Season 3, Episode 20: The Menopause Hack You Need To Hear Right Now with Dr. Sharon Stills

Jodi: I am Jodi Cohen, your host, and I'm so incredibly honored and excited to have an amazing conversation about hormones with my dear friend Dr. Sharon Stills. She is a naturopathic medicine physician with over two decades of clinical practice, and she's the host of Mastering Menopause Transition annual summit and is dedicated to changing the conversation around menopause and healing in general.

Her red-hot sexy menopause philosophy and programs have changed the lives of tens of thousands of patients and students, and she's passionate about being an advocate for women's health. And I'm just so excited. I told her I'm 54 and so many of my friends are being told you can go on birth control or you can get a hysterectomy, and those are the two options. I'm excited to talk about what's going on and what you can do about it.

Sharon: It always makes me go, over two decades I've been doing this. And so I've been around a lot and I've seen a lot and I always say, we don't have to have our mother's menopause because I think that was what I saw happen to my mother. This was many years ago. I wasn't even, aware of naturopathic medicine or anything at the point, but she had heavy bleeding and they gave her a hysterectomy. Knowing what I know now, I'm like, I could have given mama some progesterone, we could have saved the uterus in the ovaries.

It is really saddening to me that many decades later women are still being told the same story. And partly to me, I think, I don't think anyone goes into medicine to not take care of people like we go, we become a physician because we wanna help. And so part of it is just the system and how the traditional doctors are trained.

And then part of it is us on them because there are plenty of medical doctors who step outside the box and go, wait a second, there has to be a better way. So I'm always a big fan and advocate of if your doctor is not working with you, not teaming up with you, not doing the things, because we're very educated right now. We have podcasts, we have summits, and so the patients that walk in my door these days are much more educated than the patients that walked in 20 years ago when I first went into practice. We didn't have the internet. If I had to look something up, I had to look it up in a book.

And so it's very different right now and there are so many options that I am excited to unpack with you today.

Jodi: For anyone who's listening who maybe is early in menopause, if you can just give a brief definition of perimenopause, menopause, some of the symptoms they might be experiencing? So that maybe they recognize themselves in the symptoms.

Sharon: It's a hormonal journey. And so I just had a patient like two hours ago who said, Everything is fine. She wasn't coming to me for hormone, she was coming to me for something else. But I always ask about the cycle 'cause it's a sign of our health.

And she was like, My cycles are fine. I never take that at word level… Define fine. And then I find out she has cramping, heavy bleeding. Her breasts get tender for three, four days before her cycle, but we've been taught that's normal. We think it's normal to be in bed for the first two days of our periods and have to take Tylenol, Advil, or put a hot pack on.

So our hormonal journey starts from the onset of when we are 10, 11, 12, whatever age it is. It seems to be getting earlier these days because there's so many exogenous external hormonal influences that are bringing puberty on earlier, unfortunately. When we get a cycle and when we start becoming a cycling woman, our cycles should not have symptoms. And when they come with symptoms – I call symptoms the sacred messengers. It's the body's way of saying hello out there, something's imbalance, so I'm gonna make you feel not good so you pay attention – and yeah, women especially, we are taught just keep going.

Sometimes it takes until menopause where our hormones jump off a cliff and now we're just a disaster, that we seek help. I always look at what was your cycle. So whoever's listening to this, 'cause you may not be in menopause, but your cycles now are a good indicator of how your menopausal situation is gonna go. It's something you wanna be doing, whether you're listening and you're in menopause, but tell the younger women I wanna change the conversation. And our cycles should be a nice detox every month, shedding the uterine lining. It should be a time where we go more inward, the red tent that they used to go to.

Women have superpowers when we ovulate and then when we get into the luteal phase to be more inward and so we can really align with our cycles and use the hormones to help us. As we show up in the world, so if you've had a history of infertility, that's another sign that your hormones are off. If you've had a history of PCOS, of fibroids, of endometriosis, these are all signs that when you start to get into the perimenopausal, menopausal years, they're probably not gonna go as smooth.

Sharon: And to answer your question, what is perimenopause? Perimenopause is the years leading up to menopause. And so menopause is just one day. Menopause is a year after you've had your cycle. So pretty much you're perimenopausal, you experience menopause for day, and then you're post- menopausal. With perimenopause and what I want those of you listening to really to know, is that this can be going on in your early 40s. This can even be going on at 39 or 38. And a lot of times you're told this is not your hormones, you're too young to even be thinking about it. But if you are having symptoms and there's a gamut of them… the more popular ones are hot flashes, insomnia, urinary tract infections, hair loss, mood swings, and weight gain.

You can have a burning tongue, you can have eye changes, you can have joint pain. Lose your libido there. There's so many symptoms that are associated with hormones. Our hormones are intricately related with our immune system. So you can start getting sick a lot. We have to really think globally. If this is happening to you and I always say if you have an inkling, if you have an intuition that your hormones are off. They probably are. Don't let anyone outside of you tell you you're wrong.

Jodi: We do normalize period symptoms. Oh, I'm craving chocolate 'cause I'm getting my period, or I must be getting my cycle. Like we all just assume that's just the way it is.

Sharon: It may be common, but it's not normal. We have to start thinking about it like that, and I see it all the time where we don't think it's an issue that we have migraines or headaches. It's just the first three days of my period, but that is a sign that the hormones are out of balance.

It's like a rollercoaster. Some days you may feel great and some days you may not. And the rollercoaster is your hormones and estrogen can be really high and it can be really low. And it depends when you catch it. So testing can be very confusing during the perimenopausal time because if I do a test on you and you're at the top of the rollercoaster, I might be like, no, your estrogen's fine. But if I do a test on you and you're at the bottom of the rollercoaster, I was like, you have no estrogen. If you do testing, understand how to interpret the test results. A lot of times with perimenopause, I've been doing this a long time, I don't even rely on a ton of testing for the actual hormones 'cause I know that there's all sorts of craziness going on and I can see what's going on by looking at symptoms and how someone is feeling.

Jodi: The test is just capturing that flash in time. That could be either at the top or the bottom.

Sharon: If you're perimenopausal. And I don't do dried urine testing. I do actual urine collection of 24 hours to get more accurate results. You have to collect your urine in a jug for 24 hours and it's been much more reliable than dried urine, which is better then relying on a blood test or not testing at all.

Sharon: When you're perimenopausal you have these fluctuations. And it can definitely be hormonally related. And you also have to look at what contributes to hormonal health, like hormones don't exist on their own. You have to think about your lymphatic system moving. You have to think about your gut microbiome. You have to think about your liver and your gallbladder flow. You have to think about your lifestyle, your emotions. So there's a lot of pieces that go into it.

Typically, when we're younger, we struggle more with estrogen dominance. And so a lot of times, a lot of these inflammatory conditions or migraines are driven because there's too much estrogen or it could be too much estrogen in relationship to your progesterone. If your estrogen's supposed to be here and your progesterone is supposed to be here, but your progesterone is here. Now you have estrogen dominance, even though this level didn't move. And you can have estrogen dominance because you are recirculating your estrogen because you have certain enzymes in your gut, like beta glucuronidase that are giving you estrogen instead of being escorted out in your poop, it's getting recycled back into your system.

You can have too much estrogen because your liver is not clearing it. You can have too much estrogen because of all the xenoestrogens. There's lots of different reasons. And you have to look into, am I producing too much? Am I producing the wrong types of estrogen? Am I getting it from exogenous sources? Am I not clearing it? You gotta go in and look at, why? Or do I have too much estrogen? 'Cause I just don't have enough progesterone and why don't I have enough progesterone? Is my thyroid not functioning? Am I too stressed out? When the body has to decide between survival or sex, it chooses survival. So if you're very stressed, you're producing a lot of cortisol, you're not gonna produce as much progesterone. There's lots of different reasons, and that's like a chronic thing that I see in the younger population, this estrogen dominance issue.

As we get older, go through perimenopause and menopause. Like I said before, it's like the hormones just go cliff-diving. They're gone. And then it's not an estrogen dominance issue, then it's really about replacing the hormones.

Whenever I talk about hormones, I'm always talking about bioidentical hormones. I'm not talking about synthetic hormones. Synthetic hormones would be like going to the doctor and getting birth control pills. These are pharmaceuticals. They're synthetic. Some of them come from pregnant horse urine. And like the pregnant horse urine has estrogens in it that we don't even make in our bodies. I always find it interesting that even regular horses who aren't pregnant don't even make those estrogens, so it's it's not even good for regular horses. It's certainly not good for humans.

Sharon: When you take bioidentical, they're just that – bioidentical to the hormones that we naturally produce. And so they know how to lock into the receptor site because they fit and the synthetic ones don't fit and they cause all sorts of problems.

Synthetic progestin, which is a synthetic progesterone, if you actually read the side effects. It's like the side effects are all the things you're trying to treat. Weight gain, insomnia, depression, miscarriage. So they are very different than using bioidentical. And when I use bioidentical replacement, we're doing it in sub-physiological doses. We're not, I'm not trying to make you 16 again. I don't know anyone who'd wanna be that age again, but keep me in my 50s. I'm very happy looking forward to 60s and beyond. We're doing them to give your body just enough to give you the therapeutic benefits.

Jodi: There are a lot of variables that could contribute to what's going on. How do you unpack that? What tests do you have your clients do? How do you figure out where all the puzzle pieces go?

Sharon: I am a big fan of Test Don't Guess. I do a lot of testing. I do very comprehensive blood work. And for hormones, some of the things that you definitely wanna see in blood work that you're not gonna see in urine are the DHT, which is dihydrotestosterone, which is a metabolite of testosterone. Women will be put sometimes on ridiculously insane amounts, especially if they have pellets injected into them. I'm very anti-pellet. I'll just put that out there right now.

I used to work at a clinic where I saw these patients who were put on pellets and I had to take them all off, get them all explanted and get them all detoxed. The pellets pound you with hormones and then it falls off. You feel like amazingly good for a little bit. Then you don't feel good until you get your next pellet, and no one's monitoring 'em. So they're giving you these high doses of testosterone, then your hair is falling out and no one bothered to run a blood test and look at DHT to see if you're converting the testosterone to the metabolite that makes your hair fall out.

It's really important to look at DHT in the blood. Every patient I have on testosterone, I'm constantly monitoring. It's really important to look at in the blood, SHBG, which stands for Sex Hormone Binding Globulin. It's like a modulation. If it goes too high, it'll bind. Think of it as the school bus and the binding globulin, the sex time, it's a school bus, and the hormones get on the bus, and if the levels get too high, hormones can't get off at the stop. And so you might have enough hormones, but they're bound up by this protein in the liver and you can't get them to the receptor side. You need to look at that to make sure that's kept. A lot of it is not too little, not too high, it's gotta be just right.

Sharon: I look at that in the blood. You can look at testosterone and free testosterone pretty accurately in the blood. You know what I rely on for estrogen and progesterone? You can look at a DHEA-S for sulfate in blood. Fairly reliable. I look at that in the blood, in the urine. And then I really like the blood for thyroid hormones. And when you wanna have a full thyroid panel and it still blows my mind. It still happens in my office repeatedly, numerous times a week, where a new patient comes in and they've just been totally misled about what's going on with their thyroid.

You wanna have those basic six markers. You have a pretty educated audience, so I'm sure most people know that already. But then you also wanna have someone who understands how to read those levels. I see a lot of times patients come in and they might've had the right tests run. And I'm like what'd they do about it? And no one did anything about it. They tested so they didn't have to guess, but then they never did the treatment. So you wanna be getting the proper treatment for your results.

For example, free T3, the range is typically like 2 to 4.4. If you have a 2.6 or a 2.8, a lot of times I see women are told your free T3 is fine. You don't need support. But my experience is that the free T3 for a lot of women to feel good has to be at the high end of normal or even above. You really need to work with my patients and I'm like, you know your body, you have some symptoms. We get feedback. Like it's wonderful when the test lab results match, you know what you're feeling, but I'm most first and foremost concerned with how you're feeling. So your T3 needs to be a little higher, but that's where you feel good, then that's where we put you. You really want someone who's gonna be able to think outside the box.

Reverse T3 ranges are usually 8 to 25. I don't like to see that higher than 12 or 13. And if it's getting higher than that, you have to be thinking why is the body putting the brakes on the thyroid? It could be multiple reasons, from stress or heavy metals or co-infections from Lyme or mycotoxins. So you have to do a little digging and see what's going on. But you wouldn't wanna give someone even natural thyroid hormone that has T4 in it to someone who has a higher reverse T3 because you're just gonna make the reverse T3 higher.

You wanna just go and give some regular T3. If you have antibodies against your thyroid, I see this also all the time where someone has Hashimoto's or they have high thyroid antibodies and they're just given some thyroid hormone and no one does anything about the fact that their thyroid is being attacked by their body. You might need some thyroid hormone support, but it becomes a very different treatment. Now we have to see why is the immune system attacking the thyroid. What's underneath that? What's causing that? And then the treatment becomes more complicated to alleviate the autoimmunity.

Jodi: "I have Hashimoto's and no one has looked at why." This is amazing because you're looking at all the root causes and you're really a detective. Can you share the example of people who work with you, how long the journey might take?

Sharon: I have patients that have been patients of mine since the beginning. It's our 20 year anniversary. But what we do and how often we interact because if I'm your doctor and you get acutely ill, you're gonna need to see me. Or if you get a new diagnosis. But with hormones, get those hormones balanced. I typically see those patients once or twice a year.

We're doing our blood work, right? I had two patients, one patient yesterday and one patient today, tell me the same thing. I went to test and they drew my blood and they said, I have never seen so many tubes of blood need to be taken. They had 30 tubes of blood taken, 'cause I run very extensive blood work because again, I can pick up things that maybe no one saw. I can diagnose something you may not know you've had. I can see nutritional deficiencies. A good example I always use is your cholesterol.

If your cholesterol is typically 200 or 210, fine. We run it every year, but then we run it and now it's one 50 and you haven't done anything different. To me, that's a sign. There's excessive free radical activity going on in your body that your cholesterol dropped, and now your liver is struggling and there may be a cancer brewing. By doing it every year, it allows me to track and know and learn what's going on with you. My patients have their older kids, their teenage kids, start doing blood work with me and we start because the earlier you track, the more information you have and the more you can see.

I do extensive blood work on every patient. I do 24 hour urine hormone testing because when we're doing hormones, we wanna see the metabolites of the hormones, especially in estrogen. There are different kinds of estrogen, and this is where it gets very diluted. People say estrogen causes cancer. And if estrogen really caused cancer, then when girls went through puberty and had all this estrogen surging, we'd see a big uptick in breast cancer. But we don't, we see it postmenopausally when the estrogens are dropping off. That's also when we see an uptick in osteoporosis and Alzheimer's disease and cardiovascular disease and diabetes, 'cause these all have implications with the hormones.

I do 24 hour urine testing because we have to see, do you have more of the good estrogens or the proliferative estrogens? What kind of metabolites? There are metabolites of estrogen that I use to treat breast cancer. There are metabolites of estrogen that can cause DNA damage.

Sharon: So we really wanna get the whole picture and see what's going on and see over a 24 hour year period what you're metabolizing and what you're releasing, so that's really important. If someone is measuring your hormones that you're on in saliva or in blood, you're not getting accurate results, you're not getting accurate monitoring, and often you are being told your levels are too high and you have to reduce what you're taking when that's not the case.

That's a really important piece of monitoring hormones. I also monitor cortisol levels in saliva, like with 24 hour samples so we can really see what your cortisol is doing. I had a patient and I was so sure that her cortisol was flatlined, and then I did her test. I was like, Oh, I was wrong. It wasn't, it was like the total opposite of what I thought it was gonna be. And so it's a good example of why we test and we don't test, and especially with cortisol, because the symptoms can be low or high cortisol, and we always hear, Oh, high cortisol.

At least 50% of my patients, I check their problem is not high cortisol. They've already burned through their cortisol and now it's crashed, and now they're just flatlined and they actually need some bioidentical cortisol to bring them back on There's a great book called the Safe Uses of Cortisol by William Jeffries. I don't know if it's still available, but it's a fantastic book and he really gets into all the uses of bioidentical cortisol and what a game changer it is.

Jodi: On that note, I wanna give people hope.

We were talking offline, I was kinda sharing some of my symptoms and you're like, We can fix that. Are you able to fix things? That's another thing that we normalize. Oh, you turn whatever age, and, this just happens. And that's just what age is.

Sharon: I don't think I'd still be practicing if I wasn't fixing or balancing things. And I'm like, we're gonna get you to a 10 or at least a high 9. I see patients come in and maybe they're on hormones and they get a 0 and now I'm at a 3 and I've just been here for five years and this is where they've left me. And I'm like, That is not acceptable. I wanna see women thrive and feel good as we are aging, we are like powerful beings and we have a lot to give and offer to the world. And we need our physical vessel to be balanced so that we can be creative, that we can have energy, that we can have joy in our lives.

I want us to be the generation that our kids and our grandkids look at, and they don't think it's weird that an 85 year old is out hiking a mountain. Because we look at that now and when we see that, we think, Oh my God, look at her. That's amazing. But that is normal.

Jodi: And for anyone who's listening who wants to work with you, how can they find you?

Sharon: DrStills.com is my website. I'm pretty findable, just go to my website.

Jodi: Is there anything that we haven't touched on that you feel is important for people to know?

Sharon: I got through like some of the basic tests. I won't go deep into 'em, but like I also do stool testing so we can look at the microbiome. I do heavy metal testing so we can see where your heavy metal load is. I do iodine testing to see if you're deficient in iodine, which has a big impact on your thyroid and your breast. I do mycotoxin testing because mold can be a big player. I look for Lyme and co-infection. So there's a lot of testing. Toxicity testing. Sometimes it's like I just wanna hopefully rule out things if it's there and we didn't even check it could be driving your dysfunction.

It's better to test and know what's going on. I talk a lot to women. I host the Menopause Summit, which you are a part of this year, and I do that. It is a ton of work, but I do it because I'm really committed to changing the conversation and it's a free way to reach a lot of women who are thirsty for this information, and I'm really passionate about changing what aging looks like. Menopause is not a disease. It pisses me off that there's an ICD 10 code for it. But it's not a disease. It is a normal transition and a lot of it is like our mindset and how we look at the aging process and menopause.

I've been postmenopausal now for seven years. I was done and finished at the age of 48. I was a little on the earlier side, but remember the average age is 50. So that means some are gonna go a little earlier, some a little later. And so it's all normal. It's all okay. But I climbed and stood on the top of Kilimanjaro and the universe was like really supporting me to the day. It was the one year anniversary when I had my last period and I stood on top of Kilimanjaro to show myself and to also show others like, this is just at the beginning, we don't have to be afraid of menopause and we have to take stock and we have to look at, it's easy to say don't be afraid of aging.

And if you have to really look and see what are the programs I have, what are the beliefs? What are not mine? What are from society and I can easily get rid of? And what do I have to work on? But when we can we're all gonna go through menopause. It's inevitable. If you're a woman, it's coming for you. So get ready and enjoy it.

Sharon: As humans, we're all eventually going to expire. And so what can we do to improve the quality? It's not just the quantity, but it's also the quality of our life. And if we live healthy, If we eat right, move our body, have community, have love, have joy, have passion, have balanced hormones, then we can step into this sacred second act and really rock it and start a new business. Or learn to paint, or learn to dance or travel or. Do whatever you want. Sit and be still and be meditative.

It's not to tell you have to go climb a mountain, but I always say what's your Kilimanjaro? What have you been putting on the back burner that it's time to now put on the front burner? Because we have been taught that we come last as women. And I'm like, no. That is not selfish. You can't pour from an empty watering can, so fill yourself up and have hope that there are doctors out there like myself who will listen to you.

Some patients, it's very easy. Hormones are balanced and they go on their way. Some it takes a little longer if they have other infections and other things going on, or there's a lot of emotional things going on. Be patient, but don't give up hope. If you know something's out of balance, find someone who will work with you and listen to you. I learn from my patients. I've been practicing 22 years and I learn something every day from my patients.

Jodi: Thank you for your brilliance and everything you do. And please repeat your website so people can go find you.

Sharon: It's DrStills.com.

Jodi: This was amazing. Thank you for everything!