



Transcript: #512 A Hormone Replenishment Roadmap. When to Do What and Why!
with Daved Rosensweet

Dr. Wendy Myers:

Hello everyone. I'm Dr. Wendy Myers. Welcome to the Myers Detox Podcast, and you can find my work and join our newsletter. Download lots of free goodies at myersdetox.com. And on this show, I bring you experts from around the world and we talk about detoxification, nutrition, biohacking, and lifestyle hacks. And we're also going to be focusing more on anti-aging. This is something that I'm very passionate about. I've been doing lots of research behind the scenes and really, I've always been into that. It's really a big focus of mine personally. And so we're going to be making a lot of changes to the podcast in the coming months and next year, really focusing more on anti-aging. So you can look forward to that. One of the first steps I believe in anti-aging is working on your hormones, testing your hormones, knowing your numbers, and doing hormone replacement if needed. Because as you guys know, listening to the show, there are lots of toxins working against your hormones.

There's a huge problem with low sperm counts in men. It's only getting worse every year. It's to the tune of one and a half percent reduction per year in male sperm counts. And that's not only a problem with our hormones, with our libido, but reproduction and the proliferation of our population on this planet as well. It's very, very concerning. And so I really encourage men and women to be looking at their testosterone levels and for women, not just menopausal women, but younger women as well. I mean, I wish I'd really started testing in my 40s. I've always tested my thyroid, but the hormones, I just didn't really think about it or didn't think I needed it until maybe I hit menopause. And then I'm three years into menopause now, I'm 51 years old. And for me, it's very important to do testing and know what your numbers are to not only alleviate symptoms but to protect your bones. You need estrogen to protect your bones, prevent osteoporosis for your skin health, for the beautification of your skin, and you need estrogen for collagen production.

Hormone replacement is very anti-aging, so we're going to dispel a lot of myths on this show, what your level should be, what kind of testing you should do, what replacement looks like. Is it pills, pellets, injections, creams? What do you want to do? We also talk about hormone replacement for men as well, and a telltale sign that a man needs to do testosterone replacement, how exactly hormones are anti-aging. Stay tuned to the end, so we talk about that at the end. We also talk about toxins and how they interfere with hormones. It just really answers all of your questions from one of the experts, one of the top experts in the field.

We have Dr. Rosensweet, and he is the founder of the Institute of Bioidentical Medicine and the Menopause Method. And so he's just really a fantastic expert in this field. So enjoy the show. And I know you guys, you're worried about toxins that are interfering with your hormones. You're worried about toxins causing aging and toxins interfering with your quality of life. So I created a quiz that you can take at heavymetalsquiz.com, which only takes a couple of minutes. After you take the quiz, you get your relative toxin levels in your body, your body's burden of toxins, and you get a free video series after you take it. So check that out. It just takes a couple of minutes at heavymetalsquiz.com.

Our guest today is Dr. David Rosensweet, MD, and like I mentioned before, he's the founder of the Institute of Bioidentical Medicine and Menopause Method, as well as the author of three books on the subject, including his latest, Happy, healthy Hormones. Dr. Rosensweet graduated from the University of Michigan Medical School in 1968 and early in his career, Dr. Rosensweet trained the first nurse practitioners in the US and was in charge of health promotion for the state of New Mexico. He's a nationally known lecturer and presenter at the American Academy of Anti-Aging Medicine and the American College for Advancement in Medicine and the Age Management Medicine Group and more.

National Academies of Science, Engineering, and Medicine on the safety and efficacy of bioidentical hormones. Through the Menopause Method and the Institute of Bioidentical Medicine, Dr. Rosensweet is training medical professionals to master the HRT using the most advanced and modern tools. And his protocol has been used to treat more than 12,000 women. You can learn more about Dr. Rosensweet and his work at davedrosensweetmd.com, and his book is [Happy Healthy Hormones](#). Hello, Dr. Rosensweet, welcome to the show.

Dr. Rosensweet: Thank you and nice to be here.

Dr. Wendy Myers: Yeah, so why don't you tell us a little bit about yourself and why you're so focused on hormones?

Dr. Rosensweet: Well, I love being a doctor, and I began in 1968 to acquire other tools around nutrition, toxicity, exercise, and stress related to illness and health. Then 30 years ago by serendipity, one of my patients was in her mid-40s, was tremendously upset, and told me she was going crazy and was a bit of a surprise

to me because this woman had retired in her 40s. Think about that, what it takes to do that. And I had been speaking with a medical doctor who brought progesterone back into popularity, John Lee. Gave her some progesterone. Three weeks later, she said, "Oh my God, I'm myself again. This stuff is fantastic." And I've never really been in absolute control of my career. Before I knew it, I was seeing a lot of women in menopause, and I was really liking the results. You lose your hormones, these are the most powerful biochemicals in your body, and you replenish them and you get back on the horse and continue to do your great work.

Dr. Wendy Myers: Yeah, I know I can attest to that because I recently got on bioidentical hormones myself. Because I hit menopause about three years ago, I'm 51 and really super happy. Could not be happier for many, many, many reasons. And so I think there's a lot of women out there that because of research on synthetic hormones, a lot of women have fear around doing hormone replacement therapy. Can you dispel some of those fears?

Dr. Rosensweet: Yeah. I love answering that question because I'm going to tell you what the actual science is. That study that got everyone terrified was falsely reported. There was no increased risk in the study. It was statistically significant, yet it was reported as if there was increased risk for breast cancer. It had profound effects. 18 million American women who were on hormone replenishing. It went down to one or 2 million, and there's been some recovery, maybe to six to 8 million, something like that. It's really profound. And here's the actual science. We're all at risk for thousands of diagnoses. We're all at risk for hundreds of cancers. As a male, I have an increased relative risk for prostate cancer. There's reasons for that. Wasn't always the case. Women are at increased risk for breast cancer. Back when I was in medical school, there was no increased relative risk. There was risk, but it wasn't accentuated over other cancers.

Yet, given that we're all at risk, women who are treated with hormones are at less risk for breast cancer, heart attack and stroke than women who go untreated. And the best data comes off of artificial hormones that I've never prescribed. The quote synthetics, the Premarin Prempro horse urine derived estrogen, and a synthetic progestin, which is a problematic molecule. Even with that, women are at less risk for breast cancer, heart attack and stroke than women who do not receive hormonal treatment.

Dr. Wendy Myers: And it's amazing how that study persists in the minds of hundreds of millions of women. There are probably so many other studies that showed benefits, and yet this one large study really has thrown a wrench into women's choices about how to recover their health because, for me, I'm not going back. I am taking a replacement of pellets of estrogen and testosterone and then taking progesterone capsules in the evening, and it just is really, I feel so much better. When you have low estrogen, you start having brain fog and you start gaining weight, and the testosterone, your libido comes back, you have more muscle tone, and your skin looks better. And with the progesterone, it produces all the

GABA. You sleep better, your mood is better. I mean, there's no way I'm going back to going off hormones with all the benefits, and there's more than that that I haven't enlisted. Can you talk about some of the benefits as well to women going on hormones?

Dr. Rosensweet: One of the things I'd like to say in addition to that is that the study was retracted by the original authors in 2017. Hardly anyone's heard that they retracted it. They said after 18 years of follow-ups, there is no risk of breast cancer, heart attack, and stroke. There is no increased risk, but hardly anyone's heard of that. But it's creeping in there. It's leaking in there. The benefits, well, I think the most significant benefit from my perspective is that being a physician, I see people of all ages. So I see people when they are in the womb, and I see people when they're in their 80s and 90s. And you start learning in medical school that there are some really rough things that happen to women and men in their 80s and 90s. They lose their muscle and they wind up getting unstable and going from walkers to wheelchairs to assisted living facilities and nursing homes.

And we're talking 80% of those in nursing homes have done so because of loss of hormones. You must have your hormones to maintain that muscle. And then a whole other group of women and men who are in nursing homes are there because they lost their cognition, their cognitive ability. For some women that's related primarily to the loss of estrogen. So the biggest benefit is getting to walk and talk and live and stay at home. That's the biggest one. There are details of that. Bone loss is very dangerous. Most women who don't have estrogen would get osteoporosis and fracture a hip, and that can be the definitive last action in their life.

Dr. Wendy Myers: Yeah, they go down the hill off of that.

Dr. Rosensweet: Then there's the protection of the arteries. That's huge. And talk about libido, intimacy, it goes on and on. Skin, the list is very long because these are the most powerful biochemicals in our body and they have a tremendous number of effects everywhere.

Dr. Wendy Myers: Yeah, let's talk about libido. Because a lot of women, and for me, I wish I had started checking my hormones before I hit menopause. I wish I'd started checking my hormones maybe when I turned 40 and just kept an eye on them because I always felt like my libido has been really low compared to my friends and things like that, and based on things that they would tell me. And it's really frustrating too when you want to really participate in your relationship, but you just don't really have any desire and it's just based on your hormones. And your husband has, what is it? Like an average of 500 to 900, I'm not sure about the measurement of milliliters or I'm not sure of the actual measurement of hormones, of the testosterone, but they have that women have 100, what is the average? Is it a hundred to 150 for women?

So it's so much lower, but when I tested my testosterone, it was two. Maybe because I tested in Mexico, maybe it might've been 20 in the US labs here in the conversions, but still, it was just incredibly low. And I just feel so much better since I started doing the replacement because there isn't any reason to live like that. There isn't any reason to have to go through life like that.

Dr. Rosensweet: You mentioned testing. Actually, it's not necessary. These hormones again are so powerful that when you don't have them, you get these rather intense symptoms. 85% of women get really intense symptoms and loss of drive, loss of natural aggression, and loss of libido are right up there among them. So if a young woman is in her 30s or 40s, and she used to have decent libido and has a good relationship and now she doesn't, she's undergone a hormone test called she's getting too low.

Dr. Wendy Myers: That's the test.

Dr. Rosensweet: And testing in the perimenopause doesn't work that well anyway. It works well with 24-hour urines when you're in menopause and you're being treated, but you don't need to. The symptoms are very, very clear. I described them in detail in a book that your audience is welcome to download a PDF copy of for no charge. And it describes these symptoms. And if you're in your 30s and 40s, there's a list of these symptoms as your hormones start to decline. So your job then becomes to find someone who can write a prescription and guide you in a good hormonal process and a hormonal replenishing process. That's your job. To go shopping, find that provider that you feel comfortable with that really knows their stuff, it's a great thing to get exact. And that's the job. If you're getting symptoms, find that provider.

Dr. Wendy Myers: Okay, great. Yeah, I found one in Mexico. He just started me on testosterone, and I was super happy with that. Because I mean, most women in menopause, they're going to need testosterone. It's kind of a no-brainer for most of us. But I decided to go a step further, found a doctor in Los Angeles, and wanted to do some. Mexico doesn't have the best hormones on the planet here. So I went to Los Angeles and found a doctor and added the estrogen and progesterone, which you don't want to do unopposed. You don't want to do estrogen by itself, you've got to do the progesterone. So I did that, and I love the results as well. Just really fantastic. So my provider did want to do a blood test, but she also recommended the DUTCH hormone test. And so you recommended the 24-hour urine test. Is that what you're referring to as the DUTCH test?

Dr. Rosensweet: No, I'm not referring to the DUTCH test.

Dr. Wendy Myers: Okay. What kind of a test?

Dr. Rosensweet: 24-hour urine hormone test. There are a couple labs in the United States that have been doing it for 30, or 40 years. It's the gold standard. I want to give you

my best shot. The 24-hour urine hormone test is, especially when you're treating someone.

Dr. Wendy Myers: Okay, great. And that's testing your hormones a few times during the day because they fluctuate.

Dr. Rosensweet: Yeah, testing them a couple times a day relates to when you last put your hormones on. The best way is to collect the urine for 24 hours. There are a lot of scientific reasons why that's important.

Dr. Wendy Myers: Yeah. And how do you determine proper dosages? So you do testing and look at symptoms, and how do you determine how much hormones women need?

Dr. Rosensweet: Well, women vary individually, woman to woman. For example, let's just take the family of hormones called estrogens. Some women, when they're young and healthy and they're regularly menstruating, they need a low amount of estrogen and it really works for them. They get to get pregnant and sustain the pregnancy, whereas other women need a high amount, and this can be three times the amount of this particular woman. All of them in between are healthy, normal, and can sustain a pregnancy. Estrogen varies tremendously, and testosterone varies tremendously, and so does progesterone, but it's not a problem. And I described this process in the book. You start the hormones at low levels and you gradually increase them. And if they're working, for example, hot flashes are almost always due to estrogen deficiency. So if you start out with hot flashes and you gradually increase the dose, there's going to come a day when those hot flashes are going to disappear, and that helps you dial in the estrogen dosage. And similar symptom profiles for progesterone deficiency and for testosterone deficiency.

And then that's not enough. There's a myth out there that you don't have to test, that symptom alleviation alone, does it? No. We've done a study on that. And even if a woman has full symptom alleviation, 50% are not going to be on enough estrogen to protect their vagina and their bones and 25% are going to be on a little bit too much and put themselves at risk for breast glandular cell proliferation. So the final determination is once a woman says, "Hey, I feel good," then we do that 24-hour urine hormone test. And we've defined what's too much and what's too little for each one of these.

And you're going to see all kinds of different patterns. That is how it translates into menopause. Some women seem to have a very low amount of need for estrogen, and other women have a high amount of need, and then their testosterone variable. And you have three variables there. But as you work it out, as I described in detail in my book, it's a nice process. It takes a couple months. You dial yourself in and it's just like you're the testimony of this. You're telling us that, oh God, this stuff is good.

Dr. Wendy Myers: Oh, yes. Yeah, super happy.

Dr. Rosensweet: It's not really subtle when someone arrives at the right dose, they go, "Oh my God, I feel like myself again." And you can go too high, you can overdose, but most women get symptoms. If you take too much estrogen, you get overstimulation, you get overstimulation of breast glandular tissue, and you get breast tenderness. So you back it down. You went too high, so you backed it down.

Dr. Wendy Myers: Yeah, I had that at first in the beginning when I think the pellets kind of wore off a little bit, but it was nice to get the breast swelling, like more blood flow into the breast, more blood flow into your genitals, more lubrication. Certainly, I see testosterone, but it was really nice to kind of feel more juicy again. When you hit menopause, and I was three years into it, I just didn't like how I felt. I just didn't feel like myself, and I just didn't want to keep going down that road. And so let's talk about how you supplement with hormones. So do you recommend pills, injections, or pellets? So what kind of route do you prefer?

Dr. Rosensweet: Well, I want to give you my best shot, what I think is the absolute best. There are a lot of different ways to take hormones, but for estrogen and testosterone, it's absolutely best, safest, and most efficacious to apply it to your skin. Absorbs great and you get steady, nice levels, and you do it daily or twice daily, actually, with estrogen.

Dr. Wendy Myers: It seems like you can control it better that way as well.

Dr. Rosensweet: Oh, you sure can.

Dr. Wendy Myers: You can kind of change the dosage to lower it, increase it wherever you need.

Dr. Rosensweet: And in more copies of how nature did it, nature put out a certain amount every day. And here you're doing the same thing. You're replenishing a certain amount every day. Progesterone is also excellent topically, and it can also be taken safely, unlike estrogen and progesterone in capsule form, compounded to the right dose. And then DHEA, we always supplement DHEA as well. In midlife, it's always wise to get a real clear assessment of your thyroid function because by midlife, many of us have overworked our thyroid, they're a little low in output. So we like getting all those hormones right up to the optimal zone.

Dr. Wendy Myers: And what kind of DHEA supplementation do you recommend on average?

Dr. Rosensweet: Well, my favorite is to combine it with testosterone, and we've invented and patented an organic oil space. These are certified organic oils, and we combine our testosterone with DHEA.

Dr. Wendy Myers: Nice.

Dr. Rosensweet: You can also take DHEA orally, but why bother when you can combine it? And so you're just dealing with three different hormones in a day.

Dr. Wendy Myers: Oh, nice. Nice. That's fantastic. And what is the name of your book?

Dr. Rosensweet: Happy Healthy Hormones.

Dr. Wendy Myers: Okay, good, good.

Dr. Rosensweet: You contact Karina, she'll give your audience a link for a free PDF copy of it.

Dr. Wendy Myers: Okay, great. Fantastic. Well, we could just do happyhealthyhormones.com/wendy. So maybe you could just go there and get a download. So if a woman isn't in menopause or her symptoms are mild, is she a candidate for hormone replacement? What should she do?

Dr. Rosensweet: Yeah. Just think of it this way, the maximum output for a woman or a man of these gonadal hormones is the age of 20. And then it declined from that point on. And by the time you're in your 40s, you're not cruising on the same amount of biochemicals you had when you were 20. And it's about that time of life when you start feeling that. So anywhere along the line you get the sense that something's not quite right, and there's a list of symptoms that you can have to define, not quite right. That's a good time. It's never too late, but the earlier the better.

So whenever you get moved to do so, then there's 20% of the women who feel normal and they're looking around and going, what's the big deal around menopause? I had an easy menopause. And they're the ones I'm most concerned about. They're the ones still losing the bone. They will lose their vagina, they're going to lose muscle. And so they don't necessarily have the inspiration that a woman who's having symptoms has the inspiration to say, "Hey, I got to figure out what's going on here. Who can help?"

Dr. Wendy Myers: That's a really good point. That's a really good point. Because I didn't really have a bad menopause either. I had a little bit of hot flashes. It really wasn't a big deal because my health is generally really good, but I definitely am in touch with my body and I wanted more libido. I wanted more muscle tone, and I worked out, I'm like, what is going on here? I just can't build muscle no matter how hard I work out. I just got tired of it. So my stuff was pretty mild. But let's talk about men and hormone replacement for men. Can you discuss that a little bit? Because I think there's a lot of things, a lot of chemicals in our environment and things like that working against testosterone. And I think there's a lot of feminization of men because of so many chemicals and heavy metals and glyphosate and pesticides in our environment. Can you talk a little bit about men's hormonal health and what they should be looking at or testosterone replacement?

Dr. Rosensweet: Yeah. I just gagged when I thought about what's happened to men and women. It happens to both. But well, in the 1980s, I believe it was, there was a researcher who wanted to investigate the alligators in Florida because they were having reproductive problems. And he uncovered that the male sperm count in the alligators had dropped tremendously. The human male sperm count over the course of my lifetime, was about five times higher when I was in medical school than it is right now, what they define as normal. There's been a drop in the male sperm count, and Viagra taught us that when it came on the market, this is an erectile dysfunction medicine, when it became super explosively popular that a lot of men were having erectile dysfunction.

Dr. Wendy Myers: Houston, we have a problem. That was like the telltale sign blockbuster drug. My girlfriend became a millionaire off that stock.

Dr. Rosensweet: Good for her. It's a great medicine for other reasons as well. Well, men are undergoing the same decline. Men were mostly in the closet not talking about it until Viagra came out. And then we realized that there were a lot of men who were really having some challenges there. So replenishing men is part of what we do, for example. I mean, it is just as important. I'm on testosterone daily, here's mine. Yeah, the feminization. That's a whole subject unto itself and a rather touchy one, but I think it is an issue. Because what do these herbicides and pesticides do? Well, for one thing, these chemicals are strong enough to kill insects and weeds. Think about how much power, and chemical power it takes to kill an insect or kill a weed. These are tremendously intense and detrimental chemicals, and they have changed the nature of hormones because of all the things in the world that they could affect inside the human body.

One of those things is they bind to hormone receptors. In fact, there's a name, a scientific name, a medical name for when they bind to estrogen receptors. They're called Xeno, XENO estrogens. This is a toxin. And the list of chemicals is long. You named some of the most egregious ones and the most universally distributed ones. I feel very uncomfortable about the subject because I know a lot about it and I know how they came about and I know how they continued to be promoted. And I know the people who have fought against them to try and really save their health. I mean, we're getting poisoned and it's slow and it's coming in there. And so it's not like you drink a glass of arsenic and you croak, but you drink a little bit and you take it a little bit and it affects you. It affects you.

Dr. Wendy Myers: Yeah, the hormones are the canary in the coal mine. That's why so many people are having early puberty and hormone imbalance, thyroid issues and stress hormone issues in addition to sex hormone issues and horrible menopause. And there's such a huge issue with this, which I'm talking more and more about. The point that you made to kill a roach, that's really difficult to do. And these plasticizers and the pesticides and the glyphosate, they're all around us every single day. And I'm really worried about men. I'm very, very worried about the amount of estrogenic chemicals in their body, and the low sperm counts. I just

spoke about this on my new docuseries called Heavy, where in the 1940s the sperm counts were 119 deciliters per milliliter, or I forget the exact measurements, or I think it was, I forget.

Yeah, so I'm going to start over there, Silas. So in the 1940s, our sperm count was 119, and in the, I think it was like the 1990s, it was at 66 million sperm counts. And now it's projected in 2050 to go to 20 million. I mean, that is frightening. I mean, this is a problem not only for us worried about our hormones, but it's a problem for the human race, for our procreation, our existence. So young men, I think, really should be paying attention to their testosterone levels and supplementing because it's not only important for their health, but to maintain a relationship, maintain attraction, and maintain desire in a relationship. And I think a lot of them, they just kind of don't know, they just think that's their libido is their libido, or they don't know how feminized that they are or what low testosterone levels that they have.

Dr. Rosensweet: Yeah, it's a big subject. We roll back so many egregious actions that are taking place on so many levels, including medical.

Dr. Wendy Myers: Yeah. And what would be your suggestion for men? What age should they start getting tested? What testosterone levels do you like to see for men?

Dr. Rosensweet: Well, for one thing, because again, these hormones are so powerful, and testosterone's so powerful, this does not come up on you silently. The first thing that commonly happens to men is it's healthy for a young man to wake up with an erection in the morning. And when that stops happening, you're on your way. You've lost a significant amount of testosterone there. And young men can identify that. And then erectile dysfunction is another big signal, and it really catches men's attention.

Dr. Wendy Myers: Yeah, that's what sends all my male clients, typically. That's what sends them to the doctor. But whatever works, whatever gets them to start worrying about their health. Great.

Dr. Rosensweet: That's right. There are other changes, but the other changes creep up slowly in women and men due to a lack of testosterone. You lose your natural drive, and your natural interest to go to the gym. Gee, I used to love to go to the gym. Now I can hardly get myself there. Women lose their natural motivation to do a lot of things sometimes, and it creeps in there silently. But the erection thing is visible and feelable. And so when you lose that morning erection, that'd be a good time to check into your health habits because sometimes you can recover just by addressing some of the things that have contributed to that loss at an early age. It should not be losing this at 30, 40 or 50. So what do you do? You get on a health recovery program, and I know one of your favorite things to approach this is detoxification. Yeah. You've got these toxins and these roach killers in there, and they are affecting your hormones, and it's really important to take steps to lessen your future exposure. And you can. You can do a lot of cleanup.

And then also address the exposure that you've already had that's bound to your receptor sites strongly. But you can release these toxins through a variety of measures that I think you school people in all the time. So if you're young and you're just getting hints as a man, you might be able to turn this around and that would be very rewarding to you. But there comes a point where it's hard to turn it around and you need the additional stimulation of the testicles themselves or testosterone itself. And you'll know if you're not getting it back, you're young-

Dr. Wendy Myers: You have your barometer every morning.

Dr. Rosensweet: Exactly. You sure do.

Dr. Wendy Myers: Yes.

Dr. Rosensweet: And so again, for men, you want to get someone who's really skilled at this, really knows what they're doing because there are testosterone levels, but the range is very similar to women. It's like a wide range. Some men need 1200 to function well, other men can function well at 400. That's quite a difference there. But it's not only the testosterone, it's the free testosterone. It's what testosterone becomes. If you get too much testosterone treatment, it can become estrogen. So there's a lot of moving parts, and we assess all the moving parts. So we learn a lot from the testing we do, but we're inspired to do the testing because someone has walked into that office and is having some issues.

And yeah, you want someone who knows what they're doing there because you want to get it in the optimal spot. If you do too much testosterone, you may feel better for a while and you're going to get breast development and you're going to get feminized, you're going to get emotional stuff. So you want someone who knows how to assess your testosterone, your free testosterone, your estradiol, your estrogen and your sex hormone binding globulin, your DHT. There's a list of things that really matter.

Dr. Wendy Myers: Okay, great. Yeah, I know when I started taking testosterone, I got a little bit of acne in my chest and a little bit of hair loss. It was very minor and it went away after about a week. I don't have that anymore. And I didn't have that with my second round of testosterone pellets either. So I'm kind of in that sweet spot, I assume. And so with hormones, I find I need to go on about every three months. Actually, before that, Silas just erased that question. So can you tell us about some of the things that interfere with testosterone? So what kind of health habits? I know drinking beer is very estrogenic and could interfere with your testosterone. There are some other simple tips you can give people to not interfere with their testosterone, maybe to increase their testosterone naturally.

Dr. Rosensweet: Well, healthy living, and what does that require? It requires really learning about what is healthy eating. 500 years ago, you didn't have to worry about healthy eating. You're eating organic food. If you were getting enough food, you were usually getting good nutrients with it. How many people have to go out of their

way to eat properly, and the effect of not eating properly is going to throw you off in a lot of different ways, including hormonally. So when you're gaining 10, 20, 30 extra pounds, the biology of that is really challenging to your hormonal system among other systems. So what does it come down to? You take some time and you learn what good eating is, and you do it. You learn what shopping and cooking is, and you do it. And you know what? It can begin as simple as you just buy organic food and you eat what you're eating and you eliminate cans and bottles and processed foods. That's a piece of work for some people, but that's going to get you right in the ballpark of really good nutrition.

And then in this day and age, it's wise to do some nutritional supplementation. What am I doing? I'm trying to rectify a real skew away from health and your body will recover. That's why I mentioned earlier, you have a man in his 40s, he's not waking with that morning erection, sometimes if you'll just try and get healthier and you do the exercise, you pick up yourself by your bootstraps and you do some really healthy, hopefully, enjoyable exercise, and you get into a routine there, you're going to get stronger and you're going to get healthier, and you need to do that. Human beings used to have a tremendously active physical life, and it accounted for a lot of health for a lot of people. Well, it's just as necessary now.

Dr. Wendy Myers: Isn't it true when men or women go to the gym, just that alone will increase their testosterone levels? It'll boost it a little bit.

Dr. Rosensweet: It is one of the most powerful things you can do for your health. What are you doing? You're getting your heart moving and you're getting your muscles moving, and you get greater circulation and you get muscle strengthening, and you get feeling better, and you're feeling better about yourself and this big medicine right there.

Dr. Wendy Myers: So eat organic, go to the gym, do some detox, and skip the beer, as it's estrogenic. A lot of wine also has a lot of pesticides in it as well as organic wine. You can do organic beer, but I think the hops themselves are estrogenic, and therein lies the problem. And so, let's see what else.

Dr. Rosensweet: There's another elephant in the room if you want to improve your health. The hormones are most thrown off by the biology that occurs for fight or flight. So when our ancestors were running from a saber-tooth tiger, they triggered the most powerful biochemicals in the world that we have to come out and do their thing so we could run or fight. So the stress life, there's nothing wrong with the stress of life at all, but there are very few individuals except those who really cared about this, that have reached out and done the committed, courageous work of healing their own emotions in their mind, in their life, so that they do really well in supplying happiness and love and fun, wonderful relationships. What does it take to do that?

And then also that when the stress comes to have a functional response to it and not call forward a tsunami of your biochemicals to fight or flee because you had some cash flow issues, but you hadn't dealt with your emotions. So they took that channel to go wild and trigger the biology of fight or flight. This throws people off. I think these days we've mentioned nutrition, exercise, and stuff, but this is the elephant in the room.

Dr. Wendy Myers: I really think that doing emotional trauma work is one of the biggest hidden underlying root causes of stress chemicals. Just a constant state of stress or having a high stress set point where you just have a very low tolerance for stress. That's one of the biggest underlying root causes that causes stress in your work, your relationships, et cetera. So let's talk about hormones and anti-aging. So talk about how hormones can help us to look better for anti-aging for our skin health. I know estrogen is an essential component of collagen production. Can you talk about some things related to anti-aging?

Dr. Rosensweet: Well, let's take the skin. What is the difference between a 15-year-old when she's gotten past the acne stage and a 78-year-old? The skin is very different in a woman who hasn't replenished hormones because estrogen is so important for the health of the skin. It's nature's beauty secret. The French knew this a long time ago. They were slipping estrogen into their expensive skin creams and not reporting it. So healthy hormones and skin. Anti-aging, though, I like to look at it as getting healthy and staying as healthy as you possibly can. That's what is going to ward off and reverse these things that we customarily associated with aging, but they're not aging at all. They're really the biological result of unhealthy habits that just erode away molecule by molecule. So instead of thinking of anti-aging, I think can you get as healthy as you possibly can?

And it's not rocket surgery. You do exactly what we've been talking about. You become really good at nutrition. Give yourself a three-year plan to do it. You get really good at detoxification and integrate it into your life. You get really super good at exercise, and you really take on the committed effort it takes and the courage it takes to do the great work, to do the emotional work, to really heal the shame, the fear, the anger, these emotions that are getting repressed and expressed in world wars, and they get expressed in divorces. This very day, I spoke to a patient of mine who is involved in a divorce and what's her life like? Do you want to do anti-aging? Learn how to be successful in relationships. Learn how to become a better person. I know it's a pretty crude way to put it, but you need to be. Men and women need to be kinder, and more responsible. I don't want to feel like I'm standing on a pulpit here, but you asked the question.

Dr. Wendy Myers: Are you lecturing us? No, I'm joking. Yeah, no, it's so true. You choose the wrong partner in your relationship, that's just the biggest stressor that you could possibly imagine if you choose the wrong partner that's not a good fit or that's just a constant stressor or whatnot. But yeah, I mean, going back to the skin also, I can report for myself. I always felt like I had really good skin and then about three years into menopause, my skin got really creepy, even on my arms

and different parts of my body. I was like, what is going on here? No, no, no, no, no, no. We're not doing this. No, let's figure this out. And so that was maybe for me that one of the impetus, my libido and my skin, the appearance was what kind of pushed me to do it. And I've been on hormone replacement since June, so it's been about, what? Four months. So I haven't been on it that long, but I definitely feel like I have some skin improvements. It's definitely going to take some time.

And my doctor said, don't get your hopes up. You may not have a ton of improvements, but like I said, again, I wish I had started earlier. Because prevention is worth a pound of cure. I wish I had started doing the hormone replacement a little bit earlier to kind prevent the deterioration of skin and collagen, et cetera. Well, Dr. Rosensweet, thank you so much for joining us on the Myers Detox Podcast. So again, tell us where we can learn more about you, work with you, and read your book, try your hormones, et cetera.

Dr. Rosensweet: brite.live, B-R-I-T-E.live, or download a free PDF copy of my book and however you deliver that link.

Dr. Wendy Myers: Okay, great. So brite.live?

Dr. Rosensweet: Yeah. B-R-I-T-E.live.

Dr. Wendy Myers: Okay, fantastic. You can also download a free copy of your book happyhealthyhormones.com/wendy. And again, everyone, thanks so much for joining us for the Myers Detox Podcast. I'm Dr. Wendy Myers, and I am bringing you experts from around the world to dramatically improve your health through the power of detoxification. Lots of tips on anti-aging, nutrition, et cetera. So thanks for tuning in every week. Okay, great.