



Trim Healthy Podcast with Serene & Pearl

Episode 362 – New Secret About YOUR Hormones Revealed!

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Questions From Our Listeners

“My bloodwork for Thyroid always comes back normal, yet I seem to have a harder time than many with healthy weight. I’m fatigued a lot... Any tips on what to do? Supplements? Different tests?” – Cindy

So many doctors tell women that their thyroid is “fine” or “normal” and it isn’t! The tests that most physicians use for testing thyroid function are T4 and TSH. But they show next to nothing if your thyroid is struggling. They are used to detect severe hypothyroidism (in which case, the TSH message sent from your pituitary gland is above 4) or if you have severe hyperthyroidism as in the case of Graves’ Disease. A lackluster thyroid is not picked up in either of these tests.

The gist is that if you’re in a less serious state than those two extreme cases, you’ll be called “normal.” And T4 is an *inactive thyroid hormone*...it is simply awaiting conversion to T3 (which is your active thyroid hormone). That conversion is the real problem for many women. But you won’t come away with much clarity without testing the thyroid hormone in your body that does something!

So, find a practitioner who will test your Free T3 and your Reverse T3! *Don’t take NO for an answer!* You want your free T3 in the top quarter of the range... if it is much below 3.5 it’s not doing what your body needs. Your thyroid may need some help... your physician may be able to prescribe desiccated thyroid hormones (Armor thyroid or NP) you may also need some pure T3 hormone, otherwise known as Liothyronine.

Reverse T3 is an important test because it is testing for how much of your Free T3 is getting into your cells or not. Some cutting-edge thyroid practitioners prefer it to be 12 or under but some think it is okay up to about 15. The greater insulin resistance you have, typically the higher your Reverse T3 will be. Many women in peri and post-menopause have Reverse T3 numbers in their 20s. Reverse T3 remains high when only T4 thyroid is prescribed and generally goes lower when T3 is introduced in the form of NP or Armour or as Liothyronine itself.

What supplements? If you need thyroid hormones, you need thyroid hormones. If your thyroid isn’t in too bad of shape... some basic foundational options include selenium and zinc, Vitamin D, and perhaps thyroid glandular supplements.

“Can you discuss Testosterone Pellet Therapy?” – Michelle

While estrogen is our foundational female hormone, testosterone is *huge* for us women. Mental acuity, libido, and so many other things are affected by testosterone levels. It is also highly anabolic. Pellet therapy has pros and cons though. Its main pro is that it typically involves replacing waning testosterone with bio-identical equivalence. Too often, however, it leaves estrogen lagging. If estradiol levels are not robust i.e. – at 100 or more and Testosterone levels are pushed to super high amounts, imbalances such as a lack of insulin sensitivity occur. For some sensitive women, this can look like waist thickening, aggressive personality, acne, and hair thinning.

Another con with pellets is hormone metabolism... everyone is different. So once the hormone pellets are placed in your hip... *they're in*... well unless they cut you open again and take them back out! If you get too high a dose of testosterone for your unique body, you're stuck with it for quite a while... or until the pellets dissolve which can take a few months. On the flip side ... the pellets can dissolve too quickly and then you crash. It can be a rollercoaster ride.

Another con with pellets is that they are a medical procedure and they're rather costly. After the procedure, there is about a week when there is quite a lot of discomfort in the hip area as the wound heals.

Charlie tried using them for 5 years (Pearl speaking), and after the first few years, his body started rejecting them. While he used them, he would also “crash and burn” in months 2 or 3. So for Charlie, it wasn't great. He does shots now and much prefers that method of replacing his testosterone.

Back to the pros of pellets - some people do feel exceptionally well using them and love this approach. If this is, you. No need to stop! Do what's right for you. Even our mom is on pellets – even though we want to get her off them and transition her to our mucosal hormone cream program coming out in 2024. The fact is... it is way better to do hormones than NOT! Some pellet practitioners are gaining more understanding of the need for adequate protective Estrogen levels for women and if you can find one of those... we say go for it!

“Does BHRT cause weight gain? Menopause is not my friend... and the BHRT that I'm doing seems to be causing weight gain. Not seeking medical advice .. Just curious how should THM be adjusted??” – Elizabeth

Scientifically, there can be some water weight gain and bloating until you find your sweet spot... just like a woman on their cycle can have some water weight gain. Eventually, it should lead to weight loss when you find your balance and insulin sensitivity is heightened.

Dr. Kay Chandler (founding partner of our hormone program) talked us through many instances of BHRT. She has found that with adequate estradiol levels, weight and blood sugar issues typically come back into a good place and even get better.

But we need to remember that people do BHRT in many ways. When weight gain is an issue, we always want to look at Estradiol levels... are they sufficient... close to 100 or more? Many practitioners prescribe very low-dose hormone creams and far too many women remain with

menopausal hormone numbers. The weight keeps piling on because, without enough Estradiol hormone, there is not enough insulin sensitivity.

We're not doctors, but we're passing on this information. You should be able to get some answers if you get proper blood work done. You need to look at the numbers, especially if you are postmenopausal. We'll repeat that our exogenous Estradiol levels should be close to or over 100... most women need Testosterone levels that high or greater to gain back lean body mass as well. Postmenopausal women should seek at least a 5 for Progesterone and if peri or premenopausal, Progesterone should be at least 10. Another reason for weight gain while using BHRT is thyroid function that is not fully optimized. Once again be sure you have a practitioner who tests both Free T3 and Reverse T3.

"I had a complete hysterectomy 25 years ago... I was on a synthetic patch for a few months, and I tore it off... is it too late to start again all these years later? –Linda

It is never too late! First, there aren't synthetic patches... the only synthetic ways to get estrogen are birth control and Premarin. Birth control puts young women into menopause! The other way is Premarin—horse estrogen (which isn't as common anymore). But a patch is bioidentical... the issue with it is that rather often, women can't get quite enough of the Estradiol hormone on it.

But Linda is wondering if it's too late... it's not! Our mom started BHRT in her late 60s... and she's now in her 80s and she is getting strong. Just remember when starting BHRT that it takes time to get your groove. The first whole year is for tweaking. There will be plenty of ups and downs. Once at your sweet spot, you will feel great but that takes time. A lower and slower approach is important if you are above 60. Your hormone receptors will need time to open and readjust to greater amounts of hormones. But just know that BHRT protects and prevents! That is the reason to do it... for brain, heart, and bone protection. Estrogen is so vital for a woman's health throughout her life. Many things become difficult for women when their estrogen tanks. Post menopause health issues abound because of estrogen deficiencies. Hip breaks and sarcopenia, osteoporosis, dementia, heart attacks... the list goes on.



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