

41 - Are You A Candidate For Bio-Identical Hormone Therapy Part 2

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

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Dr. Kathy Maupin: This is episode 41 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. Today we are continuing a conversation about a dozen rules that you should be mindful of when you're trying to make a good decision, to get the information to make a medical decision, about hormone replacement therapy. In our last podcast we covered the first six of these rules and I want to review them for you briefly. First rule was always select the best doctor for the job. Second rule was hormone test results should always be compared against young healthy normals. Rule three, doctors should look at lab values and patient history and symptoms all together. Rule four is a general medical rule of thumb for any kind of question that you have and that is always follow the instructions before you have tests done whatever those instructions might be. Rule five, successful hormone replacement treatment results will cause some doctors or test interpreters to say "your levels are too high." And rule six, prior to treatment it is critical to compare testosterone levels against young healthy normal standards, healthy, normal scores. So for a breakdown of those six rules go back and listen to podcast episode number 40. Today we're going to continue our conversation and talk about the next six rules. So the next rule, number seven, is TSH test normals are different for men and women. What does that mean?

KM: Right. TSH is a thyroid stimulating hormone. It's the one test that many doctors use to see if your thyroid's normal. Interestingly enough, TSH comes from the pituitary and it stimulates your thyroid. So if it's normal the TSH should be low. If your thyroid's low, TSH goes up. So it's kind of the opposite.

BN: Teeter-Totter.

KM: Right. So TSH has always been compared, both men and women, to 29 year old males. Now in this test they do compare us to young healthy normals. But men and women are different in thyroid and they figured this out in the last 15 years. But doctors aren't embracing it, and Labcorp and Quest are not putting it on their lab sheet. However, in California they do put the difference for gender. So women's normals and men's normals are both listed. Here's the deal. if you go to the doctor and they oh, say your thyroid's normal, your TSH is normal. But if it's about 2.5 and you're a female, you have low thyroid, if you have symptoms. For men.

BN: Is that at any age?

KM: Yea at any age, and for men, 4.5 is the level we use. So there are a lot of women between 2.5 and 4.5 that just have not been treated and have been told that they're normal when they're clearly not normal. Their hair's falling out, their nails are brittle, they're cold all the time, they're gaining weight, they're swollen. They have all the signs of thyroid deficiency. Their basal temperature goes way down. Nothing works well if your thyroid's low.

BN: Well basal temperature is the next rule so let's talk about that since you've mentioned it. Rule number 8, basal body temperatures are critical data to consider when asking if you have hyper-thyroidism.

KM: Hypo-thyroidism.

BN: Yeah, so what does that mean?

KM: The hypo means low thyroid. But the basal temperatures interestingly enough in GYN and OB we use these to see if people are ovulating. A basal temperature.

BN: Is that why they have basal temperature thermometer?

KM: Yeah, but all you have to do is take a regular thermometer and take your temperature when you get out of bed in the morning. An oral temperature, that's all you have to do. That's your basal temperature. Women have, when they're cycling, have two different normals. The second half of the cycle is always higher than the first if they're ovulating and they're not on the pill.

BN: The switch is the ovulation. It changes.

KM: Right the progesterone makes the temperature go up. Now when we're talking thyroid, if your thyroid's low, then your basal temperature instead of being 98, (usually 98.6 is normal in Fahrenheit) but really 98 for women if that's the lowest normal, then if you're below that and you're not making enough heat to be that high, then that's a thyroid issue. The thyroid runs your metabolism and your heat production. In the old days when tests were too expensive and took too much time to come back, we used to check peoples basal temperatures, and that's not such a bad idea because you can do that at home. You can check and see if your basal temperature is lower than 97.9 all the time then it's very possible if you have symptoms of weight gain swelling, hair loss, dry skin.

BN: Cold hands, cold feet.

KM: Cold hands, cold feet, feeling cold all the time. Those women that wear sweaters in the summer, you got to wonder about that. So, if you have the low temperature in the morning and you have those symptoms, that's thyroid disease. You need to have your thyroid worked up and treated.

BN: And again, you don't want to self diagnose. You want to talk to a physician about this. Even if you're taking your temperature at home because there are other factors that those symptoms could indicate. We get cluster symptoms that are identifiable for several different disorders so you need to be talking to a physician and you need to have your thyroid test run.

KM: And testosterone improves your basal temperature a little bit, too. So sometimes if you're low on testosterone and thyroid then your temperature is very low, but if we replace the testosterone it goes up a little bit. But if you're not 97.9 generally, and you have symptoms, then you have a low thyroid. It's important for you to know that when your doctor says oh, your thyroid's normal and you know something's wrong.

BN: Right, so keep asking the questions. And that actually brings us to the next rule, because we're talking about the thyroid. And you corrected me a minute ago. You can have hyper-thyroid issues you can have hypo-thyroid issues. You don't want to over focus on a particular gland and just look at one specific hormone. You want to look at all the hormones that interact with that glandular system.

KM: Now when I look at the thyroid, and this is not globally embraced, but I always look at the two hormones, your thyroid gland, which is right here on your neck, your thyroid produces. Your thyroid produces T4 which is an inactive type thyroid hormone and T3 which is the active type. They go from T4 to T3 inside the cells. It's important to have both. If I look at somebody whose TSH is normal but their T4 and T3 are low, that's hypo-thyroidism. Now if you have hyper-thyroidism, a high thyroid, then your TSH drops down because it's suppressed. And the T3 and T4 go up or one or the other. In other words, your thyroid gland's slow, your brain is trying to push your thyroid gland to work, so your TSH goes up while it's trying to push the gland.

BN: So this is why you have specialized training in organic chemistry.

KM: Right.

BN: Do most physicians have that?

KM: Yes, we all have to have that.

BN: You all have to have it.

KM: We all have to.

BN: So when we're talking about this, the next rule is remember when looking at an individual hormone level, the pituitary's stimulatory process must be checked before and after interventions. Why is the pituitary so critical that you have to monitor before and after?

KM: It's the COO of the entire hormonal system in your body. It runs everything. It sends stimulatory hormones to your ovaries, to testicles, to the adrenal gland, to the thyroid. It runs everything.

BN: So it's like the fire station that sends out all the fire trucks which are all the different hormones, to all the different glandular systems. So if the fire station is not operating the way that it should none of your hormone systems are going to be operating in the way that they should.

KM: Right, that's absolutely correct. So you have to look at the stimulatory hormones beforehand if you have a very high FSH, that's the hormone that goes up when your estrogen goes down, that means hot flashes, that means irritability, anxiety attacks. A high FSH and a low estradiol level means you need treatment with estradiol. Now after treatment if your estradiol level is between 60 and 350, then that looks normal. But you have to look at the FSH. If it doesn't drop to pre menopausal range which is less than 23 in most labs, then you don't have enough estrogen. I mean not you, but you know. So clearly a woman doesn't have enough estrogen. So you have to look at both. But that's just an example. The stimulatory hormone from the pituitary and the hormone that is stimulated to be produced by the gland, those two things help you figure out if you're really imbalanced. Some people need more estrogen than others, some need less. So by looking at that I can tell how much somebody needs.

BN: Which is why you do blood tests before you decide on treatment and why you do blood tests within a few weeks of treatment.

KM: Months, but yes.

BN: To see if the adjustment you want to get has occurred.

KM: Right. Also, I talk about the symptoms as well, symptoms plus lab equals health. You know if we've gotten rid of the symptoms and the labs look great. I don't treat numbers generally I treat people.

BN: And that's a good reminder because it's not just the numbers on the test, it's also the symptoms and the way that they are feeling. Their descriptive response about the quality of their life and the quality of their health is just as important to you.

KM: You know there are some, you know and I know, there are some guys that were hairy and big and their whole lives they've had a ton of testosterone. Well their normal is not the same as somebody who didn't have that natural production of testosterone. They feel just as bad. Normal testosterone production in men is over 400 total. And if theirs is 800, they don't feel good. Most men feel great at 800. So you have to figure out what symptoms happen, and if they're functional sexually that's very important too. So you have to look at the symptoms and at the levels. Everybody needs a little different testosterone. So that's why I make therapy totally customized to a patient.

BN: I'm just sitting here thinking about it. A lot of time when couples come in or men come in to my office to talk to me about emotional or relational issues and I ask them how they feel, they don't know. So as you were talking I was thinking about it. If you were having this conversation with me, I'd have to have my wife there because women pay so much more attention and if you were to say to me do you have symptoms of this or do you have that or the other? I would look at you blank and go I really don't know. Because I don't. It's an awareness issue.

KM: Well first of all, that's true. And I usually have couples come in together if they can because that helps me. But also there's that one thing that makes it much easier to diagnose you guys. If you can have an erection, you're fine, if you can't you're probably not.

BN: So it's a simple test.

KM: It's a simple test just for simple X Y chromosomes.

BN: And I would know that but I wouldn't know a lot of these other things that you're talking about.

KM: That's what I thought.

BN: OK, so rule 11 and rule 12. Rule 11; generally, when a doctor says your tests are normal, it means that the tests that he ran are within normal values.

KM: And the reason I have this here is because more people come in and say "well my doctor say's tests are normal." Well, what did he run? "I don't know. He just said my tests were normal." Well generally doctors run a metabolic panel which looks at your liver and kidneys. Your blood count, maybe a blood sugar, that's it. So in general that's all they think is normal. They're not running all of the tests that an endocrinologist would run.

BN: Or they'll say 'a blood test', well which blood test? We don't know.

KM: We don't know. So there are thousands of tests and you can't possibly get each one of them. So your doctor has to choose them and he or she says "yes it's normal or not normal."

BN: And then the final rule unless your doctor is trained and current in his knowledge of hormone tests, the recommendations that you receive from him or her may not be accurate.

KM: Get a second opinion.

BN: Get a second opinion. Again what we're coming back to is symptoms. If you don't feel well, if your body doesn't seem to be working, if you can't do the things you used to be able to do and the tests that they're using come back and they say "oh there's

nothing here. This is just getting old, that's the way it is." That no longer has to be the answer that you accept.

KM: That's right. We can have a quality of life until we die.

BN: So if you have questions or comments about this podcast you can email us at podcast@biobalancehealth.com. You can read my blog at brettnewcomb.com

KM: And if you'd like to know more about BioBalance Health or bio-identical hormones visit our website at BioBalanceHealth.com or call us at 314.993.0963.

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