

124 - Daved Rosensweet full ep. start over

Sat, Sep 30, 2023 12:24PM 57:37

SUMMARY KEYWORDS

hormones, women, estrogen, study, lose, menopause, called, talk, testosterone, pharmacists, men, question, years, risk, libido, science, muscles, young women, medicine, pellets

SPEAKERS

Dr. Daved Rosensweet, David Sandstrom

David Sandstrom 00:00

In this episode, we're discussing the advantages of Bioidentical Hormone Replacement Therapy. My guest is Dr. Daved Rosensweet. And he's just a great human being. I really enjoyed this conversation. And he's just so easy to talk to and so knowledgeable, he's a real resource. And you might be saying right now, Well, Dave, I thought you were a naturopath. He didn't believe in drugs or pharmaceuticals. Well, generally no, but they do have their place. You know, someone has made significant lifestyle changes, and they are still experiencing symptoms of menopause, this might be something new to consider. Or you might have heard of a friend who is has been doing hormone replacement therapy and got some benefit out of it. And you're curious, but you heard that it that it could be dangerous. Well, Dr. Rosensweet answers all those questions and a whole lot more. So I encourage you to listen to this whole thing. It's a little bit long, but it's definitely worth hanging in there to the end and listen to the whole thing. This episode is brought to you by Fullscript. The only nutritional supplements source I recommend, if you care about the quality of what you put inside your body. Get your supplements from Fullscript. There you can find a huge selection of professional grade third party tested products, go to my website davidsandstrom.com/fullscript. Click on the orange button, create an account and you lock in a 10% discount for life. Welcome to the Natural Health Matters podcast where it's all about maximizing your health potential so that you can look and feel your best at any age. I'm your host, David Sandstrom, Naturopathic Doctor and Biblical Health Coach. This is episode number 124. Today we have in the show Dr. Daved Rosensweet. Dr. Rosensweet is the founder of the Institute of bioidentical medicine and the menopause method, as well as the author of three books on the subject. His latest is happy, healthy hormones. Dr. Rosen sweet graduated from University of Michigan Medical School in 1968. Early his career Dr. Rosensweet trained the first nurse practitioners in the United States, and was in charge of health promotion for the state of New Mexico. He is nationally known lecturer and presenter at the American Academy of anti aging medicine, a for m, the American College for advancement in medicine, ACAM, the age medicine, the age management medicine group, and more. In 2019, he was called to Washington to speak in front of the National Academies of Science, Engineering and medicine on the safety and efficacy of bioidentical hormones. And he just told me that he just got back from Washington DC doing a second talk up there, talking with our lawmakers and their staff about protecting the rights of practitioners to do hormone replacement therapy, as well as bioidentical hormones. Dr. Rosensweet trains

medical professionals to master HRT using the most advanced and modern tools. His protocol has been used to treat more than 12,000 women. That's an impressive resume. Dr. Rosensweet. Welcome to Natural Health Matters.

D Dr. Daved Rosensweet 02:54

Thank you very much, David.

D David Sandstrom 02:56

Well, it's a pleasure and an honor to meet you. I've heard about you. I've listened to you talk before. And I think you've got a really great message. Very solid on the science end of things. So if you don't mind, why don't we just start off with the \$64,000 question, and that is the elephant in the room. Is hormone replacement therapy dangerous? No. Okay, moving on. Just kidding. Yeah, so So talk about some of the history behind this idea that it can be harmful to your health?

D Dr. Daved Rosensweet 03:27

Yes. I mean, hormones have been used for over 1000 years, and they get really popular in the 1940s in the United States, when pharmaceutical manufacturers dried up the urine of pregnant mares that contains a lot of hormones, right. And by 2002 40% of American women in menopause, were taking Premarin and prempo. Wow. That was there was a there was 18 million women who were doing that most popular and profitable drug of all time. Wow. And then outcomes of false reporting of a large study that was in the study was grabbed and blown up through the press, and false information spread. And the false information was that there was increased risk for breast cancer, heart attack and stroke. For women who were treated with hormones. The honest thing was, is that it was well known that the hormones derived from horse urine, the estrogen portion, Premarin, it was right there in the study that there was a less risk 21% less risk for acquiring breast cancer, heart attack and stroke was right there in the study. Wow. And the part that was under question but was never really precisely defined, was the primpro arm that was the combination Premarin with an artificial hormone that projects Then, and it didn't have a statistically significant increase risk. In fact, in the report, it said there was a 1.26 increase relative risk, but that was statistically insignificant. Right? Well, what we know in medicine and science is that means don't draw any conclusion, folks. Yeah, we don't have the data to back it up. But that's not how it was reported out. And it was, it was almost an explosion of information. And it scared women all over the world, it scared healthcare providers, right. And it was false information. And when I when I went in to read the study, I saw that it was false information. Yeah, it was really concerned about it. But the cat was out of the bag. There was no staff on that one. Yeah. And the 18 million women that were being treated reduced to about the low millions, one or 2 million. Wow, that's all it was.

D Dr. Daved Rosensweet 03:28

So, do you think it was just a bad science or bad reporting? Or do you think there was some kind of a more nefarious agenda behind it?

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Dr. Daved Rosensweet 06:06

That's really Yes. But I've never seen anything like this happen in my whole career. And you wonder what kind of how did this happen such a injury to women, the event take place otherwise known as misogynistic event, and if the details of how that was mis reported, are excellently documented in a wonderful book that I recommend everyone read. The book is called Estrogen Matters. It's by Avrum Bluming an oncologist who specializes in breast cancer. And Carol, Tavis, and they describe the details of how that error was made. Didn't matter it was made. And it's it reduced the amount of women that were being treated. Yeah. And what I'd like to do is actually clarify the science.

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David Sandstrom 07:02

All right, please do it, I'll make sure to put a link to that book in the show notes. But go ahead,

D

Dr. Daved Rosensweet 07:06

let's grade in the, in the, in my book, happy, healthy hormones. In chapter three, I give a I go into depth about the actual science. And then I refer you buddy to that book, Estrogen Matters. And here's the actual science, which was known right out of the gate right when it was published. But by 2006, that study committee continued to follow those women. And they saw that there was no increased risk at all, the 1.26 had reduced to 1. And in 2016, the same study committee that published in the exact same journal, a retraction. Wow, said, after 18 years of follow up, there is no increased risk for breast cancer, heart attack or stroke.

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David Sandstrom 07:54

Wow. But that didn't make it out to the headlines did it?

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Dr. Daved Rosensweet 07:57

That's the issue. Yeah. And hardly any providers, medical doctors, nurse practitioners even saw that or no, that are aware of it. Yeah, that's amazing. So to clarify the exact science around risk? Well, for one thing, we're all at risk for 1000s of diagnoses Sure. And we're all at risk for hundreds of cancers. And as a male, for example, I'm at increased risk for prostate cancer. And this is rather new, and it's and there's reasons for that. And women have a higher relative risk of getting breast cancer than they do other cancers. And this is brand new, when I was in medical school, that wasn't the case. And there's reasons for those increased risks. But given the risks that we're all at, we all have the sciences this women who are treated with hormones are at less risk for breast cancer, heart attack and stroke than women who are not treated with hormones.

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David Sandstrom 09:05

Wow. I'm going to repeat that women that are treated with hormones are at less risk for heart attack, stroke, and breast cancer. They are women who are not treated

D Dr. Daved Rosensweet 09:15

precisely. Anyone goes a little farther. Women who do get breast cancer, they happen to have an increased risk, relatively speaking for recurrence than a woman who has never had breast cancers of getting it. But women who have had breast cancer and have had that breast cancer properly treated. They're at less risk for recurrence if they are treated with hormones than if they are not.

D David Sandstrom 09:48

Yeah. Wow. That's pretty amazing. What percentage of women actually will come to you and say something along the lines of You know, I got my life back.

D Dr. Daved Rosensweet 10:02

That's why I'm here today is I was a general practitioner. And you know, by the time people come to doctors, usually there's a lot of water under the bridge. And you get into these diagnoses, diabetes, obesity, and it's a slow moving train. But with menopause, you have a lot of basically healthy women. Okay, there's midlife mileage there. But they fall off of a horse. And I'm here today because the very first patient I said, she, she told me, she was going crazy. And this a woman who retired in her 40s, she had been so successful. And we gave her some progesterone. And three weeks later, I get a letter from her saying, Oh, my God, I'm myself again. And that's those are the magic words. Yeah. And we hear him over and over and over again, in one form. I can't believe this stuff. And I'm so much myself again. I feel so good again. So it's because of the effectiveness that I got so interested. But you know, you're, you're a believer in the Divine. So am I, I never really guided my practice is I always thought it was divinely unfolding. And there was a power greater than myself. That was really orchestrated up. Yeah, but a lot of the reason I get such an affinity to it is oh, my goodness, these are so effective. And they can be so beneficial, especially as the decades go on. Yeah, I see what happens at the end. And people don't want that. People want to be continued to be alive and vital and active.

D David Sandstrom 11:41

Yeah. And how does that make you feel? When you when someone says that to you, you help me get my life back, you turn my life around? How does that make you feel?

D Dr. Daved Rosensweet 11:48

But it's magic. You're naming it, you see it? Yeah. It's, it's what could be more rewarding when you actually assist another human being in a substantial way. It's, it's right up there with the greatest thrills that there are.

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David Sandstrom 12:05

Well, The Bible says it's more blessed to give than it is to receive, right. And that's what you're doing. You're giving to these people, you're giving them hope you're giving them vitality, you're giving them time with their family, more time to enjoy the things that they love outdoors, sports, you name it. An active sex life. I mean, the list goes on and on. You're You're You're a very generous giving person, I can see that. As are you, thank you. So I'm curious. You're kind of countercultural, right? You're not, you're kind of going against the standard medical model here. And I know you're an MD, and I know that with your extensive training, medical doctors come out of med school, and kind of, you know, trust the associations that are associated with their industry, you know, and sometimes kind of blindly, in my opinion. So how is it that you made that transition to saying no, wait a minute, I'm eating Oh, my colleagues are not on board. I'm going to pursue truth here. I'd like to learn more about that process for you.

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Dr. Daved Rosensweet 13:11

Well, my medical school was like a temple or a church or a synagogue for me, University of Michigan. Okay, it was really special. It was a sacred experience. And then as a senior, we were given a six month course on the medical literature. Okay, and why did they want us to do that? Because they were very aware of that a lot of the medical studies that were out there, were highly prejudiced by the money that could be made, if something was endorsed by a study. And it was it six months. That's a long time. There was other courses at the time, but it was a it was a significant course. Yeah. For us to learn how to read those studies, and get clues as to about whether they were really good science or whether they are not. And I go, I understand what your question is, I'm going to say I didn't go outside of the mainstream. Is that right? Okay. I stayed in the mainstream. I got my profound, excellent original education, okay. And followed, the tenants that we were taught about how to understand studies, but it was as plain as day I mean, if you read this study, the first thing you encounter I was concerned, too, when I heard that, how popular that fright came out. And then what came out? Sure, of course. So what did I do? I read the study, and I went, Wait a minute, right. In the study, they're saying there's a less risk for women treated with Premarin. And they're saying that there's an increased relative risk, but it's statistically insignificant, but women treated with prempo and wet. Come on now. This is this is not a good event. And plus there there's been hundreds of studies on this, in the European literature and the American literature, have really been scrutinizing this topic for a long time. And this was the only thing that came up that adverse. And within the study, so, yeah. If you, I assert that I was following my training, following the best tenants of our profession.

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David Sandstrom 15:27

That makes good sense to me, you know, and in defense of the MDS out there that they're not on board with, with your message. You know, they're busy people, they're trying to make a living, they're trying to run their practice, and they don't have time to really dig deep into every study that comes out. So they what do they do they glance, you know, they read the headlines, and they read the abstract, and maybe not, you know, pay attention to the details the way you did. So hats off to you for doing that. That's great.

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Dr. Daved Rosensweet 15:51

Yeah. And you know, there was a reason for it, too. I mean, we are so right, that medical doctors are so busy, and they have an opportunity to stay in their own lane. And if they can, they have a chance of getting their arms around the tremendous amount of information that's coming in their specialty, urology, internal medicine, endocrinology, obstetrics gynecology, when something comes out, that's not part of their expertise. They do what you do they, you know, they get exposure to reputable journals as the Journal of American Medical Association, that's a reputable journal. And they just don't have the time. Right. And their societies are not necessarily zeroing in and so that it gets intricate in there. Why? Why?

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David Sandstrom 16:42

It's totally understandable for sure. So look, for those listening that may be new to this idea. What do hormones do in our bodies?

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Dr. Daved Rosensweet 16:52

Well, we get to 1000s and 1000s of bio chemicals floating around in our body doing a lot of stuff. And the most powerful of them are the hormones. And there's reasons for that they're really guiding core functions, like the hormones can be mobilized for fight or flight from a saber toothed Tiger. These are very historical for us, we there was a time we had to run or fight, right. And so there's tremendously energizing, and instantly energizing, so they're the most powerful, and they also relate to reproduction. And they're so pervasive, they relate to clarity of thought, to the health of the bone, south of the arteries, they're so profound, that they have all these other functions that people may not necessarily be as aware of. So what they're doing is it depends on what they're called to do. From a woman's ovary for a man's testicles. These hormones are called primarily to energize and give motivation and give clarity of thought. That's funny thing to say first about estrogen and progesterone and testosterone. They're there to support the muscles in the in the in the strength of muscles in the building of muscles. Without them people lose their muscles, men and women. They're there for the health of the bones. Without these hormones, the bones lose their strength, and you can get fractures really easy. They're there for clarity of mind. You lose those hormones that are a high percentage of women have cognitive challenge. Midlife arteries, the health of the arteries, we know for sure that young women very rarely have cardiac problems. Right? The incidence of heart attack in young women is much lower than it is in young men. And the reason is estrogen and when they lose their estrogen, the incidence equalizes about the age of 60. Never hear of a young woman in her 40s Totally mysterious passed away from a heart attack. Never sick a day in their life. That happens to young men. Yeah, yeah, it's estrogen protection. And the list goes on and on and on what they do. Yeah, and when you lose them, what they put us at risk for will be the most that they put us at risk for us assisted living facilities and nursing homes. Yeah, we have experts in this area, gerontologist and then one of us one of them was working in a nursing with nursing homes for decades. I asked her what percentage of men and women do you think are in nursing homes because of loss of hormones? And she said 80 Wow. 80% That's staggering. The flip side of that is 80% of those entries could be probably or possibly prevented

by replenishing of hormones properly over the course of their life. And it's really around the muscles in the bones. The gerontologist in 1968. If I go too deep in the weeds, David please stop me.

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David Sandstrom 20:06

Okay, No; feel free.

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Dr. Daved Rosensweet 20:09

The gerontologist an expert on an aging, gave a lecture to our senior medical school class. And the essence of what they said was your medical students, you know, 1000s of diagnoses. Let me tell you what's happening older people. They're losing their muscles called sarcopenia. They can't stand or walk with stability. They fall on their osteoporotic bones break a hip and that fracture usually leads to death. Yep. And then they also lose their cognitive ability. You want to do something for these folks. protect their muscles, their bones and their brains,

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David Sandstrom 20:46

Which is what hormones are responsible for.

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Dr. Daved Rosensweet 20:48

They're one of the major things, yeah, that without them, let's put it another way without them. The compromise there, it can be very significant enough to put you in a nursing home or assisted living, you know, canes, Walker's wheelchairs, that's the progression. Yeah, adult diapers fit in there as they lose bladder control. So these are all hormone related On a more practical level, and for a woman in mid life. She will start getting hot flashes in the middle of the night and she won't be able to sleep. You know, we all know it losing a couple night's sleep is like Yeah. Rough and then she'll get vaginal dryness, vaginal atrophy, painful intercourse lose her libido. Men, men, commonly we lose our libido. When we lose testosterone, we lose our drive, we lose our core motivation. Inspiration. So this list goes on and on. Yeah. disturbances, depressions anxieties, because these things are so powerful. And they're so all over us ubiquitous.

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David Sandstrom 22:00

Yeah, you know, brings me ah this memory. Yeah, I used to live in South Florida. I know you live in southwest Florida, correct? Yeah. So we had a boat. And I had a friend of mine who was really into fitness. So this was before I really got into health and wellness. I didn't know much about any of this. But we were on the ocean. And it was a nice calm day. I said, Hey, let's just head east. We'll go to Bimini. Let's, let's go over to Bimini and do some fishing over there. So we did. And we're on the way back though, when started picking up was a little rough. Like we've got a long way to go. Now to get back in. He said, you know, Dave, that whole idea you had about going to Bimini today. That was testosterone based, you know that right? So yeah,

probably. So it does, it affects us in a lot of different ways. You know, it really does. We made it back safely, obviously. But I have got I've got a lot of questions I want to ask you. And one is, of course we don't. Our hormones are going to decline with age. Right. But it seems to me because we're living in such a toxic world, that we're seeing an unnatural decline in a lot of people. Would you agree with that.

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David Sandstrom 23:04

We all want to age gracefully right? To do that, we need to maximize our health potential. To that end. One of the top challenges is the fact that today's food supply is compromised. And it's getting more and more difficult to get all the nutrients we need from the food that's available. That's why I recommend adding quality nutritional supplements to your routine. Now, there's a lot of choices out there. But keep in mind, where you get your supplements matters. There's very little oversight in the supplement industry. So because of ignorance and or unethical practices. A lot of products sitting on the shelves at places like drugstores or warehouse clubs are compromised. The only source I recommend is full script. When I want supplements for my family and me, I turned to full script. They only sell to healthcare professionals such as myself. So if you want quality supplements that actually work, and a label that matches what's inside the bottle, look no further. Go to my website, DavidSandstrom.com/fullscript, use my link to create an account. And you'll get instant access to dozens of professional grade supplements, as well as non-toxic bodycare. The vast majority of fullscript's offerings are not available at the retail level. And they're third party tested for quality, all delivered directly to your door. And right now they're offering free shipping on orders over \$50 If you use my link, you lock in a 10% discount for life. You've got nothing to lose, act now. Go to my website davidsandstrom.com/fullscript, click on the orange button, create an account and you'll get instant access to all my favorite products as well as my recommended protocols. And you'll be one step closer to looking and feeling your best. You won't be sorry.

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David Sandstrom 24:59

Now that we're seeing an unnatural decline in a lot of people, would you agree with that?

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Dr. Daved Rosensweet 25:05

Absolutely. 100% When I was in medical school, this sperm counts for about 10 times what was considered normal what they are now. And there was a study done on Florida alligators, okay, that there was a lake and the east coast there near the lake. It's a big one. I forgot its name Lake Ocheshobee. Yeah. And they, they saw that the alligators were not reproducing like they used to, and there was an actual scientist went and did a study and they saw hermaphrodite ism occurring in a far greater rate, sex change, while female to male male to female. sperm counts and alligators were way down. That's why they weren't reproducing. And there was even changes in the genitalia. And what was the cause of that? So many of the herbicides and pesticides that are derived from petrochemicals, of all the things that they could do, they affect hormone receptor sites. What else do you think they could do something else? Well, they probably do, but they definitely affect the livers and brains and but they also affect hormone receptor sites. And so that's the science behind these concerns you have, and we're seeing it in

young men. We're seeing young men in their 20s and 30s getting interested in testosterone treatment, not just necessarily to build muscles, young men in their 30s and 40s. Losing their drive, their motivation, their libido and their reaction. Yeah.

D David Sandstrom 26:36

Yeah, that's unprecedented. I mean, I, you know, I have been around as long as you have, but I'm 61 years old. And when I was a kid, it was unheard of. You didn't hear anybody in their 20s not going to a, you know, hormone replacement that was just, you know, wouldn't even think wouldn't cross anybody's mind. Body builders, maybe. But, you know, not your average guy. So, what is another question I had? Did you have any other thoughts on that? Or it was, it was pretty thorough. Okay. Another question I had was, what's the difference between a bioidentical hormone and a traditional pharmaceutical hormone?

D Dr. Daved Rosensweet 27:13

Well, the original hormones that were being used by the Chinese about 1000 years ago, what they would do is they would collect the urine, in separate buildings from young healthy women, for women, and do a separate collection for young healthy men and they dry it out. And they did that because hormones are in that urine. In fact, the the exact hormones that are in young women, so they're molecularly, identical in the urine, okay. And then, over time, the pharmaceutical industry needed a much better source, and an invented collecting urine of horses. Because there's a lot of hormones and in and there's large volumes of urine, especially,

D David Sandstrom 28:01

it's gonna say that when a horse pees, they have a lot of volume there. That's right.

D Dr. Daved Rosensweet 28:05

Yeah. And they would catheterize these horses and collect that in urine. Well, 50% of what's in a horse urine is not, it's native to horses, not the human females, I've never seen it. So those are not molecularly identical hormones. Okay, and then they started working with synthetic hormones, like for birth control pills. For example, there's an estrogen and progesterone in the birth control pill. But it's a different, it's not identical. molecularly. It's different. For example, in birth control pills, it's called Ephenial Estrodiol. It's got one of the hormones in there, but it's attached to this molecule that does not exist in the human body. And it's got an artificial progesterone in there. It's not a progesterone is progestin. So the molecules are different. So in the early 1980s, two human beings in the United States independently knew that there was pure hormone available. One was a pharmacist outside of Dallas, and the other was a holistic medical doctor, a real pioneer Jonathan Wright in Washington State. And they both had the idea, we know that they're getting a pure form a molecularly identical form, in the process of producing the estrogen for birth control pills. Why don't we get that? And sure enough, the pharmacist found the source of the same molecule. So they started putting it up in gels and creams and even capsules, and the molecule that's in these creams of the estrogens for example, commonly there's two estrogens and a cream that women use. Well, they're the

same molecule that's in the female body. There's no difference that's really derived from plants, the pharmaceutical manufacturers own soy fields, that's one of the more common sources of it and they're exquisitely biochemically altered to derive the exact same hormones in the human body.

D David Sandstrom 30:19

That is the the ultimate source is soy?

D Dr. Daved Rosensweet 30:25

Well, they're in a lot of plants, okay. They're in yams, for example, very plentiful. But as far as mass production goes, a lot of this is being originally derived from a molecule that's in soy called diosgenin. And it's converted very skillfully, into pure estradiol, pure estriol, pure testosterone,

D David Sandstrom 30:45

and the molecules are identical to human hormones. That's right. Yeah. So you have to you have to go to the right pharmacy to get a pure product, do you not?

D Dr. Daved Rosensweet 30:55

That's right. And there's 7,500 of them in the United States. They're all pharmacy. All pharmacists, were this type of pharmacist originally. Yeah, they were compounding pharmacists, they were called. And they took the basic ingredients and put it up and creams and gels and ointments and stuff. But then a big change occurred when pharmaceutical manufacturers started producing mass producing these pills. And we I have nothing against them. They, you know, I'm on a pharmaceutical Bill myself, but they're not their expertise is not the hormones. Yeah. Identical hormone pharmacists. That is their expertise. Yeah.

D David Sandstrom 31:42

Gotcha. So how do you go about finding a reputable pharmacy?

D Dr. Daved Rosensweet 31:49

Well, if you just Google on compounding pharmacy, in your near you, you'll pick up three to 10 of them, depending on where you live. Because the pharmacists that are most interesting, and most interested in making up these individualized, precise prescriptions, they're all over the place. And you can go to different websites, the Alliance for pharmacy, compounding, that's why I went to Washington with PCCA. The pharmacy compounders of America. There's, once

you just once you are curious about where are these folks? And you started Googling them, you're gonna find Oh, my God, they've been down the block from me. I didn't even know they're just called a pharmacy. Right? Yeah. Okay. physicians know how to find them.

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David Sandstrom 32:43

Yeah. Well, that brings up my follow up question was how do you find a physician is trained? I know you're training doctors and nurse practitioners in how to do this. Do you have a practitioner locator on your website?

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Dr. Daved Rosensweet 32:57

We I'm going to back up a little bit. And say this is a very unusual field. I grew up in an era where generalists like general practitioners, were differentiating out into specialties. So you had surgeons becoming orthopedic surgeons or Obstetricians and Gynaecologists and internists becoming neurologists, and you know, specialization started occurring. Yeah, man in the world of hormones at the time that specializations were occurring. And they're really excellent. I mean, these are this is a great thing. These specialists are really trained, they get very advanced training. But it didn't happen in hormones and a lot because of that. That Women's Health Initiative study. It scared everyone away from it. So there's so what I'm really pointing out, it's not that easy to find people are taking the sign as a specialty, and yet body of knowledge, and the intricacy and individuality of human beings calls for it being a specialty. Yes. And that's one of the only differences between myself and a lot of others in this field is 30 years ago, I said, I got to specialize in this. There's way too much to learn. How do you get good at something is zero denied? So that's what we've been doing. And so we've trained 600 800 physicians, and if you go to our website, you can put in an inquiry to see if there's someone we've trained. So that's one way that the public can identify people who are taking this on as a special caring, and special. And then another way is, there are so many compounding pharmacists everywhere in the United States. That what I suggest is you you find the one that's in your area or the two or three or five, and you actually walk into that pharmacy and talk to as to talk to the pharmacist. You try and do it by phone. These are Busy folks are not likely to reveal what they know. But when you walk in, these are very friendly folks. And you ask them, you're the ones who are receiving the prescriptions. Is there anyone that you would recommend that I go see, who really cares about this is really doing the best work? Because they know it? Yeah. They'll know their area know, who's writing sophisticated prescriptions and precision individualized prescriptions. And yes, it's good, exotic general stuff.

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David Sandstrom 35:28

Yeah, that's those are two ways to do it. That's a great suggestion. Yeah. Very good. So talk to us about, I'd like you to say a few words about the woman who maybe is perimenopause, or, or is in menopause, and not really experiencing any negative symptoms. What would you say to that person? What could you make a case that she should still be pursuing? an endocrinologist and talking about this?

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Dr. Daved Rosensweet 35:59

Well, you know, I want to backup if I couldn't do it, check the question you just asked previously, how do I find one of these folks? is the most important question. Because bottom line, you're going to need someone who can write a prescription. And you want that person to be really trained. Exactly. And that's the job of every woman and man who wants to pursue this is how do I go shopping? For the physician or nurse practitioner that really cares about this? And is expert in it? Yeah. And that's the only job really, I mean, I wrote the book for women. We're in the process of doing the same for men. But there's only so much you need to know you what you really need to know is, who is the right person for me? Yeah, that I can like and trust. And I forgot to leave that another resources, ask your friends, because they may not be publicly announcing it to you. But if you start asking around, you're gonna learn that one of your compatriots is seeing someone for hormones. And you asked him, Do you like him? How you doing? So that's another third resource. So sorry to back away from the next question that you asked

D David Sandstrom 37:12

Not a problem. So let's let's review here. So how do I find a practitioner one is your website. Another is find a compounding pharmacy in your area, go walk in and talk to them face to face. They will know the good practitioners from the from the mass market, so to speak, they'll be able to point you in the right direction. And then the third is helping out here. What was what was the last one? Yes. Your friends. Ask your friends. Yeah.

D Dr. Daved Rosensweet 37:36

Yeah. Someone who's getting hormones and they may not have told you. Yeah, right. Right.

D David Sandstrom 37:41

Which will be very common, right. People don't generally talk about that a party's

D Dr. Daved Rosensweet 37:45

Exactly. Yeah. In this day and age. It's so much easier because many as many elements of medicine really call for an in person visit to the physician. Yeah, not menopause. medicine does not. I mean, you can't do surgery by telemedicine. No follow up, but you can do the surgery. Right. But menopause and andropause, medicine lends itself beautifully to telemedicine. Yeah. So you got access to someone who's licensed in your state? Yeah. So there's there is going to be a choice there, you'll be able to find good.

D David Sandstrom 38:23

So you go. Okay, go ahead. I'm sorry. Go ahead. Please. Well, I was gonna say that, while we had that other question, but you've developed a method called the menopause method. And so what what makes your method different from the average, let's say family practice practitioner

that may be just kind of dabbling in this a little bit.

D Dr. Daved Rosensweet 38:46

Well, I know we call it a method, but I think the only thing that it really is, is if you pay very, very close attention to what's going on for 30 years, you start seeing the natural process and how to address it. It's like anything, if you pay a great attention to a sport. What's one of your favorite sports, sailing?

D David Sandstrom 39:10

I like baseball.

D Dr. Daved Rosensweet 39:13

If you pay a lot of attention to baseball, and you do a lot of practice, you start seeing how the game works. Right. And you could say, I you could say, well, this is the David method of playing baseball. Yeah. This wheel has been invented. It's it's baseball itself. Right. I will tell you the proper way to address it if you pay close attention. So many people do to baseball man. There's a lot of there's a lot of science in baseball. Have you seen Moneyball?

D David Sandstrom 39:46

No, but I had that recommended just last week. Somebody told me to watch that.

D Dr. Daved Rosensweet 39:50

Oh, watch it. If you're a baseball fan, you got this is one of the best. Okay, I'll check that out. Yeah, there you go. That's what I feel like We did with menopause and andropause, there was very little known. There was no specialization. And I just started paying attention and teeming with women and teeming with men. I knew a lot of the science and because women and men were so individual, like some young women, they need this much estrogen, so to speak, to be fertile to be to get pregnant, to sustain their pregnancy to have regular periods, whereas other women need three times as much. Yeah. And then there's everyone in between individuals.

D David Sandstrom 40:36

And you'll find that by talking to them and about their symptoms,

D Dr. Daved Rosensweet 40:39

that's part of the way you do it. And then there's three different hormones we're talking about with women. And they can be low in estrogen, high and testosterone, medium and

progesterone, and estrogen, rich in est and medium and testosterone. There's all kinds of variations. So the key to understanding how to do excellent medicine is to pay attention. And yes, start with symptoms. Because, and this goes back to the question you asked just a bit ago. 86% of women in midlife, they get life stopping symptoms. This is known by scientific studies. This is not why this is not a quiet thing. There are I'm sorry, 84. There's 16% of women that have no symptoms. They're the ones I'm most concerned about. The 84% They're so motivated, they need help, and they know it. Yeah. And so they reach out for the expertise. The other women say what's the big deal? Menopause is easy I had and yet they're subject to the same bone loss, same muscle loss, same cognitive loss. So the symptoms are what inspire women in men, men lose their erection, they lose their libido. That's what's inspiring, right to reach out for help and knowledge.

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David Sandstrom 42:03

Right. That brings up another question I had is Should men be pursuing hormone replacement therapy as much as women?

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Dr. Daved Rosensweet 42:13

Absolutely, yeah. All women and all men, we put out the maximum amount of gonadal hormones over your testicle at the age of 20. Plus or minus a couple of years. Yeah. And then all of us decline. Right? Midlife women take a drastic drop, and they start menstruating because they lose so many hormones, men tend to be more gradual. But some men are declining early, then their 30s are already having erectile issues. Yeah, the men decline slower. But it's 100% of males and females, we lose our hormones.

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David Sandstrom 42:53

So you know, we touched on this earlier in, but it's kind of related question, we talked about how our hormones do decline with age and we're not talking about risk. If you're 60 years old, you're not talking about restoring your hormones back to a 19 year old level? Correct. We're just bringing them back to where hopefully someone will be asymptomatic. Is that Is that correct? To say?

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Dr. Daved Rosensweet 43:14

That's exactly how we like to do it. No, in most cases, but not all, let's say for women. We don't want to store restore youthful levels. Yeah, because useful levels, do something called stimulate the breast to prepare for breastfeeding every single cycle. Yeah. And women know, most women know that their breasts feel fuller as the month advances, right? There's actual new cells, there's, there's been cell division there. This is preparation for breastfeeding during each period. If you don't get fertilized, then everything resinds and goes be lose all those new cells. But that's a very vulnerable time for cells is when they're dividing. So we don't want cell division to be taking place in a menopausal woman. Okay, so if this is the range that I was talking about healthy for young women 20 to 29.

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David Sandstrom 44:18

If you're listening on audio, Dr. Roses, we had his hands up at about a foot apart and what one hand is about a foot higher than the other. Go ahead.

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Dr. Daved Rosensweet 44:26

Thank you. And then what I'm doing is I'm dropping that upper hand because the proper treatment zone for women most women menopause is right below that youthful level. You can get all everything you need. libido, vaginal health, bone health, cognitive health. Most women can get that from soy and not do breast glandular cell proliferation at all by excessive amounts of estrogen. Now there are exceptions in the world of dementia, sometimes women really need robust levels to do Get back their brain. And women need a real act to get back their brain. But it's so wonderful that they do. And some of them will get their period back. But these are rare exceptions. Most women, this is young, healthy, it comes in right below that. Yeah, so you don't get that monthly, or anytime extra cells being dividing.

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David Sandstrom 45:24

Very good. So here's another question I wanted to ask you before we wrap up. And that is, what's the best way? To what form is the best for doing the hormones? Is it a lotion? Is it a pill? Is it an injection? What what what, in your opinion is the best way to do it?

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Dr. Daved Rosensweet 45:42

There's there's a lot of different ways that work. And then there's the good, and then there's the great, and I think you're asking about the great cheer for women, the estrogen and testosterone. And women definitely need testosterone, women have more testosterone than they do estrogen. They definitely need testosterone to preserve their muscles. For women, the estrogen and testosterone is safest and most effective when it comes in as a skin application. Okay, the traditional ways that that's done is through a cream and gel. However, those creams and gels are solvents. So 18 years ago, my team and I, we developed a way to put it in our organic oil base. And there is no solvent in that soy certified organic oil, the hormones are floating around in that. Okay, and that's, that's the state of the art to me. I love that. And same for men. I mean, the best way to do testosterone is on a daily application. This is what I do every day.

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David Sandstrom 46:47

Okay, so would you put it on your your palms or the soles of your feet

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Dr. Daved Rosensweet 46:51

or put a drop the right amount with an oral syringe? Okay, this is an oral syringe, I squirt it out onto my hand, yes, right after a shower, I rub them together and rub it on my sides. Okay, so

you're dry, which is very quickly, okay. And I do that every single day and daily application is the optimal. That's what the body does, the body does daily output. Traditionally, with men, you can also get testosterone through injection. But there's issues with that. But if it was the only tool I had, I would definitely do the injections. Sure, it's not state of the art daily application of a topical is the best. So when

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David Sandstrom 47:29

you do the injection, you get maybe your once a week or so. And then your testosterone will spike and then gradually diminish over the course of the next week. And then you go in for another spike. So you're talking about just for steady state levels that your body would do naturally.

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Dr. Daved Rosensweet 47:44

And there's issues with spikes, you named it exactly, David, the body that when you spike, you get some interesting information going into the brain, you're gonna get likely an increase in red blood cells that's not safe. In the long run. The spikes is not what the body's used to. So you're, you're so correct. It's the daily steady state.

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David Sandstrom 48:08

What do you think about the pellets that's been kind of popular these days.

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Dr. Daved Rosensweet 48:11

And I'm very concerned about them. There's been a tremendous amount of errors made with the pellet's when I testified in front of the National Academy of Science, this was their big bug, biggest bugaboo. They'd gotten a lot of reports that people around pellets had a lot of trouble. I think in the hands of an expert, expert expert, they could be reasonable. But once again, they're not physiologic. You get these high levels, they last for three months or so. Yeah, well, that's not physiologic to do that. You could say, well, it's sustained release, I have yet to see a study where the levels are steady state. There's complications with pellets. And I think the biggest issue is there that I haven't seen many what we see the fallout from pellet failures. So we see the women and men who are complaining about them. There's probably some women and men who are done decently with the expertise, but I don't run into them. And I have definitely run into the pellet complaints. And they tend to use testosterone and women have very high doses, super physiologic, so I am not a fan. And it makes us vulnerable. There's forces that want to eliminate bioidentical hormones and pellets is the weakest link. Yeah, they're the one that it's that area where there's been enough trouble and enough trouble reported that we're very vulnerable there. So I'm not a fan of pellets.

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David Sandstrom 49:43

All right. Very good. Thank you for that. Well, you know, I didn't mention this. I probably should

have mentioned at the top of the show, but here at MetroHealth. Maris, I want to help you maximize your health potential so that you can look and feel your best at any age. And I think what Dr. Rosensweet is talking about here, is really squarely in the middle of the book. Bullseye here as far as Aging Gracefully, and maximizing the your vitality and your your enjoyment of life in your later years, as opposed to, as you said earlier, you know, getting osteoporosis and muscle atrophy and having a fall and ending up in nursing home route before you shouldn't be there or assisted living way before you should have been there. And I think that's, that's a pretty, pretty important job. Thank you for doing what you're doing. Welcome. So I know you have a generous offer for the audience. Talk to us about your new book.

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Dr. Daved Rosensweet 50:34

Well, it's it's the seventh edition, it's Happy, Healthy Hormones is written for women, for the women. And there's a lot of them who really like to know some things about it really like to know the details really like to understand what's going on. And your your, your program can offer a link to a free PDF copy of that. So however you post them in your program, I'll

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David Sandstrom 50:58

be sure to put that in the show notes, go to my website and click on link. It's davidsandstrom.com. I'm not sure what episode this number number, this is going to be just yet. But davidsandstrom.com For slash the episode number. But it'll once it's published, we'll have that number determined. What I'd like to ask you, before we wrap up is if you had to summarize what we talked about today, what's or what's the most important thing you want people to know

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Dr. Daved Rosensweet 51:27

That we like to live long and walk and talk and be take advantage of them the wisdom and experience that we have. And as a physician, what I see actually takes place is that people lose their energy, their drive their libido, their intimacy over time. As a physician, I see people of all ages and when you start getting into the 70s and 80s, you start seeing major compromise. And so much of that compromise can be avoided by taking some care a little earlier, we recommend you get treated whenever you come whenever you it comes to you to do so even in your 70s and 80s. But it's easier when you start earlier. And you're going to want to walk and talk and think clearly and be stable on your feet when you're 80. And when you're 90. Yeah. So it's almost not going to happen for most people unless they get hormone replenishment. Yeah. And you're going to want to not leave your family home. We know this so well. I've been a part of those transitions with actual patients. Women and men are strong, they'll do it. They'll go into an assisted living facility, or a nursing home and they need to, but it's a heartbreaking moment for many of them. Absolutely. What gives you the best shot of being active and sexually active. Intimacy active? Yeah. Strong. playing, playing things. Getting down on the floor with your grandchildren, your great grandchildren. Yeah, amen. Almost everyone's gonna need hormone replenishment to do that. Successful. Yeah.

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David Sandstrom 53:14

Yeah. Very good. All right. Well, thank you so much for your time today. Dr. Rose and sweet. And what is your website?

D Dr. Daved Rosensweet 53:21

Well, there's several of them. For professionals. It's iobim.orgt. dot org, I will be iobim.org for for the public. It's brite.live. That live? Bright? dot live.

D David Sandstrom 53:39

Very good. All right. And if someone wants to get a hold of you personally, just through the website, what's the best way to do that?

D Dr. Daved Rosensweet 53:44

Okay, we have a team there and they can get through to me

D David Sandstrom 53:47

Alright, very good. Dr. Rosensweet. Thank you so much for sharing your wisdom today.

D Dr. Daved Rosensweet 53:53

David, it's an honor and a pleasure to be with a good man. And it's, you've just radiate it. And so it's a privilege and I thank you, and I thank you for what you're doing.