Introduction to Hormones and the Summit

Hello, everyone. Welcome back to the Mastering the Menopause Transition Summit. I am, as always, excited to be here with you. And today I know we've been spending time and we all think of menopause.

Perimenopause. The first thing that comes to our minds often is hot flashes and hormones and we've been spending a lot of time talking about other things that are really important, be it hydration or your adrenal glands or meditation or gratitude.

But today we are going to dive in to that conversation. We are going to have the conversation about hormones and what they are and are they safe and kind of bust any fears or myths that are floating around in your head?

We're going to set the record straight here today, and I couldn't think of anyone better to have this conversation with than my colleague, Doctor Michelle Sand.

She's another naturopathy physician. She's a bestselling author. I see her book back there with that beautiful pink cover. And we are going to we just so happy to have her here today.

And she has been featured in the media and she just does such great work out there. And I'm going to introduce her to you all now and say hi and let her tell you who she is and her story.

And I'm just so happy to have you here. Oh, thank you so much for having me. This is a very, very, very important event. I think that, you know, we learn about like when we're little, our moms give us the talk about the birds and the bees and we kind of get a little information about what's going to happen to us when we go through puberty.

But now I really tells us what's going to happen to us. So we go through menopause like we kind of hear it and we fear it, and it doesn't have to be that way.

And I think like women need to like be more open and to have these conversations and not it should not be taboo. It should not be embarrassing. And a lot of times we go to our, our doctors, our conventional doctors, and they kind of just brush it off or that's just what happens when you get older.

You're not supposed to have energy. Of course you're tired. You're 55 and you're not 75. You're at 95, you're 55 is still in the prime of life. So I think this is so important.

I'm so glad to be part of it. And yeah, so I am Doctor Michelle Sands. I'm not a perfect physician. But I wasn't always, like, healthy and balanced. You know, I grew up in, like, a family, a typical, you know, family in the 70s, 80s that my mom was just trying to feed me.

Right. She was a little Italian lady. She loved to cook, and she made lots of pizza and pasta and pastries and pretty much seven types of carbohydrates and gluten and every meal, and that's kind of what I was brought up on.

Processed food, frozen dinners and a lot of carbohydrates.

Dr. Michelle Sands' Personal Health Journey

And I always felt like kind of not very good. I never had good digestion. I had a lot of acne when I was growing up. I was a little bit overweight. But I look at my dad after we got done eating oatmeal and he would actually, like unbuckle his belt and go lay down.

And so I just thought, oh, everyone feels horrible after they eat, you know, I just thought nothing about it. But when

I got to junior high, well, it's actually elementary school.

I tried out for the track team, which it wasn't really tryouts, and they let anybody on because I could not run. But so I got on the track team and the coach, she was, one of the teachers at the school.

She actually was very much she taught, like the farm to table kind of section of the school where she taught people to grow plants, but she was very much into nutrition and herbalism.

We might have called her a hippie back then. She was very, very kind of the tree hugger ish, but she kind of like, noticed like that. I was really trying to run, and she's like as a Michelle, like, what are you eating for lunch?

Like, what are you using the fuel your body as like, well, my mom gave me a can of soda and a Twinkie and a bag of chips and a sandwich, and she's like, do you think that that is really gonna help you?

And I actually did not know the answer to that. I was like, well, you know, I got full, so I should have energy. So she kind of started bringing me some fruit from her garden and some vegetables from her garden, and I'd start training my lunch out and I would she gave me a nutrition book, and I kind of learned, like, well, I needed vitamins and minerals and all the things I needed to fuel my body if I wanted to be a better runner, because that's really what my goal was, to be a better runner, to lose some weight.

So the boys would like me. So I looked cute in the Jordache jeans that were so cool, but. So I would actually start trading out my lunch for like, I'd trade kids my Twinkie for an apple and my chips for carrot sticks.

And so so those core other kids that moms are thought they were eating healthy were actually eating the junk. Now that I was getting better food, and I started actually feeling better, I could actually concentrate better in school.

I was running faster. I was doing better at track and so good that I ended up getting a track scholarship to college. I was only the first person in my family ever the size to ever go to any type of college, let alone I'm from medical school.

So this track coach was like the best thing ever happened to me. But she said one thing to me. She said, Michelle, your body can do anything you want to do.

All you need to do is speed it, train it and believe in it. And I still use that quote from her to this day in my practice. Living is amazing. So I go on to college, I'm on the track team, I'm getting straight A's, I'm doing amazing on track, but I am dying on the inside.

I'm taking like 6 to 10 ibuprofen every morning just to go bad because my joints were hurting so much. I was taking the Costco size antacids because like, my stomach always hurt.

I take sleeping pills to go to sleep. I would drink caffeine all day just to get energy, and we had track practice in the morning. My first before school, and then we had shot practice again.

We had like afternoon and track practice at like 3 or 4, and I would not be able to eat at all all day until after my second track practice, because I literally pooped my pants.

Like that's how bad my digestion was and I would I poop as soon as I started running, so I'd go all day without eating. I would run, and then I would kind of crash at night and I take all my over-the-counter medications, and that was just how I was living my life. So from the outside, like anything.

Oh, that Michelle, she has it all together. She's doing good. But I was literally like falling apart. And my sophomore year I was at track practice and you're just running warm up laps around the track.

And I passed out like I actually passed out on the track. They had to bring me to the clinic at the school and kind of give me IVs and everything, and I just started telling the nurses.

I started breaking down of like all the things I was taking, and I was in so much pain and how I can't handle it anymore. And so they're like, well, let's run some tests on you.

Let's see what's going on with you. And these were conventional tasks, so they weren't looking at like my gut health or heavy metal toxicity or anything like that.

But what they did find is that my hormones were like nothing. I hadn't had a period in like four months. And basically they said, Michelle, you have the hormones of like a 55 year old woman. And so like, you need to get more testing.

You might have ovarian failure. So for the next like two years, I was going to different doctors to get different tests. And, told me I would never have kids.

And so I was just like, I'm in a premature menopause, my ovaries are done. And so this is I didn't even tell my mom. I was pretty embarrassed. I felt like, you know, as a woman, now, this is a time when all the girls in college are trying not to get pregnant.

But I was, like, so upset that I couldn't get pregnant if I wanted to. You know, it was kind of that conundrum. There. So I went for many years just kind of feeling like, well, I'm just going to push myself into my career.

I'll never have kids, you know? I'll probably never have. No man will ever want to marry me. And so that was kind of how I was thinking. But then my stomach issues started getting worse.

I started getting really cold all the time. My hair is falling out. I was starting to feel depressed, so I started like, trying to figure out how can I fix this?

And that's when I decided to go back to school to become a doctor. Because I went to a couple doctors that were kind of in the holistic space, and they really seem to understand how the body works, and they seem to have more hope than the conventional doctors that were just wanting to give me more medications, antidepressants, birth control pills, all the things.

So I started school and I started learning how, like all the body systems are connected and actually fix your God. That helps your energy levels and your and your mitochondria to healthier hormones.

And it was really fascinating to me. So I started just one by one. Well, maybe I could fix my gut issues. Maybe I could fix my thyroid issue. I found out I had a heavy metal toxicity, that I had severe gluten sensitivity after all the foods I've been eating all my life.

So I took out gluten, and dairy for that matter. And I really turned things around and I started feeling absolutely better. I started doing CrossFit and yoga and really varying my exercise instead of just running miles and miles and miles every day.

And that really helped my stress levels. And then about seven years later, I met my husband. I tell him, hey, you're not going to want to marry me because I can't have kids.

He's like, don't worry about it. Whatever happens, happens. We go on like a pre wedding vacation and I get pregnant on this occasion. And so I'm like, oh my God, my ovaries are but I had to start getting my periods again for like a year before that.

So I have my son now, he's seven now I this is I was 41 years old, by the way, and he's just a testament to me that, like, your body can heal itself and that no diagnosis is the end game.

Like, because I was diagnosed by seven different doctors, that my ovaries had failed and nobody looked for the connections of why this is happening. And so I just got really interested in women's health and hormones and genetics and nutrition.

And that's kind of what I based my practice on today. So I know that was a long story, but, I think it's important to kind of understand that, like, just because, like we're experts here on this panel, like we've been through a lot and we understand and and that's really where the passion comes from.

And if your doctor doesn't have passion then he probably have to find another doctor. Yeah. Because I think that like I really care like when I women come to me and they have hot flashes or insomnia, or low libido or weight gain or anything that is like troubling them.

I get it, because I felt all those things even though I was only 20. And now here I am, 47 years old and, you know, going into perimenopause now. And I feel equipped to, to handle that because I know what tools are available to me.

And I really want to make those tools available to as many women as possible, because they're not readily available, like knowingly, for a lot of women.

And as I kind of go into my next chapter of my life, my son is only seven years old, so I have to make sure I'm living as long as possible. So anything I can do that's going to help anti-aging with keeping me younger and more vibrant longer.

That's really where my focus is, because I want to be there for my son, and I know many of my patients want to be there for their grandkids and their nieces and nephews, and to do you know, what they really want to do in life.

A lot of times we have menopause and we've been serving everybody else in our lives. We've been taking care of kids and dealing with careers, and now we want to do what we want to do.

We want to explore our new, our hobbies, our, you know, our things that are going to excite us. And this is the beautiful thing about menopause, because you can do all that.

I love that I call it stepping into our sacred second act. It's a yes. I invite you to social media.

Why Hormones Matter in Menopause

I, I love your story. I never heard your full story, and that's just so inspiring. And I think I grew up in the same household, except I grew up with a Jewish mother and.

But it was the same kind of. I lived on McDonald's and carnivals that were up the block, and it was so sick. And so I love that you. And to have your son is just such a.

Yeah. And I made the story sound like one thing led to the other. And there is no like ups and downs, but there is a lot of like, is step forward, three steps back situations that would have taken like two hours to tell.

But so it's not a lot of times you are like working towards a goal, but sometimes you slip back a little bit and that's totally okay as long as you have a clear path to where you're dying, of course.

But I think so. We're we're kicking off this talk with Hope. So everyone listening, hope for whether you wish you were told your ovaries don't work and you're still wanting to have a child or you're scared about menopause.

I know for me personally, I worked on all my hormonal issues before I even hit perimenopause. So by the time I went through menopause, it was. And I had struggled so horribly with hormone issues, it was smooth sailing.

So we are we have hope for you. So let's, let's, let's say like that. That's time. Very like the best time to plant a tree is yesterday. But the second question is do they have the same with hormones.

Like if you have young children or grandchildren or anyone, why they start supporting them in their hormone journey as soon as possible and it can make it so much easier.

But if you're on the other side of menopause and you didn't do anything, the body is amazingly regenerative and you can you can fix it now so it's never too late.

But the earlier the better. I always say never too early, never too late, always the right time. Exactly. So let's, let's dive in and really talk about because I'm sure there are women listening who are afraid of hormones or don't really understand hormones, and what the difference is between bioidentical and the synthetic hormones.

And so yeah. Yeah. So hormones, hormones are necessary for pretty much everything in the body. Estrogen and testosterone. Progesterone super important for brain health and brain functioning and for your synapses in your brain to talk to each other for the strength of the brain vessels.

So in order to have good cognition and to avoid Alzheimer's and dementia, hormones are super important, super important for heart health and blood vessel integrity.

Keeping cholesterol balance, keeping blood pressure balanced. Of course, of course, of course. Important for temperature regulation. Like we talk about hot flashes at times in my thyroid too.

So it's not all hormones. It's not all sex hormone. So it's not just Ashridge and progesterone imbalance, but we have fire in adrenal as well. That tie in with hot flashes and things like that.

Definitely important for libido and a healthy sex life and the enjoyment of sex. Having pain free sex, that's so important. I mean, I think that sometimes we think like, that's not that important and we don't need to have pleasure, but we do.

It's to women who have good sex lives, tend to live longer, and it's helps reduce pain and reduce anxiety and depression. So very important. Hormones are also important for mood regulation.

Important for bone health like estrogen is one of the main drivers there. Testosterone is important too, but estrogen is the big one. To have strong, healthy bones.

And estrogen is more important than like any I mean, over-the-counter medications that they are not over-the-counter or prescription medications that are prescribed for women who have osteopenia and osteoporosis.

Those do not help you build bone. Those only slow down the breakdown process, but they're not doing any benefit to build the bone. And the only thing that really does is estrogen.

Healthy nutrition and weight training or resistance exercise. Those three together, we're going to build the bone. And so so me so it's not just about hot flashes and insomnia and night sweats and things like that.

So, so, so systemic. So hormones themselves. We know hormones aren't dangerous, like because we are we're born with them. We have young women in the reproductive years in their 20s and 30s.

They're not the ones that are getting cancer and heart disease and everything. So we know when hormones are at their height, that's not the problem. But we have replacement hormones.

So once we hit perimenopause, you guys have already talked about this very kind of thousands of years leading up to the cessation of your menstrual cycle.

And then menopause is officially the day. So menopause is only one day. It's the anniversary of your last period. So yay menopause. And then after that, after that day, we're considered postmenopausal.

But for sake of conversation, even myself included, I say menopause and I'm talking about perimenopause, menopause and post menopause all in one together.

And so it's the menopause transition. And so what happens is as you lead up, as perimenopause kicks in, your

ovaries stop producing quite as much. And usually progesterone drops first and then estrogen.

So when progesterone drops progesterone is our calming hormone. It's our hormone that helps us sleep. It helps a brain function. A lot of times the women will start getting insomnia.

They might start getting some hot flashes. They might start feeling anxiety, a little bit of depression. And so those are kind of like the first initial drops in perimenopause.

And then estrogen starts dropping as well. And then when menopause hits now you're not really making hardly any hormones. And you never have zero hormones in your body.

Because you do make some from adrenal, function and things like that. But pretty much you're at very, very low levels when you hit menopause. And so what can you do?

Are you going to live from age 51 to the end of your life, feeling crappy and having your bones degraded and your brain degrading, your heart degrade?

I don't think we want to do that. And so it used to be that we'd only live to like, vacuum like, you know, Stone age times. We'd only litter 30, 40, 50, maybe 55.

And so if you had to live a few years without your hormones, you know, your kind of declining anyway. But now women are living to 100 years old and probably more as advances in medicine keeps happening.

And so we don't want to live the rest of our life in that degrading fashion. And, you know, when we have less estrogen and progesterone, we're more likely to get heart disease, hypertension, high cholesterol, dimension Alzheimer's.

So we don't want those things to happen. So to prevent that and to have more youthful looking skin, to have more energy, healthy weight, better moods, we can replace hormones.

So there's two two different types of hormone restoration. So there's hormone replacement therapy that's synthetic. And then there's bioidentical hormone replacement therapy.

And they are like they sound so bioidentical is identical to the body. So identical in chemical structure to what your body produces. So if we put something if we have estrogen and we put exactly like estrogen in the body, that's exactly the same.

It's going to fit into the receptors perfectly. It's going to metabolize perfectly. It's going to do all the things that your body expects as your body is like, oh, that's estrogen the hormone replacement therapy synthetic.

That's kind of like your hormones. So different chemical structure. But they kind of behave the same way. But not exactly. And so the problem is your body is not done.

Your body is actually incredibly intelligent. And so it can sense that difference, that slight difference in the chemical structure. And it doesn't treat it exactly the same way.

In fact, it actually disrupts your endocrine system. And it's kind of blocks the normal function of your body. So while you kind of get some symptom relief, like women will get some relief from hot flashes and some relief from some of the symptoms of menopause, they're actually not getting any of that longevity.

None of the disease prevention they're actually putting at risk of possible DNA damage possible leading to cancer, possible heart disease. And so it's very different in that respect.

And I was I just kind of joked about this before we started recording. It's kind of like if you have oranges and you have Skittles, right? So they're both orange.

They both have an orange flavor, but they both have the word orange in them. But how they behave in the body are very different. The actual real biological orange is going to give you all these nutrients it's going to have.

It has some fiber, it's going to nourish your body. But the skittle that's going to rate your blood sugar, it's going to cause glycation and aging and DNA damage.

And so they're very different. And that's the difference between file identical hormones and synthetic hormones. Now synthetic estrogen that's why if you look it up and you're like looking at studies or anything, it's usually called CTE or a conjugated equine estrogen.

And what that means is it's from equine. So it's from a horse's. The brand name of the most popular synthetic estrogen is in pregnant mare's urine. And so that's where they derive it.

And we are not horses, we are humans.

Bioidentical vs Synthetic Hormones

So we it's just common sense that, urine from a horse may not behave the same in our body as a female ostrich. And horses have a many, many more estrogens than humans do.

And so they're slightly different. They behave different. And then with the progesterone, synthetic progesterone is actually called, progesterone hydroxy majok c acetate.

So progesterone which oxy acetate or progestin. And so progesterone is actually back in 2002 there was a women's health study that happened. And all the women were on synthetic hormones.

And so you go to your doctor, you'd say, I have hot flashes. You say, here are some synthetic hormones. So it was very, very easy back then to get synthetic hormones.

But then they did a study. And the study was actually, conducted to see, the effect on heart disease, of these synthetic hormones. And the after the study was done, the media kind of started reporting on the results, and they were kind of incorrect.

But they said, like, all hormones cause heart disease, all hormones are bad. And then all of a sudden, the doctors started taking these women off their hormones, like, just kind of cold turkey.

And I was really sad. But then the follow up studies showing like what actually happened in the study, what they found is that it was actually the progestin, the synthetic progesterone, the progestin that was causing all the problems.

So it wasn't even so much the horse urine estrogen that was bad. It was the progestin that was more bad. But, you know, they didn't go so deep to find out the overall effect.

There's also a lot of flaws in the study where, some of the women who, turned out to end up having, cancer, they already had they were already on hormones before the study.

And so it's kind of crazy stuff. There is very a lot of errors and a lot of like things out this study that weren't correct. But what we do grab from that is that progestin should never be taken.

So unfortunately in birth control pills that are handed out to all pre-teen, all teenagers and women in the reproductive years does have progestin in them as well.

And so all of the the horrible things that can happen, the stroke, the heart disease, all those issues apply not only to hormone replacement therapy and menopause, but also to by, birth control pills, the oral contraceptive.

So that that's really sad because no one's educated on that. A lot of times when women will go to their doctor and they'll say, oh, well, bioidentical hormones or hormone replacement is dangerous, right?

But but here some birth control pills and it's like, wait a minute, like, how are you giving me this? But you can't have that. And the thing is, when you do when you do research on hormones and hormone replacement, unfortunately they interchange the word estrogen at with equine estrogen and biological estrogen, and they interchange progesterone with progestin.

And so even, you know, pretty intelligent doctors, when they're doing studies, they'll just look and see the word and it'll be like, oh, I read a study that said that estrogen is bad for you or that progesterone is bad for you, but when you really think about it, how can those hormones be bad for you when they're what we're made with?

Right? So it's it's the it's the synthetic part that's bad. And and we're not empathic physicians. So you know, I'm about natural food. I'm about natural cleaning products, natural personal care products.

So why would I not be about natural hormones. Right. And so nature is is the right way to go. And when it's identical to what should be in your body, then you're basically replacing what you had before.

And so I think that's super important. Yeah. I'm glad you brought up the Women's Health Initiative, which actually it's interesting because even the the horse urine that they use for from pregnant horses, even a non-pregnant horse doesn't make that kind of horse.

Yeah. And wouldn't do well with it. So it's not even good for the non-pregnant horses. It's certainly not good for the humans. And when they did that study, there was the, you know, that old school of thought, oh, if you don't have a uterus, you don't need progesterone. Yeah.

Well, doctors still think that I still get patients every day I'm in and like they're on estrogen only or their doctor said they don't need progesterone.

It's like, well, if you have a brain and you have bones and you have. Yeah, yeah, I have you have function and you like to sleep at night and you need for gestation.

And it's all about when we talk about hormones, we always say hormone balance. Right. And what we're talking about is the the balance between Ashridge and progesterone having a good ratio of the to you.

And so why would you ever replace one and not replace the other. That just is automatically causing an imbalance in my opinion. It's not just about your uterus like very long.

And I'm not a walking uterus. Very limited thinking. And the women who did have the estrogen only even though it was a synthetic, they still had a reduction in breast cancer.

So even the bad toxic synthetic estrogen is still did something. So when I'm sure you have two patients come in, oh I'm at risk for breast cancer. I've had breast cancer so I know I can take hormones.

And so what would you say to her? So what would you like to do is I like to look at how your estrogen breaks down. Like how do you metabolize your oxygen.

Is that going down the there's actually three different pathways when estrogen does its first breakdown. There's a two pathway which is the healthful pathway.

And then there's the four and the 16. The four pathway is a one that can lead to DNA damage and can lead to possible cancer. And so we want to make sure that there's certain ratios.

You want most of your estrogen to break down the two pathway. And then the other two is a very small amount. And so what you can do is you can actually push that pathway using things like cruciferous vegetables dim indole

three carbonyl.

So there's some compounds that you can help push to this pathway. So if you have a fear that you you may have, estrogen metabolism issues, we can do that.

We can also look at methylation because methylation is like your second, second phase of estrogen metabolism. That helps get it, like kind of package it up and get it out of the body after it's been used.

And so by having good estrogen breakdown and good conjugation and elimination of estrogen, that will help to kind of ensure that your astatine is moving through your body correctly.

You also want to test your hormones in general to see like do you actually need estrogen and how much do you need? And then if someone currently has cancer, what I do like to do is let them be, like let them deal with that, go through their treatment.

And if they're on any like hormone suppressing medications like tamoxifen or one of those I like them to be off of that for two years before we add the hormones.

And so off the hormone, off the estrogen, suppressing medication and cancer free for two years. And then we can start replacing hormones because then they're going to be protective, when you're in the mix and you have the estrogen or, or progesterone positive cancer, you don't want to add more hormones at that point until things get out of control, under control.

And so who would? So would you say everyone is a candidate for hormone bioidentical hormone replacement and I would say most women are it just depends on the timing of their life.

So, most women who are in perimenopause and menopause, would be a candidate for hormone replacement therapy just if they're currently have cancer. We will address the underlying cause and make sure that the hormone metabolism is working well.

And if they're seeing oncologist or on hormone suppressing medication, what kind of let that run its course? It's usually a couple of years. And then we'll reevaluate retest hormones.

We'll look at their pathways and then we can safely address, their hormone imbalances in a safe and controlled manner and making sure that all the detox processes are there.

And they're actually the American Breast Cancer Association. Actually, it just came out recently and said that women who have had breast cancer and then you replace hormones or bioidentical hormones actually have a higher quality of life and lower recurrence, future cancers, because the good estrogen is taking up that receptor spot.

Hormone Testing and Metabolites

And like all the xeno estrogens, all the environmental estrogens are not able to lock in. So there's a lot of good things that can happen, even after cancer has happened.

Yeah, that's that's amazing. They came out and said, yeah, well, I actually I don't know if they said bioidentical, I think I may be paraphrasing there.

They may just have wishful thinking. Yeah, I know that sounds like they should have said no. They probably didn't say biochemical. They but they did say that hormone replacement therapy improves quality of life and can prevent that reoccurrence of breast cancer.

So I thought that was great. I like a screenshot of that from my patients. Yeah. And you bring up such a good point that I tell patients all the time that when we're going through puberty, if we're having this surge of hormones, we

would see a higher incidence of, say, breast cancer.

And we don't. So in my experience, it's the imbalance of hormones. It's the wrong hormones. It's not detoxing properly. That actually leads to cancer.

And there are estrogens such as two methoxy estradiol and that are actually breast cancer protective and used to battling cancer. And so it's I hope we're busting that myth.

And if you have had cancer or have cancer or have family history that you're you're learning that estrogen, estrogen bioidentical hormones can be your friend and actually be supportive for you.

Yeah. And then we also, of course have to look at environment toxicity, all those things that come into play. Because when you think about someone going through puberty, puberty has only been on the planet for, you know, 13 years.

Well, unless they're going through puberty at nine years a lot earlier now or now, so they haven't been exposed to as much yet. But by the time we're in our 50s, we've been exposed to so much stress and toxins, mold, heavy metals, all these things affect our and our kinds of stuff, pharmaceutical drugs.

And so those can have a play on to whether your estrogen metabolizes correctly, whether it does DNA damage or whether you develop cancer. So it's not we blame estrogen, but it's not estrogen.

Exactly. There's so many it's multifactorial. There's so many things. Everything. Right. Like we find like everything like like I talked about earlier, my story like it was all the things.

It wasn't just my ovaries. Right. And so we have to remember that. And everything you do is help your hormones also helps other parts of your body. I always say, like every step we take, every move we make, every bite we swallow, every thought we have all affect our hormones.

Right? So you kind of have to be always thinking about your hormones. Exactly. So speaking of hormones, how do you like to measure them? You're talking about metabolites. Yeah.

So I do like to search for the metabolites. I like the Dutch tests which also there's so persistent analytical as the lab that does it. That's the reason I like that one is because they make it really pretty.

They give you all these easy to read chart, little dials to see where you're at. So that's super nice. They also measure, adrenal hormones, cortisol, your cortisol pattern.

Melatonin. They measure how your testosterone breaks down if it breaks down more towards the DHT pathway, which is more androgenic and cause like, that's facial hair or hair out, male pattern hair loss or all the kind of negative things that can happen with testosterone.

So you can see, are you breaking it down that way? Do we need to push that pathway, to make more hospitable for you to replace your testosterone? And then it also gives you some, organic acids on their teeth to tell you about inflammation and neurotransmitter and things like that.

So I think that test is great, but there's also a lab called VRT. They actually were the developers of the technology that the Dutch test use, and they have the same test.

It's not as pretty. It's just like it's just like data. And so that one and that's a urine test that you do you actually pee on these little, little papers and then you send them back to the lab.

So you do that at your house, you send it back in and then you get the report back. So I like that for the metabolites, but for, testing humans, it depends on if you're taking in topical hormones, then I use, either saliva or blood spot everything.

Oral hormones. You can still use those, but then you can also do serum, to test the topical hormones that really show up in a blood draw. So a lot of times people will be on topical hormones, and then they'll take their blood and their doctor be like, oh, you don't have any hormones.

And then they'll give them more hormones, and it doesn't show up that way because they go right into your tissues and they're not really in your bloodstream for as long.

So, it depends on if someone's replacing the hormones, how they're replacing them. And, with what? And also what they prefer. So I use GI blood spot and saliva for women on topical hormone replacement.

And some women just don't like to pick their finger. So we'll use saliva. Some women don't like to spit in the hat, so we use dry blood spot, but they're both really good.

Yeah. I'm. I'm old school. I've been doing the selling. I use Meridian Valley, which is Tanning Valley, the 24 hour urine testing, and. Yeah, it's similar.

I yeah, it is such came out after that and is very similar in Dutch is very pretty. I do like their. Yeah. That's why I like it because it's easier working with patients and for looking at the tests together, they can actually see there's like a star that's below the range to start at the other end, and you have to be somewhere in the middle.

It's like reading your speedometer. So it makes it easy for everyone to look at. And plus it's pretty and it is it's important, I think, for everyone listening to realize that the way your hormones are measured are really important, because if you're just having bloodwork done, you can.

I've seen so many patients come to me who have been so misled, whether it's put on too many hormones because it didn't show or like they just took their hormones and went got their blood test, and their levels are sky high.

And then they pull you off your hormones and then you're suffering and they're like. But your blood said it was high, so we're not going to put you on it.

It's all your tests. Like timing, like making sure you're getting really good instructions of like when your last dose should be because like when we're testing women who are on hormone replacement to see if on the right amount, we want them to take their hormones within, like a 12 to 24 hour window collecting their sample.

And then we often have like women that don't read the instructions and they're like, it's like I check my hormones five days before and I'm like, now we can't tell what that does is actually because you're pretty much back to baseline.

You know, your hormones are almost out of your system. But if we're just testing someone who has never been on hormones, then you can take it any time.

And we can kind of see, okay, what's your baseline level and what are your ratios? So it's not just about how much progesterone you have and how much estrogen you have.

It's really about the ratio of Ashridge into progesterone. And there's a range. So for for some one women they might like a lower estrogen and progesterone ratio.

Long-Term Hormone Use and Safety

And then someone else might feel horrible unless they're kind of at the higher end of the range. So everybody has their own unique optimal hormone balance.

And if we could have tested everybody like when they were like 21 to see like where they were then, that would have been awesome. But since we normally don't have that data, we kind of dial things and we'll we'll give an initial test.

Well, we'll start some hormone replacement therapy and then at three months later we'll kind of follow up and see how your symptoms doing, where your levels are okay.

Do you feel great. And this is where your levels are. So that's where we're going to try to keep you. And then we kind of will retest every 3 to 4 months ongoing because life happens.

Other things happen. We get sick. There's inflammation. There's blood sugar differences. And we may need to adjust hormones, especially if you're on thyroid medication.

Sometimes we need to adjust as well to kind of complement each other. Exactly. It's a it's a commitment to being in tune with, the cyclical nature of life and stress and all of these things that do affect us.

So to commitment. But, mostly like I was like, do not ever take my hormones away. Like they're nervous. Like, if they're going to. Right, I'm going to go on vacation, make sure I have my hormones, you know, because once you want you to feel good, you don't want to ever go back to feeling not good.

You're like like you never went through any hormone issues. So you're lucky. But, you know, I know I, I have patients, you know, they. And I'm, I'm pretty, I run a tight ship, so there's certain things I want patients to be doing when they're on hormones, be it addressing their liver in their gut system.

And some of them. Well, when I used to have my office in person, they would kind of, like, sneak in when I wasn't there and try and get their hormones.

And that's a create a whole system. Like there's the red flag. Wait a second. You have to be doing your other things. You have. But yes, once you have your hormones, I'm like, no one is ever going to take my hormones from me.

They are like, question that a lot of women have because there's a kind of a, I don't know, anecdotal information going around that you can only take hormones for ten years.

And I absolutely disagree with that. You should only take synthetic hormones as short as you possibly can. And that's where that came from. Like only take it when your symptoms are really bad because it's kind of dangerous.

But we're going to give it to you anyway with bioidentical hormones. That's not the thing. Like, you can keep taking them because they're health promoting, and there's compound effects for your bone health and your brain health and your heart health.

The more you're on them. And so there's there isn't really a downside to being on them. And other than the fact that, like if you're using a cream, you rub it in every day or you get to remember to take your hormones, that's really the downside.

Once you get your hormones dialed. And there's no, no reason that, it's ten years tomorrow, I got to come off my hormones. I think that that came out of the synthetic hormones, them knowing that they're actually bad for you and telling you just use it the shortest amount of time possible. Exactly.

Something that's healthy. You don't say, I don't say like, okay, your multivitamin do that the shortest amount of time possible. Probiotic take that. Only it only the shortest amount.

And that's only if it was like kind of dangerous if you were taking a painkiller because you just had a surgery, I'd say you take that the shortest amount of time possible.

Like only when you need it. Yeah. I've had patients say, how long do I have to take these hormones for? And I'm like, for as long as you want to feel healthy and age gracefully and be preventative.

And I've had a couple of patients over the years, not many, but who are just like, I'm going to stop my hormones.

And I'm like, okay, you know, you can do what you want.

It's a free world here. But, you know, I'm like, I mark my calendar. I'm like, I'll see them back in three, you know? And sure enough, they're like, oh my God, I'm still why did I do that?

Like, you just feel so good on them. And I just said, there is no, there's no weaning off. Like, there's no like there's no, like, withdrawal. If you want to come off your hormones and see how you would feel, the only thing that's going to happen is you're going to get your symptoms back that you had before.

You're going to have symptoms of decline. Hormones are going to come back. There's not like you're not going to be going through like, you know, detox withdrawal, like you're coming off a drug or anything.

So a lot of people ask me that, like what happens when I come off of them or do I have to stay on them forever? There's no half do. It's kind of like, do you have to brush your teeth forever?

Well, yeah, if you want to like a cavity. And they it used to be clean or you want to take a shower forever. Yeah. You take shower forever. Otherwise you're going to stink, you know.

So, But nothing it's not dangerous to come off of them. I guess I should say. Right? No. You're just going to not sleep again, or your hair fall out, or your sex drive is going to go, and I think you're going to be old.

You're going to be a shriveled. That's okay. Here it is in the family. Yeah. Bring it. Bringing it back to what we started with, remembering that you're not just using the hormones to get rid of your symptoms.

All that is a great side effect. You're using them to protect against Alzheimer's and support your cardiovascular system and your bone health and all of these things.

And so it's really coming from a preventative mindset. And then you get the side benefits of you feel good and you have energy and your hair looks good.

Looks like a lot of people don't realize that that Astro gym is it's a very hydrating hormone, right. So it has a vaginal hydration. It helps with the skin, like when you press your cheek and it pops right back.

That's the estrogen that helps you build the college in and it helps to hydrate all your tissues. And so just for like instead of like spending all your money on like the next like greatest like skincare cream that's in a pretty bottle.

Like you can really like balance your hormones and you'll just need like, the basic stuff, you know, I feel like it's it's beauty. It's, gravity, it's muscle tone.

Me and I even talk about muscle tone. When testosterone and DHEA decline, we start to lose our our muscle tone. And it's harder. Even if you're working on the gym, it's harder to maintain that.

And when you replace those fragments, it's easier to have a more like, strong, shapely body, with just doing the same things that you're used to doing.

And so a lot of times we'll start getting our metabolism will drop when our muscle, composition lowers because muscle burns more calories than fat tissue.

And so women will be eating the same amount. They're like, I'm starting to gain weight. And that's a little bit because of the testosterone, the muscle decline, but also estrogen.

Sometimes when estrogen is low, your body tries to make its own. It's like, I know how to make estrogen, fat cells make action. So you start to kind of preferentially store that belly fat.

It's I try to make up for the fact that you don't have any estrogen, and I don't a lot of women are concerned about

their weight, and they're going on these diets and now they're malnourished, and that's hurting their eyes even more.

And so I can't like there's so many, so many benefits to taking hormones that, you know, I can't really see many downsides like other than maybe the expense of taking hormones.

You have a budget for it, but it'll save you so much money in other areas. Like how many weight loss books and diet pills and how many things are we buying to try to, like combat these symptoms when we can just replace our hormones and it can actually be very affordable, actually.

And you just feel so much better at live longer and not have to worry about a lot of things. Yes. Yes, yes. I just have one more question. Just out of curiosity, as another naturopathic physician, because I think there is a, there's like the school of thought in our profession that, oh, I can take you through menopause naturally, and you don't need to use hormones.

And I'm just curious to to see what you, what you think about that. So I mean, yes, that is true.

Lifestyle Foundations and Free Resources

And actually my birth may have after it's all about the lifestyle nutrition mindset. It's all the things that aren't hormones. So it's because I think that's foundational.

You have to have the foundation, then you have to have a healthy diet. You have to prioritize rest and recovery. You have to move your body. You have to have stress reduction practices.

So that is very important. But there is no herd or lifestyle practice that's going to make your ovaries produce more hormones. So you can go through and feel pretty good, like there's some herbs like black cohosh that kind of anecdotally might help lessen your hot flashes.

And like having a good, healthy diet can keep you pretty healthy, but you're still going to have the bone loss. You're still going to have risk for Alzheimer's and dementia.

You're still going to have those issues happening and you can be better with the hormones. So to me, I believe, like we live in this time when we have technology, we have modern science, we have lab testing, and we have food and herbs and plants and mindfulness and meditation.

So I why not use all the things that are available to us? Because we live in a very unnatural planet, right? We're on zoom right now. I have artificial life in front of me.

There's internet coming in. You know, we're exposed to a lot of things. And so it's not like we're living out in the forest and nothing, nothing unnatural is coming to us.

And hormones are natural. They are made from derived from plants, and they are made into the same chemical structure. So it is human hormones that you're putting back in that, are you?

They become you. So to me, like, why would you not use that if you have the ability to I agreed, I come to that respect. I always have to say, you're not just going to rub some more membranes on your skin, and your life is going to change.

You're not going. It's not going to be. It's not a weight loss thing. It's not get the answer to all your problems. You still have to live a healthy lifestyle because naturally, not like that is the foundation.

You have to have the foundations there. And we always educate, our patients on healthy lifestyle choices, eating for hormone balance. So that is super important.

You can you can get some relief just for having the hormones, but you're not going to it's not going to be what you want. So you really have to look at liberty Tax.

You have to look at adrenal support. It's looking at health and all. It's all connected. We're we're one human being that the hormones are are messengers of the body that we need. All the bodies work.

Well that is true natural Catholic thinking. So I just recommend to, to the ladies listening that if you are on bioidentical or want to be that you find someone who, who thinks like we do, who thinks holistically and isn't just going to clones, who's really going to look at your whole body because it's a disservice to just give you some hormones to rub on.

You really need to be doing all the other things. So I agree, and there are a lot of like anti-aging clinics and doctors out there that will just prescribe, like the same dose of hormones to every woman and not do any testing.

And I think that's a mistake and that's setting you up for, for at least not optimal results at fast and then possibly harm, because you're not every other woman and they don't do any counseling, you know, health healthfulness and foundations of health or anything like that.

So there are like bad places you can get hormones from that really make sure if you're going to work with someone that you're comfortable with them and that you're getting testing, you're doing education and you're getting your hormone support and you're getting your questions answered that you can actually contact them and say, hey, this is how I'm feeling.

What does that mean? That's super important as well. I always get ads on Facebook for these like companies that they you get a consult, but it's like you fill out a questionnaire and that's your counsel, and then they just send you hormones and that's scary scary, scary.

Well this has been fantastic and very informative. And I know you have a free gift for the listeners. Yeah. So I mentioned my book, so it's let's see.

Grab it. So Carmen Harmony over 35. So this is for any woman, heading into perimenopause, menopause and beyond. And this is, basically we I talk about each of the hormones, what it does in the body.

There's a little quiz that you can take to see which hormone imbalance you might have. And then I go into all the lifestyle strategies that are important to help support your hormone balance.

That would go hand in hand. Bioidentical hormones. And then if you do grab the book, you will send your email, which will give you a digital copy of the book.

And we'll also, link to a, masterclass about bioidentical hormones if you want to learn more. I know we touched on a little bit the difference between synthetic and bioidentical, and we touched on some of the pros and cons and who is safer, who it's not.

But in that masterclass it's about an hour. I kind of go into all the details, show some of the studies and all of that and the book, you can buy it at Barnes and Noble or an Amazon, but you can get the free copy digitally, with the link.

Thank you. That's very generous of you. I'm sure everyone is going to grab it and learn more. So thank you for taking time to be here with us today and to share your knowledge.

It's been a pleasure and thank you everyone for being here and we'll we'll see you in the next talk. And just, you know, you are mastering your transition no matter where you're at.

And this is just a a key piece knowing the truth about hormones and to not be afraid but to be educated. So thank you for sharing today and we'll see you next time.