



Conscious Life presents

All About Hormone Replacement Therapy

Guest: Dr Michelle Sands

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[00:00:09] Meagen Gibson

Hello and welcome to this interview. I'm Meagen Gibson, your conference co-host. Today I'm speaking with Dr Michelle Sands, a number one international best selling author and licensed naturopathic physician with a specialization in women's hormone health.

As a highly sought after expert in female hormones and anti-aging, she's dedicated to helping women achieve limitless health at any age. Dr Michelle co-founded Glow Natural Wellness, where she focuses on providing solutions for women struggling with chronic conditions and hormone related issues. Dr Michelle Sands, thank you so much for being with us today.

Dr Michelle Sands

Oh, thank you so much for having me. Super excited to be here.

Meagen Gibson

I am very excited to talk to you, personally, especially because of what we're going to talk about. I have personally experienced this from my healthcare providers. Why do doctors shy away from recommending hormone replacement as the first line of treatment for menopausal symptoms?

Dr Michelle Sands

It's a great question, and it's really not your doctor's fault. It's the training that doctors get. When you think about even your OB-GYN, we think that is the women's health doctor. They should know everything about my hormones, but their training is really about pregnancy and delivering babies and it stops at the postpartum. And there is literally no training in medical school when it comes to perimenopause and menopause.

The reason why is because when this curriculum was created back in the 1920s, 1930s, women, their lifespan used to only be to like 55, 60, 61. And so there was really no need to treat menopause because you were about to die anyway. But now we are living... The average lifespan for women is 87-88. And now we understand that perimenopause starts as young as our 30s.

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That's more than half your life that you are in this state of hormone decline. We understand now it's not just hot flashes, it's not just insomnia, it's not just your mood. Treating menopause symptoms isn't like, it's nice to do because we want you to feel more comfortable. Now, we understand that estrogen is closely related to our heart health, our brain health, our immune health, our inflammation.

So treating menopause symptoms is really crucial. It's a must if you want to live healthy into your later years. But the message doesn't trickle down to the conventional medicine space for about 18 years. It's called translational medicine, and it takes about 17-20 years for research that is out and publicized and well known to actually make it through to standard of care.

A lot of times doctors have their hands tied and they might even know what you should be doing, that you should be on hormones. But it's against their standard of care, and their licensing, and therefore their insurance, for them to give you that option when it comes to hormone replacement.

Now, hormone replacement, in standard of care, it is FDA approved for hot flashes and extreme vaginal dryness. But if you go in with other symptoms, they're going to give you an antidepressant, they're going to give you a pain medication. They might even give you the birth control pill, because when they type in your symptoms, that's what comes up. Unfortunately, most women... When I was brought up in an Italian family in New York, and you did what the doctor told you.

If the doctor said there's no solution, or this is the only solution, you believed him and you took the pill because you're going to be a good patient. And unfortunately, I'm in the generation of women going into menopause. I just turned 50 last weekend. Most other women in this demographic grew up with that same methodology, that same thinking.

Luckily, there's people like you putting on conferences, and there are some very outspoken, influential leaders in the field of women's health who are now getting out there on social media and talking on TikTok and putting out documentaries. And we have some celebrities, Gwyneth Paltrow and some others that are heading into menopause now, and they're talking about it. Even Oprah Winfrey. It's great to have the voice that didn't used to be the voice anymore.

I think that we're starting to turn the tide now. More doctors are starting to continue education outside of medical school on hormones and hormone replacement and menopause. It's becoming more, I don't want to say fashionable or trendy, but it kind of is, which is great. I applaud that. I'm super happy to see that. But we're still fighting. We're still trying to have our voices be heard. And that really has been my mission the entire time. But now it's getting kind of fashionable to do so.

Meagen Gibson

Absolutely. You said so many things that I want to come back to because all of that was fascinating and it makes so much more sense, and I have a lot more gratitude or compassion for my physicians now, that I was frustrated with.

[00:05:12] Dr Michelle Sands

Every doctor goes to medical school with the vision of helping people heal, every single one of them. I have so many friends who are in the conventional medicine space, and they're in different fields of medicine, and not one of them is like, "I just want to give my patients a hard time." That's not what they want to do. But their hands are tied.

In fact, doctors have one of the highest suicide rates of any profession because it is so stressful, because you just want to help people, but you're not able to, and there's so much red tape. You have to not blame your doctor.

I do have a little bias towards some MDs, because they should... If it was me, I would be like, "Well, I can't help you, but there is help out there." That's what they should be doing. But it's a real disservice to women when they're told there's nothing you can do, or this is just how life is, or there's nothing else for you except this antidepressant or this pill. That, to me, is a disservice. It's tough for them.

But that's why so many doctors are switching over to functional medicine and naturopathic medicine, which is great also.

Meagen Gibson

Absolutely. And you mentioned all the systems that benefit from estrogen and are impacted by estrogen, and the one that you didn't mention, but I'm sure it wasn't on purpose or an omission, was mental health. Estrogen has such a huge role in mental health.

Dr Michelle Sands

Absolutely, so important. We know everyone experiences mood swings when it comes to premenstrual, or around your period. So we know that hormones are involved. But why we wouldn't think about that when it comes to menopause is absolutely insane. We can know how important, even estrogen is, for brain health overall.

When we lose estrogen... They've done studies on the brain, doing brain imaging showing that plaques start to form, because estrogen really helps your brain use oxygen and use the fuel, and when estrogen declines, you don't have that anymore. Also testosterone is important just for our muscles being strong, also our blood vessels in our brains being strong. Progesterone is used in traumatic brain injuries for recovery. All the hormones are so important for our brain health and our mood. It's a shame that more women don't realize this, and I think conferences like this are so important also.

Meagen Gibson

And the reason that I also brought it up is just that on that surface level of when you go into your OB-GYN or your gynecologist and say... Those are the same thing. I just said something like 'chai tea'. I just repeated the same term twice.

But what I'm getting at is that when you go in and you're saying, "Maybe I need some hormone replacement therapy", and they say "That's out of my scope of practice. But here's an

antidepressant." You might feel some symptom relief, and there might be some adjustment to the symptoms that you're feeling because of what we just outlined and the way that estrogen impacts mental health. It's not addressing the underlying cause, but it is actually helping the symptomology a little bit, right?

[00:08:15] Dr Michelle Sands

Yeah. You can definitely get some relief from your depression, but the problem is, that's like putting a bandaid on the problem and just covering it up. Or it's like when your check engine light comes on the car, just putting some duct tape over it so you don't see it anymore. The problem is the estrogen is still declining and you're still getting all of the other negative impacts to your health.

So you might have been taking care of the depression or the anxiety with the medication, but all the other effects are still happening. And you know what creates depression a lot of times? When you don't have energy, when you don't feel good about yourself, when you have vaginal dryness and painful sex, when you're skin is sagging.

Meagen Gibson

Weight gain.

Dr Michelle Sands

All those things. Weight gain, that all can create depression or a depressed feeling, but it's not a clinical depression. There's a reason for it. Clinical depression is usually when you're feeling sad for no apparent reason. But these women in menopause, they have 99 reasons to feel upset.

Meagen Gibson

Yeah, absolutely. Something you said earlier about just enlightening us about the history of women's medical care and the life expectancy changing and things like that. It just occurred to me also that, our generation, because I'm in the same generation as you are, close to you in age, is the first generation that was able to, encouraged to, and assumed would, work outside the home. And lots of people choose not to, and that's great, I support them through their perimenopause journey as well.

I have been a stay-at-home mom and a working mom, and I know that there's no job harder than being a stay-at-home mom, frankly. I want to say that before I say what I'm about to say, which is just that, being required to work, or being a working woman. More different types of... In a different extent of mental load, perhaps, you might notice things like fatigue, and brain fog, and the impact of lack of sleep, or disrupted sleep. All of these symptoms get much more exaggerated if you're working outside the home and you still have a burgeoning career and these kinds of... Not that you won't be also impacted if you're not working outside your home. I want to be very clear about that.

Dr Michelle Sands

I know what you're saying. There's a lot more stresses that we have in modern times than we did back then. Just like there's a lot more chemical stress, there's a lot more biological stress, there's a

lot more inputs. Now we have these cell phones that are dinging at us all the time. There is a lot more stress to deal with. And when your hormones are waning, you have more limited stress resilience than you might have had when you were at your hormonal peak.

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So, yes, you feel it so much more. Another thing I want to share about the history of women's hormone health. Most people don't know this, but it's very clear in the history books. It was only about 1940-1945 that we stopped putting women in insane asylums and giving them lobotomies based on the fact that they started to change their moods.

It used to be that if you were a married woman, your husband could simply say that you're being difficult, you're not cooperating anymore, your moods have changed, and you can have the choice of either getting a lobotomy where they basically make you neutral, your brain isn't working the same way anymore, or put you in an insane asylum.

This happened, I think, in Jackie Kennedy, and that was like... They finally stopped doing that as a treatment for menopause. But then they started doing hysterectomies, because the word hysteria, like we were going crazy, our uterus was going bad, they used to think. So they just take it out to solve the craziness of these women.

It's only really in the last 20-30 years that women have been looked at as equals, and we're actually seeing the biological things that are happening with our hormone changes, because it used to be that it was just like we were going crazy, and that was the end of it. So we have come a very long way. No one's getting committed to an insane asylum now because of menopausal symptoms. Thank goodness.

Meagen Gibson

Absolutely. I have a relative who was institutionalized in that exact way and died in that institution. So I completely... Yeah, you're absolutely right.

Dr Michelle Sands

Most people don't know that. I did a talk on this subject recently, and I would say 99% of the room had no idea that that was going on because it's very much, I don't know, hidden from the history books. You don't learn about it in school. You don't learn about these things. But it's incredible how recently that was going on.

Meagen Gibson

Her story and those stories are one of the main reasons that I talk about what I talk about, and do these interviews with people, is because we want to make things different. We want to improve things for everybody.

All right, so what are the myths and the misconceptions about hormone replacement therapy?

[00:13:18] Dr Michelle Sands

Hormone replacement therapy gets put into one bucket, and there are so many different types of hormone replacement therapy. There are different delivery methods, different dosages. Some hormone replacement therapy does come with risks and is not healthy for you. But we have newer, safer hormone replacement therapy that we use today that is extremely safe and extremely healthy for women, where the risk is actually not replacing your hormones, more so than the hormone replacement itself.

There were a lot of studies, like the Women's Health Initiative Study is the most famous one in 2002. They studied the hormones that we used at the time, which was oral synthetic estrogen, which was an equine estrogen, or a horse estrogen called Premarin. And then there was a progesterone that was a medroxyprogesterone acetate. That was a fake progesterone.

Those two things did have side effects, and it was an increased cancer, increased risk of stroke, increased heart disease. At the time, that's what women were using in 2002 because that's what was most readily available. And so all the women were yanked off their hormones. The headlines came out saying hormone replacement therapy causes cancer. Hormone replacement therapy causes heart disease. Hormone replacement therapy will kill you. And that scared everybody.

Even though now, we have bioidentical hormones that are biologically identical to the hormones that our body makes, so there is no weird mechanism that is causing an increase in enzymes, that are causing plaques in your arteries. There's no increase in cancer, but we lump those in the same category. That's why there's that misconception that all hormones cause the same problems.

It's like if you have an orange and an orange skittle. They're both orange, they both are flavored with an orange flavor. But how they react in the body are very, very different. One is natural. One is giving you vitamins and minerals and all your micronutrients. The other one is sugar, and it's causing inflammation. So it's like they're both orange. That's kind of what we do with hormone replacement therapy, is they're all hormone replacement therapy, but there's differences. And then there's also differences between, with estrogen, specifically between oral estrogen, and topical, or transdermal estrogen.

Oral estrogen does increase risks, specifically for heart attack and stroke. It causes some enzymes to be released in the liver that are clotting factors, basically. So when you take it orally, it has to go through the digestive system, it has to be processed by the liver and what's called first pass metabolism. And that is what creates those clotting factors that can lead to increased risk of stroke. Not good for people that have any increased clotting risk.

You would totally negate that when you use transdermal hormones, transdermal estrogen, because it doesn't have to go through that liver for that first pass metabolism. It goes straight into your bloodstream. That is a huge myth that I see a lot. "My doctor says I can't use hormones because I have increased risk of stroke, or I have factor V Leiden, or I have any clotting issues."

You're absolutely not at risk if you use transdermal estrogen. Just finding a doctor that really understands the differences and can put you on doses and delivery methods that are right for you. The other thing with transdermal hormones is you can use a lot less because it doesn't have to go

through that digestive process or that liver metabolism. You use about 1/5th of the dose when you're using transdermal hormones, and you get the same result. So that's also a big factor as well.

[00:17:13] Meagen Gibson

Fantastic.

Dr Michelle Sands

The other myth is that we need a ton of hormones. So there are some hormone clinics that do pellets or med spas, they don't really have a ton of training on hormones, but they know people really want hormones, so they give mega-doses of hormones. We see women come into our practice with like 10, 20, 50 times the levels of hormones that they should have.

Initially, you might feel good, you might have that boost of energy. But symptoms start to happen because hormones are very Goldilocks. It's like Goldilocks and three bears. Too little, not good. Too much, not good. Just the right amount, that's where you want to be. That's the same with hormones.

When you have too much of a hormone, that can start creating symptoms on the opposite end of the spectrum, estrogen dominance, androgen excess, too much testosterone, we see that a lot in women. That can cause facial hair, acne, irritability, belly fat, hair loss, all kinds of negative side effects. That's one of the most popular ones that's overdosed nowadays. I think it's, like, trendy to pump women full of a ton of testosterone.

Now, testosterone is important. We definitely want it in the right amount. It's super helpful for sex drive, for energy, for confidence. So we definitely want testosterone, but we don't want too much testosterone. Same with estrogen, same with progesterone. At excessive levels, then we do start to cause physiological symptoms that we don't want, unwanted symptoms. So just being careful with doing physiological doses of hormones, the amount that our body expects to have. Just like anything in natural medicine, the dose can be the savior or the poison. You can have too much of a good thing. And that's the same with hormones.

Meagen Gibson

Great. We've talked about replacing them in the scenarios in which we might want to. What about not replacing our hormones? What are the risks associated there?

Dr Michelle Sands

Well, all the things we talked about earlier. When you don't replace your hormones, you are on a gradual decline. You are at higher risk for all-cause mortality. There's studies that have been done by the American Academy of Medicine and the National Institute of Health that show that women on hormone replacement therapy actually live, on average, six to seven years longer than women who are not.

So not replacing your hormones puts you at increased risk of all-cause mortality. What that means is dying for any reason. So this is osteoporosis from fractures. This is heart disease. This is

Alzheimer's and dementia. This could just be increased inflammation because estrogen is very anti-inflammatory.

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So many different reasons why quality of life can definitely be diminished, but also longevity can be diminished as well. To me, it's not really a matter of whether you should replace your hormones or not. It's more of a matter of when and how, and what delivery method, and how you want to work with them. But I really think for any woman who is really looking to have a long and healthy life, it really should be part of the plan.

Meagen Gibson

Okay, so what are the long term... Are there any long term risks that we haven't talked about, about hormone replacement?

Dr Michelle Sands

With long term risks, I think as long as you're monitoring your hormones. As long as you're working with a practitioner who is periodically, probably twice a year, once you're on a dose that you feel is right. We check hormones four times a year. But once women are on them for a while and they're on a good dose, we can dial that back to a couple of times a year, just making sure everything's in range and that your symptoms haven't changed. But you can stay on hormones for the rest of your life, because as long as you're using bioidentical hormones, and a dose and delivery method that's right for you, there really is no long term risk when it comes to hormones in that way.

Meagen Gibson

What are the benefits of hormone replacement therapy for the rest of your life? We talked about osteoporosis, so I know that there's bone health and bone density, right?

Dr Michelle Sands

Yeah. And reduced inflammation, skin health, hair health, muscle synthesis. When estrogen declines, in addition to testosterone, but estrogen too, your muscles don't contract as strongly, so you're not able to build muscle or maintain your muscle as well as you were in the past. We know that just for longevity purposes, if you're super frail, very not able to do things, you're not going to have that autonomy, that quality of life. You'll have to have someone take care of you, which nobody really wants.

We want to live our life where we're vibrant to our last day. I always tell my clients I want them to live to 99. And on that last day, I want them to get up, have breakfast with their spouse, go for a walk, do something they love, whether it be golf or gardening, and then come back, have wild sex with their partner, and then have a wonderful day, go for a walk in the sunshine, and then that night, die peacefully in their sleep, having lived the best life ever. We don't want to be in a nursing home. We don't want to be connected to a bunch of machines in our final years.

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Hormone replacement actually does help to keep your whole body more vibrant. Vaginal health, we didn't talk about that, but that's so crucial. As when we lose our estrogen, our tissues dry up and they can get cracked, they can burn. We are also at higher risk for urinary tract infections, which can go systemic and can actually be deadly. You can have sepsis, and that can cause issues.

Gut health is also important. Our estrogen and progesterone are important for gut motility. So that's another thing that we see going downhill with hormone decline. The list goes on and on. We have a handout that's 99 symptoms, one root cause, and it basically goes through the entire body, head to toe. Ringing in the ears, dry eyes, all the way down to your toes. There is not really any part of the body that's not touched by hormones.

Meagen Gibson

It's fascinating, isn't it? As we're approaching midlife, how do we know when it's the best time for us to start hormone replacement therapy?

Dr Michelle Sands

That's always a typical question because there's not like, oh, when you hit 40, this is when you do it. I say when you start feeling not yourself. When you start noticing symptoms. Some of the symptoms, the starter symptoms to look for is if your periods are changing. So you know there's something going on, there's a shift in your hormones.

Usually for women, progesterone does start to decline first. So you might notice some difficulty sleeping. You might notice some issues with anxiety that you didn't have before. Even some lack of confidence can be a sign that this might be the hormone decline. Also maybe some weight gain, or changes in the way your body stores body fat. That's another clue.

What's unfortunate is that most women just think it's something they're doing. So, like, "Okay, I got to eat less and exercise more. I don't know what's wrong with me. I don't know why I'm so upset." And then they beat themselves up because they think it's something that they're doing. And it's not, it's their hormones shifting.

I think starting with testing your hormones is the best way to go. You might not need to replace them. But personally, if I knew what I know now back in my 20s, I would recommend testing hormones when you feel good. So you know what your baseline is.

If you're young enough listening to this, or you have a daughter, test their hormones when they're in their 20s, when they're at their height of hormone balance, so you have a baseline. And then when things start to decline, you test your hormones again and you see, okay, looks like your progesterone is pretty low for your balance, or your estrogen and progesterone are low, or your testosterone is low, and then you can just start gently replacing your hormones.

When you're still cycling, there is some diet and lifestyle that does play a part. If you're not sleeping, you're not eating well, if you're super stressed, that can affect your hormones as well. Once we hit menopause, there's a little that you can do to impact your estrogen and progesterone levels.

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But testosterone is still closely tied to lifestyle. With testosterone, if you are sleeping well, if you're eating well, if you're getting exercise, you can still impact your testosterone levels with diet and lifestyle. Unfortunately for estrogen and progesterone, there's just nothing we can do to naturally, without the use of hormone replacement, get those back.

Meagen Gibson

So many things to think about, my mind is spinning. If somebody is ready, and they think that they need some assistance, how can they find a doctor that will support this and obviously tell us about how we find you.

Dr Michelle Sands

There's a lot of great places online to look. Whenever you're looking for a doctor, it's always good if you can get a referral because even if they're on, there is the National Menopause Society that has a list of doctors that have training in menopause, which is great, you'll find me on there as well.

But it still doesn't tell you about their personality. It doesn't tell you if they're warm or they have a good bedside manner. I think that especially with menopause, you need someone who's going to listen to you and hear your story and cater the plan to you. Because there is no one-size-fits-all. There are a lot of clinics out there that will give every 55 year old woman the same dose, but I don't believe in that. There is no one-size-fits-all.

There's also the holistic part of it, that is important. The diet and lifestyle and mindset that has to go hand-in-hand with your hormone replacement, because your hormones will work better if you're also living a healthy lifestyle. Someone that combines both of those would be ideal if you can find it.

We work online with women around the globe. It's not just me, thank goodness, I have a team of hormone specialists that are doctors and nurses that are super compassionate. They all have had their own hormone struggles, and their favorite part is getting to talk to people and hear the stories and see the progress.

Someone who's going to test your hormones, someone who's going to track your symptoms, and someone who's going to be open to different hormone methods to help you get through, and get you the best care for you. And just remember, with any doctor, you're not married to them. If you're not happy with how things are going, you can always go find another doctor.

I think it's, like I said, like a relationship. You have to click with them. You have to feel heard. You have to know that you trust them and they trust you. I think that's super important for women. Just because the doctor that you're talking to currently is not giving you what you want or not explaining to you why they are recommending a certain mode of treatment. Find another doctor. There are compassionate docs out there that are going to fit you.

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Some people might not want to talk to anybody, so they might just want to go fill out a form and get their doses. So there's someone for everybody out there.

You can find us at www.GlowNaturalWellness.com. Also, www.FixHormones.com is another location you can find us. We have a free hormone masterclass that is super informative. I talked on a little bit today that really goes into detail on hormone replacement therapy, who it's for, who it's not. Will it hurt you? Will it help you? Different methods and how you can get your hormones back in balance without a trip to a doctor's office, because we do everything online.

Meagen Gibson

Fantastic. Dr Michelle Sands, thank you so much for being with us today.

Dr Michelle Sands

Oh, you're so welcome. You can call me Dr Michelle. That's what all my patients call me.

Meagen Gibson

It's a simple name, I'm not sure why I screwed it up. Only because I'm human. Dr Michelle Sands, thank you again.

Dr Michelle Sands

You're so welcome. Thank you.