Introduction and Guest Background

Really what I want is to get, you know, get our patients from wherever their baseline is to optimal. And like you said, even longevity and then our job is just maintenance, right?

Like it's not a lot of work. It's just, let's, let's check in once a year, make sure we're in the right place. You know, if anything changes, obviously we're there, but you know, that's the easiest patient is, you know, once we get them into maintenance and then they're just on cruise control and it's really easy.

Hello, it's Dr. Jenn. Welcome back to the Integrative Health Podcast with Dr. Jenn. Today, I'm so excited to have an expert in women's health, Dr. Amy Duffy.

She's a board certified physician and founder of Carolina Integrative Medicine, specializing in functional and integrative healthcare for women. With over 20 years of medical experience, Dr.

Duffy is dedicated to empowering women to reclaim their vitality and wellness by addressing the root causes of complex health challenges. She's a bestselling author of Normal Doesn't Have Side Effects, and she combines her extensive knowledge of conventional medicine with holistic treatments to create personalized care.

And I'm a big fan of that, as you guys know. So she's known for her compassionate approach and providing a safe space for women to be heard on their health journeys.

She's been a leading voice in women's wellness, speaking frequently at conferences, and is known for her dedication to help women thrive in every stage of life.

And her mission is to help women feel empowered, balanced, and in control of their health. And we have met at conferences, and she is the sweetest. So we're excited to have her here today.

Welcome, Dr. Duffy. Thank you. I am excited. Yes, yes. Well, so we have kind of a lot in common coming from conventional medicine to integrative functional medicine and share your story because we all have a reason why we did this.

We end up here. Yeah. Mine is a little bit different. I think a lot of practitioners in this space You know, not everyone, but I feel like a lot of them have experienced their own, you know, sort of health journey that has led them to find something different.

But for me, I feel very fortunate that mine started quite early in my career in medicine. So it goes way, way back when I was little, I just absolutely loved babies.

I just had to hold all the babies and I had cabbage patch kids and all their accessories and I was just obsessed with babies. So when I was a teenager, my job was a babysitter and the family that I babysat for invited me to be in the delivery room when I was a senior in high school to share the experience of their delivery.

So that was really my first medical experience doing anything like that. And I thought for a while I might be either a teacher or a pediatrician. And so what I really realized that I liked is the OB part.

I wanted to deliver babies. So I went to college. I went to med school. That was my drive. And then when I was in medical school and you do all your rotations, the OB department, at least where I went to school, they weren't very nice and they didn't seem very happy.

So I was kind of like, I don't really know if this is what I want to do. I was sort of, you know, caught between the rock

and a hard place of, is this really what I want?

And then I got to do my family practice rotation where I realized they also delivered babies, but they were just, you know, their lifestyle was a lot different.

It wasn't just hardcore kind of surgery. And so I felt really drawn to that because I wanted to do deliver babies, but I like the idea that I could then be the pediatrician and take care of babies and chose to do a residency in a rural state in South Carolina, rural city, so that I could really have the best of both worlds, which is what they needed.

So that's what I did. I delivered babies in residency and throughout that process, I delivered over a thousand babies, got C-section privileges.

From OB to Integrative Women's Health

And about a year after I completed my residency, I got asked to be part of an OB-GYN office that was local here in small town Seneca, South Carolina, and they needed a practitioner to join them.

And our agreement or thought process was that I would help deliver babies and share the on-call for the OB part, but then also be primary care to all these women coming to the OB that might need thyroid help or, you know, hypertension or something like that, that, you know, OBs weren't super savvy on treating and we didn't have to refer them out.

So that was kind of the agreement. And we started there and then quickly realized that a lot of women's health is hormone-driven conversations about what to do about hormones.

And I really didn't have a whole lot of experience with that. And that was around the time as to 20 years ago. So we had the Women's Health Initiative that came out and kind of you know, scared everybody, hormones are bad.

And so I was really stuck between, you know, what to do for my patients in terms of helping treat their symptoms, you know, they're miserable, they're frustrated, they're not sleeping, they hate their husband, you know, whatever hot flashes, they're not, you know, whatever.

But yet, you know, we were told these hormones are bad or, you know, just use the smallest amount possible for the shortest period of time. So then we're, you know, counseling these women to come off these hormones that were helping them and then they're miserable again.

And it was just kind of a mess. And I thought, you know, I didn't like that. And I didn't feel like we had really good training outside of the reps that brought us samples of whatever hormone replacement that was in the closet at the time.

And I really felt like I needed more help with that. I happened upon a conference about natural hormone balancing in 2008 and went there and I felt like that was like Alice in Wonderland going through this tiny little door of regular medicine into this world of functional or integrative medicine where we actually test hormones and we evaluate the dysfunction or imbalance.

That was the first time I really learned about adrenal fatigue, which has been one of my favorite things. That's actually what I'm speaking on this coming week at the conference we'll be at.

And learning a little bit deeper about thyroid, not just higher, low, and synthroid, but really digging in a little bit more into that. So that was kind of my first experience into this world of functional medicine.

Then I started dabbling. It seemed like, okay, now we're talking about hormones and adrenals and mood and sleep and all the things that go along with how we feel.

And then it turned into, well, we need to evaluate the gut and then, you know, cardiovascular and brain health, and

then just kind of exploded from there.

So 15 years ago, I opened my own practice, Carolina Integrative Medicine, after doing that OB for four years and that practice decided that they wanted to be bought out by the hospital system and I knew that that was not the direction that I wanted to go in my career.

So I bit the bullet, took the cold plunge into owning my own practice and it has been a roller coaster ride. But 15 years later, we're still going strong.

I think even more successful and ultimately, you've got to have a business that's open in order to help people. So I want to be successful in my business, but also, you know, just getting out there and letting people know that there's a different way.

And like what you're doing in this podcast is to me, you know, I feel like if people can't find us and they don't know that we're out here and that we can help them, then we're not doing anybody any service.

So the more that we can just help people understand there's doctors like us out here and how we can help you. Yeah, and you have a choice. And it's hard.

It's hard to have a brick and mortar, you know, and that's it's it's a lot of work to be a physician that is outside the hospital. So I commend you with that because I had a brick and mortar for like 10 years.

And then when we moved, I shut it down and My adrenal glands are a lot happier now. So I mean, so that's why it's like, that's why we're so good at like treating people with adrenal disorders because we have them as doctors.

Yeah, because our training is just horrible. Now, that being said, like this is why it's so important to get an MD or a DO because we have all the conventional training.

We know those red flags. We have the gestalt. We get it. We can do what your conventional doctor does but we can also bring in that integrative flair, which is so important and really just, it takes a lot to dissect it all down really.

And like you were saying that you started in this one world and then it led you to gut health and heart health because it's literally all connected. The specialties that we have in conventional medicine, it's all a joke and nothing really gets done.

And it's good for like, Yeah, I mean, you know, you need a surgeon or you need, you know, a gastroenterologist, you know, to do a colonoscopy or something like that, right?

But I mean, you know, when it comes to actually treating, you know, even acute illness, but chronic illness, you know, that's not super bad leading you into the hospital.

I mean, I get, you know, stories from patients all the time where they've seen 13 different doctors for, you know, whatever their ailments are, and they're We can see how they're all interested, but they're very, you know, blinded and they just go, okay, that's not my issue.

You need to see somebody else for that. Yeah. Not really. It's all connected. Yeah. So it is hard to tell people that, yeah, sometimes you need to drop your insurance model and use that just for emergencies and surgeries, but if you want.

whole hellness you should probably just pay cash like you do when you get your car fixed and stuff you know I mean it's like people will pay cash for everything unless it's their health and longevity so I mean I think that that is important to first of all know that there's people out there know that you're going to a spot that actually has someone know that they're doing because I'm sure since you've opened 15 years ago you've had a lot of probably things pop up around you just because it's trendy now and everyone's just looking as a way to get rich quick but they're not providing good care because that's what I just saw someone and they've been to like three or four

different wellness clinics med spas and they're they're a mess and I'm like oh what just happened Yeah, there's a lot that just focus on the hormone part.

Hormones, Functional Medicine, and Opening a Practice

I still live in a small town, so there's not a lot, but people go to the big city of Greenville and find where they go get their hormone replacement, but they're not really evaluating the rest of it and really recognizing in order for your hormones to work appropriately and or to keep you safe, although we're learning a lot more that hormone replacement done the right way has, you know, good safety there.

But still, you know, hormones are metabolized through your liver. So making sure that we're cleaning the liver and using supplements related to that, you know, optimizing weight and not just, you know, jumping on the bandwagon of whatever the fat is for weight loss.

I mean, I've been through Phenermene and HCG and P12 shots and now the GLPs and that sort of stuff. And I'm not against those. I just think they need to be integrated into a program that looks at the whole picture.

Yeah, it's true. Well, you know what I was just thinking about? It's so funny because I always have this conversation with people. Don't you love it when clothes that were cool when we were in high school come back in style?

we'll see this with like medicine things will like cycle through and it's like well if you just like kept your clothes like I keep my clothes from a decade ago in my barn and then they're back in style and people are like where'd you get that I'm like high school I don't know but anyway I was just thinking about it because I like clothes and fashion and I'm just like like I tell my daughter well it's just it's funny she always critiques my outfits so You'll see, because we're getting ready for A4M.

So Amy and I are both speaking there. And I just, I like to wear like fun outfits when I go to these conferences, because I'm collecting like- They're very colorful, like the big fluffy skirts and stuff like that.

Oh, yes. Oh, they're lined up. I have like a Christmas themed fluffy skirt. Anyway, so okay, so Dr. Duffy, why women's health though? So we kind of like, like you saw that there was like a hole in these poor perimenopause and menopausal women that this void that was not, they were not feeling good and getting taken care of.

So how do you help these women? Well, you know, I can remember specifically a couple of patients in that OB-GYN office where, you know, really we were using prescriptive medications like instead of treating hormones or adrenal dysfunction or whatever, like we're digging into using antidepressants, you know, sleeping aids, that kind of stuff and you get this like…

I need something to wake me up in the morning and then I need something to help me go to sleep at night and it's so you know just counterintuitive and dysfunctional and the first few patients that I actually tested cortisol and saw low and actually treated that and you know they came back and like you know this I feel better like I know we're not just band-aiding the symptom you know it's like we're actually doing something And, you know, again, over the course of 15 years of getting patients through this, I mean, we have patients who have quit their job, you know, because they're completely dysfunctional.

They're forced into early retirement. They can't function, you know, in high-level thinking like law enforcement and stuff like that where they just can't keep up.

And, I mean, in a current patient I have right now, like she's only been with us about three or four months and just has had significant improvement in in not just how she feels, but in her ability to function, you know, in her life.

And so it's life changing. And I always think it's interesting. I mean, I went into this path with, you know, delivering babies and bringing life into the world.

And now I feel like I kind of restore life back to, you know, those who have lost it and What we do is really, I mean,

we've got to evaluate, you know, we call it the pillars of health.

You might have heard about that multiple, you know, different pillars that people use, but we've got to look at the gut, we've got to look at nutrition, got to balance hormones, and that includes adrenal function and thyroid as well as just your…

you know, what we call your sex hormones. And then we look at just, you know, at the cellular level, is there inflammation? Are we deficient in nutritional things like your vitamins or, you know, CoQ10, omegas, things like that.

So we really dig deep. I mean, our programs are individualized for each patient, but you see patterns. I mean, everybody, you know, we look at the same thing for most part with everybody.

We might add on some special testing depending on, you know, what their history is or severity of their symptoms. But ultimately, if we can really look at the focus of those pillars and how they interact with each other, I mean, I love how like thyroid and hormones interact with each other and how, you know, there's a gut brain connection and how important it is when we heal the gut, we can really see patients anxiety improve.

And, you know, nobody looks at that. I mean, they just, oh, you have anxiety. Here's your, you know, band-aid that causes side effects, causes addiction.

You know, you probably shouldn't be driving if you're taking those medications. How can you really function in your world? And, you know, and or a medicine that you try, but it doesn't really effectively help you or you just don't feel anything anymore, which is The case of a lot of antidepressant, anti-anxiety medications is they just kind of numb the edges of your moods and so you don't feel anything and then that's not really the way anybody wants to live their life.

So many examples of multiple different ways that we can help support people. Whether it's a young person, I mean, our focus is mostly on women that are 40 to 60, although their men often come in.

We got a new patient yesterday or not last week, whatever day it was, who's the husband of this lady. I was telling you about that. Quite her job. He saw the improvement she had and he's over here with chronic pain and issues that he needs to deal with.

So we get men. We do the same thing. We have young patients, a lot of them dealing with gut issues and kind of mood anxiety, stress, that type stuff. Wait, so you're telling me you can't just go to a med spa and get some pellets and get some GLP-1s and that's it?

I'm just being sarcastic. This is the fact right now. It drives us crazy. I don't want to say that they're band-aids. I mean, to some degree, they are, but they're okay.

But at the same time, you're really not looking at the big picture. And for a lot of patients, it may help one part of things, but what's the long-term plan for that?

And again, I'm not opposed to those things. I don't love pellets and a lot of patients want to know why. Why don't I do pellets? And I know they're taught by a lot of the conferences and programs that we go to and teach at.

In my world, I think that we need to be not only what we call bioidentical, which means that the chemical structure that we're using is the same exact chemical structure of the hormones that are supposed to be in your body or that your body used to make.

So pellets are technically bioidentical when you come to that definition, but they're not physiologically identical. And so nowhere in our life except when we were pregnant did we have hormones that did this.

So when somebody gets a pellet, they get upwards of 200 times the amount of estrogen that you would make on a

daily basis put into your body at one time.

And there's some theory that it sort of slowly releases, but really it doesn't. It just gets your level really high and then it takes three to four months for it to go away.

Terrifying. And people feel good. Of course, yes.

Why Women's Health Needs a Whole-Picture Approach

Usually the first two or three pellets, they're like, oh my God, this is life changing. And then about a year later, they'll go, they're not as effective as they used to be.

And so we can what we call oversaturate the receptors. So just like if you watered your lawn every day over and over again, you would start to get flooded.

And then, you know, you're not effectively doing what you need to do for your lawn and even can cause some damage. So I don't want to say, you know, That's just my opinion on hormones and I have lots of friends and colleagues who use pellets and we agree to not talk about it basically.

It's like politics. It's like we're just not going to talk about this. You're wrong, I'm right, we're not going to talk about it. Everybody has different ways and I'm not opposed to that.

It's just not the way that I like to do it. Occasionally I'll have a patient who is getting pellets elsewhere and they come to me and we'll dabble, we'll try different things and I feel like as long as I can optimize everything else and they feel you know, their best when they're on pellets.

And once we optimize things, sometimes we'll do trial and error of moving to some other way. And they may go back to that. And, you know, that's okay.

I mean, as long as I feel like we can measure and we're doing the best we can to make sure those hormones are filtered, then I'm not going to kick them out.

You know, at least I feel like I'm doing better than what that practice might do without looking at anything else. So. Yeah, it's tough though. I have some mentors that will not take patients that were on pellets because it's a liability concern because they might be creating cancer or whatnot.

So yeah, it's tough. But for the combination now that we're seeing at all these wellness things popping up, these med spas is high-dose pellets and high-dose GLP-1.

So they're losing muscle. you know, they're getting skinny, but then once you hit perimenopause and longer, it's harder to gain that muscle back, which is our metabolic, like, fuel, and also third, fourth, and so then they're on these, like you said, exactly, this is what everyone says, you know, a couple months, three months, they feel high, they feel great, their testosterone is, like, higher than, like, you know, bodybuilder levels, and then they crash, and they feel like poop, and then it's like, you have to, like, Wean them down from it.

It's awful. I mean… Well, they have like a whole month. I mean, they can start to feel, you know, it's like, okay, I have the calendar, you know, since when do we need to treat medicine by calendar, right?

So, I mean, it's like, my next appointment is scheduled here. They start to feel, you know, the lack of hormones about, you know, somewhere two, three weeks before their appointment.

Their spouses know, you know, are starting to ask, like, hey, when's your next pellet appointment? Like, you know, can you move it up early? You know, that kind of stuff.

So, it's obvious, not just to them, but to their… you know, their family members, how they feel. And then by the time

they get their pellets, they don't work immediately.

So it takes another like two weeks for that to kind of get regulated. And so, you know, I mean, every three months, they're basically going through menopause for a four week period of time.

And it's just this roller coaster ride. And yeah. just doesn't seem long-term, you know, supportive and, you know, what's the long-term plan? I mean, we're just going to do that for a couple of years or like, is this forever than the rest of your life?

Yeah. It's hard. It's tough. And I think, you know, what we do and we're pretty similar is that we want to create patients, you know, long-term to feel better.

So eventually they won't need us. Now that differs a little when you look at perimenopause and menopause because you are helping them through this like process and then move into longevity.

But the goal is to not have them so codependent on you or have more and more problems creep up. And this is what we see with conventional medicine or if you're dosing hormones wrong, that they are almost…

Well, really what I want is to get our patients from wherever their baseline is to optimal. And like you said, even longevity and then our job is just maintenance right like it's not a lot of work it's just let's let's check in once a year make sure we're in the right place you know if anything changes obviously we're there but you know that's the easiest patient is you know once we get them into maintenance and then they're just on cruise control and it's really easy so And then you could talk about their kids and like life, yeah.

But things do creep up and we live in a toxic world. So sometimes there are things or emotional hurdles that then you do need someone that knows alternative ways to get through that and how to use supplements and peptides properly.

So let's dive into adrenals a little bit and adrenal glands. Why? I know because you love it. And this is just, you can fix the hormones and have them look perfect.

But if you're not fixing the adrenal glands, they're still not going to be optimal. And we see this. So why is adrenal health like, why should we even talk about it?

Well, I mean, you know, number one, our body's job is to stay alive and really that comes from the adrenals, right? So, you know, if you're getting chased by a lion or a saber-toothed tiger or whatever, like, you know, your body's response is to generate adrenaline or, you know, what we might consider cortisol and so what happens is that we're not getting chased by lions on a regular basis like may have happened in the caveman days.

I don't know, I didn't live there but what we're being chased by is busy life, the clock, traffic, computer stimulation. Now we've got are phones that oftentimes people are going to bed and waking up with their phones and so even that light stimulation sort of sends a signal to your brain, hey, we're not ready to settle down yet.

We're not, you know, we're not calming down and so normally adrenals are supposed to produce cortisol in the morning, that's what wakes you up when the sun comes up and then it goes down at nighttime and that transition stimulates melatonin and then we sleep.

And so when we start to see people with abnormalities in cortisol, we often will see fatigue as a symptom, we'll see sleep issues, we call them tired and wired.

So you're exhausted all day long, but then when it is time to go to sleep at night, brain can't quite turn off, craving, you know, people, when we talk about weight issues, you know, there are GLPs and things that we can use to band-aid, but if you're not optimizing sort of the foundation, those aren't going to be as effective or they're not, you know, you might have to use higher doses or be frustrated you're spending all this money and you're not seeing the effects because you know, if your cortisol is really low and I think it's misunderstood sometimes because a lot of

articles or things that talk about cortisol in the world talk about high cortisol and, you know, high cortisol causes weight gain and fat storage and stress and all this kind of stuff and absolutely it does but in my world what I see most often is that your adrenal glands have been asked to sprint the marathon of life uphill for so long that they produced a lot of high cortisol initially and now they're sort of worn out.

And so what we often see is low cortisol levels or the term is adrenal fatigue or we can get really fancy and call it HPA access dysfunction, but patients don't know what that is.

So we have to explain a little bit, but I tend to see more patients with low cortisol than I do with high, but I do saliva testing to look at that.

Adrenal Health and Cortisol Testing

And so, you know, when cortisol levels are high, I think about that as kind of hibernating, right? So if we go back to caveman days, like, you know, your body's job is to protect you and keep you alive.

And so if it's concerned that maybe we're not going to be able to produce the appropriate amount of adrenaline if we go out of our cave, so we should stay in our cave, which means let's hibernate, let's stay inside, let's not go out there into the world, that can be stressful and overwhelming, so we'll start to see people say, you know, I'm exhausted all the time, I'm not sleeping, I'm gaining weight or, you know, even though I don't eat anything, you know, but your body's kind of like in store mode, it's in hibernation mode.

I don't want to go out there and do fun things anymore. So I used to love shopping. I used to being social with my family. And now it's like, I don't just feel like I don't feel like doing anything.

But it's not quite depression, you know, they're not depressed, they're just tired. And going out there into the world, you know, creates this sense of overwhelm and What I often see and how this connects to hormones is that the adrenal in somebody who's premenopause, which means that you're before age 50, basically, you're still having cycles.

When the adrenals go down, there's a direct correlation with progesterone. So, we'll start to see early reduction in progesterone. So, patients who are you know, maybe late 30s or early 40s starting to have night sweats, they're starting to have irregular periods, they're going, I'm too young to be menopausal, what is this about?

And I think that that's a direct correlation to adrenal dysfunction causing the hormonal imbalance. Then on the flip side, people may just be skirting along and doing okay and then menopause hits, hormones go down and then that affects their adrenals as well.

So they really are connected to each other, they're affected by each other and there's this outside world of stress we talk about but then we go deep into the internal stressors of this is where the gut plays a big role in this because If your gut's not happy, nobody's happy and whether it's food, whether it's what we call dysbiosis, which is just either not enough good bacteria or bad things like yeast or bacteria or whatever that might be growing in there, those are internal stressors that every day is creating that same sort of response.

Your brain doesn't know whether it's being chased by a lion or you ate something that's causing you know, your body to have to respond from an immune system perspective and so that wears your system out too.

I mean, it just is this, I guess, vicious cycle, although I don't think it's vicious because we can address it in multiple ways. So we've got to reduce external stress as much as we can.

You know, I can't take your job away, I can't take your kids away or your financial stressors, whatever, but Can we support your brain so that it doesn't, you know, you're not being chased by a lion, you're okay.

So there's things that we can do out there. Can we help on the internal stress side? And then if needed, we may support your adrenals through supplements or, you know, even cortisol replacement if it comes to that.

So, you know, it's really fun because people get better right away when we address adrenal stuff. I mean, we see results so quickly, it's really fun. And I think it's fun for me just because nobody's ever heard of it.

And so it's kind of a new thing. I mean, very under addressed in traditional medicine. You know, I mean, I think one time I learned about Addison's disease, which is a really rare, you know, sort of thing that only endocrinologists know how to deal with, maybe.

And so, you know, it was never taught for me in any kind of, you know, either med school or residency in terms of really looking at adrenal dysfunction.

Yeah. Yeah and so much can put us in this fight or flight stress all the time and that is where it is taking the toll because we're supposed to be in rest and digest and the parasympathetic resting with that and we're not and it seems like we just keep on piling on more and more stressors and there's you know there's another event at the kids school or mother's homeschooling can even be overloaded or you're running in the car.

Like for me, we're driving a lot more in Tennessee and that your nervous system is on alert, right? You need to be alert to drive. So I've really had to manage with that and do more breath work or, you know, I spend time with my cows now, my heifer is finally eating out of my hand.

So that was great. So I just like, you know, that this is all stuff that we need to do. We need to do things to put us in that parasympathetic state because were constantly bombarded.

So for me, like using me as an example, I had to adjust. I'm driving more that's stressful on my body, so I need to make sure I'm doing other restorative things so it's a balance with my adrenal glands and my health because that will affect my hormones.

And when you're in midlife, that will translate to crazy menopause symptoms or perimenopause symptoms. So yeah, so the adrenal glands really are key. And like you said, if you go to a conventional medicine office, what will they do?

They'll rule out for Addison's and Cushing's. That's about it. But you have to have pretty significant symptoms that would even more into cortisol tests in the first place, right?

But they don't even test cortisol correctly. They do a blood test in the morning where you've already driven there, you might be freaked out about getting your blood drawn.

So that is not going to be a first morning cortisol where we actually know what's going on. Can you talk a little bit more about the four-point saliva cortisol test?

So just like you're describing, I mean, you know, like I said earlier, our goal, you know, is to have cortisol peak in the morning and then, you know, smoothly go down throughout the day, we have kind of this nice gentle curve.

And, you know, like you said, I mean, when When we get to the point where the adrenals sort of get tired and maybe, you know, just to give you a number example, like a normal cortisol first thing in the morning would be 20. And so maybe you're, you know, you're floating at 10 or 11 or, you know, something even lower than that.

But if you go get your blood work done, like you said, we get this little bit of stress, we got to get kids out the door or whatever to get to this fasting blood test and then you get a needle stuck in your arm and you're worried about getting to work on time or whatever.

And so that could actually stimulate you to be in the normal zone when your early morning wakening might have been lower. And so then you would scream for that and it would be normal and then you'd be like, that's not your issue.

When you do a saliva test, you're at home, you're putting saliva or spit into a little tube about 30 minutes after you

wake up. So we're generally trying to get what normal function, normal day would look like for you.

And then even more important is that we get your first morning cortisol, but then we want to see what it looks like the rest of the day. I have a lot of patients where morning is still, you know, sort of hanging on.

So we'll have an okay, you know, 14, 15 in the morning, but then by noon, they're like at bedtime. So it's like, body does this, you know, initial sprint to get you up and out the door and get you going.

And then we used all the cortisol that we have for the whole day, you know, between 6 a.m. and 10 a.m. or noon, whatever time it is, and then we don't see any the rest of the day, or you can get this crazy kick up at nighttime.

So, particularly somebody who's struggling with sleep, again, that tired and wired, I'm exhausted all day, but then when it's time to go to bed at night, now it's like I kick it in, I get the second wind, I'm doing laundry at 11 o'clock at night or working on my computer or whatever because that's, you know, my brain's focused and wants to work and so we can see, you know, sort of this different shapes of cortisol curve and then our treatment for that is going to be different.

So, I mean, you could just read an article that goes, oh, I matched the symptoms of adrenal, I'm going to go take this adrenal supplement and you know, I mean, most of them aren't super harmful necessarily, but they may not be doing the right thing for you.

So do you need something that stimulates your adrenals or do we need something that calms them down at night? I mean, it's all very different. And so really looking at that test and understanding the four-point cortisol, looking at your own individual curve to help us, you know, drive what is our treatment approach going to be.

And then even then, again, somebody sprinting the marathon of life, you can give them Gatorade all day long. But, you know, at some point they got to They've got to stop sprinting.

They need to stop running. They need to lower the slope of this hill that you're trying to sprint up. So there's multiple factors involved in supporting and in treating the adrenals.

Yeah. And tests don't guess, but also the appropriate tests. Like you were saying, someone could come to you and they're like, I don't feel any energy in the morning and you're thinking, okay, like we're going to test and not guess, but I bet you they don't have a good response in the morning.

But they come to you and they're like, oh, but I got a cortisol blood test from my conventional doctor and insurance paid for it. And oh, it's fine. And I'm like, yeah, but that's not actually like the correct test.

We need a four-point slide of cortisol test. So I think asking for that and you're going to ask that if you go into your regular doctor and they're just going to stare at you.

Advocating for Patients and Finding Hope

So go to someone who actually knows what it is and how to order it because then you can get a repeat test in three to six months and see if the things that you are doing are helping or not, or if you have to dig deeper and maybe it's something with your sleep or maybe it's something else.

And that's what's so good about having these personalized tests to, you know, it's good to see it on paper. I agree 100%. I mean, I guess, you know, you're taught to rule out something major like, you know, thyroid disorder or anemia, but oftentimes those labs are going to be normal and so then it goes what I call subjective, right?

We're just treating a symptom and we're not really looking and so, you know, that same person may be treated with, you know, an antidepressant or they might be given something like Adderall.

you know, to help give them energy during the day and then, you know, a sleeping pill at night or they're given

some sort of anti-anxiety or whatever.

All the time. How do you feel, you know, or you get into the hormone-related symptoms, so you're having night sweats or irregular periods and I will tell you being in the OB-GYN world, if you're not menopausal, then your treatment is birth control.

pills. There's no test. It's just, let's just put you on this. Maybe it'll reset your system or it'll just regulate your cycles and you'll be fine, right?

Well, what's the cookie cutter? What do they do for perimenopausal midwife women? Birth control and antidepressants. Literally, that's it. How many people have come to you and that's what they're on and you're just like…

Or by the time they get to me, they've tried it and they didn't like it. It caused some adverse effect or something like that. They know better. Sometimes they're still on it, but they come to me on it or having tried it, but yet not getting relief of the symptoms.

And then they're frustrated. Yeah. Well, and the gas lighting. I mean, but I actually will have a lot of women that come to me and they're like, this is what they told me, this is why I'm with you because I'm not going on birth control and an antidepressant.

I know that's not the problem. So I think women have gotten a lot smarter too about this. So I mean, how do you have women advocate for themselves? Like if they're in this healthcare system that dismisses their concerns, other than seeing someone like you or me, what would you say to them?

Well, I mean, that's the initial thing I think is the beauty of where we are now with podcasts like this and, you know, I think the information is out there more.

I mean, hopefully we can trust that there's information that's correct, right? So, you know, I can't guarantee if you're Googling that you're going to get, you know, everything that you need.

However, I think the conversations are becoming more common. I mean, I started this 20 years ago and nobody knew anything about adrenal dysfunction and bioidentical hormones way back then, except for the people who taught me how to do it.

It's becoming, I don't want to say mainstream yet, but it's becoming more and more popular. This conference we're going to this weekend started with some 300, 400 people, which is still a pretty good big conference to record 7,000 or something attendees last year.

that's a sign that this type of medicine is growing. And so my hope is that the information is out there so people can get a little bit more awareness that there's a different way of doing things, whether you can search bioidentical hormones or natural hormones or adrenal dysfunction and get some help from that perspective.

But that's why I love doing this kind of thing is, yes, if you're in South Carolina, come see me, but if you're in i don't know chicago or california like it's not convenient for you to pop over here but you know can you have some keywords of saliva testing of adrenal dysfunction of you know perimenopause you know that kind of stuff that you could search and find a practitioner that is talking like we are, right?

And so that's my hope is that people are starting to realize that there's a different way that they don't have to just go by what traditional medicine is.

And like you mentioned earlier, I think people really need to realize that this is out of the box. I mean, there's evidence, you know, to everything that we're doing, but it's not mainstream.

So, it's not conventional. It's not insurance covered medicine. So, you need to realize that if you want the help in

the way that we do things that you're going to probably not use your insurance for the majority of it or any of it.

We don't deal with insurance at all in my practice. It's just become such a headache. And I want people to focus on their health and what they can do and not focus on Can I get reimbursed $38 for whatever lab tests we might have done?

Exactly. It's an investment in your health. Pay now or pay later. Absolutely. I'd love to wrap up. It's been such a great conversation, but I want to ask you some lightning round questions.

Are you ready? Yeah. What career would you have chosen if not medicine? That's a tough one because, like, I was going to be a midwife, right, or I was going to be a pediatrician.

I don't know, you know, maybe teaching, but I don't know now, you know, if I would look back on that, that I would really enjoy that. But interestingly, I'm fascinated by stuff like I would like to be a waitress sometimes.

I just think that that's one. Oh, so I was a server, like, high school through undergrad, and I, from my ER residency, my application, I put how working in the ER is like working as a server because you're like going to room to room because it really is.

It's that like high multitasking. So yeah, no, that's fun. What is your favorite habit that rescues a tough day? Hot tub, I have a hot tub and it is like my happy place.

I get my hot tub every night. My people in my house know like that's my time, you know, I mean, they kind of leave me alone. They know mom's in the hot tub, that's her time.

That's what's probably the hardest when I travel is that I don't, you know, even if you get a hotel bathtub, unless you really are in this, you know, fancy place that's unusual.

Yeah, and hotel hot tubs, like gross. Oh, no. Like, he goes in them and I'm like… Not the public one. I'm just talking about in your room, you know, taking a bath, like…

Yeah, like a jacuzzi tub. Even that, maybe. I have a hard time if I don't get my nighttime water fix. Oh, that's nice. That's nice. What is one wellness rule that you'll break sometimes?

Um, food, I would say food probably is, you know, I always teach people, you know, look at this food and go, is this something that's going to fuel my body?

Is it going to cause more stress? And, um, you know, life gets busy. We got, I've got a 10th grader that's in basketball right now. So we have, you know, often three nights a week that we're traveling somewhere for basketball games.

So, you know, yeah. Fast food will get, you know, rear its ugly head, everyone smile. French fries and margaritas are my, you know. I don't care about the sweets.

I want the salty stuff, which is a testament to my alcohol function. Yeah, I love it. Especially in the evening time, it's like, oh, where's my salt? Yeah.

Yeah, I love it. That'll be a habit I break sometimes. Last one, and it's one word only. What word would you like our listeners to carry through with them throughout the week?

hope, you know, just know that they have hope that there are answers out there. You know, just like we've had this conversation, I get new patients that come in all the time.

I had a talk with somebody at a Christmas party yesterday evening where they were expressing some stress about a family member and I was like, well, this is what we do and, you know, if they want, they can give us a call and we

can talk through how we might be able to help them.

They're like, oh my God, your one five-minute conversation has given us so much hope compared to, you know, what we've been out there. So, you know, just helping people understand there's a different way.

That's still driven by medicine, right? Just like you said, I mean, I'm still an MD, I'm still doing normal, you know, well, not normal to most people, but we're still doing medicine, right?

So we're not going into this whatever might feel woohoo. Yeah, we're not really are doing good things and energy medicine and supplements and you know, like you said, mind mindset, massage therapy, chiropractor, all that stuff is all helpful.

And you probably need a little bit of that but My hope is that I give people some hope that, you know, if they're listening that they can realize that there's a different way and they don't have to suffer.

Absolutely. Love it. Well, thanks for all you do. And can you please share where they can find listeners that are around you? I'm sure we have Carolina folks listening where they can find your office and your book.

Yep, we are Carolina Integrative Medicine. It's in Clemson, South Carolina, but licensed in South Carolina, North Carolina. How's Carolina? Sorry. Why did I think you were North?

I don't know. So carolinaintegrativemedicine.com is our website. My book is called Normal Doesn't Have Side Effects. You can find it on Amazon. And I have a separate website, amyduffymd.com.

And it's got lots of podcasts and information there. My book is also linked there as well. And I'd be happy to share with you when you post this, we have a little free mini course.

So, you know, if people want to learn a little bit more about some different things, we got a little course that has some videos and stuff in it. So I'll shoot that to you.

We will have them in the show notes. Thank you so much and like advocating for women. And I just I loved our conversation. Enjoyed it. We'll see you soon.