Podcast Intro and Guest Introduction

the same, you know, personality, but most of us, we meet somebody in school or grad school and move off to wherever the jobs are or the post-graduate education is and then we get a job there and pretty soon we're a thousand miles away from our nuclear family and we don't have that kind of support.

Welcome to Take Back My Brain with Lori Hammer, where real healing starts in the brain. I'm Lori, a functional nutritionist and mom who's walked the path from anxiety and burnout to clarity and calm.

Each week, we're going to dive into brain-based tools like amino acid therapy, gut health, fasting and faith to help you reclaim your energy, emotions and sense of self.

Hello, everyone. Welcome back to the podcast. I am your host, Laurie Hammer, and I'm so excited you're here today. We are going to dive into health span.

with Dr. Pat McShane, and Dr Pat is an amazing physician, a reproductive physician where she worked with as a fertility specialist for over 40 years, which is super exciting.

And now she is diving into women's health in the latter stages of our lives. Because there's not a lot of great information out there, or there are a construct or misinformation giving out there.

So I'm really excited to dive into this today. And I know that, you know, someone who needs this, so make sure you like subscribe and share to this to that person, if it's not you.

Okay. Pat, thank you for being on today! Oh, it was great to be here. Thank you, for having me.

Fertility Medicine and IVF Evolution

Absolutely. So you spent 40 years as a fertility specialist. I would love to know what that's like to start with because babies are amazing. Yes, they are.

It's hard to have them sometimes. It affects so many people, the difficulty having children affects. So many. Not just in the, you know, more well-developed countries, but all over the world, truly.

And it's such a profound inner need of most women and couples to pass on their genes and to have a, so being able to help people was tremendously you know, just fulfilling.

And when I first started, I was in an academic medical center and I guess I would say that kind of the easy situations had been taken care of by the community gynecologists and we weren't having a lot of good luck with the patients who came to the academic Medical Center.

This was at the Brigham and Women's in Boston. And this was pre-IVF, in vitro fertilization. And, you know, if people had severe male factor, we would say, well, use donor sperm or, good luck, maybe you'll get pregnant.

If they had really bad tubes or, you know, pelvic problems that had been operated on and various other therapies, but just wasn't giving them a pregnancy that they wanted.

You know we would kind of throw up our hands and say, well, good luck. And, and then again, if people were approaching 40 or had gone through menopause, lost their ovarian function earlier than that, we had nothing to offer.

And then in vitro came along and gave, you know, gradually gave us options, not solutions necessarily, but options for each of those situations. And unexplained infertility is huge too.

When we first started doing in vitro fertilization, we were doing laparoscopy, which is looking, you know, surgically into the belly button and grabbing the ovaries and putting a needle in.

under general anesthesia for each egg that we had been preparing over a couple of weeks. And that was a pretty big deal to do a laparoscopy. We didn't have any special sauce for the sperm.

we just would throw some sperm in there and keep our fingers crossed. and we didn' t know which embryos were the best ones, so we put in two or three, or four or five.

And you can imagine what all the problems with that situation were. Maybe you didn't get fertilization, maybe you got too many good embryos and then you'd have triplets.

So finally over time, the whole process got much more efficient. We were able to determine the health of the embryo is to a greater extent and put back one embryal.

for most women under most conditions. If the woman's own eggs weren't functioning very well, we could offer eggs from another woman and prepare the women who wanted to be pregnant, prepare her uterus hormonally, and that works really, really well.

Or if somebody had an unfortunate uterine situation, fibroids or a hysterectomy, But her ovaries were okay. We could put her embryos, their embryo, into somebody else's uterus.

And so all of this just evolved over the 20, 30 years that I was doing it. It became much, much more successful, less invasive, more intrusive, and more options.

I feel extremely privileged to have been part of that whole era. That's amazing what science has done to help the body in those situations. It's not for everyone.

You know, it's, not what people would choose, obviously, most people, for themselves. But, you know again, a great option for a lot of people. Yeah. Did you ever have any ethical dilemmas or anything with that?

Was there a hard piece to any of that, working with fertility?

Ethical Challenges in Fertility Care

Yes, quite. people with profound disabilities who might not be able to get pregnant without a lot of intervention, and then, you know, the concern for the fetus, basically, for child, would always come up.

And utilizing family members, for eggs or sperm or if the couple's own eggs and sperm weren't okay using somebody else's uterus to carry the child who was a family member or who had some of their own issues.

Yeah, we had regular ethical discussions and counselors on staff. Oh my goodness, I would imagine. Yeah. And most people came through the front door with already a pretty big history of gynecologic problems.

You know, feeling of failure. Couple issues or one person would want to go in this direction. The other person wasn't okay with it. So you'd have the man, the woman and the offspring, and then maybe the gestational carrier or the egg donor, you know, lots of.

Yeah. so those were the more challenging situations. No kidding. Yeah. Well, you went from that into dealing with women who aren't fertile anymore, past that age of fertility and really helping them increase their health span.

Healthspan vs. Lifespan

I love the fact that you call it healthspan instead of lifespan. And I would love for you to define that for us and then just kind of take us into like, what is your vision in helping women in this stage of life?

Sure, sure. Lifespan until we hit COVID basically had been slowly extending and lifespan is how long we live. And the average woman in North America and in the developed world is in her ease at the time of her demise.

That has slowly gone up over, over centuries, really. The last century was the big one. You know, people don't die of heart attacks so much anymore. Women, you know get heart attack as much as men at a certain age.

But they may be living with disability from the conditions that, we all kind of acquire or many of us, most of, us acquire over time. And that includes diabetes type two, the older onset type.

blood pressure problems, coronary artery disease, heart arrhythmias, congestive heart problems. The heart getting too big and not squeezing very efficiently.

Kidney, you know, the list goes on and on. Arthritis, various hormonal, uh, you know, thyroid and other conditions. So, so this, somebody may be walking around, but they may.

Pretty poorly functional. They may need. major mobility issues, major issues of energy, unable to do the basic things that they would like to be able to on their own.

So for most of us, there's about a 10-year gap between what we're defining as health span, in other words, feeling pretty healthy and able do things for yourself versus lifespan, how long you actually live.

And that's what that the extension of lifespan has been at the expense of health span. Sure. It used to be that people would get to their grave, you know, still walking around, but then their heart attack would kill them or whatever, Now we have other options that we can do for people with renal failure, diabetes, blood pressure problems, but their quality of life may be quite limited.

Sure. Hey friend, just a quick break to remind you if calming your brain is the missing piece in your practice or in you home, my Mind Thrive certification course teaches you exactly how to do that with targeted amino acid therapy.

Fighting Ageism and Misinformation

So it's real science, real results, no band-aids. Enrollment is now open. Link is in the show notes. So, back to the Show. That makes sense. What is your goal to bust some of the social constraints, the constructs around ageism?

What does that look like? It's pretty big. It is big, that's why we're asking. What I found when I was, you know, in my 60s and 70s myself was that there was information out there if you were pretty sophisticated and looking in certain places for the information, but there is also a deluge of other information dietary stuff, every week it would be blueberries are good, you know, oatmeal is good.

Oatmeal is bad. Blueberries, not so good you, know dairy on and on. And on the best diet is this one or that one keto or fasting or cold water plunges hot, et cetera, etc.

So I'm like, hmm, there must be a better way to get this information out there. And there are a few big studies that are basically generating a lot of excellent data.

The main one being the UK Biobank, the United Kingdom Biubank. And they studied half a million people over a number of years with some pretty Not sophisticated, super, you know, because otherwise people wouldn't join up with the study, but, You know people who were willing to be followed fairly intensively at certain points and then continue to Be followed up.

And that has generated a tremendous amount of information. you know, who knew that taking the shingles vaccine would protect you from dementia? You know that's one example.

Maybe I chose the wrong, the most polarizing discussion we have now as on vaccines. We won't go there. Thank you. But that's one of the things that they found, and that kind of information has led us to different hypotheses about what is dementia.

That's just one example. A lot about exercise, a lot of alcohol intake, diet, obesity, things that we have some control or at least input into. And that just appealed to me to a great extent to get this information out there.

So I started my own podcast, my YouTube site. That's kind of the background. A lot of people get pretty, I don't like to use the word gaslighted, that's such a profound idea.

And I'm not necessarily blaming the practitioners because there hasn't been a lot information about the menopause transition and the physiology of a 60, 70, 80-year-old woman compared to a 20 or 30- year- old woman or a sixty or 80 year old man.

You know, there still needs to be a lot more done to remedy that situation. But whatever the cause may be, you know people are kind of ignored or told, we are just getting older.

Of course you're creaky and you are achy and your bones are, And that's, you know, there's more to it than that. A lot of what are common complaints, which is a medical word that I don't like, but a person telling you about their symptoms.

You know, we're not necessarily complaining, but we feel weak or, you know achy when we get up in the morning. These are not necessary normal for your age, But in fact reflect something that's either going on or something you can do something about.

So overcoming that kind of lack of information and just ageism. were not, you know, valued to the same degree as a 50-year-old guy who's running a company.

Right. So let's be clear about that. You know this is not confined to medical care. It's kind of our whole culture. Across the board, yeah. Yeah. What are some things that you are really trying to get the word out and teaching on?

Well, I think activity movement is kind of the secret sauce for healthy aging. And that has been shown on for so many different conditions to be as effective, let's say for depression, for example, which is a big, big problem in all age ranges, but certainly for older women that that activity, movement at what exercise again, terminology matters here.

Just being active, being physically active is as effective for some kinds of depression as an antidepressant is and less side effects for the most part.

Movement, Sleep, and Loneliness in Healthy Aging

Yeah. Yeah, mostly, although you can injure yourself, so you have to be a little bit careful. So that's one message that I would like to get across. I've done podcasts on eye health.

That's a big one. You know, we kind of just show up at the ophthalmology office every year and we don't really know exactly what they're telling us, but You know that that's one bone health is a big one because falls and hip fractures are so.

scary for women, the downstream implications of having a fall in a hip fracture are huge. The list just goes on and on, cardiovascular disease, dietary choices, obviously, is huge, sleep.

Sleep is a big one. I'm sure most of us. wouldn't bother to tell our doc or our practitioner that we're sleeping poorly necessarily because we have five other things that want to talk about.

But that underlies so much of good health as well. Social stuff. I just did a podcast on the loneliness epidemic. And

loneliness and social isolation are just as risky for what we call all-cause mortality or the chance of dying basically over a certain timeframe.

Loneliness and isolation is as high as blood pressure or high cholesterol or cardiovascular disease. So these are the kinds of things that I think people could hear about and grab onto and make a make a positive change in their life, perhaps.

Or at least feel understood. Yeah, understood is huge. How old are you? 76. 76, because you said when you were in your 60s and 70s a little while back, I'm like, you are not over 80. Not yet.

I am hoping, yeah. It doesn't mean you listen to your pants, see, or she looks phenomenal, just so you know. Well, thank you. When you retired from being a fertility specialist and all those things and going into retirement, how did this all start clicking for you?

What changes did you and your family make? that you made the decision to age differently. Yes. The medical training is so intense and then the practice of medicine is intense.

It takes a little while. to come down from that. And in fact, I didn't come from it completely. I was still working, you know, one or two days a week for quite a while after my, kind of formal retirement.

But, and then this idea about what can I do to get these messages to people I guess you get asked a lot of questions at cocktail parties and by your siblings.

In my case, I have three sisters. So it kind of is a natural space that you feel like you're an educator. And I think much of medical intervention and interaction is really educational, and you can, I'm sure, understand that and agree with that.

You know, when I would see somebody walk in the door in five or ten minutes, i would have a mental picture of what they needed, but then you would spend the rest of the hour trying to figure out, well, where are they?

What are their values? what's their understanding? accept or work with, you know, what risks are they willing to undertake? And that's true for this as well, this is education and getting people to understand things that might make a difference for them.

So you were talking about the loneliness kind of epidemic amongst the aging population and, you know, working with fertility all those years, and then knowing that society as a whole, in this country in particular, the value of that aging process is not I guess it's not valued.

I don't know how to say that. Like, valuing life at the beginning, people want a baby, want to baby. You know, there's so much surrounding that, so many emotions, So much treasuring, you know all of those kind of things.

And then as we have this aging population, There seems to be such a disconnect. Do you see that? Or do you that in your practice? I'm just so curious your perspective on that I see it in my life.

I'm not sure if you've heard this term, this situation yet, but many of we older ladies say we're invisible. Nobody pays attention to us anymore. And that's part of what happens to as we are aging is our identity changes.

Previously, we were important.

Retirement, Mentorship, and Social Connection

You know, in our workplace, let's say, probably that's the main thing is transitioning out of the workplace. And now we're just another old lady, you know?

So that a big part of it is understanding that identity change that goes on. Yeah, it's hard to stay socially connected,

but yeah. And I'm not sure why older people aren't valued in our culture, because we actually have a lot of economic clout.

We control, in fact, older women control the majority of the wealth in the, I think, well, the U. S. and I don't know about other developed countries because, we tend to outlast our spouses and inherit the contradictory, but we are in a youth-obsessed culture, and that's just what we're dealing with.

So luckily, we now have at least Medicare to cover the general health needs of the population, The case for a while, the most poverty-stricken demographic in the U. S.

was older people, and now that's not the case any longer. So at least that part is a little bit better, then we'll see what happens with Social Security.

Yeah, that'll be interesting. So when I was a young mom, so I'm 52 now, it was few years ago. I always wanting a mentor. And I went and I told my pastor that I needed help.

How do I do these things? I had my mom and stuff, but sometimes you need a mentors that's not your mom. When you're talking about your marriage and those kind of things.

And I went to my pastor and he asked a few of the older ladies in the church, you know, like 70 and older, and none of them wanted to be a mentor. They're like, we just don't have time for that.

It's so interesting that you say, because I don' ever want to b that person. Like if somebody wants my help, I want it as I age. I wanna be that perso.

And they're li, they just didn't ha e time. For it, they were just busy with other things. So it's interesting. you're in that season of life and you feel the invisible woman.

I think there's women, even now, I love the fact that I feel like women in their 70s or 80s really want to talk to me now which is kind of fun because I'm like, "I want learn because there is still so much to learn, because that age gap, of course you guys know more than we do." I guess I just like, how do you navigate that?

Because there are so many young moms out there that would just really love somebody to kind of come alongside of them and help them. And I, I didn't have that experience.

Yeah, I'm not sure. I regard the nuclear family as we currently experience it as being a great risk factor for our well-being. It takes a village to raise a child and to be a happy adult.

You may have one child with whom you're very close and another child who needs their auntie or their uncle or, you know, their grandma. because they're not quite the same, you know, personality.

But most of us, we meet somebody in school or grad school and move off to wherever the jobs are or the post-graduate education is, and then we get a job there and pretty soon we're a thousand miles away.

from our nuclear family, and we don't have that kind of support. And I think that humans are not intrinsically designed to be nuclear. We're designed in a village, but the data about how much time we spend alone and how few friends we have how little kind of casual social stuff that we do in our life is huge.

And it's been going on for now generations. This is not brand new. Yeah. Things have changed so much that you just said the older ladies or older individuals know a lot more.

Well, we know different things. You do, yeah. Came to my mind and I'm always like, oh gosh, I can't get my DVD player to work with my new computer, you know, call somebody under 40, and they'll, Oh yeah, sure, no problem.

My phone won't do. You know I've lost this app, so you guys know different things than we do But some of the

social stuff we do know quite a lot about.

Why do we have menopause in humans? A lot of species don't have manopausus. They just keep reproducing and then they die. But, you know, I'm not a philosopher or a sociologist, so I am not going to answer that question exactly.

But something to think about, why does menopause exist and why do we spend a third of our lives in it? Yeah. And again, that harkens back to the ageism.

Menopause, Village Life, and Closing Thoughts

It's like if we're going to spend a third of our life in menopause, it would be nice if were training the docs and the nurses and et cetera to be aware of the physiology of post-menopausal women and pathophysiology, the things that are wrong that can be addressed.

That's my soapbox for today. I love it. This is great. Is there anything you want to leave the audience with? This has been a great conversation. You know, you want to die young as late as possible, as I forget whose quote that is exactly, maybe Peter Atiyah, that, we're going to try to compress the time in our life that we are disabled and immobile or mentally challenged, cognitively or mood challenges and enjoy our lives as long as we possibly can.

Amen, I love it. Well, thank you so much, Pat. I really enjoyed this conversation. It's been really great. Thank you. Everyone for listening. And again, make sure you share this with somebody who needs to hear this, please.

And I appreciate each and every one door. So until next time, remember you cannot medicate away a nutrient deficiency and healing your brain isn't just possible, it's powerful.