Reverse Autoimmune Disease Summit

Dr. Keesha Ewers Interviews Stephanie Gray

Dr. Keesha: Welcome to the Reverse Auto Immune Disease Summit, everybody.. I'm Dr. Keesha Ewers and I am delighted to bring you a fellow nurse practitioner, Stephanie Gray as a functional medicine provider who helps men and women build sustainable and optimal health and longevity so they can focus on what matters most to them. She's been working as a nurse practitioner since 2009 she has a doctorate in nurse practitioner, which is a DNP. She's an Amazon best selling author of her book: Your Longevity Blueprint; is co founder of Your Longevity Blueprint nutraceuticals with her husband Eric, and they own the Integrative Health and Hormone Clinic in Hiawatha, Iowa. Welcome to the Summit.

Dr. Stephanie: Yay. Well thank you for having me.

Dr. Keesha: Oh, I'm so excited to talk to you about this subject because one of the things that I think is a misconception is that ,and it's perpetrated inside of the conventional medical model ,and that is that we have these separate engines inside the body; these boxes that don't communicate with each other. So then we have specialists where one finger doesn't know what the other one's doing on the same hand. And there is Western medicine in a nutshell sometimes. I came from my background of [inaudible] unit for many years and it used to be so frustrating because pulmonologist wouldn't know what the nephrologist is doing. The nephrologist wouldn't know what the cardiologist wants and on and so, I just remember as a nurse standing back every once in a while going, this is messed up. You know, this is so messed up.

Dr. Keesha: I think when I discovered Ayurvedic medicine and functional medicine, I was super excited because finally there's this understanding that all of these systems communicate with one another and our bodies use the [inaudible] system, between all these little engines in the body and the hormones are those messengers And so you an expert in hormones, I really wanted to have you on to talk about what impact your hormone balance has on your immune system. Because a lot of people listening will understand that. Actually that's a thing that you cannot reverse your autoimmune disease if your hormones are imbalanced. So let's start from the very beginning. Now that I've introduced your talk and what we're going to be talking about. And I first want to hear from you how you even got to be interested in that. Everyone has a story and I always love hearing it.

Dr. Stephanie: I was pretty blessed. I'm from Iowa, I was raised in the Midwest and I grew up in what I consider to be a pretty healthy family. My parents had always clean, home cooked meals. We went to the chiropractor, we rarely went to the doctor. My parents were self-employed and had a high deductible, so they wanted to keep us healthy. My parents were rolling wheat grass juice on the counter. They weren't hippies, but we were always taking our vitamins and what not. So I was raised with an appreciation for health and wanting to keep myself healthy so I didn't have to go to the doctor. I was blessed in that regard. But in the Midwest we also have exposure to a lot of chemicals and pesticides and herbicides. And you know, there still a sickness. I had family members with cancer and what not. And so my wheels started spinning.

Dr. Stephanie: I thought maybe I want to go to chiropractic school. I wasn't quite sure what I wanted to do with my life. I almost went to chiropractic school, but I ended up going to nursing, into the nursing profession and as you mentioned, thank God we have nurses. Nurses approach things more holistically. They're looking at the bio, psycho, social, cultural, spiritual aspect of health. And so that was the right field for me, but I wanted to have the option at least have the ability to prescribe if needed. I wanted to go through the nurse practitioner program so that I had a little more independence and could do just a little bit more for my patients. And I had some health struggles myself. Are you wanting me to kind of go into that? I ended up in private practice because I wanted to do functional medicine, do something a little differently.

Dr. Stephanie: And I ended up at my desk with a very fast heart rate. My heart kind of took off to the races. Make a long story short, I ended up at Mayo Clinic because I had tachycardia; that's the medical term for fast heart rate. And so thank God I had some functional medicine knowledge that could help assist me getting to the root cause of my problem. And this is where functional medicine is really; my passion for functional medicine was fueled because I needed to use those principles to help myself. I know I can use them to help my patients. So rather than take a medication to control my heart rate, I knew that my heart was racing for a certain reason and I needed to get to the root cause of that problem. And so that also helped spur me into functional medicine and gaining, getting more education so that I could have that knowledge to help my patients.

Dr. Keesha: Beautiful. And so you are a specialist in integrating hormones into the rest of the paradigm and the picture of what's going on and talk about people as having a blueprint. I talk about the same thing. Like we have this blueprint and then we build on top of that and it's such a great way of explaining things. And I might have you kind of go through the blueprint and how you operate and work this because I think it's a really lovely way of outlining and helping people really understand you can get lost in functional medicine a little bit. Like there's so many different functions from medical labs to do, to look at different engines in the body, but how they all work together; it can be a little bit confusing. I'm going to have you outline your blueprint.

Dr. Stephanie: Sure. So that's really exactly why I wrote the blueprint because even through all my health struggles and having the knowledge I had, I needed to get a streamlined process. I needed to try to clarify what steps I needed to work myself through and then obviously be able to explain that to our patients. So around the time I was going through my health struggles, my husband said, we've got to create some analogy. My husband's our office manager at my practice. And so he was right. And this was, I used the time, through my health challenges to a blueprint for longevity. So throughout the blueprint, what I'm doing is I'm kind of comparing our home and how we maintain our home, right? We all know, keep your lawn mowed in some parts of the nation at least, and then make sure you're keeping hair out of your drains, make sure you're changing your furnace filters.

Dr. Stephanie: There are things that we do on a daily or quarterly basis to keep our homes really up and functioning so we can live in them a long time. And the same is true with our body. We need to have a blueprint really, or directions as far as maintenance is concerned. But many of us don't really know what that maintenance is. We don't know. We know functional medicine exists, but we don't know what we can do, what's even out there. And so what I've done within this blueprint that I've created is I've compared an organ system in the house. So, for instance, the hormone pieces, chapter six so I'm comparing your endocrine system and the body to a portion of the house,; the heating and cooling system, right? You don't want to be too cold, you don't want to be too hot. So there are things that we would do within our home to keep that functioning well.

Dr. Stephanie: And there are things within our body that we can do to improve the function of the endocrine system, keep our hormones optimized. So I'm really just comparing aspects of the home to the body. I'm making that analogy to walk patients through every single organ system so that they know what functional medicine tests are available and what supplements are available to take as well. Chapter one being the most important. It's all about gut health. I'm comparing your foundation of your home, which the home has to sit on. You need a strong foundation to have your home live a long time. And the same is true for your body. You have to have strong gastrointestinal health. And so even when we think of autoimmune diseases, autoimmune diseases are multifactorial. There are multiple things that could be contributing to those food sensitivities, nutritional deficits, toxins, hormone imbalances, genetics, whatnot. So I've taken all those pieces and each one of those is a piece of the blueprint essentially. So it can be overwhelming, but hopefully I've streamlined it in my book.

Dr. Keesha: Beautiful. So let's talk about that. Just kind of setting us up again. This is the reverse autoimmune disease summit and the prevalence of autoimmunity and what we're seeing right now as basically a pandemic in our culture.

Dr. Stephanie: Yeah. So I don't mean to say this effect, the last time I looked, you probably have the most recent statistics, but over 20 million Americans, many are undiagnosed obviously, so I'm sure the rates are much higher, most common being Hashimoto's, which is autoimmune thyroid disease. What's interesting is without immune diseases many symptoms will disappear during pregnancy. And then when hormone levels are flying sky high, right? The highest of our life almost. And then those symptoms will reappear four to six months postpartum. So what's happening postpartum, the levels are dropping, right? So we know there is a relationship between hormone levels and autoimmune disease and we know that they're more common in women as well. So we know there's a hormone link, which I think is fascinating. And that's something that I find in my practice is those patients, when we're able to plug in that missing puzzle piece that other pieces of the blueprint optimize their hormones, any of the symptoms are reducing, which was amazing.

Dr. Keesha: So you know, it's 80% of autoimmune diseases are diagnosed in women. And a lot of this is because of the estrogen receptors we have on board. And then the estrogen disrupting chemicals and mimicking chemicals we have in our environment. Plus, you know the piece around a lot of people, a lot of women, will have a flare or an autoimmune disease instigated as a result of pregnancy and childbirth. And it is this hormonal roller coaster. So let's define what a hormone even is and the role that they play.

Dr. Stephanie: So hormones are chemical messengers that take certain actions of cells and organs. And what's really important is that they're supposed to fit like a key fitting into a keyhole. And I described this in my book too. It's really important, especially, and maybe we'll get to this, that when we think about taking hormone replacement therapy, that we want to take the appropriate key that's going to fit to that key hole. We don't want to take synthetic hormones because those are not going to bind appropriately. They're only going to bind partially and they can cause hazardous effects. Just like when you mentioned the endocrine disrupting chemicals in the environment, those can bind to our estrogen receptors, but those have a different molecular structure. So those also aren't finding exactly the key that should fit into a keyhole. So hormones, again, are our messengers, but they're made from cholesterol. You want to have adequate cholesterol. One of my pet peeves is when patients come to me wanting their hormones assessed and they're on statin medications. Statin medications will block cholesterol production. You have to have cholesterol. You want to make many hormones.

Dr. Keesha: Thank you. This is one of my soap boxes in my office too. Well, there's a reason your testosterone is down to zero. And that's because of the two statin drugs that you're taking right now. There's a reason you're not creating estrogen and progesterone right now because, yeah, exactly. We have to have cholesterol, you guys.

Dr. Stephanie: When told to eat a lower fat diet or whatnot. No, you need healthy fats to make your hormones. So no wonder you're so hormonally starved. But those chemicals messengers are sending signals constantly, all day long. We will just say you want to have adequate hormone production if you want to feel good.

Dr. Keesha: So when we talk about hormones, I think a lot of people limit them in their mind to like if you're a female, you think about estrogen and maybe progesterone. And then men think about testosterone, but that's not the hormone picture. We have hormones; hormone excreting and producing glands that start in the brain and then go all the way down to our gonads. So let's talk about that. This is called the endocrine system. And I want everyone to really understand that when we talking about a system we can think about it as a team and that there are players and if one part of the team is injured, then it will put a big burden on the other teammates. So if you're not, if you're actually not doing a good job with your blood sugar and when your pancreas is having a hard time because of insulin resistance, then actually that's going to cause trouble with the other players on the team. So let's talk a little bit about all of the hormones that we can think about when we talk about the endocrine system so that people can really have an understanding of our hormones. It's not as limited to estrogen, testosterone and progesterone.

Dr. Stephanie: Sure. So definitely the thyroid, the thyroid glands, will secrete thyroid hormones. Our brain plays a role there as well, sending signals down to the thyroid to tell it to spit out more hormone. So we have the thyroid as well. And then, men obviously have testes. Women are a little different. We have ovaries, our ovaries will help us spit out hormones before menopause. When menopause hits, I like to tell patients our ovaries are our A team and our adrenals are our B team, although both are equally as important. But when the time comes where the ovaries, I don't want to say shrivel up, but when their job is done, when they're no longer helping half as well, the adrenals are the B team which sit on top of your kidneys. They're going to help take over hormone production. So in men and women, they're going to help with estrogen, progesterone, testosterone production, and also cortisol. So cortisol is extremely important. Cortisol helps us have energy throughout the day, helps with metabolism.

Dr. Keesha: Not a bad guy, not a bad guy.

Dr. Stephanie: Right. And then you actually mentioned earlier the pancreas helps spit out insulin. So that's also extremely important as well. So I would say those are the main hormones. When we think of the endocrine system

Dr. Keesha: And you know, I need to have my A team. I talk about a reserve gas tank on the motorcycle, so that when you're out you can flip it over to the other one. But if that one's out of gas too, then your motorcycle stops. I've actually had this experience. So then this is what causes us to have a menopause experience that

acts like a disease process instead of a natural graceful transition is when we flip it over to the reserve tank and there's nothing left in there. And what causes that? Because this starts really early in life. It's not a matter of being 49.

Dr. Stephanie: So stress is one of the biggest hormone hijackers I like to talk about with my patients. And that was part of my personal story as well. I was under way too much stress. I needed to clean up my diet and there were several things I needed to do. I was also struggling with infertility at that time and had low progesterone and I had multiple issues you can read about in the book. Something that was robbing me of hormones, right? So stress, I tell patients starting very early in life, it's something you don't want working against you. You know, it could rob for one person, that thyroid hormone for another person like me, my progesterone. So you really want to get that stress in check. That's one of the best pieces of advice that I've received. And then I'd like to pass on to my patients and I know you heavily emphasized is getting stress under control because that's something that will rob your tank so you don't have, so your tank's not full when needed.

Dr. Keesha: How you are in relationship to that stress is really important. So let's talk about then the role that hormones play in autoimmune disease.

Dr. Stephanie: Sure. So again, it's interesting when we think about progesterone, well progesterone, estrogen being very high in pregnancy, right? That's one time in life. We know that autoimmune diseases definitely reduce, and I've seen this in my patients actually, I've seen flares happen postpartum. I've also seen when we give progesterone, which is very neuroprotective symptoms go away. So maybe we'll just talk about all the benefits of progesterone can provide. In my patients for the listeners, at least if they're thinking, well, might I have low progesterone? We can kind of talk about low progesterone symptoms. So I see a lot of irritability and moodiness, a lot of PMS in younger women, a lot of heavy bleeding, a lot of anxiety and depression, the list can go on and on. But headaches and insomnia are also very common. We know that progesterone is very neuroprotective. It can really help support and calm down the nervous system as well. And it's very anti-inflammatory. And so studies have actually shown when we give progesterone specifically in MS and I've had a lot of patients with MS that do much better. I don't know if that's in your practice as well.

Dr. Keesha: Absolutely.

Dr. Stephanie: But the main take-homes with progesterone are that it's anti-inflammatory, which we want, we want that effect with autoimmune diseases, right? That are anti-inflammatory in nature and neuroprotective. So this is really specific. We talked about MS, we know that there is can be damage to the sheath or the blanket around the nerves. That myelin sheath; and progesterone can really help protect that. Think of it as not just a natural steroid on most, a lot of

autoimmune patients are put on steroids, but we don't want to have to use those instead. We want to use the natural hormones. And progesterone is so protective. I remember in one of my, I'll never forget this, when I first started learning about hormones, I was at American Academy of Anti Aging Medicine Lecture. And they had talked about progesterone being used for brain trauma and were given intravenously in the emergency department. And I thought, wow, that's a pretty progressive emergency department. But the take home from that is that it's that important and that protective to our nervous systems. And that's the biggest take-home, neuroprotective and progesterone's anti-inflammatory; progesterone's

Dr. Keesha: Not just progesterone across the board. So let's talk about bio-identical versus another kind of and methods of dispensing it.

Dr. Stephanie: Sure. So with progesterone specifically, a lot of patients are put on a synthetic progestin. So if you think you might be taking it, if you have an IUD or if you may have taken oral birth control before, chances are you weren't put on progesterone, chances are you are put on a synthetic progestin. So if it's in the name it says progestogen or Progestin, that is synthetic, that's manmade, that's not natural progesterone. That's what we want our patients to take. So there are different routes of receiving that there are topical gels and creams that a well trained practitioner can prescribe. Progesterone is one of the few hormones that I will give orally by mouth. You can take an immediate or a fast-acting, I'm sorry, immediate or sustained release version. Those are probably those are commonly prescribed. And then sublingual lozenges under your tongue compounding pharmacies can make as well. So for progesterone specific, those are the options that I usually offer my patients. But that's after also assessing levels. It's really important to check the levels because just because I think a patient might have low progesterone, I want to make sure I'm finding that on their labs as well. To confirm that suspicion

Dr. Keesha: I want to really stress this. You guys, as you're listening to this, you can go on the Internet and you can look up what are the symptoms of low progesterone and they will mimic the symptoms for many other things out there. You know, because the symptoms for autoimmune disease are actually the same. Symptoms are low progesterone and often there's an overlap between estrogen deficiency and progesterone deficiency. And so it's these little screening questionnaires are not valid statistically. And I would say please make sure that you always start with a baseline testing because I always say tests don't guess you can get yourself into a world of trouble just self-diagnosing and self applying hormones. So you really do need to be with somebody that knows what they're doing.

Dr. Stephanie: Totally agree. I've had a lot of patients also unfortunately see a gynecologist who never test their levels. A woman has hot flashes, so just puts them on estrogen. They come into my office

Dr. Keesha: All the time,

Dr. Stephanie: A hundred they never needed estrogen. They needed,

Dr. Keesha: I know that happens all the time. And then when you have unopposed estrogen, then you it drives your risk for all of the estrogen receptor positive cancers. So yes, it happens all the time. And then I always hear, well, why didn't my regular doctor say this to me? And no, t's because, and I'm just going to say this because this applies to every single question that I get when it's why didn't my regular doctor say this to me is because the continuing medical education units that are required by all licensed medical providers for your license to be, are offered for free by pharmaceutical industry. So you can be wined and dined in Jamaica or go to the finest restaurants and learn all about the synthetic hormones and you're not actually encouraged to do laboratory testing for them. Here's the symptom checklist, here's what you match to it.

Dr. Keesha: It's the pills of the ill and go on your way. And so it's not that doctors are lazy or don't care, it's that they haven't usually had the kind of personal revelation experience of their own. The way that Stephanie and I have where we've had to go, well hang on, this model of medicine isn't working for me, I need to look deeper. And once you start looking deeper, you start finding science that is not funded by the pharmaceutical industry and it's like this whole different world and a lot of doctors are not in that world. They're still in the world of going and getting their CME and shrimp dinners. So which I as a nurse practitioner student started discovering, oh that's like blood money. I'm not doing those. Like you know, I am so not doing that. And so my accountant always tells me every year that I spent anywhere from 45 to $50,000 a year on education.

Dr. Keesha: And she says, is there a way for you to reduce that? And I always say, unfortunately, no, there's not. You know, because you're on your own when you're not having the pharmaceutical industry fund, your CMEs, but you also find out like what's real. So the kind of testing I'm going to have you go through Stephanie, I just wanted to make sure that people could differentiate between why their regular doctor doesn't recommend this and why the insurance company doesn't reimburse for it is because it's like being on the outside of the matrix or the inside of the matrix and they are two different worlds and they don't meet very well. This is why. And so now let's talk a little bit about the kinds of testing.

Dr. Stephanie: Sure.

Dr. Keesha: My soap box.

New Speaker: I do want to talk about the benefits of estrogen or how estrogen can influence the immune system too; can I go on that tangent? So, we talk about how beneficial progesterone is and many times that is the hormone we want to

optimize in women. Now men, do have progesterone, but testosterone is most important for men, it's still very important for women, but estrogen is also very important for women; estrogen has over 400 functions in the body, estrogen has even receptors in your eyes. I know you were talking about hormones influence really every organ system so I like to tell patients sometimes in menopause get dry eyes and I say that is hormone related, you have estrogen receptors in your eyes. So estrogen is not just a hormone to help with hot flashes and dry eyes, which it does, but

Dr. Stephanie: It can help with many other things. So we mentioned stress previously; and how stress can rob patients of hormones. And this isn't just per our clinical experience. I mean there are actual studies that have shown changes in estrogen levels can, because of stress, can lead to autoimmune diseases. Those studies actually exist. So that's also a hormone we want to keep optimal in autoimmune diseases. And there are different estrogens I want to take time to mention here too. So you have well, many, but primarily three estrogens. That's estrodone, estrodial, and estriol, which I tell patients to think of as out E1, E2, and E3. There have been studies specifically on using E3, which is estriol. It's more heavily used in Europe. But estriol given here in the United States and clinical trials has shown to benefit autoimmune diseases, specifically MS again, because of the protective impact that it has on the immune system.

Dr. Stephanie: So it causes a immune shift, which you don't have to understand, but it can cause a shift from TH1 to TH2 helper cells, can reduce a lot of inflammatory markers in the body. And studies have actually shown it to ameliorate, which is a big word, but autoimmune demyelinating disease. So any of the demyelinating diseases, estriol use can significantly help. So studies have used oral estriol. I use sublingual estriol many times vaginal or topical estriol and my patients also. But that's a level I can maybe transition to testing here, but that's a level that is difficult to obtain in blood. That's something that I'd like to obtain in urine. So urine is my favorite type of testing specifically to obtain all three of those estrogen levels. Specific to the men who might be listening in, I should mention testosterone's influence also on the immune system.

Dr. Stephanie: So testosterone helps with mood, motivation, drive, libido, energy, and we all start losing testosterone even in our thirties. I mean levels start declining. So studies have shown again in with MS that testosterone can actually increase gray matter and reverse neurodegeneration. So that saying it can kind of halt the progression of autoimmune diseases, which is amazing. And specifically the testosterone has been shown with MS. Diabetes type 1, Hashimoto's, Celiac, Sjogren's, rheumatoid arthritis. So when I have patients come into my office with these autoimmune diseases, men or women, I'm checking their testosterone levels. I want to make sure we're improving them. Interestingly, some of these studies show that use of testosterone can halt the progression of the disease, but when the testosterone use is stopped, disease starts

progressing again. So we know that we want to keep levels high. It's not a short term thing.

Dr. Stephanie: It's not like you take the testosterone once, we either need to naturally get the levels up higher or the patient needs to take the hormone to keep the levels higher, to keep that autoimmune disease at bay. If that patient has that hormone piece of the puzzle. So testosterone is also extremely important and mostly in men, but also in females as well. So to transition to the question I see young patients with autoimmune diseases I see middle aged patients and so it kind of depends if the patient's still cycling; menstruating or not, for females, how I'm going to assess hormone levels because there really are three primary ways we can test. So we can test in the blood, which is serum, we can test in the saliva and we can test in the urine. So for young cycling women, many times I will offer saliva testing.

Dr. Stephanie: The benefit here of saliva testing can vary. But the benefit here is that we can visualize the whole menstrual cycle. So patients can, my patients can log their symptoms every couple of days through the full month and we can have them collect samples every couple of days for the full month. And then we can correlate symptoms with labs to see what's happening with ovulation or before menstruation to kind of see which hormones they need. Now that's not as relevant. You know, in a postmenopausal woman who's not cycling, we don't have to do a month long hormone test. We still could do saliva testing just one day we could offer blood testing or my favorite, which is urine testing. The benefit of the urine testing is that we can actually obtain estrogen metabolism markers. So that's just showing us how the patient's liver is really clearing out or excreting estrogen. Even if they're not taking it right, they might be genetically primed to not have great estrogen clearance or based on the toxins they're exposed to in the environment, that diet they're eating. Their occupation, which can expose them to certain toxins, certain hazards. We can see how the liver is clearing out estrogen because if they're not clearing it out, well, they're going to be at greater risk of autoimmune disease, but also of certain cancers, fibroids, cysts, those sort of things. So all in all, the urine is kind of the Cadillac of the hormone testing, but there are various ways like blood work and saliva also.

Dr. Keesha: I absolutely love doing salivary and urine testing. And one of the reasons is you can also do cortisol testing. So we know that if you are under stress that your body does that survival wins over reproduction. So always you're going to have your hormones that are necessary for reproduction hijacked to go toward the adrenal reserve retained. If you are in a state of fight flight free, so if their sympathetic nervous system is overloaded, then your hormones are guaranteed to not be doing a great job and just taking them, getting extra bioidenticals no matter what the route is that you're getting them is not going to be the full solution that you really do have to work on. The part about why you keep kicking your hormone bucket over. You know, and I always say you don't have to reduce your stress, but because people have special needs; children, and high

impact jobs and things like that, caregiving elderly parents and you're not just going to stop doing that.

Dr. Keesha: But how you are able to help your body to be in a different relationship with that stress so that you're not hijacking all of those beautiful hormones are so important for your immune system function though you did such a beautiful job going through and explaining everything. I really appreciate that because people can get so confused by this. There's so much information on the Internet and we are in the age of the Internet and people will come in with blog posts stapled together that they've printed out and they say, I'm so sorry. This probably bothers you. And I always say, no, it doesn't. I love that. I love it when people are self educating. I mean, I did my health coaching program for some that junkies because they were just so much smarter than most doctors.

Dr. Keesha: But the information as far as how to individualize it, I think becomes overwhelming for people. So how does this pertain to me? And so that's where the testing comes in. That's such an important part of this to get a baseline. And then the other piece you know Lance Armstrong, what an amazing story about how they were giving him hormones undetected, but also not testing to see how those hormones were being converted. And the outcome for him was to lose his balls. And now it's stuff like, wow, you know, so important that we have to actually go back and test it again and see if you're actually converting properly.

Dr. Stephanie: And this is where, you know, in, at least in my book analogy, my blueprint, the very last chapter talks about finding a carpenter or a contractor, right, a functional medicine provider. Just like how you would find a contractor for your home to build your home. You want to find a practitioner who can help you really identify which tests need to be run, which hormones you might need to take, where they're going in your body after you're taking them. You need help. You need that contractor to help you. And I said too that there's just no pill, potion ,or powder, it's going to replace the lifestyle changes. So you know, for back to autoimmune diseases can hormones help? You bet. But like you said, I mean if you've had a hysterectomy, if your body's not making any hormones, you might be more reliant on taking them. But if you have the organs that shouldn't be producing the hormones, we absolutely want to make sure we're equipping the body to make more. And not by just taking it. We kind of work on the lifestyle changes to help your body

Dr. Keesha: And going back again to make sure that what you're doing, we have a bunch of theories that we know about from our schooling that is your body, that it read the same textbook as your body doing what it's supposed to do with that. And so that's why I brought up Lance Armstrong. Whenever I give testosterone to men, I always made sure I do a baseline sex hormone binding globulin, an estrogen level, estradiol I look at their [inaudible] I look at their prostate surface antigen, their free and total testosterone, and then I will give them some

replacement. And then I go back in two months and I look and I just want to make sure that none of those markers are going out of whack. And I've seen women come into my office that have been on the same hormone regimen for years and nobody has gone in and tested to see how their bodies are metabolizing it. That's really dangerous.

Dr. Stephanie: It is. And even with topical usage, I have same thing. I have patients that come into my office who've been on hormones five, 10 years, they'd been applying topicals. Those topicals can accumulate in the tissues over time. No one's checking them. What's happening with men. They think that estrogen may be not with all men, but some men may think that estrogens don't need to be checked, but the testosterone that we're giving could be converting to estrogen and we don't want to have high estrogen levels. So anything I'm giving my patient, I feel like I'm responsible to monitor where that hormone is going downstream in the body, how the body is handling the estrogen metabolism. These tests are just crucial. What do we think about hormone replacement therapy? I think it, the cancer term or scare always comes up. And if you have a provider on board who is going to be monitoring your levels and your estrogen metabolism, you're going to swing odds in your favor, right? Having someone monitor you, who knows what they're doing,

Dr. Keesha: Not even taking any hormones for myself. I do genetics on every one of my patients and it was before the time of genetics and I wound up with breast cancer. And it was shortly after my son had sat me down and said, and he was 19 or 20 at the time. And he said, mom, I need you to sit down. And, and I said, okay, what's happening? And he said, I need to tell you something. And he told me that he and his brother had been sexually abused by a babysitter like years and years before that, when he was five years old. And I just remember just like, it was the most crushing, horrible thing to have to think that I had allowed this to happen to my kid and so much shame and so much guilt. And I just remember just, Oh, and I said, how come you didn't tell me this before?

Dr. Keesha: And he said, because of this, like he didn't want, he didn't want my childhood defined by this one time, this one event. I'm just letting you know, so four months later I had breast cancer. And guess where the tumor was. It was right in my left breast, right over my heart. And so when the ultrasound was over that and there was this beautiful blood supply to this tumor; it looked so healthy, I remember looking at the ultrasound screen and going, I know where that came from. I know exactly why I have that. And during that four month period before diagnosis, I had found the kid that had experimented with my boys. He had been 12 at the time when my kids had been three and five. And I located him and I called him and I said, he said, I've been waiting for this call for 15 years.

Dr. Keesha: And I said, I have a few questions for you. One is, first of all, why, why would you betray the trust that I had in you. And he just said, this was a time where I was curious and I'd found a Playboy under my dad's bed and I, you know, and I

said, okay. So then we went through and facilitated this most amazing forgiveness process between my kids and him. And then I had him pay for counseling for my kids. It was just amazing. Like wow. Within just about a couple months, it was the most beautiful experience, like incredible. But then I had cancer, right? So I hadn't forgiven me. And so when I had that tumor, I remember looking at it and going, okay, I hear you. I still was holding all this guilt and shame and bitterness about me leaving them.

Dr. Keesha: And so I went in and for a month did this really incredible trauma healing. And within a month that tumor was gone. It was gone. Now at that time I wasn't on hormones and I'm still not, but I wasn't on hormones. But when I did my genetics later, I discovered that I have the worst [inaudible] pathway clearance for estrogen. It's terrible. It's just red, you know? And my mom's had breast cancer. It's in my family big time. So, you know, all I had to do was that forgiveness practice for mine to go away. So I thought, Oh wow, like I'm probably a little bit of a ticking time bomb here because I was already eating really well because I reversed my rheumatoid arthritis. So I was already doing all the clean stuff that we all talk about.

Dr. Keesha: So I called up DeNova, who I had done an estrogen metabolite urine test with. And I said this is the worst I've ever seen of any patient. She said, I'm Dr. Ewers, This is the worst we've ever seen too. And I was like wow, that's saying something. So this was hormones from the environment that I wasn't filtering through my liver and they were converting into harmful carcinogenic estrogen metabolites. My incident with my sons and all of this happening with sexual abuse with them and that grief and shame and guilt that had just sort of like tipped the balance on all of the estrogen that I was trying to metabolize through the environment that I live in. So I learn how to be able to address what was going on genetically with my liver and I do every nine months another estrogen metabolite urine test to make sure and it's always really good and so I just want people to hear that. You don't even have to be on hormones for estrogen to be an issue and how you metabolize it, right? And stress plays a huge role.

Dr. Stephanie: Yes, yes. Genetics are actually discussed in chapter three of my book where I'm comparing the electrical work in the home, right? We want some lights turned on, some lights turned off through our genes in our body, and so some patients want that genetic information and of course if you have, we can determine that you do have genes like that. You have those SNPs. Then that makes the urine test even more important because you want to do everything we can to swing odds in that patient's favor. Of course, you can do, just speaking to general poor estrogen metabolism, there are certain things that you can do like eat more cruciferous vegetables, Broccoli, cauliflower, bok choy, brussel sprouts. Spinach is a cruciferous vegetable. Patients always ask me that. Spinach, is still healthy, but eat the cruciferous vegetables or there's a supplement called dim that contains, well, dim is the extract from the cruciferous vegetables, but even the National Cancer Institute will state can be beneficial for estrogen metabolism.

Taking methylated B vitamins. Many patients have SNPs. So genetic variance for poor methylation, which is another detox process in the body. So taking methylated B vitamins can help. Then also taking antioxidants like [inaudible] have been well studied in the literature for really supporting the estrogen metabolism, minimizing oxidation, which can lead to DNA damage, essentially cancer. So cruciferous vegetables or Dim the supplement. Methylated B vitamins. Antioxidants are extremely important.

Dr. Keesha: And I juice every morning and I you can actually cut the broccoli stems off the flowerets and I roast the flowerets or sauté them in some dish and juice those stems every day. And the same thing with the core of my cauliflower. I just put it in a bag in the refrigerator and I juice it or the core of your cabbage, and I chop up cabbage and juice it though these are things that you can do. And I know people will say, well, those are great agendas. You know, what about my thyroid? Actually that, that's something I haven't found to be super accurate, that if you have enough iodine and you know you're supporting your thyroid

Dr. Stephanie: But to have a negative impact on the thyroid, you'd have to consume, from my understanding a huge amount. I mean a very large--

Dr. Keesha: Exactly, yeah. People get afraid of cruciferous vegetables because it's mentioned in someone's book or blog and then they won't eat any. And so again, in your genetics we can tell how well you move sulfur through your body, which is part of the problem. So, it's just learning you; like your biochemistry or genetics and how your body manages that stress. And so I really appreciate you spending the time to share your wisdom with us, Stephanie.

Dr. Stephanie: Well, you bet. Thank you.

Dr. Keesha: And we have all of Stephanie's information. Dr. Greg's information on her with her talk here on the Summit website. And so reach out to her and she has a free gift for us and we'll make sure that that's posted and that they can access that easily. So thank you again. Is there any last bit of wisdom you would want to leave?

Dr. Stephanie: I would just say that hopefully this has sparked some curiosity that listeners can get their hormone levels tested. I would love it if all my patients have their levels tested in their 30s, 40ss, 50s, 60s, so we can track their trends and see if they are declining. So I would highly encourage that, like you said, not to guess, but get tested, get your hormone levels tested, and find a provider or contractor who can help you repair and rebuild your body and reduce that autoimmune disease.

Dr. Keesha: Beautiful. Thank you. Until next time, you guys.