Intro and guest background

brain fog, difficulty concentrating, even ADHD. What happens is I tell patients, leaky gut, leaky brain. And so just like we don't like things passing through those tight junctions in the intestine, as you very well put it, there's also a similar system in our brain.

Our brain is very delicate and so the way it was designed is that only a few things can go through. If there's inflammation in the blood vessels, in the brain, a lot of stuff is going to be going through and it's going to cause symptoms pretty quickly just because our brains are so delicate.

Do you feel like your hormones have turned against you? Trust us, you're not alone. We're Dr. Serena and Dr. Heidi, and on Hormone Heroines, we explore all the root causes that are behind hormone imbalances, and we teach you how to thrive through them.

Join us for real talk, expert tips, and even a few laughs. Hello and welcome back to Hormone Heroines. I'm Dr. Heidi. And I'm Dr. Serena. And today we're going to be talking about the gut and IBS.

And we're going to be discussing that with Dr. Monica Haregi. Welcome. Can you tell us a little bit about yourself, like how you came to functional medicine?

Why are you so passionate about the gut? Hi. Well, thank you, Dr. Heidi and Dr. Serena for having me on your podcast. I love being on these podcasts and I love talking to other educators like you.

As we were talking before we went live, the whole reason that we went to medical school is to teach, right? The root of doctor is docera, be a teacher.

So I love reaching more than just people who can be my patients. My practice is called Truly Healthy MD. I'm based in Dallas, but I see anybody in the state of Texas who wants to improve their health.

And so I'm a medical doctor. I went to conventional medical school, graduated, did my residency in internal medicine, finished that in 2011. My first job as a Medical doctor was, as an internist, was working in the hospital setting and I absolutely loved the job.

I still sometimes miss the excitement of seeing people that were really sick and could really help them in those situations where they had big medical problems.

But after a decade of doing that and just seeing the same patients come back, over and over and send them back to their primary care doctors and then come back to the hospital a few months later.

I was really frustrated feeling like I couldn't make a big difference in my patient's lives. And so in the year 2019, I started having my own series of medical problems that my primary care doctor could not figure out.

And I learned about what holistic health is, what functional medicine, integrative medicine was. And even though it's very different from what they teach us in conventional medical school where people go to get MD, DO degrees, I really felt like that was my true calling.

And so For anybody who doesn't understand those specific terms, functional medicine and functional medicine, we try to find the root cause of problems.

So if you go to a MDDO who is not trained in functional medicine, a lot of times they will just try to understand what your symptoms are and try to deal with the symptoms.

And there's not always a deep dive into why is this person having the symptoms? What can I do to heal from a root cause perspective? And not that physicians don't want to do that.

Every person that I've ever met that went to medical school wants to help heal patients, but under the current healthcare system, it's impossible for doctors to provide that kind of care to patients.

We are rushed. Under the insurance model, especially we're given 10 minutes to talk to a patient. And so it's impossible for us to get to know patients.

It's impossible under the insurance model to give personalized medicine and to find and treat root causes. Your primary doctor might tell you every once in a while, hey, you gotta eat better exercise more.

But yeah, what kind of advice is that, right? It's impossible both for the physician and for the patient.

Why IBS is not a real root-cause diagnosis

And so those of us who have chosen to step outside of conventional medicine and understand our patients better, give more personalized care, most of us go through some sort of training to do either functional medicine, integrative medicine, something else.

That's not just what we learned in our conventional medical school, conventional residency, internship, fellowship. And so. I first got certified through IFM, which is the Institute for Functional Medicine.

And since then, I've just been constantly learning more and more, not just from courses, but from my patients and from naturopaths as yourselves. And I take every opportunity I can to understand how not just to be a prescriber, but really go into a partnership with my patients and try to be a healer as much as possible.

And, you know, that's not always a hundred percent possible. There's patients out there that we just keep going back to the drawing board and be like, okay, you're not better.

Let's see what we can do. But for the most part, the outcomes I've had with my patients ever since I've taken a lot more of a personalized and root cause approach have been much, much, much better than just trying to create symptoms and get people, you know.

move people along, right? Like, okay, I just had 10 minutes with you. Let's go to the next patient. So it's longer lasting, right? So like you can heal them from something, but it's actually going to last instead of just like, this will take away your symptoms for now.

But then you might have to take another pill for the side effects. Yeah. Oh yeah. And that's, that's one of the problems with conventional medications, pharmaceuticals.

I'm glad there's pharmaceuticals. I'm so glad there there's pharmaceutical companies. I don't vilify them. I'm like, Hey, I'm glad you're doing the research and that we or you have products that can help for acute things, but try to limit those for acute problems.

And yeah, the pharmaceuticals end up fixing one thing, but then messing up 10 other things. Well, and it's going to continue and you'll have to continue taking everything if you don't fix what's causing the problem.

So, you know, I definitely agree with all of what you're saying. And I love I love your little title that you had sent us before because it's amazing.

I love it. It's my favorite. No more victim blaming. Why is IBS not a real diagnosis like the real root causes with real life solutions? I love that. So let's kind of dive in.

Why is IBS so common at conventional practice? this. You know how us women are always just pushing through it

and then when we go to find help, we're often not taken seriously or told, oh, that's just part of being a woman.

Yeah, we've lived through it, prioritizing everybody else and then our own health falls to the wayside. That's why we started blossoming longevity by women or women.

We created programs that meet women where they are, addressing the root causes and all of the struggles that come with every stage of life. Like our vitality program.

It reconnects you with your youth and your life so that you can thrive through the years. And with Clarity, we go beyond the skin to restore your health, clear your complexion so you can feel radiant from the inside out.

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And with Harmony, we help you rebalance your hormones to heal from within so you can feel vibrant and ready to take on the world. That is why it's time to stop saddling and start flourishing.

Visit blossominglongevity.com today. Absolutely. That is one of the most common diagnoses that I come across in patients that come see me, patients that come try to find root causes for their problems.

I would say at least 50% of them say, oh yeah, I was told I had IBS or I think I have IBS because I meet all the symptoms. And the first thing I tell them is stop.

Stop thinking you have IBS. doesn't mean anything it just it's IBS stands for irritable bowel syndrome and it just basically means that they were tagged with that because the doctor whoever saw them didn't know what they had and they're like I guess your your intestine is irritable right it's kind of like a victim shaming sort of thing instead of saying okay, we're going to figure out why you're having these symptoms.

It's just like, it's irritable. So it's, even though I have to put that in my patient's charts because it's an ICD code, I always make sure that my patients understand that's not really a diagnosis.

It doesn't tell us why or how to fix it. And so there are a lot of reasons why, but the reason that A lot of patients end up with this diagnosis is because conventional medicine doesn't really dive deep into the reasons.

So in holistic medicine, we talk about specific reasons. We try to figure out, do you have something going on with your stomach? Is your stomach not producing enough stomach acid?

SIBO, leaky gut, and the gut-brain connection

Is your pancreas not producing enough of the pancreatic enzymes? Do you have SIBO, which is the main topic that I want to talk about today because I do feel like that's an extremely, well not I don't feel, we know that's an extremely common diagnosis that people don't understand what it is.

It's 100% validated by conventional medicine, but not enough clinicians are thinking about this. Or do they have something going on in, so SIBO stands for small intestinal bacterial overgrowth.

And we'll definitely dive deep about that. And so think about small intestine, think about large intestine. Do you have something going on in large intestine, some sort of dysbiosis or motility issue that is causing what you're tagged with is IBS.

So most patients that either have the diagnosis of IBS or have something going on in their abdomen, which could classify as IBS, Everyone has a root cause.

It's never just IBS. And so yeah, it's an easy thing to say, oh, you have IBS. Bye, you have IBS. On that note, because he listed a lot of what could be root causes of IBS, but I know you want to talk about SIBO.

So why don't you walk us through the connection between SIBO and intestinal permeability or leaky gut, which often gets labeled as IBS. Yeah. Yeah. So when we talk about the root causes of IBS, we definitely, like I said previous, so we're going to go through the whole digestive track.

Is it esophagus, stomach, small intestine, large intestine? What we find in most cases is that it's at least in part the small intestine and that's because a small intestine is If you ever looked at those diagrams where it shows you like your digestive tract, the small intestine is huge.

It takes up most of your abdominal cavity. So there's a lot of things that can go wrong. It's such a long, long tube. It has a lot of functions. Mostly it is digesting and absorbing, mostly absorbing the nutrients that we're trying to eat.

And so as you can imagine, a lot of things can go wrong. What we are seeing increasingly is people have what's called a small intestinal bacterial overgrowth as the abbreviation is SIBO.

Again, very much validated by the conventional literature, but very much under diagnosed. And so what happens is that most of the bacteria in our gut are supposed to be living in our large intestine.

I think most people out there know that, right? These, what we call the microbiome of the gut. It's a good thing. We have to have it. If you don't have a good microbiome or if you don't have a microbiome at all, like, you know, the lab rats where we eradicate the microbiome, you are, you're, you're, you're in deep trouble.

The microbiome. is what helps us with our neurotransmitters. It helps us produce vitamins like vitamin K. It helps us with our immune system. 80% of our immune system is in our gut.

And that connection between our immune system and the microbiome. So we could talk about the microbiome's function for days on end. Just briefly, it's important.

Yeah, very important. It has to be balanced, right? We use the term dysbiosis, meaning it's imbalanced. And most of it should be living in the large intestine.

When a lot of those bacteria are not confined to the large intestine, but they move into the small intestine, that is when we run into a ton of problems.

So a lot of people out there, we don't have exact statistics, but a lot of people suffer from exploding excess gas. A lot of times it's because those bacteria, instead of living in the large intestine where they're supposed to be, have migrated up into the small intestine.

In the small intestine, we're still in the process of digesting food and absorbing it. So if the bacteria get a hold of those undigested, unobsorbed foods that are in the small intestine, they are going to go crazy.

They're like, oh my gosh, there's so much food for us. And so they're going to proliferate bacteria. The bacteria in our gut make gas. Human cells don't make gas.

Whenever you have gas in your intestine, those were all produced by the bacteria. And it's not bad to have a little bit of gas. We all have gas. But if you are bloating, if you're having excessive belching, excessive gas pains, excessive passing gas, then that's a problem.

probably bacteria that are either imbalanced in large intestine or they have migrated to the small intestine. Once they are there, they can wreak havoc on your entire body.

We do have a lot of patients who come and they don't even have gastrointestinal symptoms or maybe their gastrointestinal symptoms are minimal. A lot of my patients come to me for things like chronic fatigue, fibromyalgia, brain fog, or even like hormone issues.

And I'm still going to say, hey, let's figure out how your gut health is. Because whether or not you come to a holistic

doctor for gut health or not, we're always going to look at the gut.

That is where our health starts. biggest area of focus. Once we fix that health, a lot of times things are gonna just get a lot better brain fog, chronic fatigue, all those things that I mentioned.

Yeah, so when the bacteria have migrated to the small intestine, they grow out of hand. And what we need to understand about the intestine is that there's only one cell layer between what's inside our gut and our bloodstream.

And so if that gets disrupted, that's an extremely delicate balance. So let's say these bacteria start proliferating where they're not supposed to be or causing too much inflammation.

They disrupt that one layer of cells and they cause what is known colloquially as leaky gut, which is a very, very well studied scientific phenomenon.

So if you go to a conventional doctor and you say leaky gut and they roll their eyes, to say, oh, I meant increased intestinal permeability, which is a scientific term and there's loads of that so they can't roll their eyes anymore.

Increased intestinal permeability means that the stuff that's supposed to be staying inside the lumen of the gut is getting into your bloodstream. And so what happens when things enter your bloodstream that aren't supposed to be there, of course, our bodies are incredibly made and they know that they need to start reacting to things that aren't supposed to be there.

Undigested food, big food particles, pieces of bacteria, they get into our bloodstream and our immune system is going to go crazy and it's going to cause a lot of inflammation in all our other organs.

So again, people may come to me, they may not have any gastrointestinal symptoms or they minimize them. I'm still going to look at their gut and see whether they have leaky gut and see if SIBO is a cause of that.

Yeah, see, I like to explain it to my patients. I use my hands a lot with my patients. But you've got to explain it to patients because it's a lot. They don't know where they're supposed to be or what microbiome is supposed to be where.

But for leaky gut, how I explain it is you've got these tight junctions. This is how your gut is supposed to be. It's supposed to be holding hands, not just tiny little particles or whatever it's supposed to get through, not big chunks.

When you have inflammation in the gut, be it from SIBO, be it from a food intolerance that you're eating, whatever the inflammation is coming from, this all goes like this.

And then you've got an opening, the leaky gut. And so all these big particles are coming through. And that's like when you were talking about how when those big particles come through, your immune system goes crazy and causes inflammation all over.

so that we can really tell our listeners what they should be looking for. What are some of the regular, like, systemic symptoms that might be caused from SIBO or leaky gut?

So, short answer, it's just about anything can be traced back to leaky gut, but longer answer is… Yeah, I say that too, honestly. We say that all the time.

I know. If people argue with me, they're like, I don't have leaky gut. You have a migraine. Yes, you have leaky gut. Um, and yeah, absolutely. I do think, um, a lot of things that have to do with the brain, uh, are because of the gut, not everything, right?

We can't, we always have to look at different components and I always tell patients and listeners, the, the body is, was incredibly designed, incredibly made.

And so for something to go wrong, we're not always talking about one thing. We're talking about multiple things, but as clinicians, we need to look at the, what makes the most sense as far as what we need to address firsthand.

And so, absolutely brain symptoms, be it, yeah, migraine sometimes, brain fog, difficulty concentrating, even ADHD.

Common symptoms beyond digestion

What happens is, I tell patients, leaky gut, leaky brain. And so, just like we don't like things passing through those tight junctions in the intestine, as you very well put it, there's also a similar system in our brain.

is very delicate and so the way it was designed is that only a few things can go through. Only the glucose, key nutrients are supposed to be going through.

Well, if there's inflammation in the blood vessels in the brain, a lot of stuff is going to be going through and it's going to cause symptoms pretty quickly just because our brains are so delicate.

They should be only getting the key nutrients, the glucose. And so think about it, if you have leaky gut and particles of undigested food, particles of bacteria, what we call lipopolysaccharides, LPS.

If those are in your blood and causing a lot of inflammation in your blood vessels, if you get particles of bacteria going from your bloodstream into your brain, it is a ton of inflammation that it causes.

And so again, if somebody's coming to me for brain fog, wanting to improve their cognitive function, headaches, then I will look at their gut first. That is what makes the most sense.

That is the reason that most people have leaky brain is leaky gut. So that's one of the most common things, but most people in this country are going to have at least one of the following symptoms, fatigue or sleep, hormone issues, problems with their skin.

That's also very common. Oh yeah. If they have. Yeah, yeah. If they have issues with their cardiovascular system, if they're concerned about making sure that they don't have a heart attack at a young age, inflammation in their endothelin, which is the lining of the inside of the blood vessels.

If they have food intolerances, and again, going back to if they were told they have IBS, looking at the gut, making sure that's as healthy as possible, making sure that the bacteria are balanced, making sure they're not overgrowing in the wrong place.

that is the highest yield place for us to look. Doesn't mean that's the only place we're gonna look. We're likely gonna look at a ton of things, but looking at that first makes sense in all these conditions.

Yeah. I love the list that you gave, because I give that list to patients all the time, and I feel like the skin one and the brain one are probably the most common that I see all the time.

I also see joint pain, a lot of joint pain. I also feel like those are the ones I get the most pushback on, because they're like, how are they related?

But I think you did a really good job of explaining how when there's inflammation in the gut and it leaks out, it's going to inflame these other things, and that's how you get this vicious cycle other symptoms coming on, even when you don't have GI symptoms.

Oh yeah, I know. That's a lot of pushback I get from people. I'm like, let's look at your gut. And they're like, no, don't start there. That's fine. I poop every day.

It's fine. It's normal. Yeah. Or people that don't poop every day and they think that's normal too. Oh, I know. I know.

I'm like, I would be so cranky.

I need to poop every day. I do think it's because people are really hesitant to try and make a change when it comes to their gut. I feel like they're afraid that we might take away too much stuff from them because food's really emotional and personal.

Yeah. Anyways, back to SIBO. So when you do suspect SIBO or increased permeability, leaky gut like we were talking about, what kind of workup do you start doing?

Yeah. So that is a great question. And it is definitely going to be personalized in every single scenario. There are some. clinicians who just go and order a SIBO test right away on everybody.

SIBO tests are great. I will go into detail as far as what those are, what it consists of, but it definitely has to be personalized because there's a lot of cool testing out there in integrative medicine, functional medicine, but most of it is not going to be covered by insurance.

And so we want to be good stewards of our patients' finances and not only that, but make sure that whatever test I'm ordering is something that I'm actually going to act on.

Testing for SIBO and intestinal permeability

There's this one really cool test that looks at the lipopolysaccharides, meaning those little fractions of bacteria, how many of them are in the blood system.

And it's a cool test, but it tells you how much leaky gut you have. But I rarely order that because Most patients, most people out there have leaky gut to some extent.

And so if you really want to figure that out, we can spend a few hundred dollars on seeing how much leaky gut you have, how much your immune system is reacting to lipopolysaccharides.

But for me, that's a lot less actionable than, for example, let's talk about the test that is for SIBO. This test is something that is validated by conventional medicine also, but very underused, underdiagnosed.

And so when, again, we have SIBO, it's an overgrowth of the bacteria in the small intestine. A lot of functional medicine doctors will say, oh, hey, if it's something in the intestine, let me order a poop test, which poop tests have their place.

They tell us a lot of stuff about the large intestine, but they will not tell you a lot about the small intestine. What we need to do to test whether there is overgrowth of bacteria in the small intestine, whether this is leading to gastrointestinal symptoms, whether it's leading to our chronic fatigue, joint pain, brain fog is a breath test.

So these bacteria, again, they're not supposed to exist in large amounts in our small intestine. When they do, they are eating up all that. food that we haven't finished digesting and absorbing.

So they're going to be producing gas when they eat up these foods. Most people do have some amount of bloating, belching gas. And so we do a breath test to see which type of gas is overgrowing.

And so we do know that some people with SIBO, the type of bacteria is overgrowing and it produces hydrogen gas. In some people it's methane. And these are the two types that we most commonly or historically knew about.

There are some newer tests that will also test for something called hydrogen sulfide. And so knowing what your breath, what you're exhaling has in it.

So the test is a breath test. When we order it as clinicians, we'll have people take something to stimulate those bacteria a little bit more, be it lactulose or there's other substrates we can use.

And so the person takes this, lactulose typically, and then they have a set of instructions saying at 30 minutes, at 60 minutes, throughout the next few hours, breathe into these little bags, a different bag for each timeframe.

They send these bags full of their breath to the lab. The lab will tell us, is there more hydrogen? Is there more methane? Is there more hydrogen sulfide than we expect?

Based on that, that is a phenomenal information for us to tell people, okay, these are the type of bacteria that are overgrowing. And based on that, we can give you a very specific treatment plan.

And once we treat that, not only is your GI system going to feel a lot better, but you're likely going to experience improvement in the rest of your body, whether that's what you came to New York for or not.

Yeah. So we're kind of running out of time and I want to make sure that people get something to kind of go off of and you've explained all of these things really well.

And let's say that they did have the test and you found out that they do have SIBO. What are your like core pillars of treatment that you would use to make sure that they're able to be treated correctly?

And make sure that you can keep it from coming back or if there's more to that, we might have to do another part too, just to kind of go into this more because there is so much to do with it.

But what's your core pillars of treatment for this? Yeah, absolutely. That's, that's very important for people to kind of wrap their brains around because we never want to start telling them, Hey, we're going to address this without having them understand.

big picture. And so unfortunately, SIBO, not only is it extremely common, we don't have exact data because it's just something that's not studied enough, but it's likely that maybe 50% of the population might have this.

And so once we suspect it, diagnose it properly, we do want to make sure that the entire gastrointestinal system is working appropriately. The mainstay of SIBO treatment is antimicrobials.

Treating SIBO and preventing recurrence

We can give something pharmaceutical that we send a prescription to the pharmacy called rifaximin, or we can use herbs, and there's tons of them, oregano, neem, berberine.

That's a whole different. conversation, but we can't lose sight of the holistic view, say, why do these bacteria overgrow? Sometimes it's because the person's not producing enough stomach acid and we can help them with things like exercises to make sure that they are in rest and digest mode and not just in fight or flight, making sure that their body's making enough saliva, digestive enzymes, stomach acid.

And if we've already done those exercises, they're still not producing enough give them a little extra support in the form of betaine HCl. But the most important, most common thing that we see is that the small intestine is just not emptying fast enough.

And that's why the bacteria are going up from the large intestine into the small intestine. And so there could be a lot of cases, a lot of different reasons for that in our patients that have diabetes.

It might be that the nerves are damaged from having long-term diabetes in people who are overworked, overstressed. It's because again, they are not going into their rest and digest mode often enough.

But if we can pinpoint why the small intestine is not emptying quickly enough, that is the basically the only way that we can solve this long term. If I give somebody a reflux and then they're going to feel great for two, three weeks, it's going to come back.

Unfortunately, this is very recurrent because not enough people are finding the root causes. So yeah, if you just go into Google Chat DPT, whatever your preferred way of looking for stuff online, or go into these social media groups where they talk about those things, you're going to find that the general consensus is that these things are very difficult to treat.

They're refractory. They come back over and over. But if patients go to a clinician that are experienced in treating this and understanding root causes.

A lot of times we don't have to deal with this over and over for months, years. A lot of times we can try to get to the root cause of the root cause and get people more lasting benefits.

You know, I'm not, I'm not going to say we always get on the first try sometimes. Yeah. Two, three courses, but at least it's not something that people have to live with the rest of their lives.

Um, if we do find, uh, that it's, it's SIPO. So, um, so yeah, making sure that when you're treating root causes, not falling back into the conventional way of thinking of like, Oh, I know how to treat this.

Just reflect some in and that's the story. It's, yeah, it's never that easy. It's, it's, you gotta look for why this happened in the first place. Um, but, but yeah, making sure that.

when you have either a gastrointestinal symptom or a systemic symptom or both, most people have both, that we're looking at the why. Is it SIBO? Is it dysbiosis?

And then, yeah, there's a lot of clinicians, not just myself, but a lot of clinicians out there that will help people understand root causes and understand the multiple steps to try to solve those and definitely worth doing.

I know it sounds a little bit overwhelming. We went through so many things that might be like, oh my gosh, this is too much, but obviously this is educational just so that people understand if they have symptoms and they want to look further.

You do not have to just accept a diagnosis that was given to you, but understand that there's reasons why you have symptoms. If you're not happy with the answer that you got from the clinician that you've seen up till now, you can keep looking.

And most times there there's more to the story. There's more that can be done for your symptoms than. what you've got from the first person or the second person that you saw.

Right. Well, I think it's also important to make sure that patients also know that you can find the root cause that caused it the first time and get that taken care of.

But as we progress through life, different things will happen. And there could be, you could get it again years down the road because something else happened.

So like in perimenopause, when our digestion starts slowing down, we see a lot of SIBO in perimenopausal women. And so I think Yes, they, maybe they had something going on with their guts when they were in their twenties, but it, and you fixed that and you found the root cause for that.

They've got to remember that, you know, life goes like this. We've got lots of ups and downs. And so you can get it again. And we just need to find the root cause of what's causing it at that point too.

So there's lots of different causes that can make this happen. And it's not just a one size fits all. Yeah, yeah, yeah. Through our different seasons of life, there's different things that happen to our body.

And so it's always good when people can find that kind of clinician that understands that and helps them understand that too. I know so many people get frustrated with their bodies.

They're like, I thought I fixed that. Yeah. And you did at one point. You fixed that one root cause. Health is a journey. It is. It's a journey. You're always working on your health.

From our first press to our last, it is definitely a journey. And I'm always so appreciative when people out there are willing to listen to their body and willing to look for answers because that's all we can do, right?

Be our own best self advocates. And hopefully every person out there will find the right clinician, be it you guys, be it me, be it whoever's licensing your state.

And yeah, that's definitely the main message I have for the general public is listen to your body. it's telling you something for a reason. And if you need more answers, keep searching.

Well, on that note, we would love to have you back and maybe get more into the nerdy aspects of what might be causing you not to empty your small intestine fast enough.

So maybe we can have you back and really dive deep into all those different things and how we can treat that as well as like, are we not digesting our food very well and kind of like dive into like different cases and how we might've treated those.

So maybe we can cover that next time. Yeah, I definitely love talking about my cases because yeah, it's one thing to just tell people the whys, but when we explain things with cases, it helps people really get a much better understanding and it makes it much more personal, right?

So yeah, yeah, just let me know and we can have a part two. and talk about all those specifics. I would love that. Perfect. Well, do you have any like last minute plug or anything you want to share with people about like how they can find you or if they want more information?

Health as a journey and closing remarks

Absolutely. Yeah. So the name of my practice is called Truly Healthy MD. The website is trulyhealthymd.com and I'm licensed in Texas. I am going to be licensed in California very soon.

And so I do offer telemedicine consultations, even though I'm based in Dallas, I can help patients throughout the state of Texas and California. And there's so many people out there that need this information.

So I do have my own podcast also where people can get more information, even if I can't treat them one-on-one. And I'm always striving to put more educational material out there.

People can sign up for my newsletter where they can continue to understand more things about their health and Again, be their own best self advocates.

If anybody out there is in the state of Texas or California and wants to consider having me as their position, please go to my website. There's information there on how to do that.

And everybody else, please, please listen to my podcast by the same name and, uh, yeah, social media. If you guys could put up my social media handles, I love educating.

Oh yes, we will. Don't worry. We'll put all that stuff on the show notes so people can find you. But we look forward to having you on next time where we can geek out on a deeper dive and do some case reports.

But for now, this has been another episode of Hormone Heroines. If this podcast resonated with you, Please share it with someone who you feel may need to hear this.

Thank you for being on the show, Dr. Monica. It's been great. That's it for now. Bye. Can't wait to see you again. Bye. Bye. Thanks for watching Hormone Heroines.

If this episode spoke to you, follow the show and share it with someone who also needs to hear it. And write a review. That helps more people find their way back to balance.

See you next week.