Episode 265: With Hormones, Normal Isn't Always Normal With Dr. Shawn Tassone

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Katie: Hello and welcome to ''The Wellness Mama'' podcast. I'm Katie from wellnessmama.com. And this episode is all about hormones and women's health and we have some really fascinating topics to dive into because I am here with Dr. Shawn Tassone who is double board certified in obstetrics and gynecology and by the American board of Integrative medicine. He holds a medical degree in addition to a PhD in mind-body medicine. In his 20 years of practice, he has seen over 40,000 women and he's highly regarded as a patient advocate. I've read through some of the reviews and testimonials and he really stands up for his patients and lets them be an active part of an integrated part of their health. And as an integrative health practitioner, he believes that you should have an active role in your care. His work includes studies and publications on spirituality and medical care, whole foods to heal the human body and integrative medicine. And he's been featured in many media outlets and publications. He's definitely an expert on this topic. Dr. Tassone and welcome and thanks for being here.

Dr. Tassone: Well, I'm super excited to be a part of this and to just have somebody like you out there advocating for moms and women is great and thanks for having me.

Katie: Oh my gosh. I think I'm so excited to have you here. I think this episode will help a lot of women and I wanna start broad and then we'll definitely dial into some really specific topics toward the end. But I know in my case, I had thyroid issues and some other hormone issues for years and could never get results. I had to go

through quite a few doctors before I finally started getting results. And now I hear this same story from so many women who say like, I feel terrible, but my doctor said my levels are normal or I know something's wrong, but my doctor keeps saying it's in my head. And I'm guessing with having seen 40,000 patients, you've heard that story more than a few times as well. Can you give us some background on just what is going on in general? Are we seeing a big rise in hormone problems? And is this possible that like women can be experiencing actual hormone problems, but testing normal?

Dr. Tassone: I think there's a lot of things that go into that. One is the, like you've said, the medical community telling women that their hormones are normal. And it's probably true in the sense that in a lab value, yeah, they're normal, but if you look at how they obtained the normal and normal is a range, right? These lab values, it isn't a dialed in number. So I always tell patients, yeah, your testosterone was normal, but it's in the fifth percentile. Well, if you took an exam in high school and got a 5%, you probably wouldn't, your parents wouldn't have been too happy. But in medicine, that's considered normal. While you might feel a lot better up in the 80th percentile, which is still normal, it's just higher normal. And so one of the things I always say is normal isn't always normal.

The other that I think I see happening is that I think health in general has kind of changed and we're seeing more obesity. We're seeing more neuro-endocrine disrupting agents in the food, you know, like things that mimic estrogen and, you know, the chemicals that are used in pesticides and all of these things have really shifted hormones for the, I think for the worst. And it's just a matter of, I think us being more able to recognize that now that I feel miserable, insomnia, mood swings, irritability, weight gain, you know, just that all of those pain points that that isn't normal. And the other thing I hear all the time is, oh, you're just getting older. And I will tell you this, as a man, we aren't told that. You know, men aren't told, oh, you're just getting older, Shawn. It's all part of the aging process. You should feel miserable because you're 38 or you're 45 and that's just ridiculous. You shouldn't feel like garbage because you're getting older. That doesn't make sense.

Katie: Yeah, that's such an important point. And I think you're right. This is obviously a multifaceted problem where we've got plastic exposure at huge rates. We've got additives in our food, in our beauty products. And I mean there's definitely assault from a lot of angles at this point. But that doesn't mean that these women are not having very, like, serious, that, like, what they're feeling is actually very true. And I love that you speak to that. Can you kind of just give us a primer in general, some of the basic hormone imbalances that you see often at this point? Like is low testosterone, for instance, an issue in women or as estrogen dominance or low progesterone or what are a lot of people seeming to come in with?

Dr. Tassone: So I have an online…one of the things that came from me seeing all these women is I would find that as I was talking to a patient, say about low testosterone or excess estrogen, as I was talking, I could see kind of eyes glaze over. Like, you know, I was doing that doctor talk and yeah, I wasn't really getting through. And so what I found was there's a story there. Each of these imbalances has a story. And so for a low testosterone, the story is about what I, archetype these imbalances. So I call women that have low testosterone, the nun, and I know that sounds funny, but nuns don't really are interested in sex, at least the good ones. And they're also not…they have low libido and things like that and they're tired and they're quiet and things like that. But when I started telling these stories to women, what I found was they were like, "Yep, that's me." Or "Wow, nobody has really explained it like that before."

So I have 12 imbalances on my website where it's in a 35 questions and these imbalances come across as a story. And I thought when I did these initially that estrogen excess was gonna be, or estrogen dominance was going to be far and away the number one. And I was shocked that actually low testosterone is the most common that I'm seeing come across the, you know, 15,000, 20,000 women that have taken the quiz far and away low testosterone is the most common followed by estrogen dominance. And I think the estrogen dominance is obvious because we have so many women that are on birth control pills or, you know, overweight or exposed to neuro-endocrine disrupting agents that it makes sense. But low testosterone for sure is the biggest one. I'm calling it the plague of the 21st century. It's not talked about women. If you look at the FDA, we have 10 or so FDA-approved medications for testosterone for men, we have zero for women. And it's an obvious discrepancy in healthcare right now.

Katie: Yeah, I think that you're right. It's not talked about. I know it's talked about for guys like you said. I've seen those statistics that today's men have a third or a half of the testosterone that their grandfathers did, for instance. And I think, you know, there's a lot of things we could look at there from the plastic and the endocrine disruptors to just food supply and lifestyle changes. But you're right, it really isn't ever talked about for women. So I wanna go deeper on the different types a little bit more, but before we move on to that, are there things women can do that do help with testosterone?

Dr. Tassone: Sure. And it really depends on, you know, where you are in the spectrum, some of the things. So each of these archetypes, each of these imbalances, I have a six-step process that I utilize to help women bring things back into balance. And out of the things that I use, one's a spiritual practice, hormonal modulation meaning using actual hormones. A section I call infoceuticals and infoceuticals is more of a grand term to incorporate the actual energetic aspect of that hormonal imbalance. Nutrition, exercise, and then proper supplementation if you need that. And of those six steps, really only one of those is needed to have a physician or somebody involved that can do a prescription. The other five steps are pretty much self-care related. So I do believe that most of these imbalances can be handled through self-care.

Katie: Yeah, I know you're a big advocate of patients taking ownership and action in their own health, which I think is so important, especially in this time that we're in right now. What about, I get this question a lot and I don't typically respond because I'm not qualified to speak to it, but what about hormone replacement therapies of different types? I know those have gained popularity lately. I'm curious what your take is on them.

Dr. Tassone: Well, I'm a fan of replacing hormones if they're deficient, especially hormones are gonna be like the immediate effects. So obviously using things that are less invasive, like non prescriptive techniques are gonna help, but they may not help immediately. They may take a longer time period. And for women that are specifically suffering from, you know, something like estrogen deprivation or testosterone deprivation, they may need help quicker but also use these other things along the way. I think that using hormones is great because the way I look at it is this, and right now a lot of women are afraid of estrogen replacement. And I think it's because about 10, 13 years ago we came out with the women's health initiative where half the women in the world went off of their hormones because they got, you know, scared of breast cancer and deep vein thrombosis in the legs.

And what was interesting about that study is that we already knew those risks. It was in the package insert. So it wasn't anything new that we didn't know. It was just that the media kind of got hold of it. And those hormones that were in the study where synthetic Prempro or Premarin and Provera, which I don't know if we can really correlate the side effects to these bioidentical hormones that we now utilize. And then secondarily, I think, you know, I look at it like this, if you can't live the life that you wanna live, if you can't live your best life because you are miserable, then I think that, and you have something that isn't there, that's supposed to be there, then we should replace it.

One of the downsides I think or the reasons we see these hormonal imbalances, you know, to be honest, as a species, we're living longer. And I don't think evolution has necessarily had a chance to catch up to the fact that we are no longer dying in our 30s and 40s. We're living into our 80s and 90s and not just living but living well. And we're supposed to have hormones, you know, especially for women. They protect the heart, they protect the bones, they're good for brain function and in cognitive value. And I think that, you know, if you don't feel like you're functioning properly, and I'm not talking about like, you forgot where you put your keys, but you know, I hear about brain fog all the time. It's a definite time to possibly replace. And as long as you're having those discussions with your provider and you know the risks involved, then I think it's a sound decision.

And the other thing is we're not trying to give you hormones to push you into a super, a physiological level. I want you to be in a normal level for a female, just kind of higher in the normal range, which is one of the reasons that I don't like hormone pellets because pellets in my opinion are a poor delivery system because they do make your levels go super high. So I don't use pellets.

Katie: Got It. So what are the alternatives to pellets? Because I know I've heard people mention using those. Are there other alternatives that you prefer? Like what method or delivery are they?

Dr. Tassone: So I tend to use, we know that estrogen, if it's taken transdermally through the skin, that it tends to not convert into 4-methoxy and 16-methoxyestrone, which might be more DNA-damaging types of estrogen metabolites. And it actually may go more towards 2-methoxyestrone, which is a protective cancer protective form of estrogen. So I tend to prefer to give estrogen transdermally. Progesterone is good transdermally or orally. A lot of women take it orally as a capsule, but testosterone is also transdermal. So the methods of delivery can either be transdermal through a cream or a sublingual which is a good method as well or you can do intra-vaginal suppositories, but they can be a little bit messy. And then obviously there's also the pellets, which I don't necessarily utilize, but I tend to do mostly transdermal creams and then sublingual.

Katie: Got It. Okay. That makes sense. So to circle back a little bit, you mentioned nuns as one of the archetypes. What are some of the others and what would they indicate as far as the hormone imbalance?

Dr. Tassone: So the nun was, it's funny the nun… I get women that will say, I don't wanna be a nun. And it's not a bad phrase. What are the positives? And I always talk about the positives of these archetypes to nuns are very, you know, they're very intelligent. They're very dedicated, they're loyal, they're lovely people. They just aren't necessarily interested in intercourse. And they're cloistered sometimes. And I think sometimes it's because they don't feel well. But some of the other archetypes, like I talked about estrogen dominance, those

are called queens. I call these ladies queens simply because obviously estrogen is the quintessential female hormone and very powerful. And the most powerful woman I could think of would be a queen. Some of the other archetypes, progesterone deficiency. Progesterone is the quintessential pregnancy hormone. And I look at…one of the books I wrote a while back, I think it was 2014 called ''Spiritual Pregnancy'' was all about the hero or heroine's journey through pregnancy. Like Joseph Campbell's ''Hero's Journey.'' But I super imposed over pregnancy and I look at pregnancy is kind of the ultimate heroine's journey.

And so women that have low progesterone, I call them unbalanced heroines because they don't have the aspects of heroism meaning there's higher rates of miscarriage, they tend to have more anxiety because of lower GABA levels and things that progesterone provides. Then you have the thyroid hormone. So low thyroid, I call that the underdog. High thyroid would be the overachiever. Cortisol levels, high cortisol, I call the workaholic for obvious reasons. Low cortisol, I call the saboteur because those women tend to…the saboteur women tend to sabotage their own health because as you could probably attest having six children, you take care of everybody else at your own expense.

And I'm not saying you per se, but this is what these women do. They tend to have…a good example, I just had a lady in last week. She's a pharmaceutical rep. She drives 200 miles every couple of days in the car. She's eating poorly because she doesn't have the ability to eat right. She goes home, she's got three children that are under the age of like seven. She's taken care of them, single mom, and she's just burning that candle with a blowtorch. And what started out as being a workaholic now ends up being a saboteur because she now has no cortisol to speak of. And so those are some of the more common ones that I see.

Katie: That's fascinating. And I know you have, like you said, a quiz on that, so I'll make sure that we linked it out in the show notes at wellnessmama.fm if you guys are interested in finding out what yours is. So to go a little deeper on the specific issues I hear from women a lot. You mentioned testosterone in libido in that connection, but I'm curious if there's other factors as well because I do hear from a lot of women who struggle with low libido and feel guilty that they have low libido because they obviously want to be there for their husbands in that way or their partners. So are there other factors that come into low libido and what are you finding as the way that women are able to overcome that?

Dr. Tassone: Look, I think we've done a serious disservice to women in this area because if you look at all the ads now on football games or any sort of sporting, you got the two people that are sitting in the bathtubs for some reason in the middle of a field of flowers and it's a Cialis or Viagra commercials. So we're loading up all the men with testosterone and Viagra. And not to be flippant, but you know, they're walking around with erections all weekend long. And then we've got women who are pretty much normal. They're walking around doing their thing and you got these guys in hyperdrive and we've got these women who are 50, 45. And it's not that they're not interested in sex per se, but they have issues where they just don't feel like having intercourse because they have, like, 20 things they need to do that day.

And it's one of those things where we've mismatched things. And then men, unfortunately, because I can speak as one, we have a horrible way of making women feel guilty. And you mentioned that, you know, like, don't you love me? What's wrong? And that just feeds back on itself. So realistically, what the issue is, is where we're kind of putting men into overdrive and we're not helping the women kind of maximize their

testosterone. But the main factor that I kind of alluded to was, it's emotional. It's psychological as well. And I always asked my friends, do you have five things that you need to do today that you need to do today? Is sex one of them? And 99.9% of time it's not. For men, it's probably on that list at some point. So there's a little bit of a mismatch there.

But I think that I could make a woman's testosterone the level of her husbands, and it's not gonna make her want sex. It might make her want to rip his face off. But she's not going to be interested anymore in sex. So I think it's a lot of things. It's a relationship. And I always tell guys, and keep in mind, I don't say that I'm an expert in relationships by any stretch of the imagination, but I always tell guys, if they come in, ''Look, if you could do something that might increase your chances of having intercourse with your spouse or significant other, do the dishes and do the laundry. And don't just put the laundry in the washing machine, you gotta put it in the dryer, you gotta take it out of the dryer and fold it and then you've gotta put it away.'' Those things probably work more than actually me giving a somebody's testosterone.

Katie: I'm sure a lot of women listening are definitely agreeing with that statement, for sure. It's a perfect segue into another thing that definitely seems to be on the rise in women, or at least the women I hear from, which is anxiety. And I know that there definitely is a societal component there. There's a lot on women's plate. Like you just mentioned, there's 20 things they usually have to balance in a day at least. And so that's obviously a huge component of it. But from your experience, is there a hormone component to anxiety as well or are there any things that you can do in your practice that can help with anxiety?

Dr. Tassone: Anxiety tends to obviously have multifaceted reasons. Two of the things that I see a lot now progesterone deficiency for sure. Progesterone does break down into pregnanediol, which then breaks down into GABA. And GABA makes us sleepy. It makes us calm. It kind of soothes us a little bit. So women that don't have that…and estrogen is very stimulating to a female. So if you have a woman who is being stimulated by estrogen, estrogen, estrogen, she doesn't have the progesterone to come in and calm her down, then she's going to be kind of, you know, that feeling of kind of wanting to choke somebody out which I tell my patients, I ask them all the time, "Do you feel like you wanna choke someone out? "And they're like, "Yes. Oh my God, yes." And I joke, but it's, it's true that progesterone certainly helps.

And then recently in the last couple of years, there's been a great test out that's called the Dutch panel, which is a urine test for hormones, but it also includes some organic acid testing. And you can check for women that might not break down dopamine very well. And dopamine is a hormone that makes us feel good. It's a brain neurotransmitter actually that helps us feel better to feel good hormone. But too much of it can make you feel very anxious. And so some people genetically don't break down their dopamine very well and so they feel more anxious during the day. And so with testing, we can find out who these individuals are and help them with either supplementation or sometimes they are actually taking medications like Wellbutrin and whatnot for depression that are making them more anxious. So it's really just kind of looking at the whole picture, but certainly as a hormone, too much estrogen and not enough progesterone are big factors in that.

Katie: That makes sense as well. Okay. So another thing that I…to cross the line into a little bit of controversial territory here, I get a lot of questions from women related to different types of birth control and their risk and problems they've had, side effects, etc. And I know this is a topic that is very individualized and very personal

and I wanna just put that out there. Before we start jumping into this, this is not in any way meant to be a judgment on anyone in their choices. However, I do feel like this is another factor that has changed pretty drastically in the last couple of generations. We have a large population of women taking substances, synthetic hormones to alter their hormones. So it's logical to me that there could be some hormone consequences of that. And I know you've written in depth about that. So to start broad like, are you seeing women with potential downsides from different types of birth control? And if so, what were some of those common problems that you're seeing?

Dr. Tassone: Well, first of all, I think that birth control pills, birth control, you know, estrogen-driven birth control, you know, it's an option. It's been around forever. I do utilize it occasionally. I think, you know, I had a daughter that was 15 at one point and I didn't want her to get pregnant. But if it's used for birth control, I think it's great. I think the problem that we have in the medical culture right now is women with polycystic ovarian syndrome or irregular bleeding or, you know, other issues with their period, like painful periods and whatnot, they're automatically put on birth control pills without any sort of trial to figure out what the problem is. We're putting these women on birth control, and for some women that might be estrogen dominant, like women that have polycystic ovarian syndrome, we're giving them more estrogen, which doesn't really make sense, but it's what we do. It's a knee jerk.

So I think birth control, if it's used for birth control, can be a great option for some women. And there's I mean, millions of women out there that use it, but there can also be issues like headaches and high blood pressure and blood clots and breast cancer, increased risks and things like that. So you have to just be educated and know what the risk factors are. And if your doctors putting you on a birth control pill for another problem, maybe look at finding a functional medicine practitioner or somebody that can just give you a second opinion on those. But I think they're valuable in the sense that they do provide women with a choice. It's just that we're not really educating women, I don't think on the potential side effects. And then there's other options out there too like, you know, IUDs and a Nexplanon, which is the little levonorgestrel implant that goes in the arm. There's, you know, permanent sterilization for those women that are no longer wanting to have children.

One of the things that I have really kind of gravitated towards in the last year, basically, are the new natural family planning techniques like Daysy and iFertracker that actually take body temperatures and show you when you're ovulating. So they're supposed to be for fertility and to help you get pregnant. But if, you know, when you're ovulating, you also know when not to have intercourse. So, and the other thing is those are giving women biofeedback about themselves. So you know, they know that, oh yeah, I'm around day 12 and I'm having pain and I'm ovulating because the device is telling me I am that they, it's good biofeedback for you to know, okay, yeah, I'm ovulating. So I'm really trying to gravitate towards those because they don't use hormones and there is no real risk involved there other than, you know, knowing your own body.

Katie: Yeah. I've used devices like that for years when we were trying to avoid and to space pregnancy. And you're right, I think the point you made and it was so important was like if you are using birth control as a solution to your pain, to your PCOS, to any of these things to your acne, maybe consider that you don't have those problems because of a birth control deficiency. So like you said, looking at the root causes and then even if it is for the birth control but you don't want the side effects we now do through technology have apps that help with this. So many ways you can integrate that don't involve hormones because yeah it's so logical

just to throw more hormones that something may not always be the solution. And I know you have also is very specific expertise with the removal a certain kind of device that's used for permanent birth control. I believe I'm forgetting the name was Essure. Can you speak to that because I know like people are definitely looking for options in this area, but then there safety concerns as well.

Dr. Tassone: Essure, it was a device that was initially made by a company called the Conceptus that came out in 2002, recently pulled off of the market for who Bayer who eventually bought the product called Financial Reasons in December of 2018. So it's no longer placed, but in those 16 years, about a million devices were placed. And it was a permanent form of birth control. It was done vaginally, so there was no abdominal surgery, which initially was thought…we as physicians, we thought it was a great option. It was a metallic coil that was put into each fallopian tube, transvaginally. And over a three-month period would cause the tubes to scar shot internally, thus causing sterility. The problem that I think we're seeing now, and this is not with everybody, obviously. I would say there's probably 20% to 25% of these that were placed, these women are starting to have issues. And the two big ones that I'm seeing are pelvic pain and irregular bleeding. But I'm also seeing some side effects like rashes, auto immune disorders like Hashimoto's and rheumatoid arthritis and things like that.

And what's happening is women are being disempowered because they're being told by a lot of people that these little coils don't cause any problems. And especially pain, which I find fascinating because if we were putting these coils for 16 years into men's vas deferens and for sterility, and the guy would come in and say, ''Hey doc, you know, ever since you put that device in, it's been killing me.'' A doctor would say, ''Oh, well, let's feel it.'' And he touch it and they'd jump off the table because it hurt. The doctor wouldn't say, ''Oh, it's all in your head,'' but we can't feel fallopian tubes on an exam.

So it's kind of like out of sight, out of mind. And unfortunately, it's not like an IUD where it's easy to remove. You have to have surgery to remove these. And since 2014, I've probably removed about 700 sets of these and I'm not amazed anymore at the outcomes that I'm seeing. I mean just from joint pain and muscle pains to obvious pelvic pain and a lot of women were initially having to have hysterectomy to have these removed because there wasn't a way to get these things out. And over the last few years, I've come up with a surgery that I can remove the fallopian tubes safely and not leave any fragments behind.

So it's been quite a journey and actually has kind of been something that I wasn't looking for. It just sort of happened over the years of me seeing these women and eventually advocating for them with the FDA and going to Washington, DC and really trying to help them come up with their voice. But I mean, this all started from one woman. I believe Angie Firmalino lives in Vermont. I want to say she started a Facebook page that was just her, just because she wanted to voice her concerns. And I think now five years later, it's got 40-some thousand women that are on it. I mean, just, it's amazing. You know, you obviously are another person. How one person's voice can, like, transform this industry, you know.

Katie: Well yeah and yours as well. I'm so glad that you are out there raising awareness even at the FDA level and I think it's so important. It sounds like such a corollary to another issue that I'm hearing from a whole lot in the Facebook group. One was on the Facebook group and in blog comments and in general, which is breast implant illness or it has a couple of different names as well. But there's a whole community of women who are

saying, I have all of these autoimmune problems and things that started after getting implants. I'm curious if you're hearing from those women as well and if so just if you can speak to that.

Dr. Tassone: So I have a friend Dr. Anthony Yun who's out of Detroit plastic surgeon. He talks about this frequently. And I would definitely advise women listening to this to maybe visit him on Instagram or something because he does talk about it from time to time. And it is kind of something that's coming to the forefront in the last probably year for sure. And a lot of the things that are very similar. I have a lot of patients that have had their breast implants removed and have had resolution of their symptoms. I've had some women that have had their implants removed and had minimal response. But I think the thing that's interesting is that there's so many women that have breast implants these days that it's hard to tell for sure if some of the symptoms aren't other issues like hormone imbalances or whatever, maybe the hormone imbalances are caused by the implants.

It may not be something that we can ever directly correlate, which is similar to the Essure device that I'm talking about because I can't make a direct correlation. I can just show like, "Hey, I've done 700 of these and here are the results that I've had and how women have improved." And I think we're seeing something very similar with breast implant illness is that sometimes it might just be another issue. But is it possible that maybe the other issue came from the breast implants themselves? And we may not ever know that, but I think that women who are ill that are having joint pain, muscle pain, migraines, you know, that have these implants, it would be really interesting to go back and look at your life. And when did, you know, if you can remember, you know, when did you have your implants put in and then when did these problems start?

And I think over the next couple of years we're gonna start actually seeing some studies. And my bet, just like with Essure, because this happens as well, there's gonna be a community of physicians out there and it might be a large community that say, absolutely not. This is not a problem. This is not something we're seeing. And you're gonna get a smaller number of people like Dr. Yun, like myself, who will actually, you know, take these out especially if you're having issues. You know, I'm not gonna I often counsel women that call me like, "Should I have my Essure removed?" "Do you have any problems now?" "Actually, I'm great, everything's fine." I'm like, "Well, I wouldn't do surgery if you're feeling fine. But if you are having multiple issues then yeah, I would definitely consider having them removed."

Katie: Yeah. And I think just having the conversation is important. I think that's a huge part of informed consent because I know from hearing from these women, a lot of them, I would guess the same case with the Essure and with breast implant illness, they weren't told that this was even a potential risk. So at least if we're gonna hopefully study this and listen to the voices of these women and their experience, we are at least moving toward a place of informed consent and knowledge about this. So even if people still choose options like that, they at least go into it with the knowledge of that these could be side effects because I know that's the frustration I hear from so many women is that they were never told that this could be a potential problem. And it may be easy to look back now and say, well it's a foreign object. We're starting to understand what it can do to the body, but the fact is they weren't given that information ahead of time. So I'm really grateful for voices like you and like the other doctor you mentioned who are there to educate and also just to hear women's experience and to listen, because I think that's sometimes so missing in medicine as well. So thank you for that and for the time that you put in, in listening to women and actually hearing their experience and working with them from their rather than just taking a blanket approach.

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Katie: And we've gotten a little bit specific. I wanna move back to the practical as well because I know that you are a practicing doctor and people can go visit you and I'll of course, I'll link to those in the show notes. But also there are women listening from all over the world. So I'd love to start going into if there is any level of practical advice that you seem to be able to give across the board or that's very common that women can do wherever they may be to start improving their hormones or to optimize these factors that we've talked about.

Dr. Tassone: Well, I think first of all, advocate for yourself and don't feel disenfranchised. I know it's easy to feel disenfranchised when you're told things like, "Oh, your hormones are normal," or "Oh, you're just getting older." And that can be really frustrating. But I would say, you know, if you feel like there's something wrong, if you feel that you're just not the person that you wanna be, don't stop with that. Don't let that just, you know, describe you. Like, you know, it's not all in your head. You know, if you didn't feel like this your entire life, then something has changed, something has shifted. So you have to be your own advocate.

There's also, there's a lot of people out there too, like me who will do, you know, I do distance visits all the time and you can be in any country and do that now with the, and you know, I can't prescribe or anything, but I can still help interpret tests. And there's a lot of people out there like me that are doing things like this. The great thing with the internet is now you have access to all these people and these other providers out there that can indeed help you and understand. So if you can't find anybody local, don't just stop and I know it's easy to feel disenfranchised and to feel upset, but there's definitely people out there that can help you and

want to help you. And sometimes that isn't local. And that's what happens a lot out here is that it's just not local.

But my advice is first, you know, advocate for yourself. Number two, I said it earlier, normal isn't always normal. And so if you don't feel normal, then don't just take that as an answer. You know yourself better than anybody else and you have to say, you know, well, I don't feel normal so I'm gonna go look elsewhere. And also there's a lot of organizations out there now, the institute of Functional Medicine and these other places that are training people. And the other thing I would advocate too is that it doesn't have to be super expensive. More expensive supplements, more expensive providers, that doesn't always add up to expertise. It doesn't always add up to better. You want somebody that has expertise. And unfortunately now what we're seeing in, at least in this country is what I've been calling the death of expertise, there's a lot of people out there that call themselves gurus or experts or whatever, and they really don't have that expertise. But you can call yourself whatever you want.

And what you need to look for to get that information that you need is hours and hours and hours of expertise, not somebody that's gone to a weekend course and now is interpreting your labs. And I'm not trying to advocate for myself, but having those 40,000 patient experiences and those thousands and thousands of hours of expertise do make it more of an art form for me. It's not just a protocol. And so you don't want something that's a one size fits all and you don't want something that is just purely protocol driven because that doesn't help you as an individual.

Katie: Yeah, exactly. And that's the thing I've come to realize even more over the last couple of years. And I'm sure you see this even more than I do, but just how personalized and varied health is and how many factors, like we mentioned at the beginning, how many inputs we're juggling between the endocrine disrupting chemicals in our food and our beauty products in our household. We're juggling a lot of what's going into our body and the solution is often very personalized, very varied. And I know for me, at least for years, I was hoping that I would just find a practitioner or a doctor who could just give me all the answers. And I found some amazing doctors and practitioners who did give me a lot of answers. But I also learned at the end of the day that my health is in my hands and I was the one who had to, like, do the trial and error and figure out what were the things that worked exactly for me. And like you mentioned on the practitioner level, a lot of these people have great research and great information and they've certainly figured out what works for them.

And I speak to myself at this as well. I figured out what works for me and I share my story in hopes that it might help others, but it's by no means meant to be prescriptive because at the end of the day, we've all figured out hopefully our own solution. But that doesn't mean it's going to be your solution. And so I hope that that's really truly the trend in the next part of health is giving like the listeners of this podcast, giving everyone the ability to take ownership for their own health, to work with practitioners who are in their corner and to figure out their own solutions. And it sounds like you're on board with that as well.

Dr. Tassone: Yeah, totally. I think one of the things that I have the most fun with is when I'll get like sisters or best friends or something that come in together and they both walk away with like completely different care plans. And what's fun about that is that just shows that bio-individuality though that we all have. And I think,

unfortunately, that's where medicine has kind of collapsed in the last probably decade or two, is that we were kind of treating a system them like your uterus or your ovaries as you. And there's so many other factors that go into that. And I honestly think that over time this will shift and allopathic medicine will come around. I just don't think that the model right now knows what to do with that. And it's gonna be patient-driven.

So the more that you're out there advocating, the more that you're out there, you know, know, I mean, six years ago when I started this Essure journey, I was a pariah. I mean my colleagues made fun of me. They told me to stop doing it. They didn't quite get it. And now there's doctors that are, that are calling me. I have a guy that wants to come and watch me do what I do so he can do it. And it just, it if you stick with your guns, if you feel good about what you're doing, eventually that paradigm will shift.

Katie: I couldn't agree more. That's so awesome. And as we get close to the end of our time, another question I love to ask largely selfishly because I'm an avid reader, is if there's a book or a number of books that have really changed your life and if so, what are they?

Dr. Tassone: So it's funny. Well, it's not funny, but I mean it's interesting. I guess I should say. My journey started in 2001 when my mom passed away and actually I was a resident in OBGYN and my mom was diagnosed with ovarian cancer at 51. And you know, she did the whole surgery and chemo. And what was interesting was I couldn't help her. I couldn't alleviate her symptoms. I couldn't help her with their hot flashes. I had absolutely nothing. Here I am, you know, learning all this stuff and I didn't know what to do. And when she passed away in 2001, I just decided, you know, I can't let this happen to other women. I couldn't even help my own mom. How am I gonna go out and help other women?

And I was in Sedona. That's what the funny part, I'm in one of those spiritual places. And I was reading a book at the time called ''Eight Weeks to Optimum Health'' by Andrew Weil. And it was at the time he was talking about crazy, crazy things like fish oil and CoQ10 and you know, now it's like, people would laugh about that, but back then it was pretty like, oh my gosh, what is he talking about? And at the end of the book, he had this thing in there that said, if you're a physician and you wanna learn more about integrative medicine, I have this fellowship, I'm starting at the University of Arizona. Well, I just happened to live in Tucson at the time. Talk about, you know, the cosmos coming into alignment. And I was like, ah, I gotta take this fellowship.

So it was a two-year fellowship and, you know, that was what kind of set me in this direction. And eventually, you know, my five-year PhD in philosophy in mind, body medicine and I kind of all started from that one book and that crazy concept that, you know, that fish oil is good for you. So, I mean, it just, it kind of like, you know, started from that one book.

Katie: I love that one. And lastly, is there any parting advice that you would like to leave with the audience today? Especially did, most of them are women and a lot of them do struggle with hormone problems. Any parting advice?

Dr. Tassone: Kind of like what I've said a couple of times, normal isn't always normal. And if you don't feel normal, don't let the doctor come in and tell you that your labs are fine, you're just getting older. Because if you don't feel normal, then something isn't normal. And what you'll eventually find is that there is, you know, like I see this a lot with thyroid levels for sure, 2.4 to 4.5 is normal, but your 2.4 well that is hard. That could be just, you know, I could double that number and you'd still pretty much be normal, but you might feel a heck of a lot better with a higher level, but it's still normal. So just be your own advocate. Don't get frustrated. I know it's easy to get frustrated if you seen five or six people that are telling you that, but stay the course. You know what's going on in your body and just, you know, find that person that can help you.

Katie: It's a perfect place to end. I love that advice and thank you so much for your time. I know that you're a busy practitioner and you also do a lot of education as well, so I'm honored you took the time to be here with us today.

Dr. Tassone: Well, thank you very much for having me. It's been awesome.

Katie: And thanks to all of you for listening and joining us today. And I hope that you will join me again on the next episode of ''The Wellness Mama'' podcast.

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