“Women Are Not Tiny Men!” - The Hormone & Detox Truth We Were Never Told | Dr Betty Murray Transcript

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Coming Upu2026

We're not little tiny longer haired men. We're not little tiny longer haired men. We are a full human and we deserve our We are a full human and we deserve our own research. None of the studies that own research. None of the studies that ever looked at hormone replacement has ever looked at hormone replacement has ever showed an increase in mortality.

ever showed an increase in mortality. Still to this day, we're bikinis to Still to this day, we're bikinis to medicine. We are reproductive organs, medicine. We are reproductive organs, that's [music] it. It's not a magic that's [music] it. It's not a magic pill. You have to look at the underlying pill. You have to look at the underlying root causes and start addressing them.

root causes and start addressing them.

Why Womenu2019s Health Research Is Broken

So Betty, why are you so So Betty, why are you so uh passionate about women's health as a uh passionate about women's health as a topic and what are we getting wrong topic and what are we getting wrong about it in this day and age? Oh my about it in this day and age? Oh my gosh, how many hours do you have?

gosh, how many hours do you have? >> [laughter] >> [laughter] >> [laughter] >> That's a loaded question. We make up 50% >> That's a loaded question. We make up 50% a little actually more than 50% of the a little actually more than 50% of the population, but I think almost all of us population, but I think almost all of us are drawn to the thing that we are are drawn to the thing that we are passionate about because of our own passionate about because of our own experience.

experience. experience. And you know, for me, it really came And you know, for me, it really came from my diagnosis of colitis first and from my diagnosis of colitis first and you know, kind of going down that road you know, kind of going down that road and all of a sudden learning like, oh, and all of a sudden learning like, oh, you know, 10, you know, out of 10 you know, 10, you know, out of 10 people, nine are women. I'm like, well, people, nine are women. I'm like, well, that's an interesting statistic. Hmm, that's an interesting statistic. Hmm, you know, for autoimmunity. And then you you know, for autoimmunity. And then you start looking at other risk factors, start looking at other risk factors, heart disease, you know, heart disease, you know, Alzheimer's and dementia, three out of Alzheimer's and dementia, three out of four. And so the reality is is we have four. And so the reality is is we have such an enormous gap in women's health such an enormous gap in women's health and particularly around research and and particularly around research and legitimate research that, you know, for legitimate research that, you know, for me, my my 40s were terrible. I me, my my 40s were terrible. I experienced really horrible experienced really horrible perimenopause despite having a gigantic perimenopause despite having a gigantic functional medicine clinic and everybody functional medicine clinic and everybody everybody that's everybody on a Rolodex.

everybody that's everybody on a Rolodex. And I was like, if I'm experiencing that And I was like, if I'm experiencing that being as connected as I am, there's a being as connected as I am, there's a gigantic gap. And so that's really it.

gigantic gap. And so that's really it. It's my own personal experience and then It's my own personal experience and then recognizing that this is no longer okay recognizing that this is no longer okay to be like, oh, you know, women are just to be like, oh, you know, women are just little tiny hairy longer haired men.

little tiny hairy longer haired men. Like, I don't play that. We're not Like, I don't play that. We're not bikinis. We are a

full human and we bikinis.

Hormones In A World Of Endocrine Disruptors

We are a full human and we deserve our own research. Agreed. So I'm deserve our own research. Agreed. So I'm going to ask you about that research and going to ask you about that research and why it's missing, but first I want you why it's missing, but first I want you to help people understand what are we to help people understand what are we supposed to do about hormone issues and supposed to do about hormone issues and deregulated hormones in a world where deregulated hormones in a world where we're getting this onslaught of we're getting this onslaught of endocrine disruptors from the chemicals endocrine disruptors from the chemicals in our food, air, and water? How are we in our food, air, and water?

The Estrogen And Breast Cancer Myth

How are we supposed to navigate that with hormone supposed to navigate that with hormone issues today? So, here's things like I issues today? So, here's things like I I'm obviously really, really logical.

I'm obviously really, really logical. You know, I've been in software before, You know, I've been in software before, engineering, obviously biochemistry.

engineering, obviously biochemistry. That was like my love language. Yeah. That was like my love language. Yeah. And the thing that never meshed for me And the thing that never meshed for me was, okay, if we look at women as a was, okay, if we look at women as a whole, about 4 in 1,000 will have the whole, about 4 in 1,000 will have the risk for breast cancer over their risk for breast cancer over their lifetime. I'm going to use this as an lifetime. I'm going to use this as an example, right? And so, but when you go example, right? And so, but when you go through menopause, that starts to through menopause, that starts to accelerate at this extraordinary rate, accelerate at this extraordinary rate, right? And then by the time you're about right? And then by the time you're about 85, it's 1 in 8, right? Um and so you 85, it's 1 in 8, right? Um and so you go, okay, we've been told by go, okay, we've been told by conventional medicine, estrogen drives conventional medicine, estrogen drives cancer.

cancer. cancer. But yet, none of the studies that ever But yet, none of the studies that ever looked at hormone replacement in a woman looked at hormone replacement in a woman ever showed that estrogen actually drove ever showed that estrogen actually drove the increase of cancer. And none of them the increase of cancer. And none of them showed, not a single one has ever showed showed, not a single one has ever showed an increase in mortality. And so I an increase in mortality. And so I looked at that and I go, okay, so let me looked at that and I go, okay, so let me do the logic thing. So, if we have our do the logic thing. So, if we have our hormones and they're cycling every hormones and they're cycling every month, up and down, and you're when you month, up and down, and you're when you ovulate, your estrogen can go easily to ovulate, your estrogen can go easily to 500. When you're second half of your 500. When you're second half of your cycle, it's easily 4, 450. So, we have a cycle, it's easily 4, 450. So, we have a lot of estrogen.

lot of estrogen. And it's okay to give you a birth And it's okay to give you a birth control pill, but something magical control pill, but something magical happens at 50 and your hormones and any happens at 50 and your hormones and any other hormones now going to kill you.

other hormones now going to kill you. I'm like, but our breast cancer risk I'm like, but our breast cancer risk goes up, but we don't have any hormones.

goes up, but we don't have any hormones. That doesn't make sense. It's not That doesn't make sense. It's not logical. logical. logical. So, 22 years ago, we had a failed, So, 22 years ago, we had a failed, horrible, poorly done study that keeps horrible, poorly done study that keeps getting propagated out into the media.

getting propagated out into the media. We took women off hormones. We took women off hormones. Did breast cancer rates go down? Not a Did breast cancer rates go down? Not a bit. Not a bit. Actually went up. And we bit. Not a bit. Actually went up. And we have greater incidences of heart have greater incidences of heart disease,

dementia, and osteoporosis from disease, dementia, and osteoporosis from it. It defies logic to say that your it. It defies logic to say that your hormone that your body makes suddenly hormone that your body makes suddenly becomes evil, villainous, and deadly at becomes evil, villainous, and deadly at a magical number of 50-ish. It's the a magical number of 50-ish. It's the environmental chemicals. And here's my environmental chemicals. And here's my current hypothesis, this is the reason current hypothesis, this is the reason why I'm building what I'm building. My why I'm building what I'm building. My current hypothesis is when you don't current hypothesis is when you don't have your own estrogen to attach that have your own estrogen to attach that keyhole and turn it on, what do you keyhole and turn it on, what do you think will do it? Your pesticides, your think will do it? Your pesticides, your herbicides, your phthalates, your herbicides, your phthalates, your fragrances, all of that stuff has a free fragrances, all of that stuff has a free range to those receptors. And and I was range to those receptors. And and I was like, and if you look at it from a like, and if you look at it from a logical standpoint, it's also logical.

logical standpoint, it's also logical.

Hormones Across A Womanu2019s Life

Science. It's amazing. What are the Science. It's amazing. What are the cries for help in each stage of life for cries for help in each stage of life for a female?

a female? >> You know, if you look at very young >> You know, if you look at very young girls, you know, as we go into puberty, girls, you know, as we go into puberty, right? Your ovaries are kind of figuring right? Your ovaries are kind of figuring it out, you know, and and so you're it out, you know, and and so you're getting kind of abnormal expulsion of getting kind of abnormal expulsion of hormones. So they're high, they're low, hormones. So they're high, they're low, they're all over the place. You usually they're all over the place. You usually have crampy periods, like everything's have crampy periods, like everything's bad. I remember when I was a kid and I bad. I remember when I was a kid and I was like, being a woman is so hard. I was like, being a woman is so hard. I know, I was [laughter] like, I don't know, I was [laughter] like, I don't like those. The world is ending. Yeah, I like those. The world is ending. Yeah, I was like, this is terrible. What am I was like, this is terrible. What am I looking forward to?

looking forward to? So, you know, so you're in kind of So, you know, so you're in kind of hormonal chaos at that time. And then hormonal chaos at that time. And then usually for most of us, it starts to usually for most of us, it starts to normalize, we get our own cycle, which normalize, we get our own cycle, which could be, you know, 24 days to 32 days could be, you know, 24 days to 32 days on average.

on average. And then, you know, depending on your And then, you know, depending on your fertility, some women might have lower fertility, some women might have lower progesterone levels or higher androgens, progesterone levels or higher androgens, fall into those categories of like PCOS, fall into those categories of like PCOS, endometriosis. Those were all signs that endometriosis. Those were all signs that the hormones are not balanced. Right?

the hormones are not balanced. Right? Some of it genetic, but that doesn't Some of it genetic, but that doesn't mean you have to accept the genetics, it mean you have to accept the genetics, it just means that there's, you know, just means that there's, you know, there's some imbalances there. But I there's some imbalances there. But I think the thing that most people get think the thing that most people get really confused by is the perimenopausal really confused by is the perimenopausal journey. We've told women that menopause journey. We've told women that menopause is when it all happens, and that's a is when it all happens, and that's a single day in your life. That's 1 year single day in your life. That's 1 year from the last time you had a menstrual from the last time you had a menstrual cycle. That's the end of the cycle. That's the end of the perimenopausal season.

perimenopausal season. But the average woman spends at least 8 But the average woman spends at least 8 years symptomatic. So that that's years symptomatic. So that that's Remember, it's a bell curve, everybody, Remember, it's a bell curve, everybody, so that means some of us are outliers so that means some of us are outliers for 16, for 16, and some of us skate through with very and some of us skate through with very few symptoms, right? And the lack of few symptoms, right? And the lack of symptoms doesn't mean something's not symptoms doesn't mean something's not going on, it just means that you're not going on, it just means that you're not presenting those

symptoms. And so, if presenting those symptoms.

The Chaos Of Perimenopause

And so, if you look at it, you have kind of three you look at it, you have kind of three stages: early perimenopause, right? stages: early perimenopause, right?

Which usually means that your Which usually means that your progesterone levels are starting to progesterone levels are starting to decline. Testosterone has already been decline. Testosterone has already been sliding downhill from 20. It doesn't It sliding downhill from 20. It doesn't It doesn't vary that much, it just keeps doesn't vary that much, it just keeps going downhill. But progesterone starts going downhill. But progesterone starts to decline, so usually you get to decline, so usually you get crime-scene periods, fibroids, heavy crime-scene periods, fibroids, heavy periods, more frequent periods. Like periods, more frequent periods. Like that is what was it for me. I was like, that is what was it for me. I was like, "Oh, awesome. I get to have a period "Oh, awesome. I get to have a period every 21 days, and it's like a crime every 21 days, and it's like a crime scene, you know?" scene, you know?" >> [laughter] >> [laughter] >> [laughter] >> And so, you're like, "Okay, never wear >> And so, you're like, "Okay, never wear white." You know, all the things you white." You know, all the things you think about. How you address that time think about. How you address that time period relative to the midline, where period relative to the midline, where everything's starting to get crazy. So, everything's starting to get crazy. So, now progesterone is declining, and now now progesterone is declining, and now estrogen has attached itself to a bungee estrogen has attached itself to a bungee cord, and so it's going up and down and cord, and so it's going up and down and up and down and up and down. So, then up and down and up and down. So, then you get hot flashes and night sweats and you get hot flashes and night sweats and and brain fog and you know, mood swings and brain fog and you know, mood swings and rage and all the other sort of and rage and all the other sort of symptoms that can go with it, heart symptoms that can go with it, heart palpitations.

palpitations. palpitations. You know, what we do to address that You know, what we do to address that will be different. So, sometimes it's will be different. So, sometimes it's maybe putting progesterone in, other maybe putting progesterone in, other times it might be putting progesterone times it might be putting progesterone and testosterone in. And then, you know, and testosterone in. And then, you know, as you enter that sort of last phase, as you enter that sort of last phase, the sort of last part of the chaotic the sort of last part of the chaotic period, what I always was afraid of, and period, what I always was afraid of, and it's I would say this is a disservice it's I would say this is a disservice functional medicine does to the functional medicine does to the community, and some of it's because community, and some of it's because we're lacking the research, is I knew I we're lacking the research, is I knew I was estrogen dominant. Like, anybody was estrogen dominant. Like, anybody watching this can tell. I got a watching this can tell. I got a badonkadonk butt, I'm chesty, you know, badonkadonk butt, I'm chesty, you know, if you're curvy, you had estrogen quite if you're curvy, you had estrogen quite a bit, right? So, I had been told and I a bit, right? So, I had been told and I had had labs, you know, previously and had had labs, you know, previously and all this time that said, "You are all this time that said, "You are estrogen dominant." So, I'm like, "Okay, estrogen dominant." So, I'm like, "Okay, I'm terrified by estrogen. I couldn't I'm terrified by estrogen. I couldn't possibly have it until the end." But, possibly have it until the end." But, when you get into that last chaotic when you get into that last chaotic period where it's all over the place, period where it's all over the place, you can still have a period and it be you can still have a period and it be very, very low.

very, very low. And nobody knows that. You think, "Oh, And nobody knows that. You think, "Oh, if I'm still having a period, I must if I'm still having a period, I must still be estrogen dominant, and I'm not still be estrogen dominant, and I'm not there yet, so I can't start estrogen." there yet, so I can't start estrogen." Right? And what I can tell you from my Right? And what I can tell you from my clinic's clinical experience and my own clinic's clinical experience and my own experience, I didn't do this with experience, I didn't do this with myself. I waited until it was all done myself. I waited until it was all done right before I added estrogen cuz I was right before I added estrogen cuz I was afraid I was going to get too much.

afraid I was going to get too much. Um is that you can often stabilize that Um is that you can often stabilize that bungee cord experience by bungee cord experience by by stabilizing the estrogen with a by stabilizing the estrogen with a little bit of replacement, depending on little bit of replacement, depending on the person. So, it's not as

erratic, the person. So, it's not as erratic, you know? Cuz the other thing, again, you know? Cuz the other thing, again, thinking logically, if you were a thinking logically, if you were a estrogen-dominant woman, what do you estrogen-dominant woman, what do you think you have a lot of receptors for think you have a lot of receptors for estrogen? Yeah. So, who's going to feel estrogen? Yeah. So, who's going to feel it more profoundly when it starts to it more profoundly when it starts to nose dive? Somebody who has a lot of nose dive? Somebody who has a lot of receptors. And so, we shouldn't take it receptors. And so, we shouldn't take it away or be frightened of it when your away or be frightened of it when your body is actually crying for it. You body is actually crying for it. You know? And so, you have those the know? And so, you have those the different stages that you have to kind different stages that you have to kind of look at, you know? And then you have of look at, you know? And then you have to add the thyroid issues and the to add the thyroid issues and the adrenal issues and all those other adrenal issues and all those other things. You can't ignore that. Can you things. You can't ignore that. Can you speak to that piece because I feel like speak to that piece because I feel like many people have normalized this concept many people have normalized this concept of HRT? Okay, we're allowed to reach out of HRT?

The Endocrine System Explained

Okay, we're allowed to reach out for HRT, and then they use it as a for HRT, and then they use it as a band-aid, and they don't look at deeper band-aid, and they don't look at deeper health issues, and they also don't health issues, and they also don't understand how medicating these symptoms understand how medicating these symptoms can actually prolong reaching solutions can actually prolong reaching solutions for these other serious health issues for these other serious health issues because you're masking a problem. Oh my because you're masking a problem. Oh my gosh.

gosh. gosh. >> So, what would you say to that? So, even >> So, what would you say to that? So, even like thyroid, you know, thyroid's the like thyroid, you know, thyroid's the magical pill. If I'm fatigued, I'm just magical pill. If I'm fatigued, I'm just going to get that. I'm going to keep going to get that. I'm going to keep taking it until I can get T3 high taking it until I can get T3 high enough, you know? And then you don't enough, you know? And then you don't realize that there's adrenal problems realize that there's adrenal problems behind it, and there's many, many other behind it, and there's many, many other things. So, the first thing I always things. So, the first thing I always tell people is think of your endocrine tell people is think of your endocrine system as a symphony. You've got the system as a symphony. You've got the hypothalamus who's the director of the hypothalamus who's the director of the show. You've got the pituitary that's show. You've got the pituitary that's the conductor talking to the endocrine the conductor talking to the endocrine glands.

glands. glands. And the percussion is your adrenal And the percussion is your adrenal system. So, system. So, if they are playing scat jazz cuz you're if they are playing scat jazz cuz you're burning the candle at both ends, and you burning the candle at both ends, and you don't know how to say no, and all that don't know how to say no, and all that other stuff, other stuff, yeah, yeah, yeah, right? Other everybody else thinks a right? Other everybody else thinks a waltz is going on. They're going to try waltz is going on. They're going to try and match the percussion cuz the and match the percussion cuz the percussion actually sets the stage for percussion actually sets the stage for the symphony. And and when one system, the symphony. And and when one system, we'll call the brass section the the the we'll call the brass section the the the sex hormones, when they start to go off, sex hormones, when they start to go off, everybody starts to try and manage and everybody starts to try and manage and bring it back into homeostasis, balance.

bring it back into homeostasis, balance. And so the idea that And so the idea that >> all the time. >> all the time. >> Yeah, all brass all the time. Just take >> Yeah, all brass all the time. Just take brass, you don't need anybody else.

brass, you don't need anybody else. We're just going to have a trombone and We're just going to have a trombone and a trumpet, right? So the reality is is a trumpet, right? So the reality is is you have to kind of look at all of it.

you have to kind of look at all of it. And so and so well-meaning practitioners And so and so well-meaning practitioners might put people on thyroid or might put might put people on thyroid or might put people on estrogen. And maybe for some people on estrogen. And maybe for some people, that's helpful. But let's face people, that's helpful. But let's face it, functional medicine really is for it, functional medicine really is for the outliers first, right? I

was an the outliers first, right? I was an outlier. Conventional medicine did outlier. Conventional medicine did nothing great for me.

nothing great for me. Right? But they're but that outlier Right? But they're but that outlier group that conventional medicine says group that conventional medicine says we're not compliant. Don't know what we're not compliant. Don't know what they call it. Somatization, that's what they call it. Somatization, that's what I love. Somat- I love. Somat- >> So I'm called you non-compliant. I'm >> So I'm called you non-compliant. I'm shocked. But you But you know, so when shocked. But you But you know, so when so when the conventional things don't so when the conventional things don't work, right? They sort of label you work, right? They sort of label you you're like problem person. So the you're like problem person. So the problem people are the people that seek, problem people are the people that seek, right? And you know, the reality is it's right? And you know, the reality is it's because the paradigm of of of population because the paradigm of of of population health is over. We're at healthcare 3.0 health is over. We're at healthcare 3.0 and that's one-to-one and of one. We and that's one-to-one and of one. We have the capacity to do that. We need to have the capacity to do that. We need to quit acting like everybody is the same quit acting like everybody is the same thing and it takes one thing to fix thing and it takes one thing to fix everything. And so hormones are the same everything. And so hormones are the same way. It's not It's not a magic pill, way. It's not It's not a magic pill, right? It's not a magic patch. It's not right? It's not a magic patch. It's not a magic cream. You have You have to look a magic cream.

Root Causes Of Hormone Imbalance

You have You have to look at the underlying root causes and start at the underlying root causes and start addressing them. So what are some of addressing them. So what are some of those underlying root causes? So for the those underlying root causes? So for the deeper health issues, you know, I I deeper health issues, you know, I I would say if we were to take kind of the would say if we were to take kind of the major like center of the onion, it's the major like center of the onion, it's the stress response.

stress response. You know, I believe me, I tried it You know, I believe me, I tried it myself cuz I love to burn the candle at myself cuz I love to burn the candle at both both ends. It's how I ride. But the both both ends. It's how I ride. But the reality is you have to protect your reality is you have to protect your sleep like your life depends on it. You sleep like your life depends on it. You have to do appropriate exercise for you, have to do appropriate exercise for you, not too much, not too little. You have not too much, not too little. You have to eat right for your body. You have to to eat right for your body. You have to learn how to say no and do boundaries.

learn how to say no and do boundaries. All that stuff. Like that to me is like All that stuff. Like that to me is like if you're not doing that, if you're not doing that, this There's not a peptides, hormones, this There's not a peptides, hormones, everything else on the planet to get you everything else on the planet to get you to 100%. Like root cause also means you to 100%. Like root cause also means you got to treat your body the way it was got to treat your body the way it was designed to be treated. Right? And some designed to be treated. Right? And some people genetically have a shoe box for people genetically have a shoe box for their capacity to handle stuff, and their capacity to handle stuff, and other people have a wardrobe box, you other people have a wardrobe box, you know, those big ones that you can hang know, those big ones that you can hang your stuff in. I happen to have a your stuff in. I happen to have a wardrobe box, but I have hit threshold wardrobe box, but I have hit threshold many, many times.

many, many times. >> You look at that and you go, "Okay, so >> You look at that and you go, "Okay, so You and I both have warehouses. Yeah, You and I both have warehouses. Yeah, yeah, yeah.

yeah, yeah. Actually, high capacity. Kevin Kevin and Actually, high capacity. Kevin Kevin and I asked one time, I was like, "Do you I asked one time, I was like, "Do you just think you're anesthetized to the just think you're anesthetized to the stress response?" I was like, stress response?" I was like, "Possibly." "Possibly." "Possibly." >> [laughter] >> Yeah, but so we have to understand that >> Yeah, but so we have to understand that maybe our threshold isn't the same as maybe our threshold isn't the same as others, and so we shouldn't do others, and so we shouldn't do comparison, and that we all have those comparison, and that we all have those things that are important, but sleep, things that are important, but sleep, stress res- you know, stress reduction, stress res- you

know, stress reduction, breathing, breathing, breathing, eating right, those are those are eating right, those are those are foundational. They're the cornerstones.

foundational. They're the cornerstones. You can't bypass those. There's not You can't bypass those. There's not enough pills on the planet to fix that.

enough pills on the planet to fix that.

Environmental Toxins And Hormones

>> Yeah, that's really well said. What what >> Yeah, that's really well said. What what other root causes are we overlooking? other root causes are we overlooking?

Oh, so from a hormonal standpoint, so Oh, so from a hormonal standpoint, so obviously endocrine disrupting obviously endocrine disrupting chemicals. Like what? What would be chemicals. Like what? What would be endocrine disrupting chemicals?

endocrine disrupting chemicals? >> Basically everything. You know, >> Basically everything. You know, [laughter] like Okay. Well, you know, [laughter] like Okay. Well, you know, here's the thing. So, if you think about here's the thing. So, if you think about it, before the industrial age, it, before the industrial age, everything on the planet everything on the planet was organic. Right? Now, we also have to was organic. Right? Now, we also have to remember our average life expectancy at remember our average life expectancy at that point was about 20 years, right?

that point was about 20 years, right? So, we have to also get it's not like So, we have to also get it's not like perfect if you eat organic, it's not perfect if you eat organic, it's not necessarily going to take care of necessarily going to take care of everything.

everything. everything. But, the vast majority of those But, the vast majority of those chemicals were created after World War chemicals were created after World War II. Right? And a lot of them came out II. Right? And a lot of them came out of, "Oh, we've got these byproducts of of, "Oh, we've got these byproducts of war. We don't know what to do with war. We don't know what to do with them." And then them." And then >> revolution, that's what they called it.

>> revolution, that's what they called it. Yeah. Yeah. Yeah. >> It's very weird, isn't it? >> It's very weird, isn't it? >> Marketing, imagine that. So, you know, >> Marketing, imagine that. So, you know, so none of them have really been been so none of them have really been been tested significantly on humans, and tested significantly on humans, and especially not in combination, and not especially not in combination, and not in, you know, 15,000, 85,000, 100,000, in, you know, 15,000, 85,000, 100,000, you know, different chemicals together you know, different chemicals together as a total load. Right?

as a total load. Right? >> Right. And so, I I think what people >> Right. And so, I I think what people misunderstand is that you know, you misunderstand is that you know, you could be doing a lot of things to like could be doing a lot of things to like okay, I'm not going to use plastic. I'm okay, I'm not going to use plastic. I'm going to use, you know, a water filter going to use, you know, a water filter and you know, distill it and I'm going and you know, distill it and I'm going to do all this stuff. We're constantly to do all this stuff. We're constantly getting bombarded. I live in Texas now.

getting bombarded. I live in Texas now. You know, the car exhaust alone is You know, the car exhaust alone is enough, right? And the reality is is is enough, right? And the reality is is is we can't get 100% away from it, but the we can't get 100% away from it, but the more we start to remove those things and more we start to remove those things and support detoxification on an ongoing support detoxification on an ongoing basis, the better we are.

basis, the better we are. You know, I kind of honed my teeth 20 You know, I kind of honed my teeth 20 years ago on helping people understand years ago on helping people understand detox and doing detox groups.

detox and doing detox groups. And you know, people are like, I'm done And you know, people are like, I'm done for the year. And I was like, girl, you for the year. And I was like, girl, you just walked outside. You retoxed.

just walked outside. You retoxed. So, it's something you have to support So, it's something you have to support all the time. It's not magic. It's like all the time. It's not magic. It's like you you may do some big things, but then you you may do some big things, but then you need to continue to support it. So, you need to continue to support it.

How Detoxification Actually Works

So, I want to talk about that because when I want to talk about that because when you have such a rich toolkit at your you have such a rich toolkit at your disposal, want to make sure we get as disposal, want to make sure we get as much exposure to that as possible. So, much exposure to that as possible. So, two-part question. What are some ongoing two-part question. What are some ongoing strategies that you like after people strategies that you like after people have detoxed and recovered their health?

have detoxed and recovered their health? And two, are there any specific And two, are there any specific strategies you recommend for strategies you recommend for perimenopausal and menopausal women?

perimenopausal and menopausal women? First off, if we look at detoxification, First off, if we look at detoxification, you know, as things that like if you you know, as things that like if you have your genetics, it makes it easier.

have your genetics, it makes it easier. Like if you're not good at making Like if you're not good at making glutathione, which is your major glutathione, which is your major antioxidant and one of the major detox antioxidant and one of the major detox pathways, it helps you understand that.

pathways, it helps you understand that. But even if you don't, right? Like that But even if you don't, right? Like that helps us be more precise. Even if you helps us be more precise. Even if you don't, you need to support the liver's don't, you need to support the liver's capacity to wrap up toxins and get rid capacity to wrap up toxins and get rid of it. And I think I think the hard of it. And I think I think the hard thing is like I know the first time I thing is like I know the first time I was in biochemistry and we were talking was in biochemistry and we were talking about biotransformation. In my head, my about biotransformation. In my head, my simplistic idea was it's like like simplistic idea was it's like like having a chair and I got to get it in having a chair and I got to get it in the trash can. It doesn't fit, so I'm the trash can. It doesn't fit, so I'm going to break the legs off of it and going to break the legs off of it and shove it in there. That's not how shove it in there. That's not how detoxification works. Detoxification is detoxification works. Detoxification is different wrappers driven by different different wrappers driven by different nutrients like B vitamins, amino acids, nutrients like B vitamins, amino acids, your antioxidants. They get wrapped your antioxidants. They get wrapped around at different stages. They get around at different stages. They get wrapped around that piece like tissue wrapped around that piece like tissue paper, and they have to go in order, and paper, and they have to go in order, and they have to be the right color, and and they have to be the right color, and and then once you wrap multiple wrappers then once you wrap multiple wrappers around phase one, phase two, I would around phase one, phase two, I would argue phase three, only then can it go argue phase three, only then can it go in the dumpster.

in the dumpster. And and I think, you know, people don't And and I think, you know, people don't think about that, and so they're like, think about that, and so they're like, "Oh, I'm going to take milk thistle, or "Oh, I'm going to take milk thistle, or I'm going to take glutathione, and I'm I'm going to take glutathione, and I'm and it's magic." And it's like, "No, no, and it's magic." And it's like, "No, no, no, no, there's a ton of nutrients no, no, there's a ton of nutrients >> My guy told me to make a cilantro >> My guy told me to make a cilantro smoothie, so I'm done as long as I do smoothie, so I'm done as long as I do that.

Why Juice Fasting Doesnu2019t Detox You

that. that. >> Can I just talk about juice fasting? How >> Can I just talk about juice fasting? How much much much >> so much. Oh my god. >> so much. Oh my god.

>> Juicing vegetables and greens and things >> Juicing vegetables and greens and things like that, absolutely a way to get like that, absolutely a way to get additional nutrients, right? But without additional nutrients, right? But without amino acids, you will not detoxify a amino acids, you will not detoxify a damn thing. You can't. Like, it's damn thing. You can't. Like, it's biochemically Put a little Texas twang biochemically Put a little Texas twang on that for me.

on that for me. >> Yeah, you can't do that, y'all. So, the >> Yeah, you can't do that, y'all. So, the reality is is you is you is you actually need reality is is you is you actually need quite a bit of protein intake, and you quite a bit of protein intake, and you need amino acids, which are liberated need amino acids, which are liberated from proteins, both from vegetables and from proteins, both from vegetables and animal proteins, but animal proteins, but but you're just going to spin that stuff but you're just going to spin that stuff and put it right back into the cells.

and put it right back into the cells. And you need minerals, you need And you need minerals, you need electrolytes, you know, all of those electrolytes, you know, all of those pieces, they're not just cool things pieces, they're not just cool things that you can take, they actually affect that you can take, they actually affect every cellular process, right? The every cellular process, right? The capacity of your cell to actually capacity of your cell to actually excrete toxins are driven by the quality excrete toxins are driven by the quality of the membrane and the mitochondria and of the membrane and the mitochondria and the cell itself, the cell itself, right? And so, right? And so, you know, I think I think the things you know, I think I think the things people need to understand is is people need to understand is is nutrition matters, right? The nutrients nutrition matters, right? The nutrients matter. It's not just about macros and I matter. It's not just about macros and I got my protein in and everything else.

got my protein in and everything else. We need the micronutrients, and when we We need the micronutrients, and when we get those, we're halfway to the detox get those, we're halfway to the detox pathways. And then the other half is is pathways. And then the other half is is supporting by removing things, and, you supporting by removing things, and, you know, trying to reduce your know, trying to reduce your environmental load as much as possible, environmental load as much as possible, and then continuing to support those. Do and then continuing to support those. Do things like sweat. Like, if you look at things like sweat. Like, if you look at some of the cardiovascular research with some of the cardiovascular research with just doing like sauna, not even fancy just doing like sauna, not even fancy infrared sauna, just getting in the hot infrared sauna, just getting in the hot room. Sauna, if you do it like three to room. Sauna, if you do it like three to four times a week, and there's studies four times a week, and there's studies coming out of like Sweden, Denmark, coming out of like Sweden, Denmark, literally seven of them show reduced literally seven of them show reduced risk for cardiovascular event almost risk for cardiovascular event almost 50%. And it's phenomenal. Yeah. It 50%. And it's phenomenal. Yeah.

Sauna, Sweating And Detox Benefits

It cannot be ignored. cannot be ignored. >> And so you're like, well, why is that? >> And so you're like, well, why is that? Well, see, we get vasodilation, we get Well, see, we get vasodilation, we get heart rate differences, we get heart rate differences, we get biogenesis of mitochondria, we get biogenesis of mitochondria, we get liberation of toxins, and you excrete liberation of toxins, and you excrete like there's so many things that happen like there's so many things that happen that just small thing you don't have to that just small thing you don't have to buy a fancy sauna. Come to Texas. You buy a fancy sauna. Come to Texas. You can come out and sweat with me every can come out and sweat with me every every summer. And we have an infrared every summer. And we have an infrared sauna every day. I also like what you're sauna every day. I also like what you're emphasizing, which is passive sweat, emphasizing, which is passive sweat, because exercise sweat is actually, you because exercise sweat is actually, you know, you're you're stressing the body know, you're you're stressing the body differently. We want to be at rest and differently. We want to be at rest and sweating. That is a big part of the sweating. That is a big part of the benefit. Yes, absolutely. And so, you benefit. Yes, absolutely. And so, you know, all those things help support know, all those things help support detox, and that's something that you detox, and that's something that you just put into your process each week.

just put into your process each week. Doesn't have to be exact. You know, I Doesn't have to be exact. You know, I think the other thing is we get trained think the other thing is we get trained that we have to have the same macros that we have to have the same macros every day. I have to take my nutrients every day. I have to take my nutrients

perfectly every day. I have to have my, perfectly every day. I have to have my, you know, sweat on every day, and then you know, sweat on every day, and then my red light, and my this, and that. And my red light, and my this, and that. And I'm like, no. If you look at it over the I'm like, no. If you look at it over the like just take the month, and over the like just take the month, and over the totality of it, if I have these things totality of it, if I have these things in there in sort of a, you know, a in there in sort of a, you know, a mixture of things where I'm supporting mixture of things where I'm supporting on a regular basis, but I allow for it on a regular basis, but I allow for it to not be another full-time job, that's to not be another full-time job, that's how you execute. Right? You it's really how you execute. Right? You it's really hard for somebody to do all these things hard for somebody to do all these things all the time perfectly because it does all the time perfectly because it does become a full-time job. And for somebody become a full-time job. And for somebody who's sick, they might have to do that who's sick, they might have to do that for a while. And it's not to disparage for a while. And it's not to disparage juicing as a part of an oral because I juicing as a part of an oral because I can just see the lights now. St. Claire can just see the lights now. St. Claire hates juicing. How dare you? No, it's hates juicing. How dare you? No, it's just that the I hate the influencer just that the I hate the influencer thing of this is the only tool. When all thing of this is the only tool. When all you have is a hammer, everything looks you have is a hammer, everything looks like a nail. Right, right? When all you like a nail. Right, right? When all you have is hormone pellets, everything have is hormone pellets, everything looks like a hormone pellet problem.

looks like a hormone pellet problem. It's it's that orientation, and then It's it's that orientation, and then people drinking histamine and oxalate people drinking histamine and oxalate bombs wondering, why isn't this working bombs wondering, why isn't this working for me? Is my body broken? And that's for me? Is my body broken? And that's what I hate. So, that's 100% Yeah, which what I hate. So, that's 100% Yeah, which we could go down that oxalate histamine we could go down that oxalate histamine thing. I know, right? Well, I actually thing. I know, right?

Hormones, Histamine And Oxalates

Well, I actually want to hear your thoughts on that from want to hear your thoughts on that from a hormone perspective as well. Hormone a hormone perspective as well. Hormone replacement therapy is not just about replacement therapy is not just about the hormones you make or take, it's the hormones you make or take, it's about how you get them ready for the about how you get them ready for the trash, right? And that's how you get trash, right? And that's how you get them out. And that's usually where we them out. And that's usually where we run into the biggest problems.

run into the biggest problems. But, you know, as your hormones are all But, you know, as your hormones are all over the place, we forget that estrogen over the place, we forget that estrogen acts as an antioxidant and acts as an antioxidant and anti-inflammatory. And when it's anti-inflammatory. And when it's balanced, it's great. And when it's too balanced, it's great. And when it's too low, it's not. And when it's too high, low, it's not. And when it's too high, it's not. And so, it's interesting is it's not. And so, it's interesting is this is where all the mast cell this is where all the mast cell activation, multiple, you know, multiple activation, multiple, you know, multiple chemical sensitivities I just Everybody chemical sensitivities I just Everybody I was just joking earlier, I got to take I was just joking earlier, I got to take a Benadryl today cuz I broke out in a Benadryl today cuz I broke out in hives all over at a hotel. And I haven't hives all over at a hotel. And I haven't had an anaphylactic sort of experience had an anaphylactic sort of experience in a long time, but you know, it's like, in a long time, but you know, it's like, "Okay, what environment am I in?" It's "Okay, what environment am I in?" It's obviously not mine. You know, and so, obviously not mine. You know, and so, when your hormones are kind of all over, when your hormones are kind of all over, that all gets worse. So, if you're that all gets worse. So, if you're loading up on oxalates, which get tied loading up on oxalates, which get tied up in the body the body can only excrete up in the body the body can only excrete so much of that. And so, if all of a so much of that. And so, if all of a sudden you're like, "I'm going to drink sudden you're like, "I'm going to drink kale every day," you're going to get a kale every day," you're going to get a ton of them that get stored, and it ton of them that get stored, and it binds to your calcium, and it keeps you binds to your calcium, and it keeps you from absorbing it. But, from absorbing it. But, if you're varying that, you get calcium if you're varying that, you get calcium dumping or not calcium oxalate dumping dumping or not calcium oxalate dumping or not, you get histamine response. And or not, you get histamine response. And so, you get in this constellation of of so, you get in this constellation of of immune system dysregulation and immune system dysregulation and estrogen's whipping the horse behind it estrogen's whipping the horse behind it because you're

in the middle of because you're in the middle of perimenopause. Beautifully said. I have perimenopause. Beautifully said. I have to ask before we run out of time. Mhm. I to ask before we run out of time. Mhm.

Choosing Safer Hormone Replacement

I have so much discomfort around the whole have so much discomfort around the whole hormone replacement industry. Oh, yeah. hormone replacement industry. Oh, yeah.

Anywhere where there's just a ton of Anywhere where there's just a ton of money being made, I want people to have money being made, I want people to have great discernment about what are the great discernment about what are the right decisions for them. So, how should right decisions for them. So, how should we think about or like what are the we think about or like what are the factors when you're considering factors when you're considering different hormone replacement therapies?

different hormone replacement therapies? Which ones are more toxic? Which ones Which ones are more toxic? Which ones are more, you know, compatible with your are more, you know, compatible with your body's own strategies and rhythms? So, body's own strategies and rhythms? So, the rule is if it's synthetic like the rule is if it's synthetic like medroxyprogesterone, medroxyprogesterone, medroxyprogesterone, you know, birth control pills, you know, birth control pills, IUDs and things like that, you don't IUDs and things like that, you don't want those. Those are not long-term want those. Those are not long-term strategies for menopause, you know, strategies for menopause, you know, perimenopause and menopause and beyond.

perimenopause and menopause and beyond. Why not? Why does that matter? Oral Why not? Why does that matter? Oral estrogen, so the most commonly used oral estrogen, so the most commonly used oral estrogen for decades was Premarin. And estrogen for decades was Premarin. And Premarin is made from mare, so everybody Premarin is made from mare, so everybody that's horse pee. It's made from that's horse pee. It's made from pregnant horses pee. And it's got 13 pregnant horses pee. And it's got 13 estrogens in it. We only make three. So, estrogens in it. We only make three. So, all 13 of those estrogens when you take all 13 of those estrogens when you take them orally go straight to the liver.

them orally go straight to the liver. They pass through those detox pathways They pass through those detox pathways where you've got to be able to wrap the where you've got to be able to wrap the right wrapper in the right order enough.

right wrapper in the right order enough. All of those have to go through that. All of those have to go through that. Then you have to actually Then you have to actually take it and then it goes out into the take it and then it goes out into the bloodstream and then starts to work.

bloodstream and then starts to work. But, it's not just those 13 estrogens. But, it's not just those 13 estrogens. Now, we have the other byproducts your Now, we have the other byproducts your liver made, some of which are really liver made, some of which are really pro-inflammatory.

pro-inflammatory. pro-inflammatory. And so, in much older women oral And so, in much older women oral estrogen is associated with stroke and estrogen is associated with stroke and heart attack risk because of the heart attack risk because of the metabolites.

metabolites. metabolites. Because it's given orally. But, today, Because it's given orally. But, today, so today estrogen is generally given so today estrogen is generally given topically. There are There is a topically. There are There is a bioidentical form of estradiol in a bioidentical form of estradiol in a pill. I'm still not a fan cuz again, pill. I'm still not a fan cuz again, it's going to go to liver first cuz you it's going to go to liver first cuz you swallowed it. And it's given as a patch swallowed it. And it's given as a patch or a cream or an oil or a pellet. Here's or a cream or an oil or a pellet. Here's the reality. Is pellets go underneath the reality. Is pellets go underneath the muscle, they're tiny and they are the muscle, they're tiny and they are bioidentical, but they have other not, bioidentical, but they have other not, you know, ingredients in them that are you know, ingredients in them that are are going into your body. Your body are going into your body. Your body creates a little capsule around it. It's creates a little

capsule around it. It's a small surgical experience. Then your a small surgical experience. Then your body's going to slowly absorb it, but body's going to slowly absorb it, but that absorbability is just dependent on that absorbability is just dependent on you individually, how much you exercise, you individually, how much you exercise, your own unique biochemistry. And I have your own unique biochemistry. And I have seen we do pellets in our clinic, but seen we do pellets in our clinic, but it's begrudgingly, right? But, we we it's begrudgingly, right? But, we we make sure that it's moving in the right make sure that it's moving in the right direction and it's not getting too high direction and it's not getting too high cuz over time it starts building. And cuz over time it starts building. And then you have the patches. Well, the then you have the patches. Well, the patches are great, they're bioidentical, patches are great, they're bioidentical, but you've got an adhesive. So, if but you've got an adhesive. So, if you're chemically sensitive person, do you're chemically sensitive person, do you want to stick an adhesive on you?

you want to stick an adhesive on you? Cuz they've got a bunch of polymers and Cuz they've got a bunch of polymers and other things in it that are endocrine other things in it that are endocrine disrupting. And then the compounded disrupting. And then the compounded creams, in order for them not to creams, in order for them not to separate, so it's kind of like if you separate, so it's kind of like if you put like mayonnaise out and let it sit, put like mayonnaise out and let it sit, it would separate and be like oily and it would separate and be like oily and then it's chunky stuff on top.

then it's chunky stuff on top. Well, they put all of these solvents in Well, they put all of these solvents in it, so it'll stay in solution. Well, it, so it'll stay in solution. Well, those solvents are endocrine disrupting.

those solvents are endocrine disrupting. And so there's a lot of a lot of women And so there's a lot of a lot of women will say, "Well, I was taking this cream will say, "Well, I was taking this cream and it seemed to work, but this one and it seemed to work, but this one doesn't." I'm like, "It's the base." doesn't." I'm like, "It's the base." Right? It's not the hormone, it's the Right? It's not the hormone, it's the base.

base. base. And then, you know, like we use we we And then, you know, like we use we we use a bioidentical hormone in jojoba use a bioidentical hormone in jojoba oil. Two ingredients, that's it. One, oil. Two ingredients, that's it. One, two. Jojoba oil is a waxy-like oil. It two. Jojoba oil is a waxy-like oil. It absorbs rapidly to the skin and delivers absorbs rapidly to the skin and delivers without having any excipient excipients without having any excipient excipients in it. That took a long time to get to.

in it. That took a long time to get to. We have to think about where we're We have to think about where we're taking it and how we're taking it. And taking it and how we're taking it. And same thing with testosterone.

same thing with testosterone. Testosterone is not actually Testosterone is not actually FDA-approved for women in female doses. FDA-approved for women in female doses.

So, if you go to a conventional So, if you go to a conventional conventional or menopause conventional or menopause society-trained doctor, they're going to society-trained doctor, they're going to give you AndroGel, give you AndroGel, which is dosed for men, and they're which is dosed for men, and they're going to go guess and put a little bit going to go guess and put a little bit on.

on. on. Like, so it's really imprecise. Yeah, Like, so it's really imprecise. Yeah, yeah, yeah. yeah, yeah. And then they poo-poo compounded, but And then they poo-poo compounded, but again, if it's compounded in cream, you again, if it's compounded in cream, you are putting on, you know, a a cream are putting on, you know, a a cream that's got solvents in it. Um we that's got solvents in it. Um we obviously do the jojoba oil, you know, obviously do the jojoba oil, you know, and and so we have to look at it and and and so we have to look at it and say, "I don't want to take hormones that say, "I don't want to take hormones that are adding additional endocrine are adding additional endocrine disrupting things." Now, what I will disrupting things." Now, what I will say, if you've done good at getting say, if you've done good at getting everything out, would that little tiny everything out, would that little tiny patch or cream make a huge difference?

patch or cream make a huge difference? Probably not, if you've kind of cleaned Probably not, if you've kind of cleaned up your world. But if you're a super up your world. But if you're a super sensitive person, it might. Yeah, I

sensitive person, it might. Yeah, I think that's really well said and super think that's really well said and super critical for people to hear. What I critical for people to hear. What I really want to make sure we cover today, really want to make sure we cover today, because you're such a passionate because you're such a passionate advocate for women and for closing the advocate for women and for closing the gap in research. I want you to name the gap in research.

The Womenu2019s Health Research Crisis

I want you to name the problem, so we all understand it, and problem, so we all understand it, and give us a call to arms. So, here's the give us a call to arms. So, here's the challenge. Because of the Women's Health challenge. Because of the Women's Health Initiative that came out 22 years ago, Initiative that came out 22 years ago, women were removed from hormone women were removed from hormone replacement, right? And replacement, right? And and before that it like 40% depending on and before that it like 40% depending on what country you looked at were put on what country you looked at were put on hormone replacement in the form of hormone replacement in the form of Premarin as standard of care.

Premarin as standard of care. There are no studies prior to that study There are no studies prior to that study that showed breast cancer association at that showed breast cancer association at all. Even in their own study, the women all. Even in their own study, the women that took Premarin alone had a 23% that took Premarin alone had a 23% reduced risk relative to women who did reduced risk relative to women who did nothing. And the reality is is we can't nothing. And the reality is is we can't take that study and generalize it to the take that study and generalize it to the entire population because they excluded entire population because they excluded healthy women. So, the women were healthy women. So, the women were smokers, hypertensive, overweight and smokers, hypertensive, overweight and obese, pre-diabetic. Like if you if you obese, pre-diabetic. Like if you if you are not those, you can't take that are not those, you can't take that result and and say it applies to me cuz result and and say it applies to me cuz you were left out intentionally.

you were left out intentionally. But because of that, Women's Health But because of that, Women's Health Research has which was already piss-poor Research has which was already piss-poor because we were left out of research because we were left out of research since 1990 until 1993. So, women were since 1990 until 1993. So, women were literally were left out of research. So, literally were left out of research. So, most of the generic drugs were never most of the generic drugs were never tested on women.

tested on women. And still to this day, particularly And still to this day, particularly women over 40, women over 40, we're we're bikinis to medicine. We are we're we're bikinis to medicine. We are reproductive organs, that's it.

reproductive organs, that's it. And then after that, it's it's pennies And then after that, it's it's pennies on the dollar, but we make up 50% of the on the dollar, but we make up 50% of the population of 50 million women in the population of 50 million women in the United States, 6,000 a day that going to United States, 6,000 a day that going to menopause. So, the problem is is nobody menopause. So, the problem is is nobody in conventional medicine has cared about in conventional medicine has cared about women.

women. women. There's a lot of people jumping into the There's a lot of people jumping into the fray, but we don't have the science. So, fray, but we don't have the science. So, that's where Minerva comes in. We are that's where Minerva comes in. We are building the first women's digital building the first women's digital health intelligence platform to allow health intelligence platform to allow women from the comfort of her home phone women from the comfort of her home phone to start finding out about their own to start finding out about their own symptoms when they're wearing wearables.

symptoms when they're wearing wearables. I'm an overachiever, I got two on today I'm an overachiever, I got two on today cuz I'm comparing them. All their other cuz I'm comparing them. All their other stuff to start normalizing that data so stuff to start normalizing that data so they can understand their own they can understand their own experience, their own lab work, their experience, their own lab work, their own parts. And so, when they do do own parts. And so, when they do do hormone replacement, they can work with hormone replacement, they can work with somebody that actually uses the most somebody that actually uses the most non-toxic available hormones

available, non-toxic available hormones available, but we're also tracking how you take it, but we're also tracking how you take it, when you take it, what else you taking, when you take it, what else you taking, and what's happening with your hormones.

and what's happening with your hormones. So, we can actually help create a So, we can actually help create a preventative, predictive, and proactive preventative, predictive, and proactive hormone replacement and women's health hormone replacement and women's health platform for each individual. But, then platform for each individual. But, then it will be the largest database of it will be the largest database of women's health in the world. First of women's health in the world. First of all, that's stunning. Yeah. Um I also I all, that's stunning. Yeah. Um I also I know we're out of time, but I have to know we're out of time, but I have to comment on the conversation happening comment on the conversation happening behind the scenes because I have been behind the scenes because I have been appalled at some of the VC conversations appalled at some of the VC conversations that you're having because in order for that you're having because in order for this to work and change the world, you this to work and change the world, you must scale. We all know there's huge must scale. We all know there's huge money in health and health data right money in health and health data right now. And yet, what I'm hearing is this now. And yet, what I'm hearing is this getting dismissed. Oh.

getting dismissed. Oh.

Why Womenu2019s Health Still Lacks Funding

>> In almost like ridiculously Ridiculous. >> In almost like ridiculously Ridiculous. Yeah, so of the 100% Yeah, so of the 100% of available private equity and venture of available private equity and venture capital money, less than 2% go to female capital money, less than 2% go to female founders, although we actually founders, although we actually outperform male-founded companies by outperform male-founded companies by 62%.

62%. 62%. And I've been told by different groups, And I've been told by different groups, they're like, "If you're doing women's they're like, "If you're doing women's health, no one cares." I'm like, "Okay.

health, no one cares." I'm like, "Okay. All right." All right." So, the reality is is the Dalai Lama So, the reality is is the Dalai Lama said it was the midlife American woman said it was the midlife American woman that was going to change the world, that was going to change the world, right? What we need to understand as right? What we need to understand as women of all ages, but particularly if women of all ages, but particularly if you happen to be slightly seasoned like you happen to be slightly seasoned like I am, we have access, I am, we have access, we have we have assets, assets, assets, and we have anger. And we're the and we have anger. And we're the decision-makers in our home.

decision-makers in our home. >> 100% >> 100% >> 100% about health. So. about health. So. >> 100%. >> 100%. >> 100%. listen. listen. listen. >> I'm going to share a funny story now >> I'm going to share a funny story now that you said that. So, I I had a man that you said that. So, I I had a man tell me, he said, jokingly, I'm in tell me, he said, jokingly, I'm in Texas, so you know, we have some Texas, so you know, we have some challenges with women's health autonomy.

challenges with women's health autonomy. And he sort of said, "Well, you guys And he sort of said, "Well, you guys don't get to make the decisions about don't get to make the decisions about your health anyway." your health anyway." And so, I looked at him and I was like, And so, I looked at him and I was like, "Well, that's so funny, sweet pea." "Well, that's so funny, sweet pea." Which is usually me being Southern.

Which is usually me being Southern. And I said, "So funny, sweet pea. Honey, And I said, "So funny, sweet pea. Honey, you don't make decisions about your you don't make decisions about your health. We schedule your urologist, your health. We schedule your urologist, your internal medicine doctor, your internal medicine doctor, your cardiology appointment. We schedule our cardiology appointment. We schedule our grandkids and our kids. We control the grandkids and our kids. We control the purse strings. Women, particularly purse strings. Women, particularly middle-aged women, make 87% of all middle-aged women, make 87% of all medical decisions. And if you add medical decisions. And if you add household, it's 85%. We absolutely household, it's 85%. We absolutely

control the world. We just need to control the world. We just need to recognize it and step into that power. I recognize it and step into that power. I couldn't have said it better myself.

couldn't have said it better myself. Thank you so much for your advocacy. No, Thank you so much for your advocacy. No, thank you. thank you. >> [music] >> [music] >> [music] >> Thanks for spending this time with us >> Thanks for spending this time with us today. I know these conversations can today. I know these conversations can bring up a lot and I want you to have bring up a lot and I want you to have room to sit with what you learned and room to sit with what you learned and let it land in your own body.

let it land in your own body. If you want more support or you're If you want more support or you're curious about the next step on your curious about the next step on your healing path, you can always connect healing path, you can always connect with me.

with me. >> [music] >> [music] >> [music] >> Find me on Instagram @thedetoxnation >> Find me on Instagram @thedetoxnation and explore resources mentioned in this and explore resources mentioned in this episode at detoxnation.com.

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I'm really glad you're here and I'll see I'm really glad you're here and I'll see