and changed over the years.

Even over my career, I can tell you back in the 90s, early 2000s. Environmentally, we may have not been that far off in terms of hormone disruptors and things like that.

Fast forward to today, Not in a good place. I think environmentally, there's a lot going on. And so we really need to pay attention to what we eat, our food, the sources, and things like that.

So for my patients, a of it would start before they would consider conceiving. It would starts with lifestyle modifications. What are you eating? How are eating are?

Are you exercising? It's not all about taking a pill or a multivitamin or prenatal. lifestyle, chronic stress on the body, because all of those things go into play to make sure that you have a healthy ovary ovulating and releasing that healthy egg, as well as the partner and the sperm being a health sperm.

That way you'll have the optimized at that point. So it's really, it was about making sure all of those, you know, boxes were checked off with each individual patient.

I would do prenatal visits, I'd do a preconception appointment with both partners. And kind of go over all this with them. Then once they conceived, we'd see them quite a bit actually.

Especially at the beginning, every two to three weeks that we see to make sure they're getting all their testing done, pre-genetic testing, genetic testing all those kinds of things optimizing iron levels things like that that all go into effect optimizing the thyroid because that has a major impact on the baby's brain development.

So there was a lot going on, and so pregnancy is one part of it, but it's kind of what do you do during the pregnancy? How are you optimizing yourself?

Are you sleeping? Well, are eating all the right foods? Because as you know, in pregnancy, women have aversions. So what they used to like, they don't like anymore.

And then they have these crazy cravings. And it was all about moderation, I would tell them. Listen, you can have certain things, but don't go eating ice cream all day long, okay?

I realize you have a craving for it, let's put that in balance. Women are checked for diabetes throughout the pregnancy to make sure they don' develop gestational diabetes, so those were the key factors we really employ during a pregnancy, to assure that you had the best possible outcome.

Now, even with all of that, there are times things don't go as well as we would expect. And you have a surprise, but it's less and less over my career because we have so much more testing, non-invasive testing that can be done ahead of time to prepare ourselves.

for if anything, there's going to be a problem or not. Absolutely. So let me ask you this. You know, we live in South Florida. It's the red zone for a lot of different vices.

Alcohol, drugs, you know people are, medical marijuana, people smoking marijuana. People are doing all kinds of stuff. We live a very toxic world alongside with that.

Before actually conceiving, These vices, and I don't know the answer to this, right? So what I'm asking you is, if someone's heavily drinking for many years, can they pass that dependency to the baby if they don' t clean themselves up?

If people are doing drugs, marijuana, cocaine, whatever it is. can they pass any of this stuff on to the baby, even if they stop, you know, when they find out they're pregnant?

So it all depends on, number one, the amount and what exactly we're talking. Alcohol in and of its own, unless somebody is an alcoholic, then yes, that baby is at a higher risk of developing that, not directly, just by genetics, basically, okay?

If somebody's, let's say there's a couple and they're having difficulty conceiving, then that would come into play because maybe the increased amount of alcohol intake is affecting sperm quality, or even egg quality for that matter.

So those all have to be addressed, okay? Because they can affect the pregnancy negatively. Drugs, 100%. So we, you know, luckily in the practice that I was at, we didn't have those kinds of patients, but I did work at the University of Miami at Jackson.

So I see quite a number of moms who were still on drugs throughout their pregnancy. So again, you see all different kinds of patients and that does cross right over to baby and the baby is born with withdrawal symptoms of cocaine or whatever have you.

Marijuana, less so, but nonetheless, it still does have an impact on the baby's brain development, and even growth restriction problems, so they don't grow as well, they have to thrive, even when they're born.

So there's a lot of different components and yes, they do definitely play into it. It's just a matter of is it just recreational and is this just couple that they just had some fun and then all of a sudden they found out they're pregnant and now they are panicking.

That is not going to be much of an issue going forward. I always kind of joke with them. As long as you don't keep smoking and drinking, I think we'll be okay.

But in general, most people nowadays, especially, you know, they're having babies later and later, so they are really tuned in to how they can optimize themselves prior to conceiving, that way none of this happens.

Absolutely. So okay, so we talked about different things that they could do lifestyle-wise, right? We talked some of the toxic stuff we're exposed to and how to minimize that, detox it as well, especially any of these vices.

Now, babies born, one of things I just came out on the news is about all of those vaccines that have been injected to the baby. which you delivering babies, which congratulations on the amount that you've done.

And I know I spoke to you on phone a few weeks ago and it was your last delivery. So that was amazing. The vaccines, this is a topic that some people are a little bit nervous to talk about, but we're gonna talk it today.

So you hear the Trump administration talk these 72 jabs that kids are being, once they're born they are getting stuck with all these vaccines. What's your opinion on all of this that's developing, the stories that are developing around that?

Pregnancy, Super Babies, and Preconception Health

We have to be careful with what we do and how we approach this, you know, this new topic that's coming up. Vaccinations, we know save lives. That's the bottom line.

We know that. They've been around forever. that there is proof that they work, and so we need to continue using them. Now, what's been happening is there's certain vaccination protocols, like let's say hepatitis B, which we know is a blood-transferred type of virus.

And babies get the first injection of that as soon as they're born in the hospital. And there's three doses in this series, so they get the first one in the hospital and then they follow up with their pediatrician for dose two and dose three.

According to the American College of OB-GYN, this is standard protocol. Now if you really break it down and really get into the nitty gritty of it, if the mother has already been tested two or three times throughout the pregnancy for hepatitis B, we know she doesn't have it.

yet here we are, jabbing this baby right when they're born. Like, is it really critical at that point? And so a lot of what's happened now is we're listening, we's shifting, were changing, We're thinking outside of the box a little bit with reason, okay?

So a lotta parents are opting to wait for that first dose to be done with their healthcare provider, their pediatrician. So that's number one. A lot of other things that we do is during pregnancy is preventative to make sure mom gives some passive immunity to baby because babies do not have a fully mature immune system until three to six months of age.

So we we recommend the Tdap vaccine, which is has been studied. It is not a live vaccine. And it helps boost mom's immune system to kind of give passive immunity to baby.

The other ones are the flu vaccine, which has been studied again. None of these are live vaccinations. And there's data behind the vaccine especially in the flue season because mom can get quite sick and that can end her up with pulmonary complications and the ICU and things like that.

It can even lead to preterm delivery. So you kind want to be careful with those. In terms of what just happened with the vaccination protocols that they're recommending is, We have so many vaccines we're giving kids, especially for school attendance and things like that.

And a lot of our vaccines are like one injection is four different viruses that we are giving these kids. So what they are talking about is in Denmark, they've done a study and it has shown giving less doses less vaccinations, and they're actually healthier going forward.

So they want to take that model and implement it here in the States. What's your professional opinion on that? I think it can go either direction, but to be honest with you, Denmark I thing is a lot healthier than we are as a nation here, in The U. S.

Right. And their environmental background is different than ours, so I don't know if that's really going to plausible here in the U. S. You're really not comparing apples to apples.

No, it's not. It's, you know, now let's say, European countries, they're different than we are. Okay. Now compare U S maybe to Canada or something like that.

We may be on a different, we may closer, but the US is very unique in how, kind of like we have different pockets of theories on things. And so some pediatricians are like, if you don't do these vaccinations, And then you have others who are more reasonable.

And what I really always recommend to my patients is find a pediatrician that is willing to work with you. not saying you're not going to vaccinate your child.

You're just going say, I'd like to do it, but within reason. I don't want to give four doses at the same time. Can we spread them out a little bit? Yeah.

Okay. And really give me what's 100% necessary and what is like 80% percent necessary. Then let me decide. A lot of healthcare has gone where it's not paternalistic anymore.

It's like, I don't get to tell you what to do because I'm the doctor. We're past that point. Everybody has access to education and information. So we should be able to have an educated conversation about the health of you and your child.

Yeah, it has to be a little bit more of a collaborative type of conversation Exactly. Yeah. I agree with that. So so now we're talking about the vaccination, right?

Mom had baby So mom has a baby now. She's going through postpartum Which now she's experiencing all of this big hormonal shift What is mom going to do?

Yeah That is one of the pivotal times in a woman's life, honestly, and again, I'm gonna preface this by saying a lot of women's health is under misunderstood and under treated because we just don't talk about it.

And a lotta women, they never go back. Yeah. After they go and have that postpartum and all those issues with the hormone shift, it's almost like they fell off the deep end.

And it just like, they're just searching to figure out how to get back to where they were at before. Because it's a taboo, Sam. We don't talk about this stuff because it not supposed to be happening.

You just had a baby, you should be over the moon. Oh my God, do you have a babies, she'd be great. Yeah, but she's struggling. Number one, She's not sleeping.

Because she is taking care of the baby. And then there's the societal pressure of breastfeeding only. Cause if you don' breastfeed 100% then the babies are gonna be sick and you're not being a good mom.

Now put in all those hormonal shifts and what that does is plays with the brain. So then there comes the baby blues where they start feeling not adequate as a mother.

So here's this miracle baby that I wanted. Now I have my child. I can't be a good enough mom because I'm not doing this, this and this that was told I need to do, which all of that is nonsense.

You need do what works for you. Right. you are a different kind of mom than you and I am a difference kind mother than somebody else was. But we were all great mothers in and of our own way.

But all these hormone shifts are happening. No one knows it's happening, she doesn't even pay attention to realize that's what it is and that why they have these crazy thoughts and they think something bad is going to happen to the baby.

So they're just watching over the babies and then that can evolve. Baby blues can, if not addressed appropriately, it can involve into postpartum depression.

Which again, if that isn't addressed or picked up on, then it goes into postpartum psychosis. And those are the bad stories that you hear about. Luckily, we have moved the needle on post partum where now we are seeing patients a lot sooner in the office after they deliver so they can't fall through the cracks.

What's that term, postpartum psychosis? Psychosis. So it's baby blues, and then it turns into post-part depression, which is quite serious. And from there, it goes into psychoses, where again, they just really, they lose touch with reality and they harm themselves or the baby or both.

And I've heard of cases like that and some of the mothers won't even look at the babies. It's almost like they have this like… Negative relationship with the maybe.

Because they feel that they lost a sense of themselves because of that. But to help bridge this gap of not understanding, women are being addressed right in the hospital after delivery.

They're being screened right off the bat. So then if we have an alert that, hey, something's off here, we keep an eye on them. We have a specialist see them in the hospital and provide assistance then they're followed at home with phone calls and talking to a Specialist and making sure they have family support Because that's where it's at.

I can only be with them for so long. It's whoever's with him at Home, are they providing that so do they understand what's going on now when they go through this?

These these issues postpartum is this a hormonal issue micronutrients deficiency issue or all of the above all of the above, majority of it is hormonal fluctuations which then play into the next stage of a woman's life which is perimenopause and menopausal.

So a lot of what I'm seeing now is women are having children later. So what I used to mean by that was around 30, 35. Now that's moved to 40. Okay, because again, I think it's just the world is changing and shifting and people are just, they just want to be more established before they have a baby and so they're being more responsible, i think.

And so, their putting their careers and things like that ahead and they are not really getting pregnant until they like 40, 42.

Substance Use, Vaccines, and Postpartum Recovery

So they have the baby, and a lot of the stressor of their pregnancy can actually push them into perimenopause, unbeknownst to them. So these hormonal shifts definitely play a role in the psyche.

And we know progesterone has a calming effect overall. We don't have that much progesterone postpartum, we have more estrogen, which makes you more lay-by.

So it's those fluctuations. So by seeing the patients more and discussing these things with them, it actually helps them understand their own biology and then they can tune into it.

And then we have therapists who are, they call and they check on the patient weekly as needed. Then there's other medications now that we that are literally just for postpartum depression.

It's a short course of a medication and it helps smooth these hormonal changes. Now, do you do any hormone optimization and like bioidentical hormones during that time or create any other kind of program for them with different vitamins, supplements, et cetera?

So we make sure that hormone optimisation, really, you can't do much in postpartum, especially if they're breastfeeding, because it has an impact on the breast milk production.

So that comes like if somebody isn't then yes, we can do some manipulation to kind of stabilize the hormone fluctuations and they feel better Optimization of you know vitamins B6 B12 all of those vitamin D3 We know it helps with mood immune all that so a lot of Those have to be played into it.

So we make sure that they're optimized there and Sleep is a big factor because again newborn baby doing everything you're supposed to be doing and they're not sleeping so we have to make sure the husband or the partners family members are on board to help support her so she gets adequate sleep at night so then she can function better in the next day.

moving past that postpartum window, when they're thrown into the full-blown perimenopause chaos, then yes, hormone optimization is definitely key there, because you can just kind of, it's optimization, not replacement, you're optimizing it.

So you kind see, what are we missing? What's not working? Okay, let's just fix a little bit here and there. And within weeks, they can start to feel like themselves again.

You mentioned vitamin D3, the importance of that and how it helps up-regulate hormones, immune system, et cetera. And you talked about sleep, which sleep obviously helps us up regulate our hormones and balance things out, it help us recover.

What about other lifestyle habits? For example, exercising or other type of nutrition, meditation, etc. So when women are going through a lot of these hormonal shifts, what happens is cortisol then starts to rise too, which is our inflammatory marker, yeah, stress.

And that cortisol rising can then lead to inflammation all across the body, all cross the cells, and then that throws off the sleep cycle as well. So they're all kind of related.

The best way to kind control all of that meditation is one thing. People don't give it the credit it deserves because I think you know you've just seen it out there for the yogis meditate and this and that but they don' pay attention to but when you actually focus and actually do it and go within yourself and kind of calm your nervous system down, it actually works.

It works like a charm. And so we have to get people more back into this. I do talk a lot to my patients about putting in these critical lifestyle modifications to help and over time they actually see the value in it.

Right away they think I'm a little… and they're like, are you sure doc? I'm like yes. Just give it, give me a couple of weeks and let's try this out.

So it's by meditation. Movement, movement is magical. It's key. Listen, every morning, technically you're supposed to get up. and go outside and ground yourself.

What does that mean? It just means to go out in the sunlight and stand in, you know, in grass. Things that we take for granted, again, we're in this fast-forward, fast forward world that live inside go, go go chronic stress on us all the time and this is why self-care, slowing down, Taking it easy.

These things are so important because they've fallen by the wayside. Yeah. I'm happy that you're bringing that up because, you know, one of the things you mentioned is the cortisol, your stress hormone and that disrupting your sleep patterns and now your circadian rhythm is completely off.

you got a lot of extra stress, which we all know stress is a true killer, regardless if it's good stress or bad stress. It's gonna kill you. So making the effort to be able to get your body balanced is what's going to really help you recover, especially postpartum and when you're going through these different things and getting your back into that homeostasis, if you will.

We're going postpartum, but before we get into like, perimenopause or menopaus, I'm gonna go back a little bit. and go into the teenage years of a woman, right?

Because those teenage ears, when they're going through puberty, there's a lot that's happening, all right. There's lot happening with the hormones, and then I remember when I was in high school, they were handing out birth control like it was candy.

I mean, literally, you saw the girls just with a little pop, pop out a aluminum packet. And I'm just thinking to myself, not then when in I high because I really don't know much in the medical field, but now looking back, it's just like, Were these people even being regulated?

Was anyone even doing blood work or anything? They're just handing these things out and this is actually disrupting their hormones, right? So I want to talk about, there are certain women that go through these very heavy menstrual cycles that have all these type of issues and they basically can't live when they're going through the menstruation cycle.

Are there a few women that really need to be on these birth control pills to able to live their day to day life? Yeah, absolutely. But does everyone need start taking this at such a young age is my question to you.

And I'm glad we're going there because again, Conventional medicine has taught us to be reactive and not proactive. We should be really more preventative than treat disease, right?

I used to see a ton of young patients, adolescents, brought to me for different reasons by their moms. And it was always about, she's having heavy periods, so it's affecting her schoolwork because she doesn't feel well, and so she calls me to come home, this is happening every month, now her grades are dropping.

That was number one. She's having bad cramps where she needs to be picked up again. It was affecting daily life. Then there are those who they wouldn't get their periods at all and they didn't know what was going on.

So there was a PCOS picture going there. And the next one would be just plain out contraception. she's fine, everything's good, but now she is becoming sexually active and so that's what we're here for.

So being an OB-GYN, and this is what I've done for so long, it used to be reactive. Yes. Okay. Birth control pill. And guess what, Sam? It did fix all of that.

It would give them birth control. it would get them protection so they weren't getting pregnant when they were ready. Right. They would provide control of the cycle so that they wouldn't have those heavy periods and so, they won't call mom to go home and they would do their schoolwork and it will help with the cramps as well.

The PCOS part, that's the problem right there, is because we were suppressing what was happening there and we weren't really getting to the root cause of the problems.

These are young girls. The hypothalamic pituitary axis, which is the cycle that sends signals to tell it what to do, hasn't matured yet. It takes time, it doesn't actually mature in a lot of girls until they're in their 20s.

Yet here we have a 12-14 year old that has been on birth control pill, suppress her ovulation, which is a natural thing that should be happening every month anyway.

And now she's 25 years old, she comes off the pill and it's a 50-50 shot. Maybe she'll get her periods regularly? Maybe she won't, okay? PCOS is not just an estrogen issue.

It's a combination. Its metabolic, its inflammatory, it's estrogen mediated. And unless we kind of look at that early on and address it, you're just band-aiding the problem, which will come up later when now she's trying to have a baby and it is going to cause fertility issues, right?

So did the pill cause a fertility issue? Not directly, but indirectly, yes, it just kind of covered it up. And now you're uncovering it and now, you have to deal with it.

Where? If you back up and you educate the mom and educate your daughter at a younger age, when they first come in and say, this is a metabolic problem, we need to fix that first, and then your cycles will regulate themselves.

They would be at a much better place than just handing out the birth control pool, which is the easy solution So even I have changed my Mindset on how to treat these younger patients going for I do diet modification I Do supplementation with certain supplements that really work for PCOS patients and guess what?

Within six months to a year. They're having regular cycles. Oh It reverses it because it's metabolic. We know this and It's just kind of like using GLP-1s in the other subset of patients, it's fixing an inflammatory response.

So we need to be more root cause based rather than just treating a symptom and moving on. Because it seems easier. Root cause medicine. That is the future, that's where we needs to.

Now you were talking about when they hit 25, those years where they're ready to have a baby. Right now, we're at like the ultimate high for infertility.

Why is that? It's because we are not doing the root cause analysis when they're younger. And also environmental, so I always keep saying that, but because it's real, okay?

So you have the microplastics and everything, and there's skincare that they are using. All these 10 step skincare routines and young girls are Buying and spending money on bodies absorbing absorbing all and these are all hormone disruptors.

We know all of this now Even their cosmetics their makeup is not clean. Okay, so this is affecting them UV light outside They're there, you know there and they're on blue screens all day long.

They are scrolling non-stop All of these affects them on a cellular level and their not paying attention to it. So That's where we're seeing more infertility at even younger ages.

Infertility after 40, 45, it's expected because that egg quality isn't the same. But infertilty in a 30 year old, that's not okay. And that more getting to the root of what's been happening to them.

Now 25 plus years as an OBGYN, right? And 5,500 babies. 25 years to begin with, you have the ability to really see what has been happening.

Teen Health, Birth Control, and Infertility

How big has the IVF industry grown in those 25 year? It has skyrocketed, Sam, and it keeps going. It keeps expanding because there is a need for it because we're messing up earlier and earlier.

But the infertility is not only even women. It's both. Guys in the early 20s. Correct, having issues. They're going to their urologists and their sperm quality is horrible.

No mobility, nothing. So what would be the biggest contributor in your opinion with the 25 years that you've had and been able to see certain things, what do you think the big contributor to infertility is for both male and females?

I think it's a combination of a few things, but number one, it our environmental toxins that we're exposed to so much, more so now than before. I thing it also alcohol, the potency of the recreational drugs that they're playing around with.

They're clinics, offices to get CBD, pot, whatever, THC, anything you want, all over the place now, in every corner, and it medical. And it's not even the weed or marijuana, should I say, from back in the day, right?

There's other things in there. It's like supercharged. This day here, this will make you well. We don't even know what, it is not pure anymore. Its chemicals.

Vaping. All of these things and then now add chronic stress that these younger generations have, to keep up. not sleeping well, not moving, no exercising, that all plays into what's happening and looking forward.

But what I can tell you, which is very optimistic and it's good, they're seeing the difference and they are reversing it themselves. So the younger college kids now, are actually not drinking as much as they used to.

Yeah, I keep on reading a lot about that. They're not drinking that much They'll be coming they're becoming aware aware because the people like Brian Johnson and things like that out there like my 22 year olds like I want to get the blind Johnson things I'm like, okay, but Brian.

Johnson is trying to become your genetics. So you don't need that Just continue doing what you're doing. Yeah. But that I think that's what's getting them to be more conscious of what?

Yeah Which is a good thing, I like that. We just gotta keep on spreading it. That's what we do on podcasts like this, really try to get that information out there.

All right, so we started working with the teenagers, they're going through puberty, we talked about the BCPs, the birth control pills. Now let's go into the period of menopause.

What are people experiencing, what are women experiencing? I think it's people. I thing it is both. It's men and women. Yeah, I was just going to say that's just women actually.

What are men an women experiencing throughout that? Yeah. It's so, I look, the way I explain to the community is it's kind of like that spectrum of hormonal fluctuations.

So you had the beginning in puberty where it was like your hormones were all over the place, then they kinda calmed down in the next 20 years and now they're back up being chaotic again.

The problem is everybody has been focusing on periods and hot flashes. So when you have regular periods, and you don't have hot flash, then you're not there, so we're missing the boat.

Where the body is sending little signals throughout this phase. And perimenopause can last upwards of seven to 10 years. It can start as early as mid to late 30s.

And menopause is until 51. So you have that whole 30s, 40s where this fluctuation could be happening. And the woman is looking for period irregularities, which may or may not happen.

The other signals that you should be aware of or pay attention to is sleep disturbances. That's where it starts popping up and mood changes. When you say sleep disturbance, is it just like waking up at night or waking sweating and having the hot flashes?

It could any of the above. They fall asleep fine, but they wake up at two or three in the morning every night and they don't know why. It could be that they go to sleep, they fall sleep but wakeup unrested.

Because they're not having deep quality sleep. Could be they that don' fall to asleep at all. But once they are finally asleep, at four a.m., then they sleep well.

So it's any of those variations. And it doesn't have to be every day. You can be like two to three nights awake over a couple of months. That is considered a sleep disturbance.

The emotional part is what really gets a lot of women because, you know, women around their periods, they're granted, that have hormonal changes, their used to that.

This is on a different level. What level is it on? Meaning it's more generalized to everyone and everything. They just don't have that, the patience anymore.

where moms are running around doing 50,000 things. All of a sudden, now, she can't stand certain things, or I don't know if you've seen these memes all over social media.

It's like, I just can stand the sound of him chewing. I mean, it's, like okay, but he's been chewing like that forever. Why is it bothering me now? It almost like they're just walking around cranky.

Cranky, they are just cranking. They're not themselves, and I have women come to me and they like something's wrong. And I'm not myself, And they can tell.

Something's off, something I know what it is, But this isn't my baseline. The partners are now becoming more well-versed because of these conversations happening.

And they're like, that's what it is. Before they were just like she's just crazy. The partner's are diagnosing. They're are like I have partners bringing in the wife.

I think she is in perimenopause and I told her she needs to come see you. but the conversation needs to go both ways because it affects the whole unit.

It affects a partner, it effects the kids, It effects work, and it offends family and friends. Oh yeah, I mean a lot of these things when someone like yourself as a physician gets the opportunity to actually address it, you're saving marriages a lotta the times.

I've seen it out of our clinics. Now, when we start talking about perimenopause, and then we're going into menopaus, right? A lot of these women have issues with sexual health.

So I wanna talk about some of these signs and symptoms that are defined as a sexual health issue. It being sexual, health dysfunction, even postpartum.

There's urinary incontinence, some women have prolapsed uterus, all of this different things which affect their sexual heath. So is that something that you've had the opportunity to specialize in?

Actually, yeah, I'm a fellow of the International Society of Sexual Health and Wellbeing. So there is, you know, a lot. There's lots of taboos in women's health.

Menopause being the first, that it's not happening, it doesn't happen, because if menopausal is going on, then you're old and you are done and shriveled up and they're going to throw you out.

You have nothing to provide society anymore. That taboo, we've kind of moved past it now. The second tabu is sexual health, where women are like, eh, I'm past that point.

I don't really care. but that isn't okay. And that's a bigger conversation because again, it also affects the unit. It affects whole partnership, right?

Because this is now you're at this point in your life where everything is good. You don't have to worry about getting pregnant anymore. So really you should actually be enjoying it.

A lot of times they're not due to multiple reasons. One it could just be, Neurochemical in the brain, which is the most common. Hypoactive sexual desire disorder.

It's a neurochemical imbalance where you just don't have the desire. Like it is not on the priority list. Physically, you're fine. Meaning, and that's how I kind of distinguish it with my patients, I'm like, so once you are in act and you involved, are you enjoying it?

Oh yeah, fine then. I just can't go from A to B. So HSDD is the bigger one to treat, and it's harder to treatment because of neurochemical imbalance in the brain due to estrogen deficiency or fluctuation.

The estrogen plays, remember, we have estrogen receptors everywhere, from hair, scalp, brain, heart, the vasculature around the heart. Bone, skin. Vaginal tissue, you name it.

We have them everywhere. And so what happens is estrogen declines. In the brain, we have inhibitory and excitatory neurochemicals. The excititory ones, like your dopamine that makes you happy and gives you pleasure, as well as norepinephrine, are downregulated, and your inhibitatory ones are now high.

You don't care. you don' care to have sex or not. So that is one. Then there is Physical changes going on down below. Genitourinary Urinary Syndrome of menopause, where, again, due to the lowered estrogen levels, the vaginal tissue becomes thinned out, there's less lubrication, and so it's not pleasurable and it actually hurts.

Vaginal dryness and there is painful intercourse, right? Painful inter course, exactly. So each one is kind of treated differently. The most important one is really to figure out which one it is and treat it appropriately.

Testosterone works for some components of it. Vaginal estrogen works another component for the atrophy aspect of is. And there are medications such as Veilisi and Adi that work on the neurochemical component of.

Addi just made the headlines again. It works directly on those neuro chemical pathways. It takes about eight to 12 weeks for it to work, but then you all of a sudden start just kind of having the desire.

And it comes back.

Perimenopause, Sexual Health, and Hormone Optimization

It was approved for use in premenopausal women for the past 10 years by the FDA. Once again, nobody knew about it. Is that the Addie's little pink pill?

You got it, yes. Which one's the PT-141? Yeah, that's Addies, and so filbasterin. That's another name of it and then Just recently it was fast-tracked and it passed the FDA for menopausal women as well.

So she got the double approval now. And Veilisi is an on-demand injection that works kind of like Viagra, where you only use it on demand and you can only it so many times a month.

Right. Some people can use both. Really, sexual health is a part of female well-being. It's not separate, it's just another, It kind of like just feeling well like yourself.

And it needs to be addressed because a lot of women don't even realize there's a problem until you talk to them about it. So what are some of the things that women can do to address some these things?

Because on social media you start hearing plastic surgeons out there that are doing things, for example, like the labiaplasty, right? a lot of these women that get the labiaplasty, they have painful intercourse because of that.

You have people that are doing vaginal rejuvenation, that have different lasers, CO2 lasers that help getting it more tight. So what are some of the things that you can talk about to improve the sexual health of a woman?

So once now if we're talking about like the vaginal tissue itself and more of a physical problem, there's all different kinds of things. What has been approved and we know works without a doubt is vaginine estrogen cream.

Now somebody has tissue problem or you know the senses or they have a little bit of prolapse or incontinence. I work hand in hand with a pelvic floor therapist who's well specialized in this.

And that's all they do all day long. The public floor therapists is someone that is actually helping build up the pelvic muscle. They do exercises with the patient.

So it's actually very specific. It used to, I don't know if you remember Kegel exercises where you just kind of, you know, contract the pubococcygeal muscles and things like that.

That is okay in and of itself, but we've come a lot further than that, and so the pelvic floor therapist actually will evaluate a patient, just like you would evaluate patient for anything else, dynamic testing and things like that to see what actually is the problem.

Is it too much or is it to relaxed of a tissue so then they do certain exercises to strengthen those muscles back up just like you would do a bicep curl to strength your biceps and thing like.

Or is a contraction problem because some women are just chronically contracted down there and so it makes it more painful to have intercourse. So then they have to release that and then do better.

And estrogen cream helps because that tissue is dependent on estrogen. So it collagenizes it and re-epithelializes that tissues so then it's more pliable.

Then it goes back to its baseline. Yeah, I've even heard that some of these pelvic floor therapists, they will even, you know, especially with patients that have scar tissue from like endometriosis, They actually have to go there and

actually massage certain areas to let it relax.

To break it up and they even do like progressive dilation and then they self teach that to the patient. how to use dilators to dilate, because remember the vaginal tissue is very elastic.

So if you can get the dilation up, then you're going to be more comfortable with intimacy. Now, there are certain lasers that have been used for certain problems down there.

And we had the Mona Lisa laser. I was actually trained on it right when it first came out. We saw a lot of good results with that as well. It's just a laser treatment of the vaginal tissue.

The concept is tightening as wel as re-collagenization of that tissue, and it brings it back. After two, three treatments, a patient was like, I can't believe this is working.

and then I would add in vaginal estrogen to maintain. the progress we've made. These are all great things that we're talking about because I feel, you know, we said it at the beginning, women's health has kind of been neglected in our society, in a medical system to begin with.

And I think there's a lot of women out there that are going through these type of issues and have these symptoms and don't know what to do. A lot them are shy and hesitant to even bring it up.

I today's message with what you're saying should give some of these women the opportunity to really kind of think through these things and understand there is solutions to work through their problems.

And don't hesitate and ask these questions, you know? 110%, Sam. This is really, I'm not a social media guru or fan whatsoever, but I had to go online because I was seeing it in my office day in and day out with 30, 40 patients a day with the same complaints over and over again.

I said to myself, I'm the only one talking about this stuff to these patients. And like you said, they're shy about it. And most of the time we check, everything good, yes, okay, we move on.

And that's when I'd say, look, let me make sure you're okay. I would start poking. The more I asked, the more would come out. That's why I was like, no, there needs to be more here.

In my community, not a lot of people were talking about this. We're in South Florida. There's a lotta providers here, yet I didn't see anybody else saying.

So I'm like okay I'll just take to social media, and see what happens, and all it's done is just blown up because women have concerns. And just because my patients know it, doesn't mean everybody else knows it.

So it word of mouth, spreading the word. If you were to rate hormone optimization for women, especially when they get into that menopause zone, right?

On a scale one to 10, 10 being like, you really need to consider it. What would you rate hormone optimization? I would just rate it an 11. Listen, we're not treating symptoms with hormones.

That isn't the goal. The goal isn' just to treat, because I have patients who tell me, Doc, listen, I'm like 55 now. I went through it pretty well. And I don't have any symptoms.

Why do I need consider this? We're treating you with hormone therapy or we should consider to prevent long-term disease, the silent things that are happening internally that you don't know yet, because that heart disease that your gonna have at 65 is starting to happen and develop in your 30s and 40s.

And as soon as that estrogen level drops, then it starts building up even more. So you start having high blood pressure, high cholesterol, and then at 60, you have a heart attack.

That heart could have been prevented had you been on hormones. I mean, we know this, the data is there. That hip fracture at 65, that's due to osteopenia and pyrosis that developed as you went through menopause and didn't get the hormonal support you needed.

Because estrogen is the only thing we have that not only helps slow down bone breakdown, but it also helps build bone. So that all is part of hormone therapy.

So it's not really just for symptom relief of your hot flashes and your mood changes. It's really to prevent you from having chronic disease later. I love that.

And you know, like on the back of the cups, you'll see it there. These are the three things that I always tell people. Prevention, early detection and treatment intervention.

That's right. You know when you put the right things in place, specifically even the treatment, intervention, You can get that good health span, not just lifespan.

So that right now there's a huge movement that's going on. A MAHA movement. Make America healthy again. What's your thoughts on that? Well, I think It's about time we've had it.

We need to make America healthy again. And in terms of women's health, we have already started that movement because of the black box warning being removed back on November 10th of 2025 after 23 years.

I think that was a big step in the right direction to remove that fear base that wasn't there. So now more women have access. to a treatment that could be life-saving for them.

Amazing. So we're gonna have a little fun here. We have one of my favorite podcasters, Steven Barlett, with the diary of a CEO. He came out with these conversation cards.

Oh my gosh, okay. I'll let you go ahead and open that up. Okay. You'll grab one card from the inside somewhere. Anywhere, OK. Read it and then answer it.

OK, let's see. When do you feel the most emotionally connected to yourself? Oh, I like that. I think I feel most the emotionally to myself first thing in the morning when I wake up and I'm having that cup of coffee by myself, nobody else is up.

It's typically around 4.35 in morning, that's why no one else's awake. And I am getting ready to start my workout and my day. Yeah, that's the best time of day for me.

You feel connected. Yeah. Absolutely. So I want you to take the next couple of minutes here and I. Want this response to come from the heart. Tell the world.

What the problem is. Right in the solution. That you as the physician bring to the table that the World needs to know. The problem and what's the solution, okay?

I think one of the biggest problems that we have right now is lack of funding for women's health research globally and access to care everywhere.

Closing Thoughts on Women's Health Advocacy

And the solutions that I'm a small part of working on with everybody else is to provide more education online on a global scale. with a different platform where all of the stuff we just talked about today can be available to anyone anytime they want it.

So that way they can go and advocate for themselves and get the best care they deserve. Amazing. Love that. And Doc, as we start to wrap up here, if there is one person that's listening to this podcast and truly resonates with

today's message, what is that one thing you can leave them off with?

I want you to walk away with knowing that pay attention to the signals your body is giving you. Don't just take everything at face value. Educate yourself and ask questions.

We give in too easily to like, you know, doctor figures thinking they know best for us. At some point they might, like if you need a surgical procedure, yeah, they're giving you the right options.

But a lot of times we've been trained to just give the easy answer out and not really look at the whole overall picture and look in an individual holistically.

So really now it's upon the individual to take that upon themselves and find a healthcare provider that's willing to meet them halfway and work with them.

I love that. And Doc, if people want to find you, where can they find? I'm all over social media. It's on my Instagram at Dr. Gila Senamar, and then my website, gilamd.com.

Amazing. Dr Gilla, it was a pleasure to have you on a Healthy Point of View podcast. This was very informative and I appreciate it. Thank you so much for having me, Sam.

Was a great conversation. All right. Guys, you heard Dr Jila. You got to take control of your own health. You can't be dependent on just the bigger bodies to do it.

Yes, there's a lot of science behind what we're doing and everything else, but ultimately, if you feel like your body's off, you have to start putting in the work.

You have educate yourself, start researching, and start asking questions. There's lots of experts online that just want to help people out. Dr. Gila is one of them.

She shares tons of information that you might be able to benefit from, but not just you. Even if you're not dealing with something today, there's probably someone in your Rolodex.

Someone in you following on social media that can benefit form today's message. So if know someone, make sure you share this podcast. Make sure like it, comment, do all that fun stuff, and we'll see you for the next one.