Wiley Protocol Explained: Cycling Hormones vs. Standard HRT Transcript

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Introduction and Patient Story

I recently received a call from I recently received a call from a patient I have known for years. He is 76 a patient I have known for years. He is 76 years old. He works part-time, 20 hours a years old. He works part-time, 20 hours a week. She does water aerobics four times a week. She does water aerobics four times a week in a therapy pool, and week in a therapy pool, and people regularly assume she's people regularly assume she's over 60. He called to see over 60. He called to see how his hormone regimen is going, how his hormone regimen is going, which is still working well. Then she which is still working well. Then she said, "My daughter just turned said, "My daughter just turned 50. She's going through menopause. She 50. She's going through menopause. She tried using the patch for a couple tried using the patch for a couple of weeks, and I'd like to ask her a few of weeks, and I'd like to ask her a few questions." And he had some good questions.

questions." And he had some good questions. The kind of questions I hear all the time.

Dr. Bloom and the WY Protocol Overview

The kind of questions I hear all the time. So today I will answer. I will use her So today I will answer. I will use her story and her daughter's situation story and her daughter's situation to explain what to explain what the WY protocol actually consists of, the WY protocol actually consists of, why some women choose it, and what why some women choose it, and what I think about it clinically. Before I I think about it clinically. Before I begin, I'm Dr. Fred Bloom.

begin, I'm Dr. Fred Bloom. I am a holistic and integrative medicine doctor I am a holistic and integrative medicine doctor based in Kansas, based in Kansas, Maryland. My practice focuses Maryland. My practice focuses on root cause medicine, on root cause medicine, meaning I try to understand why a meaning I try to understand why a patient feels a certain way, not patient feels a certain way, not just manage the symptom I'm just manage the symptom I'm dealing with. Hormones are a dealing with. Hormones are a big part of what I do. I have big part of what I do. I have worked with worked with bioidentical hormone replacement therapy for many years, bioidentical hormone replacement therapy for many years, including the WY protocol. I see many including the WY protocol. I see many patients who have gone through the patients who have gone through the conventional system, who were told conventional system, who were told everything looked fine, and still everything looked fine, and still feel strange. These are mainly feel strange. These are mainly the people I work with. If the people I work with. If you're new here, welcome. I post you're new here, welcome. I post videos about hormones, videos about hormones, integrative medicine, and addressing the integrative medicine, and addressing the root causes of complex health issues root causes of complex health issues. If you find this video helpful, please subscribe,.

Patch vs Creams: Rhythm vs Constant Dosing

If you find this video helpful, please subscribe, click the notification bell, click the notification bell, and like this video and like this video. I also have a newsletter. I also have a newsletter where I go into more detail about topics like where I go into more detail about topics like this. The link is in the description.

this. The link is in the description. Now, let's get started. The patient has been following the Now, let's get started. The patient has been following the WY protocol for years.

WY protocol for years. Estradiol cream and progesterone cream in Estradiol cream and progesterone cream in monthly cycles. He didn't call because monthly cycles. He didn't call because something was wrong. He something was wrong. He called because things are going called because things are going well and he wanted to make sure we well and he wanted to make sure we continued to do so. It's actually continued to do so. It's actually quite rare in medicine. Someone quite rare in medicine. Someone who is proactive, someone who pays who is proactive, someone who pays attention, someone who doesn't attention, someone who doesn't show up in crisis but in show

up in crisis but in maintenance mode. And here's what maintenance mode. And here's what struck me about the call. She continued to struck me about the call. She continued to link her quality of life to link her quality of life to her hormones. Not in a dramatic way, her hormones. Not in a dramatic way, just in a practical way. People tell me I just in a practical way. People tell me I look young. I think it's look young. I think it's because of my creams. I'm still because of my creams. I'm still working. I'm still exercising. I'm still fit at 76. His. I'm still fit at 76. His daughter, on the other hand, is at the beginning of daughter, on the other hand, is at the beginning of this situation. He just turned this situation. He just turned 50. She recently started 50. She recently started having symptoms, including more anxiety than having symptoms, including more anxiety than usual. Her doctor put a usual. Her doctor put a band-aid on her. He had only been taking it for a band-aid on her. He had only been taking it for a couple of weeks when his mother couple of weeks when his mother called me. I want to use both as a called me. I want to use both as a lens for this conversation because lens for this conversation because they represent something I see they represent something I see constantly. A woman who has understood constantly. A woman who has understood and a woman who is just beginning to and a woman who is just beginning to ask herself the right questions. Question one: ask herself the right questions. Question one: What is the difference between the patch and What is the difference between the patch and the creams? Here's where I want to slow down the creams?

Anxiety, Mood, and Hormonal Shifts

Here's where I want to slow down because the answer is more important because the answer is more important than most than most people realize. The short version is people realize. The short version is this. The patches give you a this. The patches give you a stable and constant hormone level. The stable and constant hormone level. The Wy protocol gives you a rhythm. Think about Wy protocol gives you a rhythm. Think about your heart for a moment. It beats to the beat. It increases, it contracts, it relaxes. And do. It increases, it contracts, it relaxes. And do you know what a flat line on your you know what a flat line on your heart rate monitor means? It means the heart rate monitor means? It means the heart has stopped. In cardiology, heart has stopped. In cardiology, a flat line is never positive.

a flat line is never positive. You need rhythm. Hormones You need rhythm. Hormones work the same way. When work the same way. When you were in your 20s and 30s, your you were in your 20s and 30s, your estradiol didn't stay at estradiol didn't stay at a steady number. It started low at a steady number. It started low at the beginning of the cycle. Saliva. It the beginning of the cycle. Saliva. It peaked around peaked around ovulation. Then he went down. It would rise ovulation. Then he went down. It would rise again in the second half of the cycle again in the second half of the cycle and fall before the period.

and fall before the period. Progesterone was low in the first Progesterone was low in the first half of the month. Then it increased half of the month. Then it increased dramatically after ovulation. That dramatically after ovulation. That rise and fall rise and fall was a signal that your cells was a signal that your cells were built around your were built around your estrogen receptors, your estrogen receptors, your progesterone receptors, progesterone receptors, your brain chemistry, your sleep.

your brain chemistry, your sleep. All of this developed in response All of this developed in response to that monthly rhythm. Menopause doesn't just to that monthly rhythm. Menopause doesn't just lower your levels, it lower your levels, it disrupts their rhythm. When you apply a disrupts their rhythm. When you apply a patch, even if it has a patch, even if it has a protective coating, you get a protective coating, you get a continuous and uniform release. The dose continuous and uniform release. The dose is low. It doesn't change. Your levels is low. It doesn't change. Your levels may be in your bloodstream, but may be in your bloodstream, but there is no rhythm, no rise, there is no rhythm, no rise, no fall, no pattern that your no fall, no pattern that your receptors recognize as normal. For receptors recognize as normal. For some women, that's enough.

some women, that's enough.

Cancer Concerns and Bioidentical Hormones

Hot flashes subside. Hot flashes subside. Bone density can be maintained. This Bone density can be maintained. This is a real benefit and I don't rule it out.

is a real benefit and I don't rule it out. But for women who still feel But for women who still feel dull, who don't sleep well, who are dull, who don't sleep well, who are still confused, who still have still confused, who still have unstable moods, who are not yet themselves, unstable moods, who are not yet themselves, a uniform dosage is often not a uniform dosage is often not enough because the rhythm is still enough because the rhythm is still missing. The WY protocol is a missing. The WY protocol is a compounded hormonal protocol that compounded hormonal protocol that alternates estradiol and progesterone alternates estradiol and progesterone over 28 days, mimicking the over 28 days, mimicking the curve of a natural menstrual cycle.

curve of a natural menstrual cycle. The dose changes from day to day. The dose changes from day to day. Some days you use very little cream, Some days you use very little cream, other days a lot more. This other days a lot more. This variation is intentional. It's the variation is intentional. It's the signal. My patient signal. My patient described it exactly. She said: “ Some days I use very little Some days I use very little estrogen cream and other days I use more. It’s like my body is. It’s like my body is changing and needs changing and needs different amounts throughout the month.” Yes, that's different amounts throughout the month.” Yes, that's exactly right. The doses in the exactly right. The doses in the WY protocol are higher than those WY protocol are higher than those accepted by many physicians. This is accepted by many physicians. This is one of the reasons why it is controversial.

one of the reasons why it is controversial. But it is not possible to separate the dose But it is not possible to separate the dose from the model. They work together. A from the model. They work together. A high dose administered high dose administered evenly is a very different thing from evenly is a very different thing from a dose that increases and decreases as a dose that increases and decreases as a natural cycle does. Question two: What a natural cycle does. Question two: What about anxiety and mood? The daughter also about anxiety and mood? The daughter also suffered more from anxiety. This is suffered more from anxiety. This is one of the most common things I one of the most common things I hear from pre-menopausal and hear from pre-menopausal and early menopausal women, and it is one of the most early menopausal women, and it is one of the most mismanaged. This is what often happens.

mismanaged. This is what often happens. A woman between 40 and 50 years old begins A woman between 40 and 50 years old begins to experience mood swings, anxiety, irritability, cries more easily, a kind of emotional unpredictability, a kind of emotional unpredictability that is new to her. She goes to her that is new to her. She goes to her GP, is referred to a GP, is referred to a psychiatrist and starts taking an SSRI psychiatrist and starts taking an SSRI or an anxiety medication. Sometimes or an anxiety medication. Sometimes these drugs help, but they may these drugs help, but they may treat the symptom, not the cause.

treat the symptom, not the cause. Psychiatrists typically do not have Psychiatrists typically do not have extensive training in extensive training in hormonal physiology. This is not a criticism. It hormonal physiology. This is not a criticism. It just doesn't usually fit just doesn't usually fit into their training. So, when into their training. So, when a woman presents with anxiety or depression a woman presents with anxiety or depression at this stage of life, the at this stage of life, the standard therapy is often a standard therapy is often a psychiatric medication. But what often happens psychiatric medication. But what often happens is a hormonal shift. Both is a hormonal shift. Both estrogen and progesterone estrogen and progesterone influence brain chemistry.

influence brain chemistry. Progesterone in particular has a Progesterone in particular has a calming and anxiolytic effect. It acts calming and anxiolytic effect. It acts on GABA receptors in the brain, the on GABA receptors in the brain, the same general calming pathway same general calming pathway involved in drugs like involved in drugs like benzodiazepines. When progesterone benzodiazepines. When progesterone drops sharply and stops working, some women experience it as, some women experience it as anxiety, as internal turmoil, as if I anxiety, as internal turmoil, as if I don't feel like myself and don't know don't feel like myself and don't know why. If this sounds familiar, why. If this sounds familiar, if your anxiety seems new, if your anxiety seems new, worse, or related to this stage of worse, or related to this stage of life, it's worth asking yourself whether your life, it's worth asking yourself whether your hormones were hormones were properly assessed before adding a properly assessed before adding a psychiatric medication. This does not psychiatric medication. This does not mean that psychiatric medications mean that psychiatric medications are never appropriate. Sometimes they are never appropriate. Sometimes they are, but the sequence is important.

are, but the sequence is important. First the hormones, then the reevaluation. First the hormones, then the reevaluation. Question three: Can hormones cause Question three: Can hormones cause cancer? This is an cancer? This is an important question. Almost all patients ask themselves this question important question. Almost all patients ask themselves this question. It's a legitimate question, and. It's a legitimate question, and the answer is more nuanced than the answer is more nuanced than fear suggests. First of all we fear suggests. First of all we need to clarify what type of hormones need to clarify what type of hormones we are talking about. The WY protocol we are talking about. The WY protocol uses bioidentical hormones.

uses bioidentical hormones. Bioidentical means that the Bioidentical means that the molecular structure is identical to the hormones molecular structure is identical to the hormones your body produces from puberty.

your body produces from puberty. Your body can't distinguish them Your body can't distinguish them from the estradiol and progesterone it from the estradiol and progesterone it produces on its own because produces on its own because they are chemically the same. Your body has been living with they are chemically the same. Your body has been living with these hormones for decades. They these hormones for decades. They helped build your bones.

helped build your bones. They supported your brain. They They supported your brain. They affected your affected your cardiovascular system. They help maintain cardiovascular system. They help maintain skin, hair, mood, sleep and skin, hair, mood, sleep and metabolism. Menopause does not metabolism. Menopause does not suddenly make these suddenly make these hormones dangerous. Menopause means that your hormones dangerous. Menopause means that your body has stopped producing body has stopped producing enough of it. In this call, my enough of it. In this call, my patient said she had taken patient said she had taken birth control pills before birth control pills before and, like many people, thought and, like many people, thought birth control pills were a birth control pills were a hormone. This is one of the hormone. This is one of the most common clichés I hear. The most common clichés I hear. The birth control pill is not the same as birth control pill is not the same as bioidentical hormones. They are bioidentical hormones. They are synthetic compounds designed to suppress synthetic compounds designed to suppress ovulation. They appear biochemically similar to ovulation. They appear biochemically similar to hormones, hormones, hormones, but they are structurally different, and but they are structurally different, and this difference is important. Here's this difference is important. Here's the analogy I used in the call.

the analogy I used in the call. Water is H2O. Hydrogen peroxide Water is H2O. Hydrogen peroxide is H2O2. They are almost identical is H2O2. They are almost identical chemically, just one more oxygen atom chemically, just one more oxygen atom. But one is something you drink. But one is something you drink every day. The other can damage the every day. The other can damage the tissues. The molecular difference is tissues. The molecular difference is small. Biological difference is not small. Biological difference is not. Synthetic hormone-like drugs. Synthetic hormone-like drugs can have a can have a very different biological effect than hormones very different biological effect than hormones identical to those produced by the body.

identical to those produced by the body. This distinction is very important. This distinction is very important. Now, does that mean there is no Now, does that mean there is no nuance? No. Women with a history nuance? No. Women with a history of certain estrogen-sensitive or estrogen- of certain estrogen-sensitive or estrogen- sensitive tumors require a sensitive tumors require a personalized consultation. This is a personalized consultation. This is a real clinical decision. I take it real clinical decision. I take it seriously. But the fear many women seriously.

How the Patch Works and Its Limits

But the fear many women have that any estrogen replacement therapy have that any estrogen replacement therapy automatically causes automatically causes breast cancer is often based on breast cancer is often based on confusion between different types of confusion between different types of hormone therapy. The distinction is hormone therapy. The distinction is important. Question four. Are the patches important. Question four. Are the patches real hormones? This also came real hormones? This also came up during the call. The daughter up during the call. The daughter had been given a patch. His had been given a patch. His mother asked, "Are these real hormones?" mother asked, "Are these real hormones?" The answer is yes. Regular The answer is yes. Regular

estrogen patches available at pharmacies estrogen patches available at pharmacies usually contain estadyl, which usually contain estadyl, which is a true bioidentical hormone. So, is a true bioidentical hormone. So, this part is fine. The problem this part is fine. The problem isn't what's in the patch. The problem isn't what's in the patch. The problem is what the patch can't do.

is what the patch can't do. First of all, the dose is low. The First of all, the dose is low. The patches are designed to deliver the patches are designed to deliver the minimum amount of estrogen minimum amount of estrogen needed to reduce symptoms. This needed to reduce symptoms. This is a conservative approach. For is a conservative approach. For some patients, this is appropriate, but some patients, this is appropriate, but often it is not enough to often it is not enough to address the full range of what address the full range of what menopause does to a woman's body.

menopause does to a woman's body. Bones, brain, sleep, mood, skin, Bones, brain, sleep, mood, skin, libido. Second, and more libido. Second, and more importantly, administration is importantly, administration is static. Same dose every day.

static. Same dose every day. No cycle, no rhythm. You're No cycle, no rhythm. You're getting estradiol, but you're getting estradiol, but you're getting it in a way your body getting it in a way your body has never experienced before—flat and has never experienced before—flat and unchanging. For women whose unchanging.

Who the WY Protocol Fits Best

For women whose primary goal is to stop primary goal is to stop hot flashes, a patch can hot flashes, a patch can achieve this goal. For achieve this goal. For women who want more—to sleep women who want more—to sleep better, think more clearly, better, think more clearly, have a more stable mood, stronger bones have a more stable mood, stronger bones, and better skin—a, and better skin—a cyclical approach often works best. When cyclical approach often works best. When a patient comes to me who hasn't a patient comes to me who hasn't responded well to standard hormone therapy responded well to standard hormone therapy or is just beginning to or is just beginning to explore menopause options, explore menopause options, the first thing I do is listen the first thing I do is listen carefully when she feels worse, carefully when she feels worse, not just when she feels bad, which is when not just when she feels bad, which is when women who don't perceive their women who don't perceive their period cues often notice a period cues often notice a pattern. They feel better in the first pattern. They feel better in the first half of the month. They crash at a half of the month. They crash at a predictable time, usually the third predictable time, usually the third week, when progesterone week, when progesterone would naturally change, or they notice that would naturally change, or they notice that their emotions still seem their emotions still seem cyclical even though they no longer have a cyclical even though they no longer have a menstrual cycle. Their body is menstrual cycle. Their body is searching for a rhythm that is no longer there.

searching for a rhythm that is no longer there. Sleep is always an Sleep is always an important clue, especially the kind of important clue, especially the kind of interrupted sleep where you interrupted sleep where you fall asleep well but wake up at 2 fall asleep well but wake up at 2 or 3 a.m., alert, sometimes or 3 a.m., alert, sometimes anxious, unable to fall back asleep.

anxious, unable to fall back asleep. This is often related to This is often related to progesterone and often persists with a progesterone and often persists with a static dosage because static dosage because progesterone is not moving as it should. I also pay attention to the second. I also pay attention to the second half of the month. Irritability, little half of the month. Irritability, little patience, reduced resilience, patience, reduced resilience, mental confusion that comes and goes in mental confusion that comes and goes in cycles. These indicate a cycles. These indicate a hormonal pattern, not just a hormone level.

hormonal pattern, not just a hormone level. Then I look at the lab results Then I look at the lab results in context. Not only is the level in context. Not only is the level normal, but what is the relationship normal, but what is the relationship between estradiol and progesterone? What's going between estradiol and progesterone? What's going on with DHEA and testosterone?

on with DHEA and testosterone? How does the clinical picture match How does the clinical picture match the numbers? I also check the numbers? I also check my thyroid thoroughly, not just TSH, my thyroid thoroughly, not just TSH, 3T3, freeT4, thyroid antibodies. An 3T3, freeT4, thyroid antibodies. An undertreated thyroid dysfunction can undertreated thyroid dysfunction can cause symptoms almost identical to cause symptoms almost identical to hormone deficiency and is consistently hormone deficiency and is consistently overlooked. The WY protocol is not the overlooked. The WY protocol is not the right choice for every patient. I have a right choice for every patient. I have a critically ill patient with critically ill patient with severe lung disease who can severe lung disease who can barely get out of her chair. I have no barely get out of her chair. I have no intention of putting her on a intention of putting her on a cyclical protocol that requires cyclical protocol that requires daily administration and daily administration and possibly cyclical symptoms. You possibly cyclical symptoms. You will be given a will be given a static lowddo protocol. This is the static lowddo protocol. This is the right choice for your situation. But for right choice for your situation.

Practical Questions and Clinical Evaluation

But for many otherwise healthy, many otherwise healthy, symptomatic women, the WY protocol or at least symptomatic women, the WY protocol or at least a cyclical approach is often what a cyclical approach is often what I would consider because it is I would consider because it is physiologically closest to the way physiologically closest to the way the body was designed to the body was designed to function. I want to go back to the woman function. I want to go back to the woman who started this conversation who started this conversation because her story is the point. He is because her story is the point. He is 76 years old. He has been following this protocol for 76 years old. He has been following this protocol for years. And this is what his life is like.

years. And this is what his life is like. He works 20 hours a week from home. She goes He works 20 hours a week from home. She goes to water aerobics in a therapy pool to water aerobics in a therapy pool four times a week. She is active four times a week. She is active in her community and in her faith.

in her community and in her faith. She and her husband are always busy She and her husband are always busy and when people see them, they often and when people see them, they often think they are in their 60s. During the think they are in their 60s. During the call he told me, “People say you call he told me, “People say you look so young.” I think it's look so young.” I think it's because of my dreams. Now, I'm not going to because of my dreams. Now, I'm not going to sit here and say that the WY protocol sit here and say that the WY protocol is the only reason it looks is the only reason it looks and functions the way it does. She is also and functions the way it does. She is also disciplined. He exercises. He is disciplined. He exercises. He is socially engaged. These things socially engaged. These things matter a lot, but hormones are matter a lot, but hormones are part of the picture. She knows it. I know that too part of the picture. She knows it. I know that too. And she's living proof of what long-term hormone support can look like as a woman long-term hormone support can look like as a woman ages. Not just symptom management ages. Not just symptom management, but real, but real physiological support. His daughter is 50 years old and has physiological support. His daughter is 50 years old and has just started this journey. He's just started this journey. He's asking the right questions. She's cautious, which asking the right questions. She's cautious, which is smart. He wants to understand before is smart. He wants to understand before committing. This is exactly committing. This is exactly the right approach. And the fact that his the right approach. And the fact that his mother called on his behalf mother called on his behalf trying to share what she's trying to share what she's learned is something I see often.

learned is something I see often. Women who understand this Women who understand this pass it on to their daughters, sisters, pass it on to their daughters, sisters, and friends, because they know how and friends, because they know how different life can be when different life can be when hormones are effectively managed hormones are effectively managed correctly. If any of correctly. If any of this resonates with you, whether you are this resonates with you, whether you are permenopausal, postmenopausal, or permenopausal, postmenopausal, or supporting someone who is, supporting someone who is, here are practical questions here are practical questions worth asking yourself. First, if you're worth asking yourself. First, if you're on hormone therapy and on hormone therapy and still feel unwell, ask still feel unwell, ask your doctor if your regimen is your doctor if your regimen is static or cyclical. Most static or cyclical. Most protocols are static. This isn't protocols are static. This isn't automatically wrong, but it's a automatically wrong, but it's a starting point for understanding why starting point for

understanding why you might still feel uncomfortable.

you might still feel uncomfortable. Second, ask if your hormones Second, ask if your hormones have been assessed as a full picture, not just estradiol and FSH,, not just estradiol and FSH, progesterone, testosterone, progesterone, testosterone, DHA sulfate, and a complete thyroid panel. A DHA sulfate, and a complete thyroid panel. A single estradiol level measured just single estradiol level measured just once tells you very little.

once tells you very little. Context matters. Third, Context matters. Third, if you have mood symptoms, anxiety, if you have mood symptoms, anxiety, depression, or irritability that depression, or irritability that seem new or worsening, make sure seem new or worsening, make sure your hormones have been assessed your hormones have been assessed before accepting a before accepting a psychiatric medication as the only answer. I psychiatric medication as the only answer. I 'm not saying don't take medications if you 'm not saying don't take medications if you need them. I'm saying to need them. I'm saying to check your hormones first.

check your hormones first. Fourth, if you are Fourth, if you are specifically interested in the WY protocol, look for specifically interested in the WY protocol, look for a doctor who has a doctor who has actual experience in prescribing and actual experience in prescribing and monitoring. This is not a monitoring. This is not a protocol you should manage on your own protocol you should manage on your own by relying on online resources. The dose by relying on online resources. The dose changes throughout the month.

changes throughout the month. Monitoring is important. The Monitoring is important. The transition from static to transition from static to cyclic dosing must be managed cyclic dosing must be managed carefully. And fifth, you need to have carefully. And fifth, you need to have realistic expectations. For some realistic expectations. For some women, resetting the rhythm changes women, resetting the rhythm changes everything. Sleep, mood, clarity, energy, skin. For others, the underlying problem, skin. For others, the underlying problem turns out to be something turns out to be something different. Low testosterone, different. Low testosterone, thyroid dysfunction, thyroid dysfunction, nutritional deficiencies, intestinal dyspnoea. The nutritional deficiencies, intestinal dyspnoea. The work is to understand what it is work is to understand what it is. This requires a. This requires a thorough evaluation, not thorough evaluation, not trial-and-error medicine. The woman in trial-and-error medicine. The woman in question has been contacting me for years. She question has been contacting me for years.

Closing Thoughts and Call to Action

She has no medical problems, but she decided early on has no medical problems, but she decided early on to manage her hormones the to manage her hormones the right way. Not just in the most right way. Not just in the most convenient way, not just with the convenient way, not just with the minimum dose approach, but in a way that minimum dose approach, but in a way that actually fit the way actually fit the way his body worked. And at 76 his body worked. And at 76, she still shows up, she still works, she still moves, as she says, she, she still moves, as she says, she still keeps busy. Your daughter is still keeps busy. Your daughter is asking the right questions at 50.

asking the right questions at 50. This is a good sign. The earlier you start This is a good sign. The earlier you start asking yourself these questions, the more options you have.

asking yourself these questions, the more options you have. If you find yourself in a middle ground, where something is clearly, where something is clearly wrong but no one has a real answer, wrong but no one has a real answer, know this. Often the answer exists. It just takes someone willing to. It just takes someone willing to look for it properly. I want to hear look for it properly. I want to hear your opinion. Are you undergoing your opinion. Are you undergoing hormone therapy? If so, is it working?

hormone therapy? If so, is it working? Or are you still having symptoms even though you Or are you still having symptoms even though you 've been told your levels are 've been told your levels are normal? Have you ever heard normal? Have you ever heard of the WY protocol before this video? If you're following along, I'd love to? If you're following along, I'd love to hear what your experience has been.

hear what your experience has been. And here's one that particularly intrigues me And here's one that particularly

intrigues me. Did someone pass. Did someone pass this information on to you—a friend, a this information on to you—a friend, a sister, a mother who figured it out sister, a mother who figured it out first? Or are you the one trying to first? Or are you the one trying to share them with someone you care about?

share them with someone you care about? Leave a comment below. I read them Leave a comment below. I read them and your experience might be and your experience might be exactly what someone else exactly what someone else needs to hear. If you're ready to needs to hear. If you're ready to have this conversation with someone have this conversation with someone who will really look at the who will really look at the bigger picture, I see patients both in bigger picture, I see patients both in person at my office in Kensington, person at my office in Kensington, Maryland, and via Maryland, and via telehealth. So the location telehealth. So the location should not be an obstacle. You can find should not be an obstacle. You can find more information and request a more information and request a consultation at drbloom.com. The link is consultation at drbloom.com. The link is in the description. And if this video in the description. And if this video was helpful to you, please share it with was helpful to you, please share it with someone who needs it. Sometimes the someone who needs it. Sometimes the most helpful thing you can do for the most helpful thing you can do for the women in your life is to give them women in your life is to give them something that finally answers the something that finally answers the questions they've been carrying around for years.

Thanks for watching. See you Thanks for watching. See you