Why Women Feel Broken Long Before Menopause Transcript

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Introduction to the Longevity Leaders Podcast

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What if aging isn't about slowing down but leveling up? I'm Dr. Isaac Jones. This is the Longevity Leaders Podcast. Welcome. I'm Dr. Ashley Beckman here today with the Longevity Leaders Podcast, and I have a special guest, Dr.

Yaz. Hi there. Welcome. Thank you. So let's dive into one of your specialties. Sure. So women's hormones. Yes.

Women's Hormones and Testosterone

I'm always curious because also as a female, we see a lot of things that are often suggested for men, and this is given to women as if it's the same type of treatment, same dosage, same frequency.

Can you talk a little bit about how we're different and why it's important to specialize in women's hormones and the women's side of everything? Well, first of all, women are the most underserved in the medical research, you know, history of medical research.

But there's a reason for that is because we have so many hormones and they can't, they were too complicated. They just can't keep up with us. We're way more complicated.

So obviously in our brick and mortars, we do hormone replacement therapy. We probably see just as many women as we see men specializing in testosterone pelleting.

And women don't realize they need testosterone too. They may not need as much as men, but we definitely need some testosterone as we get older, especially going through perimenopause and menopause.

So it's very important to. Get your testosterone, get your levels checked, making sure that you're balancing your estrogen and your progesterone if you have a uterus.

And then getting that little dose of testosterone added in there too, it's just a game changer. So what are some of the symptoms that women might encounter when their testosterone is low?

Gosh, low energy, zero motivation, lack of sex drive, libido, they get hair loss. Yes. And what's interesting is men get hair loss with low testosterone, but it's not on the head necessarily, it's the shins.

One of the first signs is shin hair loss, right? But yeah, women definitely get, I feel like women get more hair loss than men with that. But the biggest feedback I get is just that they have more energy to keep up with their kids, with their life, you know, everything.

So this topic is really important, again, because I'm in the age bracket, right? So we've been told for so long that this happens a lot later in perimenopause.

But what we're seeing, and I want to ask for your opinion, what's the age range? Because it's a wide spectrum of perimenopause, right? So women get these symptoms for so long.

They're dismissed by their doctors.

Perimenopause Symptoms and Early Signs

They're told maybe you're anxious, depressed, stressed. But you need to uncover and really look at these hormones and the testosterone is a big piece.

Huge piece, yeah. So I know a lot of women are afraid of taking testosterone, right? But it is definitely integral to the whole process. And so when women start getting these symptoms, what age are you kind of seeing these crop up on average?

You know, I think that, and I'll tell you from my own experience, I have 15 year old twin girls and I breastfed for two years. And at 30, I was about 39, my progesterone tanked first.

That threw me into perimenopause. And that's when I started to do the testosterone pelleting for myself. So I was about 40, 41 when I started pelleting.

So perimenopause can range anywhere from 35 to 55. Every woman's different, right? And so, and then you have to look at like, when did your mother go through menopause?

I'm 50 now. My mom was done at 50. So I'm right in there, almost done. But it's something that can vary very much person to person. But the earlier you do the hormone therapy and supplementation, and one thing women tend to forget is protein and muscle building.

But the earlier you focus on those foundational things, the better the rest of your perimenopause and menopause journey will be, the easier it'll be. So, also, let's go into some of those common ones because a lot of us in perimenopause, you start talking to your friends, and some are in the medical field, some are not, but a lot of us have so many similar overlapping symptoms.

And one I think that people I would kind of forget about is the frozen shoulder. And every time, yeah, right? I had one side, then it went to the other.

And then I have all the tools, I knew this, and things weren't really working as well as I'd hoped, right? With oral progesterone is the first place often people go, or topical, right?

Start with topical is often what happens. But what are some of these other ones that are just hallmark symptoms that we ignore for many years and you just chalk it up to aging, but we're still pretty young, right?

This crazy joint pain, not sleeping. What are some other things that you see the most? I think one of the earlier signs, for me, one of the earlier signs was brain fog.

Yes. That was huge for me. And then my, you know, everyone talks about night sweats and hot flashes. That is common. Yeah, I mean, they're common, but that's not the worst of it.

And the cleaner you eat, the more whole food, you know, protein forward diet you can eat, the less night sweats and hot flashes you'll have. But for me, the biggest thing has been the bilateral frozen shoulder, right?

First one side, then the other side. And then the joint pain, like when you wake up, you feel like you have the flu trying to stand up. Just the intense amount of joint pain.

There's estrogen receptors in your joints, and when they're not getting quenched, you know, they start to ache, right? So that's been the biggest thing.

But brain fog came first for me. And what about sleep disruption?

Testing Hormones and HRT Safety

Luckily, I'm a really good sleeper. So I don't really have that much of a problem with sleeping, but I think it's because I've been, I started off with micronized progesterone so early.

So that's really helped me maintain my sleep. But there are nights where I'm like, why, you know, I look at my oral ring and I'm like, why did I not sleep?

Well, like there's no reason why my HRV is so low and I didn't sleep. But definitely sleep is something that affects many women with, I mean, I probably think that's, that is the biggest complaint that I hear is sleep and then the brain fog.

Yes. And that's the thing that's interesting, right? When you start chatting with your friends and everyone is in a similar age bracket. And some women, again, are getting this much younger, right?

So I'll have some good friends that are 37, 38, going through the same symptoms that I have at 47. And I'm a Chinese medicine practitioner. So we focus a lot on longevity from that perspective of the hormones and nourishing your yin.

There are a lot of tools, but what we're seeing is these other interventions that are more powerful have a lot of benefit as well. And so you see this because you're able to prescribe these hormones in your brick and mortar.

And I think it's very interesting what you were saying about the testosterone and the progesterone. We often don't address these things and go through it for many years, and then you're not getting the benefit of starting earlier.

And so let's talk a little bit too about the estrogen and progesterone imbalances, because we've read so long about estrogen dominance and all of these things.

So when we're looking at the labs, a lot of us do still have quite a lot of estrogen, but the progesterone is declining significantly. Do you suggest people use any of the home testing where you can test throughout the month?

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I think all of them are good. I love the Dutch test. We draw labs in our clinics. At home testing is fine too. I don't think there's any bad way to do it.

I think that blood work is obviously more accurate, but you can get pretty good results with the Dutch test as well. But again, if a woman has her uterus still, it's so important to make sure that if your estrogen is dropping, that you're balancing the progesterone and the estrogen, you're not just taking one or the other, only if the estrogen is dropping.

But I feel that any of those tests, the hard part is getting women to get their tests done in the first place, right? And women are better than men in getting their medical things taken care of.

Again, with hormones, I feel like there's a block where because of the Women's Health Initiative, they're afraid to even know what their results are because they don't want to have to even make a decision whether or not to take hormones or not.

So that's a whole other issue. But I think, you know, no test is a bad test. So that's the bigger issue. Yeah, and just living with symptoms for years to decades.

And that is a big thing too. Often they do go into their practitioner and they're dismissed and told, oh, this is way too early for you. You can't possibly be in perimenopause.

Or they say, you know, hormone therapy is bad for you because the practitioner is maybe not progressive and isn't up to date with their research. So there's always that too.

So let's go into that a little bit, right? I'm sure you get clients all the time questioning how safe HRT is, and they're worried if their mom had breast cancer or hormone-dependent cancer.

How do you go about that and navigate the process with them for the optimal choice for that individual? Right. So I actually tell my mom's story. My mom went through menopause at 50, and this was 25 years ago, and she decided not to go the hormone therapy route.

And her doctors told her that she'd be fine and she'd get through it. And she did. Everything was fine.

Estrogen Sensitivity and Delivery Methods

But then what happened was a few years later, I'd say about six years after she was done going through menopause, She started to get the very first lab marker that started to creep up was her triglycerides So her triglycerides start to creep up then a couple years later her cholesterol creeped up then a couple years after that her a1c creeped up and Then before we knew it she's in a chronic state of inflammation Yes, and then a few years after that she gets diagnosed with cancer and then she passes away ten months later, so When I hear stories about practitioners saying that we don't believe in hormone therapy, even if it's bioidentical, I read the research and I see that if you do not supplement with bioidentical hormone, and you go through menopause without it and you rough it and more power to you if you can, that's great.

But there's research out there that shows that if you don't use bioidentical hormones through your menopause journey, your chances of getting cancer, especially reproductive cell cancer, increases by 40% after the age of 65. Oh, wow.

That's significant. Yeah, and my mom was 69 when she got diagnosed. May I ask what kind of cancer she had? Uterine, yeah. And it took her in 10 months.

So I tell that story and they're like, okay, that makes sense. I understand. And then they do their own research and they come back and they are more open to it.

So in my practice, I have a lot of clients, as well as myself, they're extremely sensitive to estrogen. How do you navigate that with if it's possibly creating some mast cell or some issues?

Is that a case-by-case basis where maybe estrogen isn't a great fit? Or again, how do you kind of work on that? I guess it just depends on their levels.

It would be more case-by-case. I also feel like some people do better on the patch than on the pellet with estrogen. I feel like the pellet is a little bit more, adding estrogen to the pellet is a little harder.

But then some people don't like the pellet at all. I mean, love the pellet, don't like the patch. they don't feel the patch does anything for them. I prefer the patch for myself.

And it depends on their symptoms, you know, with mast cell activation and, you know, other symptoms. It just depends on, okay, let's look and see what's triggering that mast cell activation.

Is it just the estrogen or is it something else? And then can we put them on a histamine support for that? Right? So

I put them on a probiotic or some sort of histamine probiotic for that.

But with the patches, I haven't really had a lot of people complaining about that. They'll say, I don't really think it's working. And then that's when, you know, we move them onto the pellet.

Okay. What about, so this is very popular now in the space using topical facial serums that have estrogen. Let me know about your thoughts on that. So I've tried it.

Yes. Do I, I don't know if it works. I don't know. I mean, at this point I'm like, I'm 50, whatever. What am I going to do? But, you know, and then there's some people who say, well, if I'm putting the topical estrogen on my face and then I have the vaginal cream and then I, or I have the pellet, is that too much?

How much is, yeah, am I overdoing it? I don't recommend the topical estrogen for your face, but there's some people that love it. You know, I have friends that use it and they love it.

So I really don't, I can't really say, I haven't used that for my patients.

Sibling RX, Peptides, and Protein for Perimenopause

I don't know. I don't have experience with patients using it to see if, you know, they're getting too much estrogen. I guess if a patient is using both and you check their labs and their estrogen's too high, then okay, maybe we need to, you know, either dial down on their pellet or patch or, you know, take away the topical.

I think it's just one of those things, right? A lot of people pick up products they see online and it's sold as this magical cure, right, for skin care, especially during peri-menopausal times.

So it's always important to get good information. Again, some people can be very sensitive to the topicals and feel a lot. So it's always important to just get their levels checked and maintained and adjusted if necessary.

And how it's compounded, you know, the topical estrogen. You have a podcast, right, with your brother? With my brother, yep. It's called Sibling RX. So what do you guys chat about?

Everything. Okay. Everything, health and wellness. We even, you know, have some sibling banter on there. And we're business partners, too, in our brick and mortar.

We have 12 brick and mortars in Arizona and two surgical centers. you know, we just talk about whatever. Mostly my passion is fitness, nutrition, and, you know, women's health.

And he is, he, he's really good in, in not the women's health, but he knows a lot about the nutrition and fitness as well. But he has a lot of, you know, joint repair type of stuff that he talks about.

So we just kind of bring two different angles and we discover different longevity hacks and stuff. I'm kind of more exposed to that stuff. So we discussed that and different supplements, all kinds of stuff.

So it's fun for us. We just, it gives us time. at least once a week to sit down and talk together. Is he a practitioner? Yes, he's a chiropractor. Okay.

Yeah, that's a nice congruency. Yeah. And then plus, I'm sure, working together plus being siblings has its own charm. Yes. And do you guys use peptides?

Not in our clinic so much. I use them for myself with my menopause journey, which has been wonderful. Life changing, right? Yeah, it's been great. But I am going to start figuring out a peptide program for my virtual practice for that.

So I need to add that to my program. What are some of your favorite peptides that have worked for you? So I have

a stack that I do. I do tessameralin in the morning.

I do CJC 1295 at night, iprameralin. And then I do the BPC 157 at night. And then I take NAD, not necessarily a peptide, but I inject the NAD too. Okay, and are you feeling energy from the NAD?

I think so. You know, it's kind of hard to tell because I don't know if it's because I have the other peptides in me or if it's just the NAD because I don't just do one, you know, but I feel like just that combination for me really works well.

Plus, it helps me with my workouts. I lift a lot of heavy weights to maintain my muscle and so I feel like it just really helps support everything. So let's go into that a little bit because that's one of the biggest things in perimenopause is just trying to get enough protein.

So what's your amount that you suggest? So I always say one pound per ideal body weight for your height. So if a woman is 5'4 and their ideal body weight is 130 pounds, but maybe they weigh 160, They need to just eat at least 130 grams of protein, but that's a lot, right?

So what I tell people is that in order to get the metabolic effect of the protein and to see a shift, you have to have at least 90 to 100 grams of protein a day.

So that should be your bare minimum as a female to get the metabolic effects and benefits, right? So that's what I always recommend. I try to, you know, a lot of women don't lift weights.

And so if they're not lifting weights, then they can get by with the minimum protein. But if they are lifting weights, then they need to try to get to their goal of 130 if they can, or whatever the ideal body weight is.

So do you have some tips? Because in general, it's really hard, even getting 30 grams per meal, right? I mean, I'm a meat lover. I eat a lot. And I add in some equipped protein or some other things.

It can be a challenge. Do you have any quick tips? I'll get a little extra in. Yeah. I mean, I always say just stack your mornings and your evenings with protein because lunchtime it's always harder, at least for me to get the right amount of protein.

But I always start my day off with really high protein. So I love Nancy's probiotic cottage cheese. So I take that, I literally half a container for my breakfast.

with flaxseed blueberries. And then I, I know this is kind of gross, but I put some apple cider vinegar on it for my fermented stuff, but I just love apple cider vinegar.

So I think it tastes good. And I, so that's at least 50 grams right there. And then in the evening, I make sure I have at least a big piece of some sort of protein.

So a lot of, a lot of people, they mix their protein with their carbohydrate and they separate it. So I always make sure I separate the protein. But just bookending your protein in the day really helps.

Because then in the middle, whatever you eat is, you know, it's extra. Any last tips or suggestions you have to kind of help women navigate this perimenopause time with ease?

Well, I think the first thing is, like we talked about, is just getting your labs checked on a regular basis. People don't do that enough. Six months in a year, I think, is at minimum every once a year.

So I think just making sure you get your lab tests so you know where you're at. Because if you don't do that, you don't know. Right. And you can't tell if things are working that you're implementing.

And the sooner you're aware of what you're going through and how your levels are, the better you can help yourself.

Final Advice and Where to Find the Guests

Perfect. Where can everybody find you? So you can find me on Instagram at Dr. Yasmin Rahimi, and then you'll have all that listed. And then at Sibling RX is our podcast, Instagram podcast.

And then, yeah, our website is backfithealth.com. Amazing. Thank you so much. It's a pleasure. And again, As women going through this, right, it is really incredible how dismissed, how much gaslighting there is.

And so getting the information, getting knowledgeable about your own body, where you are with your labs and your hormones will set you up for success.

Yeah, thank you. Thanks for listening to the Longevity Leaders podcast. A Longevity Leaders community is on a mission to transform 100 million lives by 2040. If you enjoyed this show, please share this with somebody that you know, especially another doctor or physician, but also click that follow button.

Until next time, stay strong and live life.