Hormone Therapy Scare and the WHI Backlash

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So it was really the timing that forced me into above and beyond what I imagined. Welcome to the Deeper Healing Podcast. I'm your host Danielle Howley.

This is for everyone who's been dismissed, misdiagnosed, or told to just live with it and refuse to accept that answer. You're going to hear amazing patient recovery stories, raw and real in their own words.

People who found answers after everything had failed them. you're gonna hear from medical experts we trust that are pioneering new approaches to healing the body because we deeply know we're designed to heal.

Let's dig in. Hi everybody, I am so excited to be here today. You're just incredible. This is Dr. Janine Blackman and she is visiting from Florida. She's been up in Charleston on vacation and got to come to Deeper Healing, do some cleansing and just really hang out with all of us.

And you're amazing. So let me just give a little introduction and you are going to feel like you such a slacker after you hear this, okay? She has a chemical engineering degree and she has medical degree, and has PhD.

And while she was in medical school and her residency and fellowship, she also was a single mother of three children. Wow, I'm feeling like a slacker.

So a brainiac and also just a go after my dreams and raise my kids and really smart. We are going to talk about big old topic today, women's hormones, maybe just hormones in general.

We'll talk about hormones and general because she has such an interesting background. And I think you should go back to the beginning of the early days.

How did we get to where we are now in 2026? Okay. So yeah, so I do have a chemical engineering background and I worked as an engineer for about five years and then I was ready to go into medicine.

And there's a whole nother life story on why I made that decision, but that's not important today. So I entered an MD-PhD program because I wanted a career in academic research or so, I thought.

I got my PhD in epidemiology and preventive medicine and my mentor, and this is back in the 90s, really was a pioneer in hormones research for women.

Dr. Blackmanu2019s Training and Hormone Background

And yes, that was the days of Premrin and PremPro and bioidentical progesterone. Prometrium was also launched and in her clinical trials. So she did all the studies that led up prior to the design of the Women's Health Initiative that big snafu we'll talk about.

She was not involved in that, but anyway my PhD years were really well grounded in doing research in women's hormones and the benefits to our hormones in terms of our health and our long-term health.

Fast forward, I'm going through my residency in family medicine, and then I go on to do a fellowship in integrative medicine and functional medicine. Largely that backstory I realized all the missing pieces in conventional medicine that I wanted to fill in.

I went into medicine really wanting to study optimal health and to my dismay discovered that's not what's in medical school, so I had to add that in later.

But anyway, I was doing my fellowship in integrative medicine, and that just happened to include training in custom compounding of all prescriptions, including bioidentical hormones.

And that custom-compounding is not something that's taught in normal medical schools or normal residency programs. And so I was getting that training during this fellowship, just as one of many things I getting training in.

And that was the year in 2002 when the Women's Health Initiative came out with its erroneous results that we can confidently say were erronious today.

But on July 2002, they announced… big scare that they were stopping the study early because they saw an increased incidence of breast cancer in the women on their hormone therapy and that announcement was preliminary and but yet they made it to all the media outlets and within weeks all women were told to stop their hormonal therapy abruptly.

Pharmacies wouldn't even fill the prescriptions. My own mother was on hormone So this was like a screeching like car crash. No more hormones. Women are in danger if they take any hormones, right?

So all women were scared to death. Doctors were suddenly scared. To keep renewing the prescriptions certainly wouldn't start new ones. Pharmacies were scary to fill the refills and what ended up happening to me is women somehow found my practice and were seeking out alternatives and I was able to prescribe bioidentical compounded hormones for them.

And so it was really the timing that forced me into a deep, private form of prescribing for women above and beyond what I was imagining for myself. Did you realize immediately, like, wait, these results are not true?

Or how did you come to that? I mean, now it seems universal. It was pretty obvious. could do the math and do analysis that they were blowing up a portion.

And when you actually got to dive into the research and the study results, realized the increased incidence was only in the women that were given the synthetic progestin.

It wasn't in women given estrogen only. Yes, that estrogen-only was Premarin, which is horse estrogen, not what we recommend today, but it really wasn t the bad player and was serving women better than nothing.

which is what's happened to women since 2002. Very recently, the black box warnings were finally removed off of estrogen prescriptions by the FDA last November in 2025, but from 2002 to the fall of 2025 women were made to be afraid of estrogens and so were doctors and training on prescribing hormone therapy to doctors stopped also.

You have all these graduating doctors from medical school and their respective residencies being told to be afraid of estrogen, don't prescribe estrogen.

It's bad for women. Cancer causing. I'm sorry, my head's a little in part because I was like, wow, this only just happened in November. Last November, it wasn't quite the same fanfare that happened back in July of 2002. Yes, so they're all doctors that like myself who have been prescribing usually some form of bioidentical custom compounded hormone therapy over the since 2002 were very alert to these warnings coming off.

Why Most Women Benefit from Hormones

So let's take it down to brass tacks. Let's just say someone's out there and they're like, well, I'm not on hormones. And I've always kind of like thought about it, but my doctor said it was bad.

So in your assessment, just straight off the roof, you're perimenopausal, urine menopause. Should I be taking hormones? Most of the time, the answer is yes.

Let me explain why. That's a great question for, let's say, older women who've gotten through those maybe crazy years of hot flashes and sleeplessness, and they feel like they're kind of back to their new norm, whatever that is.

By the way, that's me. Yeah, so late 50s, well-pet menopause is usually by the early 50's for most women. So, you know, in your late 50s or even older, and you're like, well, I never used hormones.

Why should I start? I have a lot of friends that talk like that. So I had women that come to me in that position. They may not be coming to my hormone therapy.

I've a comprehensive practice and they're just coming for a… medical care and I pick up, well, you're losing your bone density. You're loosing your muscle mass.

Your not really sleeping all that well. Certainly not as well as you did when you were younger. And you are not disturbed with children waking you up at night, but your sleep quality still isn't very good.

And then if I bring up libido, well, then I'll admit, no, it's not what it used to be either. And certainly, you know, and I have some women say there's no enough KY jelly in the world to make it comfortable again.

So clearly the whole genital area is not estrogenized anymore, so it becomes dry. and you lose your pelvic floor tone, you have more urinary leakage, and much older women start getting frequent urinery tract infections, not from frequent sexual activity, just because of the whole, how thin the skin gets and how the natural estrogen actually maintains a good flora for the genitals and makes it more resistant to bacteria.

And a lot of people think just sexual function, sexual health with hormones, but you're saying, no, it's way more systemic when you are talking about the bones.

Totally systemic. And let's talk about memory and brain function. We know very much that women as a whole have higher rates of dementia. Most of that's due to lack of estrogen.

If you can stay on estrogen therapy, you could negate that higher rate of the dementia Now, there can be other reasons for dementia or cognitive decline, most of which are also preventable and reversible when caught early enough.

And hormone therapy can play an important role in helping along and helping brain function. In fact, I've had many women in their late 50s still working full time, big careers, and they kind of got over the hump of whatever transition they went through with menopause.

But their biggest complaint is the brain's not working. and they can't remember anything. They're having to write everything down. Their assistants are having double check them on everything because they we can retain information.

And what about skin? The reason I say that is I just have to tell this little story. We had a patient come in. She was 80 and no she came in and we were chatting and I was like oh my gosh she's so so beautiful and then I looked at her date and i was So I thought, this is wrong, her birthday's wrong.

So, I said, you know, think your birthday might be wrong in the system. And she was like, oh no, no I'm 80. I was, like you're incredible. It was plastic surgery, how you look that good at 80? Anyway, so I went in to talk to Dr.

B and I say, whatever she did, she is so beautiful at eight years old. He said that's someone who's been on 30 years of bioidentical hormones, literally.

She has maintained her youth and it's not plastic surgery. I was like, sign me up. That was the final straw for me because I never really had bad menopause symptoms and my mother never did either.

But you'll get me on anti-aging all day long. And I think who doesn't want that? Yeah, so talk about the skin. Yeah. Skin health is, or estrogen just keeps our skin more supple.

So, and I've had women just tell me the first comment from their husband after they get on hormone therapy is your skin looks better. And then they know it's working.

If they're not sure from any other reason, they'll be like, wow. That maybe will get you every time. And hair. Hair, skin, all over, holding onto your mind.

Okay, so yes, you'll want to get your hormones taken care of, even if you're symptomatic. Obviously, if your suffering, I know lots of women who are suffering and they feel like I need help.

Then the hard thing, And I've had a lot of friends talk to me about this. They go to their OBGYN with their insurance card and they're like, can you help me with my hormones?

What's going on there? Well, today, most OB-Gyns, since the black box warnings were removed last November, will prescribe hormone therapy. Before that, no.

Before six months ago, No. They would discourage a woman greatly and there were some hard rules. If you're over 60, NO. It didn't matter if you were osteoporotic, just NO!

It was, yeah, the guidelines early on were for the shortest time possible at the time near menopause just to get over symptom management like hot clashes.

And after the age of 60 you are not supposed to prescribe it at all. In fact, you supposed tell your women they'd been on it to stop at age 60. And that was based on false analysis from the Women's Health Initiative that showed higher rates of heart disease in the women over 60. And it was believed that it, like, if you didn't get started young enough on the hormone therapy.

Heart, Brain, Bone, and Skin Benefits

So actually, that's another really important point. I'm going to switch gears slightly. Women heart diseases, the natural history of women's heart is it generally doesn't start until after menopause with the loss of estrogen.

Same thing with bone loss, but we don't we get our hearts checked. But coronary artery disease, it'll start younger if you have a strong family history or other risk factors that are creating it starting younger.

But most of the time, because I'm in a practice where I do the imaging for plaque and arteries, and most the times, I don't really start seeing it in women until their late 50s if they were not put on hormone therapy.

estrogen has a lot of healthy benefits to our vascular system and improving the health of the lining of our blood vessels. And so we don't put down plaque, but without estrogen, you'll start putting down plaques.

So the women's health initiative study was only, primarily only enrolled women over 60. Most of them had heart disease before they even entered the study because they, and they weren't allowed to be on hormone therapy previously, that was a criteria to get in the study.

So you started with all these older women, never exposed to hormone therapy. A lot of them had undiagnosed heart disease and no one knew it. Because that's the case around the world.

No one’s checking for plaque in arteries until you’re having chest pain or you have a heart attack. We don’t check in a modern medical system. People are broken to do things in our country.

And yes, so how do we get on? I don’t remember. So preventing heart disease is another important reason for hormone therapy. But if you’re over 16, you haven’t started it, it doesn’t preclude you.

from starting. From starting, although any doctor is going to want to make sure your heart evaluation has been done by one means or another and feels like it’s safe and that that’s being addressed.

If you do have underlying heart disease and it is being ignored, you don’t want suddenly throw hormone therapy on without addressing the heart issue. And what about the, I mean I’ve heard this too many times and I know it’s misinformation, but let’s just clear it up.

What about it causes cancer? No, and in fact, survival rates in breast cancer are better if you’re on hormone therapy at the time of diagnosis than if not.

So I tell all women before I prescribe hormone therapies for the first time, a certain percentage of us are gonna get breast cancers. That’s a fact. And none of know who we are at this point when we’re meeting.

If it gonna be me, you, or somebody else, but the fact that you go on hormone therapy is not going to be the cost. It can happen to you though, but your survival rates are better, you’re probably healthier at the time of diagnosis if you are on Hormone Therapy.

So it’s not causal, there again it was really the synthetic for Justin that was probably the bigger player if there was really a true increased incidence.

It turns out that the re-analysis of the Women’s Health Initiative, the comparison population, their control population actually just had much lower rates than even the normal population.

So it made the treatment group look even worse. There may not even been anything real about that breast cancer rates being higher, but we do have more recent research that shows their survival rates are So it’s astonishing to me.

I mean, this is blowing my mind as just a regular person. You know, here we are, 2025, literally opening the door to women should take hormones. And here, the benefits, like, The benefits are just massive.

you’re going to age better, you are going look better. Your mind is going be clearer. That’s just the light switch. Yes, no. Then, it is what kind? How do I get it?

Where do i get? Who knows what the heck they are doing? Because we have I think what I’m understanding you saying is that we have generations of physicians, because this only happened six months ago, who have no training in women’s hormones.

Right. And their back training is just estrogen is bad. So that’s still kind of in the back of their mind. We’re all having to reframe our thinking on that.

With the removal of the black box warning on estrogen prescriptions, with that removal, it didn’t announce to the world, hey, estrogen is beneficial for women, which would be another nice, good statement.

It just took the Black Box warning off. Quietly away, no fanfare. So it’s still up to women to, you know, be on top of the topic for themselves, find a doctor who’s open for it, have a conversation.

Is it right for them? I can tell you there’s a lot of confusion on this topic. This is a very important episode for anybody about women’s hormones. I talked to so many women and they’re like, I am literally so confused.

I'm so confused about whether I even need to do it, want to it. Where do I go for it? And then just to compound that, because I know Dr. B would want me to say it his thing is, and all the hormone receptor sites are clogged from the toxins.

We have a very toxic environment. So our hormones are very disrupted now, younger and younger, I think we do need talk about that. Not just the girls, but also the boys.

I've had a couple of conversations with different neurologists. They're like, we're not even going to have another generation at the way things are going.

The boys' testosterone levels are pummeled. And the girl's, like you said, it's less obvious. For the boy's it is very clear. But we have an epidemic of hormone disruption.

even in your prime. So now people are growing up, not even normal anyway.

Why Doctors and Patients Still Feel Confused

We don't even know what the causes are going to be as we're aging into it. I know for me, cleansing has been a huge part of just the journey that I've been on, but a lot of people haven't cleansed.

Dr. B says all the time, one of the greatest things you can do for your health is sauna. And really, anybody that we are going to be putting on hormones, we're cleaning up their receptor sites first.

So a big part of it, and that's also just getting the maximum efficacy out of anything, is having your body be a clean receptor for that. And I always say this, I mean, you can back up, this is Danielle talking, not a medical person.

but I can see enough. When everybody's thyroid is not working, they're 40 years old, and they are like, oh, I have this, that, Hachimoto's, hyperthyroidism.

Your thyroid's your master gland, right? And it's got all your messengers in there. And when it is off, ding ding, why is it off? It's clogged from toxins.

No one talks about that. Everyone talks about that. But imagine if you understood that whole thing. It's like, clean up yourself, get on your hormones, how much better we would age.

Right. Yes. You were mentioning the low hormones in men. For over 20 years in practice now, I've seen low testosterone in young men, even 20-years ago.

I have 20 year olds show up. they were otherwise healthy. I mean, it wasn't like they had had some major disease in their childhood and been treated with steroids or anything like that.

They really had pretty much a normal childhood, but yet not quite feeling right, whatever that meant. And then I'm just doing a full hormone or full lab panel and I check their testosterone and it's really low.

It's not even questionable low normal. it is rock bottom and you know of course you double check it it's still rock-bottom and I have to say because we treat children at deeper healing and teens and it"s quite literally an epidemic we're seeing it in the boys it' like universal and its bad it really really bad the other thing that It makes them feel horrible.

They feel terrible, but they don't know why. Dr. B always says they didn't even know what it's like to feel normal. Right. But they haven't had a strong testosterone feeling.

And as us moms, including myself, we don' know to check that. No one is telling us to. Check that no one's even asking those questions. So I hope that some moms out there who are like thinking about their own hormones are hearing this and say, Wait a minute, I have a bunch of sons.

We need to check their levels. It's a really important thing to know. But also, for young men, there are usually better solutions than testosterone replacement.

Ooh, talk about that. I like that! I never want to prescribe exogenous testosterone to a young man, especially since they haven't started their family or completed their families yet, because as soon as you do, you're going to turn off their signals to making sperm.

And so their sperm count will go to nil. It's probably already low. If their testosterone is naturally low, their sperms count is probably going to be naturally lower.

But it's not zero. They're still somewhat fertile. Yeah, so the ideal would be like them clean up and then try to get their body to start making it their own.

So there are medicines I can prescribe to stimulate their production, but that doesn't solve why it is not working in the first place. You still want to do cleansing work.

Because every young man or middle-aged man, when I show them their testosterone, they go, well, why? They're otherwise trying to take care of their health in the best ways they would know in a normal way.

And they're like, Why would my testosterone be low? I haven't been sick. What's the problem? There's really no answer other than environmental toxins that are interfering with the signaling and receptor function.

And in fact, when I do give exogenous testosterone, it's prescribed for an older man who is low and it doesn't work. Like they don't feel good on it. notable improvement pretty quickly for a man.

And if they don't, I know where their receptors are blocked. You know, it's an environmental blockage. I mean, they run the commercials. We've all seen the commercial for low-t.

Low-T. All these companies. Then I started seeing them advertised to the college kids, and I was like, wait a minute. They're literally advertising low T and Viagra.

to college kids. What on earth is happening? That's so awful. It's crazy. No one's out there talking about the problem. This is such a huge, huge message.

Yeah, so that advertising, well, whoever's behind that, advertising wants to make money selling the prescriptions and aren't really caring what would be the optimal way to help these young men.

And it's certainly not prescribing exogenous testosterone and Viagra.

Hormone Disruption, Detox, and Environmental Toxins

Once you get a young man psychologically addicted to something like Viagra, they're never going to be able to function without it. I know. And I shouldn't need it You combine that with the epidemic of porn and it is a disaster.

We're going do a podcast on that. A really good friend who is very deep diving into pornography addiction and young people because they have very sophisticated ways of pulling them you know, from YouTube or from the channels that they're watching into porn, absolutely with the goal of getting them addicted.

And then, oh, and guess what the ads are, Viagra and Lotte. So it is just, it's a quagmire for these guys to navigate. Okay, but we're going to have a lot of women on here because we are going talk about women's paradise, so let's go back to that.

What's sad, this is what's said, that we still in 2026 and we were basically at the beginning We're literally at the beginning of women's hormones. And we're getting inundated with telemedicine companies that are popping up offering their version of hormone therapy to women and to men.

We'll stick with the women for now. If you look at them, they'll have a product that they're promoting and selling and making money on. As a physician, I've always worked through pharmacies.

I never made money prescription, right? I just prescribe what I think is best for the woman and whatever pharmacy seems to be the best one when it comes to whether I'm doing conventional prescriptions or a compounded prescription.

But these telemedicine companies are offering their product that they pre-package and they're going to try to fit you into that, whatever that is. And so what that means is they've got one thing in their toolbox, and they've marked it up or they got it, they're buying it in bulk, their marketing up, so they are making money on that product and maybe offering a low discounted consult fee because they making on the back end.

But it's one size fits all. I mean there will be a little bit of dose variation but it is one product. It's your jar and you just take more or less of it.

Or your bottle that you're going to inject. Correct. And so, you know, what I like is to be able to tailor it for the woman. If I'm working with a peri-menopausal woman where she's still making some of her hormones, just not full range, then there's going to one approach I am going take versus a fully post-metapausa woman, a different approach, or a much older woman who's never been on hormone therapy at all.

Then I'll have to start really low and I can you know, tailor it to her and work up slowly, because her hormone receptors are kind of starved or will be overly responsive initially.

But it's the ability to make changes and adapt it. And in my career, I find women change themselves. Whatever was the right fit, maybe during her 50s is no longer the rate that in her 60s, Because her life has changed.

Maybe she's become more active or less active. She's gained a lot of weight, lost a You know, maybe she's going through major life stressors with a dying parent and and you know when cortisol is going Through the roof with stress and also disrupts our hormones So there's often need to adapt the prescriptions based on what's on a woman's life and And having the skill set to do that is really helpful or when you've got things optimized and it's still not working More detoxing is probably needed and maybe her microbiome's gotten all out of whack, and then that's affecting her hormone detoxification pathways.

So there's a lot to look at, but having the ability to tailor it and not be locked into one model, not locked in to just patches versus pellets, which is another way of hormone therapy for women and men.

I don't promote, but it's out there. The practitioners here are like, no on the ballots, I'm like okay. And then topical compounded hormones can be really wonderful when prescribed well.

One of the other nuances that I like to let women know about is the concept of what I call physiologic or cyclic hormone therapy as opposed to static.

Though, no one talks about the fact that the conventional hormone prescriptions across the board for women are static dosing. In other words, you'll be on the same dose of estrogen every day and the Same dose to progesterone either every Day or only two weeks of the month.

Or if you've had a hysterectomy, some doctors won't give you any pro testosterone. Never mind the fact that progesterone's good for your bones also and sleep also.

It's a good breast and our brains, but the old days with the standard of care, you weren't required to prescribe any sort of progeterones if you didn't have a uterus because the whole point was to prevent the buildup of the lining.

But anyway, so there are The truth of the matter is our hormones from the day of puberty, even after menopause, are cycling. Estrogen is low during our period.

It spikes up really high levels around day 11, 12, 13. We typically ovulate around Day 14 to 15 of a 28-day cycle. And then estrogen is sort of mid-range between the low of our period, the spike before ovulation, sort the second half of the cycle, it's sort somewhere in between those two, and then it falls off.

Progesterone doesn't even come out until we ovulate. So progesteron is very, very low the first half or the month, or first-half of a cycle. And when we have ovulated, actually the egg that's released the remnants of the egg that are producing that progesterone.

So if we, for whatever reason, don't ovulate a particular cycle, we won't make any projesterones that much. But proesteroin is just coming up and it's a slow rise and then a big peak and falls back down if you don' get pregnant.

If we get pregnancy and that egg is fertilized, it is that embryo that then forms and implants that ends up producing high levels of projesterone that keep the lining from shedding.

Treating Men and Young Men with Low Testosterone

of course, high levels of estradiol too. And estriol, that's when we make, when were pregnant, we get several forms, estrial, estridiol for gestural and testosterone levels that go through the roof.

We feel great when they're through roof, I mean, once you're beyond the, what, queasy days of the first trimester, most women feel really quite rosy and healthy during pregnancy, right?

And our hair gets really thick and we're really, you know, feeling glowing. So there is a way to prescribe the hormones to stay in that cyclic fashion.

And the reason for doing that is that's what also keeps our hormone receptors functioning properly, keeps them interested. our hormone receptors were always programmed to work that way and the levels peak and then the hormone receptor come down and down regulate and now up regulate again.

So there's a constant cycling and estrogen, the spike in estrogen is what brings out the progesterone receptors. So a lot of times when a woman says she doesn't feel well in the second half of the cycle and she'll blame progesterone, oh I don't like that, that's the end of month, the 2nd half, I feel good, it's because she's not getting that good estradiol spike.

And so her progeterones receptors didn't come out and aren't able to respond properly to the progenitor. So when I'm working with a women who's still cycling, And she's not feeling well during her cycle.

I have to really tease out and measure her hormones throughout the month to figure out what's really off. There's nothing about not liking it or your body not like it.

Of course it likes it, it's just not responding properly because your receptors aren't ready. And so that all makes sense. So there's a lot more of a nuance to it and then I think of like, I have so many friends that are like just on pellets.

That's like the flattest thing that you could ever have. Like that's the opposite, right? It is. It's so you can't control. What happens on pallet therapy and is that you might feel great the first year or two years and then what happened over time you'll go back to the doctor and say it's not working as well let's go higher and your doctor will step up the dose and that'll kind of happen for several years in a row.

You'll start just creeping up until it sort of maxed out and you're actually going wait a minute I can't really go any higher. Yeah. And then you're in a trouble zone then.

Yeah, and it's like, well, why do you keep needing higher doses? It's because your hormone receptors are all downregulated from the constant high levels.

The titrating, it just makes sense. Anyone can understand that. I mean, even with static dosing, not doing pellets, because you can't take the pellet out, it's in for three or four months, right?

Whether you're using a patch, whether you using creams, if you just gonna get static-dosing, some doctors will say, hey, take two days off every now and then to give your body, let the receptors sort of refresh.

And sometimes that can be a solution. It's a simpler way to approach it. But the bottom line is, if you get on hormone therapy and you think it feels good, that's the first step.

You're sleeping well, your sexual function feels really good. Your moisturizing well. The bottom-line is with a year later, is your bone density no longer decreasing?

And then eventually is it starting to increase? Because if it's not, you're probably hormone-therapy still not strong enough. Okay. Yeah. Right. Your bone density and your muscle mass should be improving.

Now you should exercising in there too, but it doesn't matter how much you exercise. If your hormones are really low, you're not going to build boats or muscle.

That makes sense. And then the environmental component, it can't be minimized. I want to say it's the drum we're beating, yeah. But we are going be beating it a lot louder because we have a true epidemic and a massive problem with hormones and it is going to affect the future of humanity.

Like literally, quite literally. I want to thank you so much. It is so awesome when we have a visiting physician come to Deeper Healing. We've got a lot of doctors coming here very interested in the environmental medicine component and how it's affecting everything else.

I truly believe environmental medicine is the future of longevity medicine, of us aging well and having healthy babies, literally get cleaned up before you have your babies.

We're going to do some whole episodes on fertility. That's a whole other thing. But I love that you came down here. I loved that. You got to see what deeper healing is doing.

And I'd love it. Got to try rejuvenate. It's just like, it's so great to have that flood of oxygen. Well, what did you think? Thank you for welcoming me, because I just called up and said, hey, I'm going to be in town, and I want to visit.

Personalized Hormone Therapy and Cyclic Dosing

You kind of opened up the clinic and let me observe and try a few things out. At the end of the day, we need to spread this environmental mission big time.

We do. because just like hormones are just so misunderstood, there's so much misinformation. I feel like that's a whole category, just misinformation and then very few practitioners who are really experts in that.

And that needs to be like a mass reeducation of medical professionals. It's the same with environmental medicine. Most doctors are like, I have no training in environmental about mold and nothing about metals.

I know nothing, about chemicals, what to do about it. That's just how it is. There's no training on it, that all needs to change. And that needs change quickly because we have a real big problem with humanity.

But in the meantime, while we're working on those big problems, you can individually say, wait a minute, I want some hormones. These are why you want the hormones and and share this episode with anybody who is misinformed.

Dr. Blackman, the practitioners here, they all love to talk about hormones, receptor site cleaning, and literally the

importance of that. And I guess I'm having my own awakening that this is brand new.

I had no idea the black box just came off six months ago. Oh my God. It kind of seems crazy. It's shocking how long it took. And similarly, in the same month, they took the black box warning off testosterone prescriptions for men too.

Why would they? I never saw anyone saying, don't do testosterone. Yes. What? It has been on there also. In fact, I've had a big battle over the years when I would recommend testosterone to a middle-aged or older man.

They're like, but my cardiologist says no because there's a blackbox warning. I'm like oh my God. The heart's a muscle too, it benefits from testosterone.

And the studies that made doctors scared of it was another flawed study and abundant research since then shows the benefits of optimizing testosterone in men.

The average levels of testosterone are falling by generation. So finding what the optimal number is, I won't give a number. I said, we'll figure it out what it is for you as an individual when I'm working with a man.

The number itself doesn't necessarily matter if everything's optimized, which includes muscle mass and bone density for men. Then these young men, I am diagnosing osteoporosis in 30-year-old men because of low testosterone.

It just makes sense. I saw this thing, you know, labs are, they're averages, right? They're just like, we'll take the average population and we will find an average.

So our averages are getting weird. The averages aren't wrong. And I forget where I sold this, but they were like we went out into the bush, Amazon tribe in the middle of nowhere and they did testosterone levels of these guys that have no environmental toxins.

They are like literally not in modern world whatsoever. they were in the thousand. They were like really, you know, like testosterone men. And they weren't like, this is what humans are supposed to be.

I don't even want to know what our averages are moving down to. So that's another scary thing is like you're in normal range when you are more range might be completely crap right now because of this slide.

So we're going to try to tell the truth here on the deep reeling podcast. We're gonna try and find the best people to talk about these topics and share this widely.

And we are here to help you live long live, not be drooling at the memory care facility, everyone's on the wait list for, and just have a great life. You can age well, there's a lot of simple things you can do.

So thank you Dr. Jeanine for being here, this was amazing. We hope this episode inspired you. Here's how to go deeper. Visit deeperhealing.com to become a patient.

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