

## **Symptoms of Hormone Imbalance Part 2**

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: This is episode 35 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. Today we're talking about the Symptoms Survey that's on the website for identifying hormone imbalances.

KM: And we've already talked about testosterone symptoms and progesterone symptoms. Now we're going to talk about estrogen symptoms, when estrogen drops and what symptoms you get from that. That's called menopause. Everybody knows more about that than the other two. And then the last one is thyroid because often times thyroid in women goes away or becomes hypo-functioning at the same time as they go through menopause.

BN: And the reason this is important is the Symptoms Survey identifies for Kathy what the client is experiencing in their life. And it is self reporting and anecdotal, it's not so scientific. But from that self report and those anecdotal responses she can get a determination and she'll go through and talk to you about what each piece of this information tells her. But she can get a determination about which test to then get from you for the lab. And then when she has the lab results and your experience together, when she does your interview, she can identify what's wrong and what you need.

KM: Right, and that's ideal. When we have both your experience and your symptoms out of our list, and the lab to put it together with you and go over each one of them then I can determine, I don't treat lab. You know if lab's low and you feel great in that area, I'm not treating that because that makes no sense. So I treat what is bothering you and what shows low in the lab.

BN: Because good health, good sex, and good relationships are self perception issues as much as they are anything else.

KM: You know when you're well and you know when you're not well.

BN: And when you feel good and when it feels good.

KM: My most unfavorite story that probably every other patient that comes to see me, who is female, says is "I went to my doctor and I told him that something is wrong and he said, 'nope you're just getting old. No problem it's your hormones, you're just

getting old.” And they say, “but I’m 45 and my family lives till 90. I have 45 years to live in his horrible state of no sex, no thinking, no body.”

BN: Take up knitting, find a charity, get involved.

KM: But as women we have to be productive past 65 now you know, because social security soon is going to start at 70.

BN: And even if you are a house mother. You know, the average age that children finally leave home to achieve independence is 27 and a lot of them are starting to recycle back because of the economy and we’re doubling up. I saw on the news last night that the homeless numbers would be exponentially higher if they counted the people that were living with their relatives. So your children would come home and bring kids with them so you’re still going to have to be functional.

KM: Yea, sadly, right. And then you should be able to be functional for yourself.

BN: Well one hopes.

KM: Once you’ve done your work and your child is successfully out of the house, you should be able to have a life.

BN: And that it is why it is so important and the thing that Kathy does in her practice is personalized medicine. She takes time to talk to you, she looks at your lab, she talks to you about your symptoms. This is not mass production numbers insurance driven business model.

KM: It doesn’t work like that.

BN: It doesn’t work like that and it’s important that you know it doesn’t work like that.

KM: And sadly the doctors that you probably go to with your insurance companies are limited. I mean they are given 7 minutes to see you. In 7 minutes I can’t say hello.

BN: Well you’ve all had the experience of going to the doctor’s office for a 1:00 appointment and having 15 other people sit there with a 1:00 appointment and you may get in at 1:30 you may get in at 1:45 if there is an emergency.

KM: Well there are emergencies in medicine.

BN: There are, but it’s also the business model.

KM: But there’s bad scheduling.

BN: Right.

KM: But part of that has to do with... I’m not trying to defend doctors, but doctors can’t make a living with what HMO’s pay them.

BN: No.

KM: And they can't pay their staff so in the near future you'll see a lot more practices like mine that don't take insurance. You can submit it and you might get paid back.

BN: Right. Those out of network reimbursements.

KM: Right, but I'm not going to limit my time that way. If I get paid 5 cents on the dollar, I can't work that way.

BN: Right.

KM: So in any case that's the situation you're getting.

BN: So what does that do to your hormone levels?

KM: It makes you very stressed, your cortisol goes up. In any case we're here so that you can understand what you need and what you should ask your doctor. And when they say "oh, hot flashes oh no big deal you're just going through menopause, you don't need hormones." You need hormones for lots of reasons. Hot flashes over time are going to ruin your sleep make you tired, and make you irritable and unhappy. Plus they're going to disturb, you can't be an executive or a CEO and stand in front of people and turn red and sweat. I mean you just can't do that. They don't listen to you anymore. That makes you less of a leader.

BN: And the conventional wisdom of the cancer scare has been put to rest. So that's not a justification for not considering hormone replacements.

KM: That's true. People still get breast cancer. But estrodial in a non-oral form doesn't cause it. So it is just as frequent for my patients to get breast cancer when they've taken no hormones ever as it is for them to get breast cancer when they've taken post-menopausal hormones.

BN: So it may be a corollary but it's not a causative agent.

KM: No. Well it doesn't mean you're not going to get breast cancer because you take estrogen. But if you sacrifice your life and your well being and don't take the hormones then you've sacrificed your life and you can still get breast cancer. But taking hormones. . .

BN: So there's a false logic.

KM: That's right. That's been perpetuated and, sadly, most doctors find it easier not to give you estrogen. But estrogen in the proper way, not oral, and they way I do it is with pellets. That's very safe and it's very even and it's very low dose in your blood.

BN: We started this conversation to talk about what estrogen does and how it impacts.

KM: Estrogen gives us breasts and when we're young gives us periods, but also gives us fat distribution so we have more of an hourglass, not Mae West kind of hourglass, but more of a waistline and hourglass figure. It also gives us vaginal wetness which you need for intercourse and so you don't get bladder infections all the time because women get a lot of bladder infections without estrogen. Lots of other things happen if you don't have your estrogen. Dry vagina and osteoporosis. Shrinkage, where you're shrinking in height. And your back's kyphotic is what they call it when your backs leaning over. You see all these little people with their walkers and their backs are in an S. That's lack of estrogen and osteoporosis. These are the things that come with menopause. These are things that are very easy to remedy with non-oral hormones.

BN: And it's important to continue to say non-oral. There is literature and research that is out there that doesn't necessarily make the distinction among the delivery systems. And what you continue to say is that the delivery system that you use are injected pellets which is a more efficient, more productive, more satisfying, lower risk, process.

KM: Lower risk. It makes you feel like you used to feel. Whereas when I did even bioidentical creams, gels. I used to do that, I did that from 1986 on, I was the only person in St. Louis doing it. And everybody thought I was crazy to do that. And now it's here. But it was all I had. It worked about half way better. People felt like they were somewhat improved. But they never came in and said "I'm back, I've got my life back", like they do now. And that's what happens when they get their pellets. They come in and say "I have my life back" They're not somebody else, they're just themselves.

BN: And what a good feeling that is. When you walk around in a fog and you feel disconnected from yourself and you say "I don't feel like me". Then you have to try to figure out why. And a lot of the people that come see me who say that think it's because they're crazy, that something has happened and they've changed in some way. And they want themselves back and sometimes it is relevant to what you do and there are hormone imbalance issues and sometimes it's other things all together. Stress and trauma in their lives.

KM: Often times couples come to me and they both have hormonal issues and they've had hormonal issues and then they come to me and say you know it's probably, we've accommodated in so many weird ways just to get along and just to live in the same house. Now that we have our hormones back, now what do we do? And we have them go to counseling for that.

BN: Yes. We call those accommodations. And an accommodation area is an area where you both know you're not supposed to talk about it you're not supposed to acknowledge it, you're supposed to be sensitive to it and walk around it. But the more accommodations you have in your relationship the more your relationship is like Swiss cheese. And the more fragile and less supportive it ultimately is. So in therapy we talk about let's put it on the table, let's examine it, let's discuss it.

KM: What are they symptoms that could be hormones but could also be psychological problems that are completely independent of hormones?

BN: Looking at the list on your website, and the survey that you ask patients to take, you know the perspective. Loss of libido. People will come in and they say "I don't have a desire anymore. I don't have desire for my wife or husband anymore. I'm not sexually fantasizing or aroused as easily or as well. Something has changed. Maybe it's because I don't love them, maybe it's because I'm mad at them. Maybe it's because they didn't get that job or that raise." And it may be those things.

KM: It may be.

BN: It may be an effect or outcome of stress and tension and anger. Depression is another symptom that is listed. Fatigue. I'm tired all the time, I'm too tired for that, I don't have enough energy for that. And often what I hear is they put that at the end of the line. It's like 'after I get the laundry done after I get the groceries bought after I get the kitchen floor mopped after I get the kid's homework done then it's 11:00 at night and I have to get up and go to work in the morning.'

KM: And it may be relationship but it may be their hormones and they may just be doing their grocery list in their brain while they're . . .

BN: Yes, while they're . . .

KM: Sadly.

BN: Yes, horribly sad. They report anger, anxiety, sleep related issues, loss of self esteem, change in body image. All of those perceptions contribute to difficulty in a relationship. And the question that I am now learning to try to identify is "is it hormonal?" And if you restored those hormones, how much of that would go away. And that brings us back to the surveys that you do. Because when you do those surveys at the beginning and you do the lab tests and you treat people than you bring them back in.

KM: About 3 and half months from their first dose.

BN: I was about to say about 3 or 4 months out. And you interview them again with the same symptom list. And what's the most common experience that you have? When you ask them about the symptoms that they identified in the beginning?

KM: I go down one by one and I say "oh well you remember you couldn't think very well and your memory was bad." "Oh yea, that's better". They don't' even, when things get better, we as humans don't always go "oh well that's symptom's gone." It's very subtle, it's very slow.

BN: Yea you don't recognize it until someone points it out or something causes you to think "oh my gosh! It's been three weeks since".

KM: Now they know their sex life is better and that's what they mention all the time. First thing "oh, my sex life is better". Now fatigue doesn't always go away right away because they're so sleep deprived. They have to take some time to sleep to get their energy back.

BN: The battery has to be recharged.

KM: And now it will stay charged. So that's one of the things they go "yea I'm about 50% there" but in 6 months they're all the way there.

BN: So then if the hormones are restored and the physiology is back where it needs to be, and they're continuing to have issues in the relationship then that's where you need some counseling or some therapy. Because the challenge then becomes, if the system is better physically, what is blocking you from having, doing, being the way that you want to be? Some of that may have to do with intimacy skills. Some of that may have to do with other issues in the relationship. And that's what someone like me can help with.

KM: And we liberally send people to get help for that. But it's not just about sex and relationships. It's about anxiety or depression. Because some people have anxiety or depression their whole lives or they've had ADD their whole lives. Well what we do is brings them back to [age] 35. But if they had anxiety and depression then, they probably aren't going to be rid of all of that. That is a genetic low serotonin level or a low noripinephrine level. Hormones bring you back to where you used to be but not back to perfect necessarily.

BN: Well and sometimes that's a catch 22. Because if you have that genetically determined depression in particular and you go on an antidepressant medicine then one of the side effects for most of those is that you develop sexual dysfunction issues. So when I have clients that come in that are on antidepressants those are things that we have to talk about. How does this impact your relationship? Because if I'm on an antidepressant and I don't experience desire, I mean what happens generally, (and this is anecdotal from clients that have told me), is that it doesn't occur to me to have sex.

KM: It's off my list.

BN: And so if I'm, yea, it just doesn't occur to me. My body doesn't tell me "oh you want to or it's time to" then my partner needs to know that so she doesn't take it personally.

KM: Oh they take it personally anyway.

BN: Well then we have to do some talk about that. And we will talk about that in our next podcast. And if you have questions about this podcast email us at [podcast@biobalancehealth.com](mailto:podcast@biobalancehealth.com). And read my blog and [brettnewcomb.com](http://brettnewcomb.com).

KM: And if you'd like to know more about BioBalance Health or bioidentical hormones.  
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