



Transcript: #440 The Truth About Estrogen Detox and Hormone Replacement with Karen Martel

Wendy Myers:

Hello, everyone. How are you doing? I am Dr. Wendy Myers of myersdetox.com. Welcome to the Myers Detox Podcast, where on this show, we talk about everything related to toxin detoxification and all different types of topics related to that. So you can achieve your health through detox and helping you understand why. So today, I want to talk about a big pain point for so many women, which is estrogen dominance, and help you make some distinctions here about the truth about estrogen detox. And a lot of women are taking supplements to try to detox their estrogen. We'll talk about hormone replacement therapy when that's appropriate. We'll talk about how to test your hormones, but also you need to test how you're metabolizing those hormones to know how to do hormone replacement therapy. We talk about different things that cause women to be estrogen dominant.

Wendy Myers:

Why a lot of people aren't estrogen dominant when they think they are. We'll talk about all the different things that interfere with your hormones. All the xenoestrogens out there, like the plastics and the paraben preservatives in beauty products. And just all the petroleum-based products out there, perfumes all are interfering in your estrogen, all the plastic food packaging, and plastic water bottles. And there are just so many things that interfere with your hormones. So this is a subject that's really important to me because I, at 37, went to my doctors to test me and figure out what's wrong with me. And they found out I had the hormone levels of a menopausal woman, and they wanted to just put me on hormone replacement therapy right away without really doing the proper testing. And that just didn't resonate with me at that time.

Wendy Myers:

But I think hormone replacement therapy is a good choice for many women. And we talk on this show about the safety of hormone replacement today. It's not a problem like many people think it is. It just needs to be done correctly. And we will tell you how to, on the show today. So my guest today is Karen Martel, and she's a certified hormone specialist and transformational nutrition coach, and a women's weight loss expert. Karen is the host of the top-rated women's

health podcast, [The Other Side of Weight Loss](#), where she helps women to unlock the mysteries of female fat loss in hormone imbalance. So after struggling with her own health issues, Karen was determined to bring her knowledge to others with a bold new approach to women's hormone health and weight management. Karen's passion lies in helping women balance and optimize their hormones in pre and post-menopause and breakthrough weight loss resistance. You can learn more about Karen and her work at [karenmartel.com](#). Karen, thank you so much for coming to the show.

Karen Martel: I'm pretty excited to be here Wendy, back for a second time.

Wendy Myers: Yes. You've been on before so I encourage you guys-

Karen Martel: A long time ago.

Wendy Myers: Yes. I encourage you guys to go check that one out on weight loss. And so why don't you tell us a little bit about your story and how you got into the health sphere?

Karen Martel: Yeah, so I got into hormones because my own hormone issues have always been really bad. Of course, with my first daughter, which I think so many women can relate to, after they have kids, suddenly their body is just not the same anymore. And I was doing everything right as far as exercise, eating well, I've always eaten really well and taken care of my system, and I was done breastfeeding, and I just suddenly started to gain weight, and it wouldn't stop. I just kept getting fatter and fatter and fatter, and I hadn't changed anything. I did what every woman does, and I went out and tried every diet at the time that was out there, Atkins, The Zone. I think I did juice, cleanses, and detox; you name it, I tried it and kept gaining weight.

Karen Martel: Got the personal trainer, went to the gym, and started doing a CrossFit-type workout. Six days a week, I still kept gaining weight. And I was 33 at this time. So nobody at that time would've said that to me. I went to my doctor. She didn't say, oh, it could be your hormones. She said, "Here's your antidepressant." Because my PMS was so bad and I was getting insomnia. And so she's like, "Here's your antidepressant, here's your sleeping pills. Basically, see you later and it was of no help. So I just kept gaining weight, having all these other health issues arise. I was getting chronic migraines, digestive issues, like I said, really severe PMS to the point that it was PMDD. And I finally was like, there's got to be something else going on because I'm doing everything right.

Karen Martel: I'm watching my calories. I'm exercising harder than I've ever exercised in my life, so what's happening? And I ended up going to a friend of mine who was a naturopath and asked him to test my hormones for me. And sure enough, it came back that I had all of these hormone imbalances. My cortisol was tanked, and my DHEA was tanked. My estrogen was high, and my progesterone was low. And then, a few years later, I actually also found out that I was hypothyroid. So I

think that was also triggered by the pregnancy and the stress of being a single mom and running my own business at the time.

Wendy Myers: Yeah, I had the same things-

Karen Martel: Did you?

Wendy Myers: I had the exact same, exactly what you just said after I had my daughter Winter about 12 years ago. Same thing about a year later. I just kaputt.

Karen Martel: Yes, yes. Wendy, looking back at it now, because I've done so much research and testing on myself, I later found out that I was riddled with mercury and lead. As top of the charts could go, mine was. And I think, and this is my theory, and you can see if you can tell me because you're the expert on this. During pregnancy, your bones soften, and you hold a lot of lead in your bones. That's where you store it. So my theory was maybe it was released. The lead was released through that pregnancy, which started to hamper my hormones because lead and mercury, we know, really affect the hormones. And so I wasn't converting my T4 to T3. My reverse T3 was too high. And I think a lot of it stemmed from those heavy metals and the stress of pregnancy, the nutrient deficiency that happens with pregnancy.

Karen Martel: I mean, they say it now takes something like four years between pregnancies just to refill our vitamin stores because we're so nutrient deficient right now. So I just think I had this perfect storm of possibly heavy metals going up in my system, affecting the thyroid, the stress of everything, the nutrient deficiency. And it was just this. It was crazy. And I was the heaviest I'd ever been, in the worst health I'd ever been, even though it was probably the best I was ever eating and the most I'd ever worked out.

Wendy Myers: Yeah. I had the same exact experience. I was working out six to eight hours a week, but I had trouble sleeping and eating so healthy. And I was just like, I would be an Olympic athlete if I was doing this in my twenties.

Karen Martel: Totally.

Wendy Myers: I'm like, what is going on? Yeah. It's very frustrating when you work that hard on your health, and you feel like you're a hamster and a wheel.

Karen Martel: Yeah.

Wendy Myers: And so, let's talk about hormones. A big problem is estrogen dominance. It's a big problem, and it's very confusing. So what is this, and what can we be doing to address it?

Karen Martel: Yeah. Estrogen has a bad name. It's got a bad rap to it. Everybody thinks that it's a terrible hormone, that it's going to make you fat. I have over 400 blog posts on

my website right now, Wendy. And the most visited blog is one on estrogen dominance. And I will tell you right now, every single woman thinks that she is estrogen dominant. Whether she's in fertile years or perimenopausal years, everybody thinks they're estrogen dominant because of the list of symptoms. They say, oh, fat gain in the belly and hips. Oh, that's me. Oh, I have bad PMS. That's me. That's something that's so common, both of those things right now. So they look it up, they Google it. They say, okay, it's estrogen dominance. And everybody's on these supplements to help clear out this estrogen. And it's just not that simple.

Karen Martel: And estrogen is not the devil. We really want estrogen, which can actually be a weight loss hormone, and many women don't know that. The issue is it can happen at different levels, and a lot of it is xenoestrogen dominance. We know that, and I'm sure you've talked lots about this on your podcast, is our environment is full of these xenoestrogens, which are so toxic. And what a lot of people don't know is that your body on the inside will take the xenoestrogen into the cells before it takes your estrogen into the cells.

Wendy Myers: Yeah and they mimic-

Karen Martel: It's Stronger.

Wendy Myers: Yeah, and xenoestrogens mimic estrogen. Your body can't tell the difference.

Karen Martel: No, and it's stronger. So it's going to sit on the receptors for those that don't know what that is. I kind of think of the receptors, this little hand that's coming off of a cell and grabbing the hormone to bring it into the cell. So we have different receptors when it comes to estrogen. We've got two main receptors, the alpha, and the beta receptor. Alpha being the stronger one, beta being the more softer one. So xenoestrogens, your receptor will pull onto that alpha receptor before it pulls into yours. So we get xenoestrogen dominant, which you can't test for that. Unfortunately

Wendy Myers: Yeah, a test, you end up testing low for estrogen.

Karen Martel: Yes.

Wendy Myers: Because you have all these xenoestrogens floating around, your body down-regulates the production of our real estrogen. And then it shows low on tests, and you think, oh, I need more estrogen or whatever. But for me, I know that I had symptoms of too much estrogen, but my estrogen levels were the levels of a menopausal woman at 37. So it makes it super confusing to figure out what to do.

Karen Martel: Very confusing. And what we tend to see is in our 40s and early 50s, estrogen starts to go down. And a lot of doctors and a lot of functional doctors are putting women on things like Diindolylmethane and saying, "Okay, you gotta take this

and clear out your estrogen dominance." And the thing with DIM is it will drain your estrogen. And so yes, there are these three different pathways that estrogen can go down. There are ones that are better than others. There's the 2OH which is the safer pathway. There's the 4OH, which is more toxic. And then the 16OH. And this can lead to both of these pathways. If there is too much in them it can lead to DNA damage and is more linked to this estrogen-attached pathway, but not enough into 2OH. And so they put women on DIM.

Karen Martel:

Well, if you're perimenopausal or menopausal, that's going to get rid of the estrogen as well. Yes, it's going to push it down that safe pathway for your body to detox better. But it can also get rid of the estrogen. Taking DIM and Calcium-D-Glucarate is going to be fantastic. Supporting your liver detox is going to be great, but you want to test, and you want to see you have normal levels of estrogen, but you're not breaking it down in the right path within the liver? Is it not going through phase one or phase two? You have to look at all of these things before you just jump on these supplements. Because if you start to tank the estrogen, you're going to run into a lot of problems as you're getting older, and you're actually going to get more symptoms and weight gain if you start to drain the estrogen by taking these supplements.

Wendy Myers:

So a lot of women taking DIM, they think they're taking it, or they need it to help to break down toxic estrogens and help the liver process and metabolize these estrogens. But there are a lot of downsides too. You have to be careful. You don't want to DIY this and do it yourself. And we see a lot of health issues like high cholesterol, insulin resistance, dementia, Alzheimer's, fatty liver, candida, UTIs, and osteoporosis that arise in women as they go through pre and post-menopause. So why is that?

Karen Martel:

We've got estrogen receptors on every organ in our body, on every cell in our body, including immune cells. We're full of estrogen receptors in our brain, our liver, and our pancreas. So what does this mean? It means that when you lose your estrogen, all of these organs are going to suffer to some extent because of the lack of estrogen. So this is where people are so afraid of estrogen. It's got this horrible bad rap, but yet it is like the mother of all hormones. And without it, you literally start dying because it's so crucial to every function in your body. So without estrogen, we see women's cholesterol going up without having changed anything in their diet. We'll see them develop non-alcoholic fatty liver disease. We see them becoming type two diabetic. It's a real thing where our risk for type two diabetes goes up as we hit perimenopause and menopause.

Karen Martel:

And almost all of us are going to have some degree of blood sugar dysregulation because of that lack of estrogen. Estrogen helps you to become more insulin sensitive. So when you don't have it, that's why your blood sugar can suddenly go up. That's why your hemoglobin A1C can go up, and you suddenly become insulin resistant. We can become leptin resistant, so now we're eating more. The body is so smart. It's going to start to put fat on your body because you can make a type of estrogen called estrone out of fat cells. So your body's going to

put fat primarily in your belly, which is then going to also make you more prone to insulin resistance. And then estrone is this inflammatory estrogen. It still has its good to it, but too much of it is going to make you even fatter, and more fat is going to lead to more estrone.

Wendy Myers: I love how the body's innately intelligent and it put more fat on-

Karen Martel: Oh.

Wendy Myers: On us to make estrogen.

Karen Martel: It's so true.

Wendy Myers: I'm being totally sarcastic, but I'm like, why? This is why women they go into menopause. They gain 10, 15 pounds. And it's just so their body makes estrogen. So there's a way to circumvent this kind of almost inevitable kind of side effect of going into menopause.

Karen Martel: Yeah. And so, so many women don't realize that we're actually healthier and it's safer for us to replace estrogen than not replace estrogen. And so a lot of the bad information comes from old estrogen, Premarin, which came from pregnant horses. We would take it orally, which would increase your risk of heart attack and stroke. Well, transdermal estrogen doesn't increase your risk of heart attack and stroke. So there's a lot of crossovers where they're putting the Premarin stuff with our bio-identical estrogen replacement therapy. And there was a study that came out last year or the year before in Arizona that showed that women who replaced their estrogen for six years or longer in menopause had a 75% decrease in getting Alzheimer's or dementia. So that's huge, considering there's no fix for it. There's no cure for Alzheimer's disease.

Karen Martel: So that in and of itself is crazy. So everything shows that when you replace the estrogen with bio-identical transdermal estrogen, you will have less risk of developing diabetes, liver disease, high cholesterol, heart disease, and even breast cancer, which a lot of women think that taking the estrogen is going to give them breast cancer. And we see breast cancer predominantly in menopausal women after they lose their estrogen. And even some of the large studies showed even on Premarin that there was a decreased risk of breast cancer. And it was the progestin in old HRT, which was fake progesterone, that increased women's risk. And so, women will take birth control pills without a problem. Yet, they're afraid to take bio-identicals, which is exactly the same as your body's estrogen therapy transdermally.

Wendy Myers: So yeah, so I'm all for hormone replacement therapy. I think it makes women feel better. They're more juicy; they lose weight or can lose weight as a result of it, they have better mental health, their whole body works better, and they have reduced bone loss. When you start losing that estrogen, you start having higher bone cell turnover. You can lose bone mass. So there are just so many benefits to

taking it. So it's something worth considering but needs to be done correctly with a doctor who's trained in that. You have to test consistently for your hormones, make sure you tweak them correctly, and you want to do-

Karen Martel: Yeah. And make sure you prepare your body for it. That's where so many people go wrong is they'll go to a hormone clinic or their doctor, their medical doctor, and say, "I want to start HRT." Even if it's bioidentical hormones, for some women, that's all they need to do. It's like throwing it at them, they do fantastic, and that's it. But there's a large percentage of women who come into it thinking it's going to be this quick fix. And they haven't prepared their body. They're still drinking all the time. They might be overweight. They haven't looked at their detoxification pathways. They don't know genetically how they process estrogen and its androgens. You really have to put all these puzzle pieces together. If you're highly stressed out, don't have good gut health, or don't have a good liver, all of these things will affect how your body will take on those hormones.

Karen Martel: It's going to affect you, even when you're younger, how you're dealing with your hormones. But as you age, these things become much more important because now we're relying on things like the adrenal system to produce a little of our hormones. We are relying on these bioidentical, outside hormones coming in to give us what we need. But if we still have a ton of xenoestrogens, we're still overweight, we've got diabetes already, or whatever it might be, health problems. You're drinking wine every single night. Well, guess what? You're going to start estrogen, and guess what? You're not going to feel very good. You're going to have tender breasts, you might have some weight gain, and you're going to go, forget it, I'm not going to go on estrogen. It's the devil.

Karen Martel: When it's the fact that you didn't prepare your body for those hormones. And nowadays, we really, really have to prepare the body for hormones. We have to make sure that we have everything in place, that we have good blood sugar, and that we're taking progesterone with it in the right way. That if you need testosterone, you're going to get testosterone as well. All of these things work synergistically together, and you have to look at the entire picture to benefit from those bioidentical hormones.

Wendy Myers: Yeah. I'm glad you brought that up because no one has ever mentioned that on the show before. And that's such a good point because there are so many things that can kind of displace our hormones or interfere with our hormones. They're being metabolized properly and processed properly and utilized. So that's a really good point, but how can we find out how we're processing our hormones properly? That's something that's so key, and I think a lot of doctors probably aren't looking at that stuff.

Karen Martel: No, they're really not. I just saw a hormone person here in Canada because I needed to get on testosterone. So I needed somebody that could prescribe that because it's very hard to get testosterone for women. So she's a nurse practitioner, and sure enough, she just. "Here's all the blood work that you have

to get beforehand." And I thought, ah, isn't that interesting? She has no idea even how to interpret a urine metabolite test. And it is so important to see how you break down hormones before you go on them. So the best thing is the DUTCH urine metabolite test. This is going to tell you how you break down your cortisol, how you break down your progesterone, your estrogens, and your androgens, which is really important because there are two different pathways. Once again, alpha and beta with your testosterone and your DHEA and one of them, I just had woman yesterday whose DUTCH test showed that she was way on the side of what's called the 5-alpha reductase pathway, which is just how is she breaking down her androgens?

Karen Martel:

And when you lean towards that alpha side, it means that she's going to be somebody that if she goes on testosterone therapy, she could get facial hair, she could get really oily skin, she could lose her head hair because she's more androgenic and she's going to be converting more of her androgens down what's called the dihydrotestosterone pathway. And so you want to see what that looks like? How is she breaking these hormones down? And then with the estrogens, you want to see those three metabolites. How are you breaking them down in that phase one? And then also how are you methylating and glucuronidation as well as that end piece. Because you can take certain things that are going to help with each of these pathways. So if you're leaning towards that 5-alpha reductase pathway with your testosterone, you can take things like saw palmetto and nettle that will help your body lean more towards the beta side.

Karen Martel:

If your phase one is having some problems with your estrogen, then you could take a little bit of DIM, no more than 100 milligrams, because that is actually going to block your androgen receptors. So you can actually lose testosterone if you take too much DIM. Most people don't know that. So take a little bit of DIM, take some phase one, some liver stuff. And then, if it's your phase two, you want to take stuff that's going to help you methylate, that's going to help you break it down in your gut. Are you pooping okay to help with getting rid of it completely. So seeing all these pathways before you start your estrogen replacement is key.

Karen Martel:

For myself, I have problems oxidizing. I have problems with my glutathione pathway. So I have just taken N-acetyl cysteine. I have to watch my markers. I've got to take things like curcumin, things that are high in antioxidants, to help with my estrogen replacement and help my body to break it down because those are the pathways that I have troubles with. And that's from my DUTCH and my DNA tests that I know that. So having those things in place before you start is key.

Wendy Myers:

Yeah. And that's so much more rigorous than just finding out what your levels are.

Karen Martel:

Yes.

Wendy Myers: I mean, that's what most doctors are. Let's just check what the level is in the blood. And it's just not enough these days. I mean, people need to do better than that that are doing hormone replacement therapy, for sure.

Karen Martel: Yeah. If you're in menopause and you've been in there for a while, so that means you haven't had a period for over a year, blood work, it's going to be accurate in the sense of, it's going to show you if you don't have any of these hormones, which you likely don't. And then, if you start that hormone replacement, you would do the DUTCH test a period of time after starting the hormones, just to see how you are breaking those hormones down. But if you're in menopause and you just don't have any hormones, which is very common, then you're not going to see much on that DUTCH test because you've got nothing to actually break down. So we can't see how those pathways look.

Karen Martel: So, in that case, the serum is okay, but if you're a fertile woman or you're in perimenopause, you really want to do either DUTCH test, especially if you're going to start the hormones and you're really trying to see the big picture, or if you're younger, you can get away with doing saliva tests, and that's going to test what's available for your hormones as far as free levels of hormones. And it's way more accurate than serum at that time in your life.

Wendy Myers: Yeah. Very good distinctions there. That's why I love to do this show to help people make those distinctions that make all the difference in the efforts they're making to try to improve their health. So let's talk about detoxification, the role it plays in helping balance your hormones and maximize your hormones, and why it needs to be a part of your health regimen in pre and post-menopause.

Karen Martel: Yeah, I think because women will say, oh, but it's so natural for us to go through perimenopause, it's natural for a woman to go into menopause, but it's not natural to have all of the toxic loads that we now have in our environment. So we are not going through perimenopause like we used to even 50 years ago. We're seeing women; it's just starting earlier, and earlier typically, women will start to go into perimenopause between 35 and 40 now, and then it's going to last like 10 to 12 years. And if you've got a rough time with your perimenopause symptoms, which can be absolutely brutal for some women, it makes women want to commit suicide. I'm not even joking. There are so many women out there who get so depressed with the lack of hormones that they get anxiety-ridden.

Karen Martel: It's absolutely off; this can last for 10 to 12 years. So we have to take into account detoxification. It's in every single one of my programs. I make my members in my membership group, four times a year, we're doing detoxes that have to do with the liver. I'm telling them all that they can't drink like they used to, which is huge because if you're drinking alcohol every night, your liver then has to process the alcohol first before it processes your hormones. So the hormones will get recirculated into the system, and then you can get estrogen dominance. Your body won't be able to be detoxing these horrible

xenoestrogens out of the liver. So liver detoxification has to be part of growing older, I think. And I think it should be part of every adult through your entire adulthood, but ever more so for us, women that are going through perimenopause, we have got to take care of these detox pathways.

Karen Martel: Because if not, then you run the risk of not processing that estrogen properly. That those estrogen metabolites start to go up, that you start recirculating this estrogen, and then that's not good. Estrogen is a growth hormone. So if you do have, for instance, breast cancer cells in your breast, well, guess what, estrogen's going to go there thinking it's going to go do its job, which is to help lower inflammation. It's going to go there because it's a growth hormone. It can make those cells grow and multiply. So we want to ensure that we're able to get rid of these estrogens after our body uses them and that we have really good receptor health. We want to have that even between alpha and beta estrogen receptors because of too much alpha from those xenoestrogens and from estrone.

Karen Martel: So estrone, the more toxic estrogen we make in our fat cells, will upregulate the alpha receptors 65% more than the beta. So if you've got too much going down those pathways, you're going to become this estrogen dominant, and you're going to be gaining weight, and you're not going to be feeling very well. So you need to even these things out, and there's so much you can do, like just cruciferous vegetables, which we all know is super healthy for us. It's really good for the estrogens. Things like flaxseeds. Flaxseeds are the highest in phytoestrogens, but they will occupy those beta receptors. So it's going to give you the softer estrogen, the safer one. Taking progesterone is going to help soften the estrogen. And it's going to actually help with estrogen beta receptors and downregulate the alpha receptors. So all of this is so important, but you have to see how you are detoxing?

Karen Martel: So going back again to whether you get your DNA report, you get a DUTCH test where you can see how you are breaking these things down. Even though blood work, get all of your liver enzymes tested, get your cholesterol done, and get your blood sugar done because it will help get rid of that estrogen, including what's going on in your gut. So do gut tests because you need to be able to detox it through your guts. You need to be able to chop up that estrogen and get it out.

Wendy Myers: Yeah. And, so do you have a program or work one-on-one with people to help them with balancing the hormones?

Karen Martel: Yeah. So I take, what we just talked about today, and that's what I look at. One of my packages, for instance, to work with me, includes the DUTCH test. And then it includes a program that's going to walk you through each of these areas that you've got to make sure that you've got dialed in. So we've got an entire section on liver detoxification, all the different pathways that you need to be looking at, what you can take to help support the liver health, plus a gut one, plus one on

your estrobolome, which is the gut bacteria that helps to break down estrogen. So it ends stress and all of these things. It brings you through each of these puzzle pieces so that you can make sure that you sail through this time in your life, through perimenopause to menopause, as best you possibly can, because this can be the best time in a woman's life.

Karen Martel: But because we're not getting the information, you can't get it from your doctor. Your doctor's not trained in menopause. Most doctors have no clue. Even functional doctors are lacking in a lot of the information unless that's what they've decided to go into. Most of them really, they're trained very little in bioidentical hormones, in this how does your body process them, which you have to look at. So you really want to see all of this in the big picture. So I've got that, and I do one on ones there. And then I've got a membership group that I've been running for five years now that takes women through this program. And we do live coaching sessions, and it takes them through each of these modules that helps their body to prepare for the hormones if they so choose to replace their hormones or, if they don't, what they can do instead.

Wendy Myers: That's fantastic. Because you do, you need a lot of education-

Karen Martel: You do.

Wendy Myers: When it comes to this, it's just not as simple as just taking a pill for this illness. It's just not that cut and dry as a lot of women probably listening have found, have taken HRT, and they're like, it's not really feeling any better. And some of the things you mentioned are the underlying reason why. So Karen, tell us what your website is and how women can work with you.

Karen Martel: karenmartel.com. I also have a podcast called [The Other Side of Weight Loss](#). We've got 215 episodes on there. And I talk a ton about all things weight loss and hormones and what you can do about it. So we've got everything on detoxification. And so, yeah, that's where you would probably find the most information from me. You can go to my website, karenmartel.com, and take my hormone quiz. It's a very comprehensive quiz that will tell you kind of your top hormone imbalances that could be causing you to gain weight and why and what you can do to get started on it.

Wendy Myers: Okay, fantastic. So everyone, go take that quiz. It only takes a couple minutes. And Karen, thanks for joining us on the show today. And I love having people like you on the show to help women make those distinctions and those differentiations that can make all the difference in their health. So everyone, thank you so much for tuning in to the Myers Detox Podcast. I'm Dr. Wendy Myers, and I do this show every week to help you guys, to give you all the tools you need to achieve the health you deserve that you're looking for. Because you deserve to feel good. You deserve to feel joy. And I know for so many people, their efforts and their health allude to them, and they don't understand why. So

that's why I do this show to help you do that. So thanks for tuning in, and I'll see you guys-

Karen Martel: Thanks for having me.

Wendy Myers: Yeah. I'll see you guys on the next show.