Will Hormone Replacement Help You Or Hurt You

Dr. Sharon Stills interviewing
Dr. Michelle Sands

Dr. Sharon Stills
Hello, everyone, welcome back to the Mastering the Menopause Transition Summit. I am, as always, excited to be here with you, and today, I know we've been spending time and we all think of menopause, perimenopause, the first thing that comes to our minds often is hot flashes and hormones, and we've been spending a lot of time talking about other things that are really important, be it hydration or your adrenal glands or meditation or gratitude, but today we are gonna dive into that conversation. We are gonna have the conversation about hormones and what they are and are they safe and kind of bust any fears or myths that are floating around in your head. We're gonna set the record straight here today, and I couldn't think of anyone better to have this conversation with than my colleague, Dr. Michelle Sands. She's another naturopathic physician. She's a bestselling author. I see her book back there with that beautiful pink cover. And we are gonna, we're just so happy to have her here today. And she has been featured in the media, and she just does such great work out there. And I'm gonna introduce her to you all now and say hi and let her tell you who she is and her story, and I'm just so happy to have you here.

Dr. Michelle Sands
Oh, thank you so much for having me. This is a very, very, very important event. I think that, you know, we learn about, like when we're little, our moms give us the talk about the birds and the bees, and we kind of get a little information about what's gonna happen to us when we go through puberty, but no one really tells us what's gonna happen to us when we go through menopause. Like, we kind of hear it and we fear it, and it doesn't have to be that way. And I think like women need to like be more open and have these conversations and not, it should not be taboo. It should not be embarrassing.

And a lot of times we go to our doctors, our conventional doctors, and they will kind of just brush it off. "Well, that's just what happens when you get older. You're not supposed to have energy. Of course you're tired. You're 55." It's like, you're not 75, you're not 95, you're 55. It's still in the prime of life. So I think this is so important. I'm so glad to be part of it. And yeah, so I am Dr. Michelle Sands. I'm a naturopathic physician, but I wasn't always like healthy and balanced. You know, I grew up in a family, a typical, you know, family in the '70s, '80s that my mom was just trying to feed me, right? She was a little Italian lady. She loved to cook, and she made lots of pizza and pasta and pastries and pretty much seven types of carbohydrates and gluten in every meal.

And that's kind of what I was brought up on, processed food, frozen dinners, and a lot of carbohydrates, and I always felt like kind of not very good. I never had good digestion. I had a lot of acne when I was growing up. I was a little bit overweight. But I'd look at my dad after we got done eating a meal, and he would actually like unbuckle his belt and go lay down. And so I just thought, "Oh, well, everyone feels horrible after they eat." You know, I just thought nothing about it. But when I got to junior high, well, it was actually elementary school, I tried out for the track team, which it wasn't really tryouts, they let anybody on, 'cause I could not run. But so I got on the track team, and the track coach, she was one of the teachers at the school. She actually was very much, she taught like the farm-to-table kind of section of the school where she taught people how to grow plants. But she was very much into nutrition and herbalism.

We might have called her a hippie back then 'cause she was very, very kinda tree-hugger-ish, but she kinda like noticed that I was really trying to run, and she's like, asked me, "Hey Michelle, what are you eating for lunch? What are you using to fuel your body?" And I was like, "Well, my mom gave me a can of soda and a Twinkie and a bag of chips and a bologna sandwich." And she's like, "Do you think that that is really gonna help you?" And I actually did not know the answer to that. I was like, "Well, you know, I got full, so I should have energy." So she kind of started bringing me some fruit from her garden and some vegetables from her garden, and I'd start trading my lunch out. And she gave me a nutrition book, and I kind of learned like why I needed vitamins and minerals and all the things I needed to fuel my body if I wanted to be a better runner, 'cause that's really what my goal was, to be a better runner, to lose some weight so the boys would like me, so I'd look cute in the Jordache jeans that were so cool back then. But so I would actually start trading out my lunch for like, I'd trade kids my Twinkie for an

apple and my chips for carrot sticks. And so it was poor other kids that moms thought they were eating healthy were actually eating the junk now, but I was getting better food, and I started actually feeling better. I could actually concentrate better in school. I was running faster. I was doing better at track and so good that I ended up getting a track scholarship to college. I was the only, the first person in my family ever, both sides, to ever go to any type of college, let alone on to medical school. So this track coach was like the best thing ever that happened to me, but she said one thing to me. She said, "Michelle, your body can do anything you want it to do. All you need to do is feed it, train it, and believe in it." And I still use that quote from her to this day in my practice, 'cause I think it's amazing. So I go on to college, I'm on the track team, I'm getting straight A's, I'm doing amazing on track, but I am dying on the inside.

I'm taking like six to 10 ibuprofen every morning just to get out of bed, 'cause my joints were hurting so much. I was taking the Costco-size antacids 'cause my stomach always hurt. I'd take sleeping pills to go to sleep. I would drink caffeine all day just to get energy. And we had track practice in the morning when we first, before school, and then we had track practice again. We had like afternoon track practice at like three or four, and I would not be able to eat at all all day until after my second track practice because I would literally poop my pants. Like, that's how bad my digestion was. If I ate, I'd poop as soon as I started running. So I'd go all day without eating. I would run, and then I would kind of crash at night, and I'd take all my over-the-counter medications, and that was just how I was living my life. So from the outside looking in, you'd think, "Oh, that Michelle, she has it all together. She's doing good." But I was literally like falling apart. And my sophomore year I was at track practice, and we were just running warm-up laps around the track, and I passed out, like, I actually passed out on the track.

They had to bring me to the clinic at the school and kind of give me IVs and everything. And I just started telling the nurses, I started breaking down like all the things I was taking and how I was in so much pain and how I couldn't handle it anymore. And so they're like, "Well, let's run some tests on you. Let's see what's going on with you." And these were conventional tests, so they weren't looking at like my gut health or heavy metal toxicity or anything like that. But what they did find is that my hormones were like nothing. I hadn't had a period in like four months. And basically they said, "Michelle, you have the hormones of like a 55-year-old woman." And so they're like, "You need to get more testing. You might have ovarian failure." So for the next like two years, I was going

to different doctors to get different tests, and all of them told me I would never have kids. And so I was just like, "I'm in a premature menopause, my ovaries are done." And so this is, I didn't even tell my mom. I was pretty embarrassed. I felt like, you know, as a woman, that this is a time when all the girls in college were trying not to get pregnant, but I was like so upset that I couldn't get pregnant if I wanted to. You know, it was kind of that conundrum there. So I went for many years just kind of feeling like, "Well, I'm just gonna push myself into my career. I'll never have kids." You know, "I'll probably never, no man will ever wanna marry me." And so that was kind of how I was thinking. But then my stomach issues started getting worse. I started getting really cold all the time. My hair was falling out. I was starting to feel depressed.

So I started trying to figure out, how can I fix this? And that's when I decided to go back to school to become a naturopathic doctor, 'cause I went to a couple doctors that were kind of in the holistic space, and they really seemed to understand how the body worked, and they seemed to have more hope than the conventional doctors that were just wanting to give me more medications, antidepressants, birth control pills, all the things. So I started school, and I started learning how like all the body systems are connected, and if you fix your gut, that helps your energy levels and your mitochondria, it can help your hormones, and it was really fascinating to me. So I started just one by one. Well, maybe I could fix my gut issues. Maybe I could fix my thyroid issue. I found out I had heavy metal toxicity, that I had severe gluten sensitivity after all the foods I'd been eating all my life.

So I took out gluten and dairy for that matter, and I really turned things around, and I started feeling absolutely better. I started doing CrossFit and yoga and really varying my exercises instead of just running miles and miles and miles every day, and that really helped my stress levels. And then about seven years later, I met my husband. I told him, "Hey, you're not gonna wanna marry me because I can't have kids." And he was like, "Don't worry about it. Whatever happens happens." We go on like a pre-wedding vacation, and I get pregnant on this vacation. And so I was like, "Oh my God, my ovaries work." But I had started getting my periods again for like a year before that. So I have my son now. He's seven now. And this is when I was 41 years old, by the way. And he's just a testament to me that like your body can heal itself and that no diagnosis is the end game. Like, 'cause I was diagnosed by seven different doctors that my ovaries had failed, and nobody looked for the connections of why this is happening. And so I just got really

interested in women's health and hormones and genetics and nutrition, and that's kind of what I base my practice on today. So I know that was a long story, but I think it's important to kind of understand that like just 'cause we're experts here on this panel, we've been through a lot and we understand, and that's really where the passion comes from. And if your doctor doesn't have passion, then you probably have to find another doctor, because I think that like I really care, like when women come to me and they have hot flashes or insomnia or low libido or weight gain or anything that is troubling them, I get it because I felt all those things, even though I was only 20, and now here I am 47 years old and going into perimenopause now, and I feel equipped to handle that because I know what tools are available to me.

And I really wanna make those tools available to as many women as possible, 'cause they're not readily available, like knowingly for a lot of women. And as I kind of go into my next chapter of my life, my son is only seven years old, so I have to make sure I'm living as long as possible. So anything I can do that's gonna help with anti-aging, with keeping me younger and more vibrant longer, that's really where my focus is because I wanna be there for my son. And I know many of my patients wanna be there for their grandkids and their nieces and nephews and to do what they really wanna do in life. A lot of times, we hit menopause, and we've been serving everybody else in our lives. We've been taking care of kids and dealing with careers, and now we wanna do what we wanna do. We wanna explore our new, our hobbies, our things that are gonna excite us. And this is the beautiful thing about menopause, 'cause you can do all that.

Dr. Sharon Stills
I love that. I call it stepping into our sacred second act. It's such a beautiful time.

Dr. Michelle Sands
Yes, I saw that on social media, I thought that was wonderful.

Dr. Sharon Stills
So I love your story. I never heard your full story, and that's just so inspiring. And I think I grew up in the same household except I grew up with a Jewish mother. But it was the same kind of, I lived on McDonald's and Carvel's that were up the block and was so sick. And so I love that you, and to have your son is just such a beautiful thing.

Dr. Michelle Sands
Yeah, and I made the story sound like one thing led to the other and there was no like ups and downs, but there was a lot of like two steps forward, three steps back situations, but that would've taken like two hours to tell. But so it's not, a lot of times you are like working towards a goal, but sometimes you slip back a little bit, and that's totally okay as long as you have a clear path to where you're going.

Dr. Sharon Stills
Of course, but I think, so we're kicking off this talk with hope. So everyone listening, hope for whether you were told your ovaries don't work and you're still wanting to have a child or you're scared about menopause. I know for me personally, I worked on all my hormonal issues before I even hit perimenopause. So by the time I went through menopause, it was, and I had struggled so horribly with hormone issues, it was smooth sailing. So we have hope for you, so let's dive in.

Dr. Michelle Sands
That's true, like the best time, they always say like the best time to plant a tree is yesterday, but the second-best time is today. The same with hormones. Like, if you have young children or grandchildren or anyone, start supporting them in their hormone journey as soon as possible, and it can make it so much easier. But if you're on the other side of menopause and you didn't do anything, the body is amazingly regenerative, and you can fix it now, so it's never too late. But the earlier the better, I always say.

Dr. Sharon Stills
Never too early, never too late. Always the right time, exactly.

Dr. Michelle Sands
Yes.

Dr. Sharon Stills
So let's dive in and really talk about, because I'm sure there are women listening who are afraid of hormones or don't really understand hormones and what the difference is between bioidenticals and the synthetic hormones, and so.

Dr. Michelle Sands
Yeah, yeah, so hormones, hormones are necessary for pretty much everything in the body. Estrogen and testosterone, progesterone, super important for brain health and brain functioning and for your synapses in your brain to talk to each other, for the strength of the brain vessels. So in order to have good cognition to avoid Alzheimer's and dementia, hormones, super important, super important for heart health and blood vessel integrity, keeping cholesterol balanced, keeping blood pressure balanced, of course, important for temperature regulation, like we talked about hot flashes. It ties in with thyroid, too. So it's not all hormones, it's not all sex hormones. So it's not just estrogen-progesterone balance, but we have thyroid and adrenal as well that tie in with hot flashes and things like that. Definitely important for libido and a healthy sex life and the enjoyment of sex, having pain-free sex.

That's so important. I mean, I think that sometimes we think like that's not that important, we don't need to have pleasure, but we do. Women who have good sex lives tend to live longer, and it's helps reduce pain and reduce anxiety and depression, so very important. Hormones are also important for mood regulation, important for bone health. Like, estrogen is one of the main drivers there. Testosterone is important, too, but estrogen is the big one to have strong, healthy bones. Estrogen is more important than like any, I mean, those over-the-counter medications that they give, or not over-the-counter, but prescription medications that are prescribed for women who have osteopenia and osteoporosis, those do not help you build bone. Those only slow down the breakdown process, but they're not doing any benefits to build the bone. And the only thing that really does is estrogen, healthy nutrition, and weight training or resistance exercise.

Those three together are gonna build the bone. So so many, do it's not just about hot flashes and insomnia and night sweats and things like that, so it's systemic. So hormones themselves, we know hormones aren't dangerous, 'cause we're born with them. We have young women in their reproductive years in their 20s and 30s. They're not the ones that are getting cancer and heart disease and everything. So we know when hormones are at their height, that's not the problem, but we have replacement hormones. So once we hit perimenopause, you guys probably already talked about this, but perimenopause is the years leading up to the cessation of your menstrual cycle, and then menopause is officially the day. So menopause is only one day. It's the anniversary of your last period, so

yay, menopause. And then after that day, we're considered postmenopausal. But for sake of conversation, even myself included, I say menopause, and I'm talking about perimenopause, menopause, and postmenopause all in one together, and so it's the menopause transition. And so what happens is as you lead up, as perimenopause kicks in, you're ovaries stop producing quite as much, and usually progesterone drops first and then estrogen. So when progesterone drops, progesterone is our calming hormone. It's the hormone that helps with sleep. It helps with brain function. A lot of times women will start getting insomnia. They might start getting some hot flashes. They might start feeling anxiety, a little bit of depression. And so those are kind of like the first initial drops in perimenopause, and then estrogen starts dropping as well. And then when menopause hits, now you're not really making hardly any hormones. You never have zero hormones in your body, because you do make some from adrenal function and things like that, but pretty much you're at very, very low levels when you hit menopause.

And so what can you do? Are you gonna live from age 51 to the end of your life feeling crappy and having your bones degrade and your brain degrade and your heart degrade? I don't think we wanna do that. And so it used to be that we'd only live till like, back in like Stone Age times, we'd only live to 30, 40, 50, maybe 55. And so if you had to live a few years without your hormones, you know, you're kind of declining anyway, but now women are living to 100 years old and probably more as advances in medicine keeps happening. And so we don't wanna live the rest of our life in that degrading fashion, and you know, when we have less estrogen and progesterone, we're more likely to get heart disease, hypertension, high cholesterol, dementia and Alzheimer's, so we don't want those things to happen.

So to prevent that and to have more youthful-looking skin, to have more energy, healthy weight, better moods, we can replace hormones. So there's two different types of hormone restoration. So there's hormone replacement therapy that's synthetic, and then there's bioidentical hormone replacement therapy, and they are like they sound. So bioidentical is identical to the body, so identical in chemical structure to what your body produces. So if we put something, if we have estrogen, we put exactly like estrogen in the body that's exactly the same, it's gonna fit into the receptors perfectly. It's gonna metabolize perfectly. It's gonna do all the things that your body expects, 'cause your body is like, "Oh, that's estrogen." But hormone replacement therapy, synthetic, that's kind of like your hormone, so different chemical structure, but they kind of behave the

same way, but not exactly. And so the problem is your body is not dumb. Your body is actually incredibly intelligent, and so it can sense that difference, that slight difference in the chemical structure, and it doesn't treat it exactly the same way. In fact, it actually disrupts your endocrine system, and it kind of blocks the normal function of your body. So while you can get some symptom relief, like women will get some relief from hot flashes and some relief from some of the symptoms of menopause, they're actually not getting any of that longevity, none of the disease prevention, and they're actually putting at risk of possible DNA damage, possible leading to cancer, possible heart disease. And so it's very different in that respect. And I always, I just kind of joked about this before we start recording. It's kind of like if you have oranges and you have Skittles, right? So they're both orange. They both have that orange flavor.

They both have the word orange in them, but how they behave in the body are very different. The actual real biological orange is gonna give you all these nutrients. It's going to help, it has some fiber, it's gonna nourish your body. But the Skittle, that's gonna raise your blood sugar. It's gonna cause glycation and aging and DNA damage. And so they're very different. That's the difference between bioidentical hormones and synthetic hormones. Now, synthetic estrogen, if you look it up and you're like looking at studies or anything, it's usually called CEE, or conjugated equine estrogen. And what that means is it's from equine, so it's from horses. The brand name of the most popular synthetic estrogen is Premarin, pregnant mares' urine, and so that's where they derive it. And we are not horses. We are humans, right?

So it's just common sense that urine from a horse may not behave the same in our body as a female estrogen. Horses have many, many more estrogens than humans do, and so they're slightly different, and they behave different. And then with the progesterone, synthetic progesterone is actually called progesterone hydroxy medroxy acetate, so progesterone medroxy acetate, or progestin. And so progestin is actually, back in 2002, there was a women's health study that happened, and all the women were on synthetic hormones. And so you'd go to your doctor, you'd say, "I have hot flashes." He'd say, "Here's some synthetic hormones." So it was very, very easy back then to get synthetic hormones. But then they did the study, and the study was actually conducted to see the effect on heart disease of these synthetic hormones. And after the study was done, the media kind of started reporting on the results, and they were kind of incorrect, but they said like all hormones cause heart disease, all hormones are bad. And then all of a

sudden the doctors started taking these women off their hormones, like just kind of cold turkey, and it was really sad. But then the follow-up studies showing like what actually happened in the study, what they found is that it was actually the progestin, the synthetic progesterone, the progestin that was causing all the problems. So it wasn't even so much the horse urine estrogen that was bad, it was the progestin that was more bad. But you know, they didn't go so deep to find out the overall effect. There's also a lot of flaws in the study where some of the women who turned out to end up having cancer, they already had, they were already on hormones before the study, and so it's kind of crazy stuff. There is very, a lot of errors and a lot of like things about the study that weren't correct. But what we do grab from that is that progestin should never be taken.

So unfortunately, birth control pills that are handed out to all preteen, all teenagers and women in their reproductive years, those have progestin in them as well. And so all of the horrible things that can happen, the stroke, the heart disease, all those issues apply not only to hormone replacement therapy in menopause but also to birth control pills, the oral contraceptive. So that's really sad because no one's educated on that. A lot of times women will go to their doctor and they'll say, "Oh, well, bioidentical hormones or hormone replacement is dangerous," right? "But here's some birth control pills." And it's like, wait a minute. Like, how are you giving me this, but I can't have that? And the thing is when you see research on hormones and hormone replacement, unfortunately they interchange the word estrogen with equine estrogen and biological estrogen, and they interchange progesterone with progestin.

And so even pretty intelligent doctors, when they're reading studies, they'll just look and see the word, and they'll be like, "Oh, I read a study that said that estrogen is bad for you or that progesterone's bad for you." But when you really think about it, how can those hormones be bad for you when they're what we're made with, right? So it's the synthetic part that's bad. And we're naturopathic physicians. So, you know, I'm about natural food. I'm about natural cleaning products, natural personal care products. So why would I not be about natural hormones, right? And so nature is always the right way to go, and when it's identical to what should be in your body, then you're basically replacing what you had before. And so I think that's super important.

Dr. Sharon Stills
Yeah, I'm glad you brought up the women's health initiative, which actually, it's interesting, 'cause even the horse urine that they use from pregnant horses, even a non-pregnant horse doesn't make that kind of hormone and wouldn't do well with it. So it's not even good for the non-pregnant horses. It's certainly not good for the humans. And when they did that study, there was the, you know, that old school of thought, oh, if you don't have a uterus, you don't need progesterone.

Dr. Michelle Sands
Yeah, well doctors still think that. I still get patients every day come in, and like they're on estrogen only, or their doctors said they don't need progesterone. And it's like, well, if you have a brain and you have bones and you have, you know, you like to function and you like to sleep at night, then you need progesterone. And it's all about, when we talk about hormones, we always say hormone balance, right? And what we're talking about is the balance between estrogen and progesterone, having a good ratio of the two. And so why would you ever replace one and not replace the other? That just is automatically causing an imbalance, in my opinion. It's not just about your uterus.

Dr. Sharon Stills
Very limited.

Dr. Michelle Sands
Like, it's not just, I'm not a walking uterus, right?

Dr. Sharon Stills
Very limited thinking, and the women who did have the estrogen only, even though it was the synthetic, they still had a reduction in breast cancer. Even the bad toxic synthetic estrogen still did something. So when, I'm sure you have two patients come in, "Oh, I'm at risk for breast cancer. I've had breast cancer, so I know I can't take hormones." And so what would you say to a patient?

Dr. Michelle Sands
Yeah, so what we like to do is we like to look at how your estrogen breaks down. Like, how do you metabolize your estrogen? Is it going down the, there's actually three different pathways when estrogen does its first breakdown. There's the 2 pathway, which is the

healthful pathway, and then there's the 4 and a 16. The 4 pathway is the one that can lead to DNA damage and can lead to possible cancer. And so we wanna make sure that there's certain ratios. You want most of your estrogen to break down the 2 pathway, and then the other two is a very small amount. And so what you can do is you can actually push that pathway using things like cruciferous vegetables, DIM, indole-3-carbinol. So there's some compounds that you can help push those pathways. So if you have a fear that you may have estrogen metabolism issues, we can do that. We can also look at methylation, 'cause methylation is like your second phase of estrogen metabolism that helps get it, like kind of package it up and get it out of the body after it's been used. And so by having good estrogen breakdown and good conjugation and elimination of estrogen, that will help to kind of ensure that your estrogen is moving through your body correctly.

You also wanna test your hormones in general and see like do you actually need estrogen, and how much do you need? And then if someone currently has cancer, what I do like to do is let them be, like let them deal with that, go through their treatment, and if they're on any like hormone-suppressing medications like tamoxifen or one of those, I like them to be off of that for two years before we add the hormones in. So off the estrogen-suppressing medication and cancer free for two years, and then we can start replacing hormones, because then they're gonna be protective. When you're in the mix and you have estrogen or progesterone-positive cancer, you don't wanna add more hormones at that point until things get out of control, under control.

Dr. Sharon Stills
And so who would, so would you say everyone is a candidate for hormone, bioidentical hormone replacement then?

Dr. Michelle Sands
I would say most women are. It just depends on the timing of their life. So most women who are in perimenopause and menopause would be a candidate for hormone replacement therapy. Just if they currently have cancer, we will address the underlying cause. We'll make sure the hormone metabolism is working well. And if they're seeing an oncologist or on hormone-suppressing medication, we'll kind of let that run its course. It's usually a couple years. And then we'll reevaluate, retest hormones, re-look at their pathways, and then we can safely address their hormone imbalances in a safe and

controlled manner and making sure that all the detox processes are there. And there actually, the American Breast Cancer Association, actually, it just came out recently and said that women who have had breast cancer and then replace hormones, bioidentical hormones actually have a higher quality of life and lower recurrence of future cancers because the good estrogen is taking up that receptor spot and like all the xenoestrogens and all the environmental estrogens are not able to lock in. So there's a lot of good things that can happen even after cancer has happened.

Dr. Sharon Stills
Yeah, that's amazing they came out and said that.

Dr. Michelle Sands
Yeah, well, I actually, I don't if they said bioidentical. I may be paraphrasing there. They might've just said hormone replacement,

Dr. Sharon Stills
Wishful thinking.

Dr. Michelle Sands
Yeah, I know, sometimes I was like, "They should have said." No, they probably didn't say bioidentical, but they did say that hormone replacement therapy improves quality of life and can prevent the recurrence of breast cancer, so I thought that was great. I like screenshotted that and sent it to a couple of my patients.

Dr. Sharon Stills
Yeah, and you bring up such a good point that I tell patients all the time that when we were going through puberty, if we're having this surge of hormones, we would see a higher incidence of, say, breast cancer, and we don't. So yeah, in my experience, it's the imbalance of hormones. It's the wrong hormones. It's not detoxing properly that actually leads to cancer. And there are estrogens such as 2-Methoxyestradiol and Estriol that are actually breast cancer protective and used to treat cancer.

Dr. Michelle Sands
Exactly.

Dr. Sharon Stills
And so it's, I hope we're busting that myth. And if you have had cancer, have cancer, or have a family history that you're learning that estrogen, bioidentical hormones can be your friend and actually be supportive for you.

Dr. Michelle Sands
Yeah, and then we also of course have to look at environment, toxicity, all those things that come into play. Because when you think about someone going through puberty has only been on the planet for, you know, 13 years, well, unless they're going through puberty at nine years old which happens more now.

Dr. Sharon Stills
A lot earlier now.

Dr. Michelle Sands
So they haven't been exposed to as much yet. But by the time we're in our 50s, we've been exposed to so much stress and toxins, mold, heavy metals, all these things affect our endocrine system, pharmaceutical drugs. And so those can have a play onto whether your estrogen metabolizes correctly, whether it does DNA damage, whether you develop cancer. So it's not, we blame estrogen, but it's not estrogen.

Dr. Sharon Stills
Exactly, there's so many, it's multifactorial. There's so many things going.

Dr. Michelle Sands
Like everything, right? Like we find like everything. Like I talked about earlier, my story, like it was all the things. It wasn't just my ovaries, right? And so we have to remember that, and everything you do to help your hormones also helps other parts of your body. I always say like every step we take, every move we make, every bite we swallow, every thought we have all affect our hormones, right? So you kinda have to be always thinking about your hormones.

Dr. Sharon Stills
Exactly, so speaking of hormones, how do you like to measure them? You were talking about the metabolites.

Dr. Michelle Sands
Yeah, so I do like to, for the metabolites, I like the DUTCH test, which also there's, so Precision Analytical is the lab that does the DUTCH test. The reason I like that one is 'cause they make it really pretty. They give you all these easy-to-read little dials to see where you're at, so that's super nice. They also measure adrenal hormones, cortisol, your cortisol pattern, melatonin. They measure how your testosterone breaks down, if it breaks down more towards the DHT pathway, which is more androgenetic, can cause like the facial hair or male-pattern hair loss, or all the kind of negative things that can happen with testosterone. So you can see, are you breaking it down that way, and do we need to push that pathway to make it more hospitable for you to replace your testosterone? And then it also gives you some organic acids on there, too, to tell you about inflammation and neurotransmitters and things like that, so I think that test is great. But there's also a lab called ZRT.

They actually were the developers of the technology that the DUTCH test used, and they have the same test, but it's not as pretty. It's just like, it's just like data. And so that one, and that's a urine test. So you actually pee on these little papers, and then you send them back to the lab. So you do it at your house. You send it back in, and then you get the report back. So I like that for the metabolites. But for testing hormones, it depends on if you're taking topical hormones, then I use either saliva or blood spot. If you're taking oral hormones, you can still use those, but then you can also do serum to test. But topical hormones don't really show up in a blood draw. So a lot of times people will be on topical hormones, and then they'll take their blood, and their doctor will be like, "Oh, you don't have any hormones," and then they'll give them more hormones. And it doesn't show up that way, 'cause they go right into your tissues, and they're not really in your bloodstream for as long. So it depends on if someone's replacing their hormones, how they're replacing them and what test and also what they prefer. So I use dry blood spot and saliva for women on topical hormone replacement. And some women just don't like to prick their finger, so we'll use saliva. Some women don't like to spit in the cup, so we use dry blood spot, but they're both really good.

Dr. Sharon Stills
Yeah, I'm old school, I've been doing this so long. I use Meridian Valley, which is Jonathan Wright's lab.

Dr. Michelle Sands
Oh, yeah, I've heard of Meridian Valley.

Dr. Sharon Stills
The 24-hour urine testing, and so-

Dr. Michelle Sands
Yeah, it's similar.

Dr. Sharon Stills
Yeah, it is, DUTCH came out after that and is very similar, and Dutch is very pretty. I do like the report.

Dr. Michelle Sands
Yeah, that's why I like it, 'cause it's easy when I'm working with patients and we're looking at the tests together, they can actually see, there's like a star, that's below the range of star, that's above the range, and you have to be somewhere in the middle. It's like reading your speedometer. So it makes it easy for everyone to look at, and plus it's pretty.

Dr. Sharon Stills
And it is, it's important, I think, for everyone listening to realize that the way your hormones are measured are really important because if you're just having blood work done, you can, I've seen so many patients come to me who have been so misled, whether it's put on too many hormones 'cause it didn't show or like they just took their hormones and went and got their blood test done, and then their levels are sky high, and then they pull you off your hormones, and then you're suffering, and they're like, "But your blood said it was high, so we're not gonna put you on it," so it's important-

Dr. Michelle Sands
Yeah, even with all your tests, like timing, like making sure you're getting really good instructions of like when your last dose should be, 'cause like when we're testing women who are on hormone replacement to see if they're on the right amount, we want them to take their hormones within like a 12- to 24-hour window of collecting their sample. And then we often have like women that don't read the instructions, and they're like, it's like, "I took my hormones five days before," and I'm like, "Oh, now we can't tell what that dose

is actually doing, 'cause you're pretty much back to baseline. Your hormones are almost out of your system." But if we're just testing someone who has never been on hormones, then you can take it any time, and we can kind of see, okay, what's your baseline level, and what are your ratios? So it's not just about how much progesterone you have and how much estrogen you have. It's really about the ratio of estrogen to progesterone, and there's a range. So for one woman, they might like a lower estrogen-to-progesterone ratio, and then someone else might feel horrible unless they're kind of at the higher end of the range. So everybody has their own unique optimal hormone balance. And if we could've tested everybody when they were like 21 to see where they were then, that would've been awesome.

But since we normally don't have that data, we kind of dial things in. We'll give an initial test. We'll start some hormone replacement therapy, and then at three months later, we'll kind of follow up and see, "Okay, how are your symptoms doing, where your level's at. Okay, you feel great, and this is where your levels are, so that's where we're gonna try to keep you." And then we kind of will retest every three to four months ongoing because life happens, other things happen. We get sick, there's inflammation, there's blood sugar differences, and we may need to adjust hormones. Especially if you're on thyroid medication, sometimes we need to adjust as well to kind of complement each other.

Dr. Sharon Stills
Exactly, it's a commitment to being in tune with the cyclical nature of life and stress and all of these things that do affect us, so.

Dr. Michelle Sands
And it's a commitment, but most of my clients are like, "Do not ever take my hormones away." Like they're nervous, like if they're gonna run, "I'm gonna go on vacation and make sure I have my hormones." You know, because once you feel good, you don't wanna ever go back to feeling not good. Luckily you never went through any hormone issues so you're lucky, but.

Dr. Sharon Stills
You know, I know, I have patients, I'm pretty, I run a tight ship. So there's certain things I want patients to be doing when they're on hormones, be it addressing their liver and their gut and their lymphatic system, and some of them, well, when I used to have my

office in person, they would kind of like sneak in when I wasn't there and try and get their hormones, and we had to create a whole system, like there's the red flag, "Wait a second. You have to be doing your other things. You have to be assisting." But yes, once you have your hormones, I'm like, "No one is ever gonna take my hormones from me." They are like.

Dr. Michelle Sands
And that's a question that a lot of women have, 'cause there's a kind of a, I don't know, anecdotal information going around that you can only take hormones for 10 years, and I absolutely disagree with that. You should only take synthetic hormones as short as you possibly can, and that's where that came from. Like, only take it when your symptoms are really bad because it's kind of dangerous, but we're gonna give it to you anyway. With bioidentical hormones, that's not a thing. Like, you can keep taking them because they're health promoting, and there's compound effects for your bone health and your brain health and your heart health the more you're on them. And so there isn't really a downside to being on them, other than the fact that like if you're using a cream, you have to rub it in every day, or you gotta remember to take your hormones. That's really the downside once you get your hormones dialed in. There's no reason that, "Oh, it's 10 years tomorrow. I gotta come off my hormones." I think that came out of the synthetic hormones, them knowing that they're actually bad for you and telling you just use it the shortest amount of time possible.

Dr. Sharon Stills
Exactly.

Dr. Michelle Sands
If it's something that's healthy, you don't say, I don't say like, "Okay, your multivitamin, do that the shortest amount of time possible, or you're probiotic, take that only the shortest amount of time." That's only if it was like kind of dangerous. If you were taking a painkiller because you just had a surgery, I'd say take that the shortest amount of time possible, like only when you need it, yeah.

Dr. Sharon Stills
I've had patients say, "How long do I have to take these hormones for?" And I'm like, "For as long as you want to feel healthy and age gracefully and be preventative." And I've had

a couple of patients over the years, not many, but who are just like, "I'm gonna stop my hormones." And I'm like, "Okay, you know, you can do what you want. It's a free world here." But you know, I'm like, I mark my calendar. I'm like, "I'll see them back in three to six months," you know? And sure enough, they're like, "Oh my God, Dr. Stills, why did I do that?" Like, you just feel so good on them, and I just-

Dr. Michelle Sands
Well, like I said, there's no weaning off. Like, there's no like withdrawal. If you wanted to come off your hormones to see how you would feel, the only thing that's gonna happen is you're gonna get your symptoms back that you had before. You're gonna have symptoms of declined hormones that are gonna come back. There's not like, you're not gonna be going through like, you know, detox, withdrawal, like you're coming off a drug or anything. So a lot of people ask me that, like, "What happens when I come off of them? Or, "Do I have to stay on them forever?" There's no have to, it's kind of like, do you have to brush your teeth forever? Well, yeah, if you want to not get cavities and you want your teeth to be clean. Or do you wanna take a shower forever? Yeah, you gotta take shower forever, otherwise you're gonna stink, you know? So, but nothing, it's not dangerous to come off of them, I guess I should say.

Dr. Sharon Stills
Right, no, you're just gonna not sleep again, or your hair's gonna fall out, or your sex drive's gonna go, and I think you-

Dr. Michelle Sands
You're gonna be old, you're gonna be a shriveled, no, I'm just kidding. You're gonna be a shriveled-up old lady.

Dr. Sharon Stills
Bringing it back to what we started with, remembering that you're not just using the hormones to get rid of your symptoms, although that is a great side effect. You're using them to protect against Alzheimer's and support your cardiovascular system and your bone health and all of these things. And so it's really coming from a preventative mindset, and then you get the side benefits of you feel good and you have energy and your hair looks good.

Dr. Michelle Sands
And your skin looks better. A lot of people don't realize that estrogen, it's a very hydrating hormone, right? So helps with vaginal hydration, it helps with the skin. Like when you press your cheek and it pops right back, that's the estrogen, 'cause it helps to build collagen, and it helps to hydrate all your tissues. And so just for like, instead of like spending all your money on like the next greatest skincare cream that's in a pretty bottle, like you can really balance your hormones, and you'll just need the basic stuff, you know? I feel like it's beauty, it's longevity, it's muscle tone. We didn't even talk about muscle tone. When testosterone and DHEA decline, we start to lose our muscle tone, and it's harder, even if you're working out the gym, it's harder to maintain that. And when you replace those hormones, it's easier to have a more like strong, shapely body with just doing the same things that you're used to doing. And so a lot of times we'll start gaining, our metabolism will drop when our muscle composition lowers because muscle burns more calories than fat tissue.

And so women will be eating the same amount, and they're like, "I'm starting to gain weight," and that's a little bit because of the testosterone, the muscle decline, but also estrogen. Sometimes when estrogen's lower, your body tries to make its own. It's like, "I know how to make estrogen. Fat cells make estrogen." So you start to kind of preferentially store that belly fat to try to make up for the fact that you don't have any estrogen. And I know a lot of women are concerned about their weight and they're going on these diets, and now they're malnourished, and now it's hurting their hormones even more. And so it, I can't, like there's so many, so many benefits to taking hormones that I can't really see many downsides, like other than maybe the expense of taking hormones, you have to budget for it. But it'll save you so much money in other areas, like how many weight loss books and diet pills and how many things are we buying to try to like combat these symptoms when we could just replace our hormones. And it can actually be very affordable actually, and you just feel so much better, live longer, and not have to worry about a lot of things.

Dr. Sharon Stills
Yes, yes, yes, I just have one more question, just out of curiosity, as another naturopathic physician, because I think there is a, there's like this school of thought in our profession

that, "Oh, I can take you through menopause naturally, and you don't need to use hormones." And I'm just curious to see what you think about that.

Dr. Michelle Sands
Yeah, so I mean, yes, that is true. And actually, my book that I have back there, it's all about the lifestyle nutrition mindset. It's all the things that aren't hormones. So it's all, 'cause I think that's foundational. You have to have the foundation in. You have to have a healthy diet. You have to prioritize rest and recovery. You have to move your body. You have to have stress reduction practices. So that is very important, but there is no herb or lifestyle practice that's gonna make your ovaries produce more hormones. So you can go through and feel pretty good. Like, there's some herbs like black cohosh that kind of anecdotally might help lessen your hot flashes, and like having a good, healthy diet can keep you pretty healthy, but you're still gonna have the bone loss. You're still gonna have risk for Alzheimer's and dementia.

You're still gonna have those issues happening, and you can be better with the hormones. So to me, I believe like we live in this time when we have technology, we have modern science, we have lab testing, and we have food and herbs and plants and mindfulness and meditation, so why not use all the things that are available to us because we live in a very unnatural planet, right? We're on Zoom right now. I have artificial lights in front of me. There's internet coming in. You know, we're exposed to a lot of things. And so it's not like we're living out in the forest and nothing unnatural is coming to us, and hormones are natural. They are made from, derived from plants, and they are made into the same chemical structure. So it is human hormones that you're putting back in that are you, they become you. So to me, like why would you not use that if you have the ability to?

Dr. Sharon Stills
Agreed.

Dr. Michelle Sands
But again, to that respect, I always have to say, you're not just going to rub some hormone creams on your skin and your life is gonna change. You're not gonna, it's not gonna be, it's not a weight loss thing. It's not the answer to all your problems. You still have to live a healthy lifestyle, 'cause-

Dr. Sharon Stills
Exactly.

Dr. Michelle Sands
All in all, like that is the foundation. You have to have the foundations there. And we always educate all of our patients on healthy lifestyle choices, eating for hormone balance, so that is super important. You can get some relief just rubbing the hormones on, but you're not gonna, it's not gonna be what you want. So you really have to look at liver detox. You have to look at adrenal support. You look at gut health, and it's all connected. We're one human being, that the hormones are our messengers of the body, but we need all the body to work.

Dr. Sharon Stills
Well, that is true naturopathic thinking. So I just recommend to the ladies listening that if you are on bioidenticals or want to be that you find someone who thinks like we do, who thinks holistically and isn't just gonna give you hormones, who's really gonna look at your whole body, because it's a disservice to just give you some hormones to rub on. You really need to be doing all the other things, so thank you for that.

Dr. Michelle Sands
I agree, and there are a lot of like anti-aging clinics and doctors out there that will just prescribe like the same dose of hormones to every woman and not do any testing, and I think that's a mistake, and that's setting you up for at least not optimal results at best, and then possibly harm because you're not every other woman, and they don't do any counseling on, you know, health, healthfulness and foundations of health or anything like that. So there are like bad places you can get hormones from, but really make sure if you're gonna work with someone that you're comfortable with them and that you're getting testing, you're getting education, and you're getting your hormone support, and you're getting your questions answered, that you can actually contact them and say, "Hey, this is how I'm feeling, what does that mean?" That's super important as well. I always get ads on Facebook for these like companies that they, you get a consult, but it's like you fill out a questionnaire, and that's your consult, and then they just send you hormones, so.

Dr. Sharon Stills
That's scary, scary, scary. Well, this has been fantastic and very informative. And I know you have a free gift for the listeners.

Dr. Michelle Sands
Yeah, so I mentioned my book. So it's, just gonna grab it, so "Hormone Harmony Over 35." So this is for any woman heading into perimenopause, menopause, and beyond, and this is all, basically I talk about each of the hormones, what it does in the body. There's a little quiz that you can take to see which hormone imbalance you might have. And then I go into all the lifestyle strategies that are important to help support your hormone balance that would go hand in hand at bioidentical hormones. And then if you do grab the book, we'll send you an email which will give you a digital copy of the book, and we'll also link to a masterclass about bioidentical hormones if you wanna learn more. I know we touched on a little bit the difference between synthetic and bioidentical, and we touched on some of the pros and cons and who it's safe for, who it's not. But in that masterclass, it's about a hour, I kind of go into all the details, show some of the studies and all of that. And the book, you can buy it at Barnes & Noble or on Amazon, but you can get the free copy digitally with the link.

Dr. Sharon Stills
Thank you, that's very generous of you. I'm sure everyone is gonna grab it and learn more. So thank you for taking time to be here with us today and to share your knowledge, it's been a pleasure. And thank you, everyone, for being here. and we'll see you in the next talk and just, you know, you are mastering your transition no matter where you're at, and this is just a key piece, knowing the truth about hormones and to not be afraid, but to be educated. So thank you for sharing today, and we'll see you next time.