Caspar (00:00:00):

Thank you so much for being on the show. You're, you're the first physician in the United States to be double board certified, obstetrics and gynecology. And in integrative medicine, you've seen over 40,000 women over that time, since you started now, you call yourself America's Holistic Gynecologist. So I want to start by defining what is holistic gynecology?

Shawn (00:00:23):

Well part of the, the issue I think is we fall into one camp or the other. Conventional medicine, allopathic medicine, or integrative functional. And part of the problem that I see is both sides kind of go at it all the time. You're right, I'm wrong. And usually it's the allopathic side that just kind of squashes any sort of investigation or other, other therapies. And just because of, you know, my, what happened in my life and how I've matured over the last probably 15, 20 years I've kind of become more one foot in both camps and really tried to when I come up with plans for patients like I do like tomorrow, I'm doing surgery. So I do robotic surgery, which is on one extreme, but then also I can talk pretty proficiently about using, say yarrow flowers for heavy vaginal bleeding or something like that. So, and, and we'll talk about this when we get into the book and the SHINES protocol, but the shines protocol is basically five steps of self care and only one of those protocols steps. Do you actually need a physician for. So I think a lot of this, I prefer to have an active patient and a passive physician. And I think a lot of the allopathic medicine right now is a passive patient and an active physician.

Caspar (00:01:48):

Yeah. And let's get into the book, the Hormone Balance Bible. And in the beginning you say Western medicine is not enough and you were trained of course, in Western medicine. What was it that brought you to that conclusion where along your path in medicine, did you realize this isn't enough?

Shawn (00:02:06):

Well, when I was in residency obviously I was pretty dyed in the wool. You know, we used to have a saying, you heal with steel, we would cut people open that's, you know, and as horrible as it sounds. That's what we said. When I was a second year resident, my mom was diagnosed with ovarian cancer, which was interesting because I knew a lot about that disease process being a gynecology resident. I'm also the only child and, you know, five, five years later when my mom passed away I kind of went through that, you know, she was only 56 and I, I kind of went through this, that existential crisis, you know, like where did she go? And what's going on? I needed, you know, I needed more. And what I found was that, well, I knew a lot about the disease process itself.

Shawn (00:02:55):

I couldn't really help my mom not live longer, but I couldn't help her live better. And so she would call me all the time after chemo and whatnot, and you know, her joints were hurting and she had the hair loss and she felt miserable and they wouldn't give her hormones because of the cancer. And, but I couldn't give her any recommendations about just living a productive, healthy life and she really suffered. And so when she passed away, as we all do, when we're having a spiritual crisis, we go to Sedona. And that's where I went. And I was reading a book when I was there 20 years ago, called Eight Weeks to Optimum Health by Andrew Weil. And in that book, he talked about these really crazy ideas at that time fish oil, CoQ10, things now that we just take for granted. But back then, it was pretty impressive.

Shawn (00:03:48):

And at the back of the book, it said, are you a physician? And are you struggling? And I was like, ah, yeah, you're talking to me. And he had this fellowship in Tucson at the time where you could go learn about integrative medicine. And I actually lived in Tucson. So it was just serendipitous that I was there. And so I signed up for that. And then during that two year fellowship, there was an eight week program in spirituality and health and how you can heal the body without, you know, with just your thoughts and with, you know, spiritual practices. And that just literally blew my mind. So I went ahead and did a six year PhD in philosophy. That was more for my own, that was part of my journey. And, but it kind of wove its way into the book and into the way I practice.

Caspar (00:04:33):

Yeah. It's really interesting because I feel like a lot of physicians try and separate spirituality from medicine and that's kind of, I guess what you're taught in a sense, there is no spirituality really in the medical field or at least in treatment of patients, but you saw that firsthand that, that it was essential. You trained with people that showed, this is not something that's separate from the patient. It's not that, Hey, they have a medical condition, their spirituality is completely not a part of this and they could go to their priest or whoever to deal with that. But what were some of your, you know coveted, spiritual practices that you applied that you're seeing and you're still applying that you're seeing are actually beneficial on the medical side?

Shawn (00:05:14):

Well, I have to give the proviso that I am probably the world's worst patient myself. So while I know a lot of things and I know what I should be doing for myself, man, I wish I would listen to myself half the time. But really I think a lot of what we experience, and this is probably a no brainer for most of your listeners, stress-related lifestyle related, diet related. And I was treating things as a Western physician more problem-based like disease-based and not preventive based, not root cause based. And I think there's a, there's definitely a place for both of those. We need surgery still people need their gallbladders, their appendix treatment, but why do we even get to that point in the first place where you have to have your gallbladder removed? And I think most of us would probably agree.

Shawn (00:06:08):

It's probably a diet and we don't learn a whole lot about that. And still even now I, I will. The thing about integrative medicines, that's great is that I have assembled a team around Austin and the United States that I will refer people to if I feel like it's out of my, my depth and my depth is women's health and hormones, but I don't, you know, gut is while I think it's super important. I have friends that are more into gut health than I am. And so I'll refer to them or naturopaths and essential oils and things like that. So the beauty of my journey for me, and I think that's translated into my patients is that I have made some really great friendships. I've made some really great alliances in the alternative healthcare community. And it's really firsthand for me. I could see where this could really work as a way to heal people and to keep them healthy. If we could just get past our petty squabbles in the different fields and just get along.

Caspar (00:07:06):

I always say, it's about collaboration, not competition, right? It's not one specialty versus the other. If you all get around the table and put the patient in the middle of it and work together, that's true integrative and holistic medicine right there. And it's not to say anyone's wrong, right? You just all work

together to say the patient is so many things. They are body, mind, spirit. They are, you know, so many different systems that are going on. They're interconnected. We can't separate them. Like we would a mechanical car or something and say, oh, you work on this, you work on that. We'll all work separately. So I think it's an amazing kind of system that we haven't yet broached, meaning mostly conventional medicines going into more specialization, specialization within specializations. Right. And you go down that. And I think one of the things I hear, and maybe you could kind of, you know, say if you hear this as well, but is that patients are very frustrated being passed from one doctor to the other and no one's really working together. Whereas what you just said is a bunch of doctors working together, right?

Shawn (00:08:07):

Yeah. I think in an ideal society, when I was at the University of Arizona, one of the things they would do is on Fridays, they would, you would present a patient and it was a, it was a table discussion. And you'd have a, an MD, you'd have a homeopath, you'd have a shaman, chiropractic care and you'd present this patient. And they would all pad the pieces that they're thinking about. And then it would get put on a report for the patient so that she could try these different possible factors. And I think that it's, that that would be ideal. The problem that I was that I foresee and, and the reason I think that we're where we're at is because I still take insurance and, you know, I still have to keep my doors open and pay my overhead and my employees and everything and so it's hard. That's why you have some of these functional medicine docs that charge so much money because you can't see one patient every two hours in with insurance and still keep your doors open. So the whole system just would need to be really overhauled. And, and that's the other thing is insurance isn't based on prevention, it's based on disease and diagnosis and you get paid more if the patients are sicker, unfortunately, rather than if they were healthier. And so there's, there's a lot of things that could be overhauled in the system.

Caspar (00:09:26):

Absolutely. I mean, it's a really screwed up system. If you think about, you know, I've watched my father who started off as an anesthesiologist, went into pain medicine had so many medical billing specialists at one point and literally had to have almost a timer of how long he could spend with a patient before it would just become not feasible. And he wouldn't be able to have that practice anymore. And that really frustrated him to the point where he had to get out of that kind of, you know, way of going about it. But that's the way the system is set up. So people don't realize that and they say, what's wrong with the doctors, not the doctors per se, they're in a system that kind of, you know, holds them and binds them in certain ways. And I think, you know, that that's a big part of, you know, the future of medicine will of course be an overhaul of the system. So I'm glad you brought it up because people don't know about that. Now let me get back to the book a little bit. And, you know, you have two interesting things that I saw on there. And one was the shines protocol and one was the hormone archetypes. Let's start with the SHINES protocol. Can you go into what that is? Walk us through the shines protocol for hormone balance and how you even developed it.

Shawn (00:10:31):

So what I, over the last 20 years, just kind of sitting with patients what I found was that there were similar storylines, like 12 of, you know, I came up with 12 and that those were the archetypes. Then the hormones, I believe that narrative medicine is super important. So when patients are talking to you and they're telling you the story of their asthma or their insomnia, you have to listen to the story piece because that's the important part. And so the SHINES method was kind of a conglomeration of me trying to put together, you know, my two years of integrative medicine, my six years of PhD and my practice patterns and gynecology and come up with ways that women could have as much possible means to

treat these hormone imbalances. And so it's an acronym because you have to have a fancy acronym when you write a book.

Shawn (00:11:25):

The first S a spiritual practice, and I think, you know, a lot of women are, people will think spiritual practices, religion, and it's not, it could be if that's the way that you want it to be, but like, it might be something like journaling or walking or learning how to say no, there's different. There's different things in the book that for different hormone imbalances, then they each have their own spiritual practice. The H for hormones, which is pretty self-explanatory and that's where you might need a provider or a doctor that can actually prescribe the medications. The I is what I call infoceutical article information. And what that would mean is energetic transfer to the body because there's a lot of patients, especially living in Austin. And I was in Tucson before where energy medicine is, is a very important part of some folks life and whether that's healing touch or Reiki, essential oils, acupuncture, things like that.

Shawn (00:12:19):

I made that a step for those folks that want to dive in a little bit deeper into that. The N is nutrition. Obviously, I feel like if there was a food pyramid for hormone imbalance, the most important one would be nutrition. Because I think we just don't eat a particular good diet and that's the basis of health in general. So E is exercise obviously. And, and sometimes, you know, I recommend not doing super heavy exercising, especially if somebody's cortisol levels are super low. And so each of those has its own exercise plan. And then the final S is supplements. And I put that in there because obviously probably 80% of the population is using some sort of vitamin or supplement. And I really wanted to help women kind of dial in the I mean, I I've seen people that are on five, $600 a month of supplements, many of which overlap and may not even actually cover what they're, you know, what they have. And so I really wanted to just dig down. So it's a six step protocol. You can use one, you can use all six. Five of those steps are self care. You don't need a physician and one, you actually need a prescription for.

Caspar (00:13:31):

So let's touch on two of those areas and one being nutrition. And what would you recommend as a nutritional base for women dealing with hormone problems? Or is there a pattern or a singular type of diet or a nutritional plan you advocate for?

Shawn (00:13:49):

Not one that covers the spectrum. Although I would say that if I was to favor a particular way to eat, I'm a big fan of women getting enough protein. I really think women were don't get enough protein. Primarily, you know, it doesn't matter if you're a vegan or vegetarian or carnivore probably a good one gram of protein per pound of body weight. I have a really good friend. You might know who she was, Gabrielle Lyon. She's an MD talks a lot about protein synthesis and, and, and, and, and women's health. And, and she's a good friend of mine. And I rely on her a lot for that. Good fats, obviously, you know you know, your avocados, and, and, you know kind of like dairy sparingly, use dairy sparingly using gluten and really reducing the the carbohydrates, not, not fruits and vegetables, but the processed carbohydrates.

Shawn (00:14:44):

And, and that, I think overall as a structure is probably one of the better ways to eat. But for some women like with estrogen dominance which is one of the archetypes, the queen they have tendencies to

be overweight because estrogen dominance makes you a little is insulin resistant. So for them, I might recommend that they eat more keto for a while, until we can burn through some of those fat cells and make their insulin work better. So each of those has its own little caveats, but overall, yeah, higher protein, high, fat, high, good fat, and low processed carbs for me overall, I think is a good way to do things.

Caspar (00:15:23):

What about intermittent fasting or fasting in general with women? Because that's really popular right now, you touched on keto, which is all the rage. I would say, especially if you jump on social media and you see some of this, you know, going on keto is very big right now. And I know there's a big difference. What we've even recommended here at the clinic and our practitioners between men and women and diet. There has to be somewhat of a difference because there's difference between the two, but in general, do you recommend fasting or intermittent fasting to your patients?

Shawn (00:15:52):

A lot? And usually it's in that same category of patients that are more interested in weight loss. Now, for some folks intermittent fasting can be an additional stressor. So if they're low in cortisol and their body's already stressed out, I may not recommend that they withhold things. But and I, I tend to use my friends, like I talked about earlier as references too I have a really, a couple of really good friends, Stephanie esteem, who wrote a book called the Betty body and a Will Cole who wrote intuitive fasting. And they, they really get into intuitive, fascinating. There's a new book by Cynthia Thurlow coming out on intermittent fasting, and she's done a Ted talk on that. But I'm, I'm a fan of intuitive intuitive and intermittent fasting. I, I prefer the 16-8 method don't eat after 8:00 PM eat again at noon, but some people can't do that.

Shawn (00:16:46):

So if you can do 12 and 12, that's fine too. Most women that I see if they combine intermittent fasting with keto, and I'm not like a keto person, that's like, you need to do a continuous glucose monitor and make sure, you know, your keytotic, but even just cutting your carbs, starting with maybe less than a hundred grams a day, because a lot of people they're eating 300, 400 grams of carbs a day, cutting down to maybe a hundred grams. And then if you can cut it down to even 50 even better, but I think people who get associated with keto and they feel like they have to go like strict carnival or, or th they, they, they have to eat a certain way and you can, you know, you can get lots of carbs, good carbs, brussel sprouts. I mean, there's, there's carbs and they can make you feel satiated. And you know, what, if you want ice cream every once in a while have it, I mean, I'm not, I don't think restriction is helpful, but I think just changing the way you look at the labels and the way that you eat is probably more important.

Caspar (00:17:44):

Yeah. You mentioned Dr. Will Cole, who has another book, Ketotarian also, that shows you don't have to rely on just having meets all the time, which may, for some people be a lot for the gallbladder and then just kind of liver to process. Right. So now another point in that's part of the SHINES is supplements. And I feel like people are just on massive amounts of supplements and sometimes overdoing it. We see patients coming with almost garbage bags full of what they're recommended or read about. And I think, you know, too much is never a good thing of anything. So what are your kind of go-to, what would you tell women that are patients of yours? Of course, it's going to be personalized, but maybe let's go with the patterns. What are your favorite supplements?

Shawn (00:18:27):

I have three that I think pretty much anybody could, should be on or could be on. Obviously vitamin D I'm, most of us are deficient in vitamin D. So that's a big one. Magnesium is for me, a favorite helps with sleep helps with stress, helps blood pressure, a lot of things. Another one that I'm a big fan of, if you don't eat enough saturate good fats on saturated, but your good fats would be fish oil or flax seed oil. And then sometimes I'll even recommend. And for a lot of hormone imbalances, I'm a huge fan of maca. One of the things about maca that's interesting is a lot of women use it because they've heard of it or whatever, but they're using a a bulk powder. I'm not a huge fan of the bulk powders, just because you just don't know what's in it.

Shawn (00:19:19):

And about five to eight years ago, a big Chinese corporation came in and bought as much maca as they could find in Peru. And then they pulverized it and they mixed it with a bunch of stuff to make it more dilute. And so you might not even have very much maca in your product. So a company came in after the, the, the Chinese did that and they bought the land. So that, that can't happen anymore. And they have a product called femin-essence it's product, a company called symphony. And I will recommend their product for most hormone imbalances. I get a lot of women with polycystic ovarian syndrome or whatnot that we'll start ovulating again, just by starting maca. Maca will also help with some of the symptoms of like estrogen deprivation with menopause and like hot flashes and mood swings and things like that.

Caspar (00:20:10):

Yeah. And I have to say like so many patients that we see as well. And I, I just hear this a lot. Just think a supplement is a supplement, whereas as you just mentioned, maca's not maca if it's cut up, you know, and processed, it's low quality, it won't have an impact go with quality. When it comes with health, we all say that spend the extra dollar there, know what you're getting go to the companies that are transparent about it, and that have some proof of their quality and go with that. So I think that's really good information on the supplements there. And I want to switch gears into hormone replacement therapy. And BHRT because I know you're a fan, but you also say there's a pitfall to pellets and many, many women we've seen at the, the clinic here. And I hear from other doctors are really inquisitive about this. Their hormones are off and they want to have BHRT tell us about why you believe there are pitfalls of pellets and what you recommend for BHRT.

Shawn (00:21:08):

So I'm a minimalist whether it's supplements or hormones, I always liked the lowest dose possible. With supplements, I don't like formulations where there's 20 different things. I'm kind of like, if we want maca, let's just use maca, you know? And, and so I'm the same with hormones. The problem that I have with pellets pellets are kind of, and the argument is they've been around forever, but yeah, but they were used in animals and they are used in animals. And I just think that in to then put them into humans is different. Now, men and women are different hormonally. I'm not opposed to pellets in men because if testosterone goes too high in a man for awhile, I'd joke and you know, he's just a bigger jerk than he probably normally is. But in women, what I see with pellets one they're cash based.

Shawn (00:21:57):

So they're super expensive. They're about four times more than just using a cream or a sublingual lozenge. They it's a procedure. So you have to go in every three months and it's you know, it's a pretty

thick trocar that they have to put in your backside and deposit this pellet. So there's infections and bruising. But aside from that, the costs and just the pain of maybe putting it in I have yet to see a study that shows that the levels of especially testosterone, cause that's the main one that's used in pellets. Doesn't go. I just had a lady in yesterday and her testosterone was over 300, which is a man. That's a man's level of testosterone. And, and what happens is the companies that make these pellets, it's kind of a buyer's club. So you buy in, you have to pay them a monthly fee, which then just makes you want to use the pellets more because you're invested and you have to buy the pellets.

Shawn (00:22:52):

So it's kind of this weird way to do things. So what I see is levels with say, testosterone goes super high. Now the problem that I see that I have with this is that they draw blood and then it gets put into the computer and the company then recommends a dosage. So there's really no art. There there's really no talking to the patient to see how she feels. And then what happens inevitably is they're either putting extra medications in the pellets like Anastrazole, which helps your body not change the testosterone because it's so high into estrogen, or they're putting you on spironolactone because now you're getting acne. So we're giving you these pellets, the levels are super high, and then we're adding more medications to the mix. The other reason I don't like pellets is because once they're in you can't take them out.

Shawn (00:23:40):

So if your levels are too high and you feel horrible, or you're having some sort of side effect from that pellet, then you're stuck with it for three to six months. So that to me is just not a good way to do things. And I think the reason that women talk about them or ask about them is because of marketing. And here's the other thing I call it, the Gatorade effect. And I'm not bashing on Gatorade, but it's marketed really well. And it's marketed for thirst. Well, you take a drink, a Gatorade and it quenches your thirst, but they put citric acid in it, which then dries out your tongue. So you're, you're thirsty and you want more Gatorade. Pellets do the same thing. So what happens is for an, every woman will tell you this. I felt amazing for like two to three weeks.

Shawn (00:24:23):

I felt like I could do anything. And that's because you literally just busted through the roof with your hormones and then they start to drop. And that's when you, every woman will say this. And then after about four or five weeks, I was like, oh man, I think I might need a new pellet because they're not feeling like they did when they were at their peak. The problem is their levels were so high. Like sometimes dangerously high, but they felt amazing because yeah, you're going to feel amazing, but you can only ride that for so long before you start having some negative sequella whether it's hair loss or voice deepening or you know, anxiety, aggression and things like that. So buyer beware I think that pellets just for me, just, I don't like them.

Caspar (00:25:09):

And I've sat in on some of those pitches from those companies that make the pellets, that kind of, you know, rent it out to you kind of push you to do more and more. And, and it, it felt a little bit off. It felt, you know, we haven't applied it here at our center and we, we all said there, there's gotta be something a little bit better there and understanding that for some, it may be required or it may be favorable.

Shawn (00:25:32):

Yeah. And I, I, I would make a ton of money if I did pellets. I mean, I figured it out. I would, I would make a lot of money. I just can't, I can't after what I've seen. And I get a lot of women that come to me after pellets, it's just, like I said, and like you said, for some, Hey, you know, it's just not an end all be all. And I think it's the way that it's marketed. You just have to sometimes look through the marketing and, and see, are, are, are your friends that are doing it? Are they on it? Long-Term cause what I see is most women will try it once or twice and then they'll stop.

Caspar (00:26:06):

Yeah. And it makes sense that they would stop. Now, you know, it begs the question then what percentage would you say of women in the US have hormonal imbalances?

Shawn (00:26:18):

So there are times in a woman's life when hormone imbalance is normal. And there's a lot of my colleagues on the internet that kind of bash me and other providers that talk about hormone imbalances, because they're saying it doesn't really exist. Well, we know it exists. What they're, what they're hitting on is that it could be normal. So things like menarche, when women start having their periods, pregnancy, certain times in the cycle, hormones are imbalanced and that's normal. They're supposed to be imbalanced. However, when I find that it's a, when it becomes a problem and I always ask this question, are these symptoms that you're having interfering with the way that you want to live your life. And if they are then that to me is a hormone imbalance that probably should be addressed. So women that actually have what I would consider abnormal hormone imbalances probably are around the 70th percentile because what happens is one, they get brushed off by the medical community.

Shawn (00:27:20):

They're told they're too young to have a hormone imbalance, or they're getting older and that's normal, or they have their labs drawn. And they're told that their labs are normal. And I would challenge anybody listening when you get your labs pack and you have a doctor that tells you that your hormones are normal. That's like saying you're inside the house. Okay. So you're in the house, but what if you're laying on the floor in the basement that may not feel as good as being on the main floor. So I always want to know where they are in the house. And I can tell you, because I've seen it thousands of times moving somebody from the basement to the main floor, they're still in the normal range, but they feel a lot better. And that's where I think we're losing the narrative here is that we're just, we're, we're so black and white in this field of hormones that we just don't listen also to the symptoms. Patients will tell you if they don't feel right. I put women on hormones sometimes, and they'll come back four weeks later and say, they don't feel any different and we'll draw blood again. And it's because the cream that I put them on, just for whatever reason, isn't absorbing through their skin. So we'll switch them to a sublingual. So you always have to be willing to adapt and change and, and everybody's individual. And, and sometimes you gotta do things differently for many different people. Yeah.

Caspar (00:28:35):

And, and medicine isn't about being black and white. There are those shades of gray. I won't go into the joke of 50 shades of gray for this conversation, but you know, there, there are so many different colors and you've got to be very personalized with it. You brought up labs. Do you recommend that every patient of yours go through a full thyroid panel?

Shawn (00:28:55):

No. I would probably say 95% of the time. Yeah, I do. I just had a lady that just did a DUTCH test, which is a urine test and touch doesn't check thyroid. And I didn't make her check thyroid, but I told her, you know, she has having fatigue and her testosterone was low. So we started on some testosterone. But if I said to her, if you continue to have fatigue and your testosterone comes up, we probably want to draw blood. And we want to check all the thyroid. If I ordered a hormone panel on a patient for blood. Yeah. I usually will check free T3, free T4 TSH. And I'll usually if it's a first time I'm seeing them probably thyroid peroxidase antibodies.

Caspar (00:29:37):

And for people listening in and women listening and saying, you know, should I get checked? What are the symptoms they should be looking for to say, well, maybe this is hormonal imbalance and maybe I should get the panel.

Shawn (00:29:48):

The things that I see the most commonly are going to be hair loss I mean, rampant hair, thinning, hair loss fatigue. Sometimes it's more pronounced in the afternoons. Decreased libido, I think is the plague of the 21st century in females. And another big one is insomnia. And I think when women look at, when they think about their own hormones, they're thinking hot flashes, mood, swings, irritability, and vaginal dryness, but they may not have any of those if it's a progesterone problem, or if it's a testosterone problem, or if it's a thyroid problem. And I, the, the number one the number one hormone imbalance that I see across the board, I have a quiz that's 36 questions that kind of starts the process of seeing where you might be. I've probably had 25,000 women take the quiz. And I always thought that the number one hormone imbalance would be estrogen dominance or too much estrogen and far in a way across the board is testosterone deficiency. I mean, that's the literally probably I would say the number one hormone imbalance in women.

Caspar (00:30:57):

Do you feel that's being fueled by nutrition. Do you feel that's toxicity? What is it all of these things of the 21st century that are affecting most of us anyway, EMF toxicity, all of it.

Shawn (00:31:08):

And younger women probably the number one causes, birth control pills birth control pills, raised sex, hormone, binding globulin, and that drives down your free testosterone. So women in their twenties have super low testosterone women in their thirties and forties. Yes. indirectly and directly related to diet because weight gain is gonna drive down your testosterone levels, especially if it's abdominal weight. If you're not eating enough protein and fats to make testosterone, that can certainly have an effect. If you're eating a lot of processed carbs, that's gonna decrease your testosterone. So and yeah, like you mentioned just kind of the, the, what we call neuro-endocrine disrupting agents plastics and PCVs in the food supply and pesticides and things like that can also affect testosterone levels because in effect, what they do is they can mimic estrogen and estrogen in the body is going to lower testosterone. So the higher estrogen, usually the lower, your active testosterone is in the body. So usually it's related to weight or estrogen in the food supply or birth control pills and medications.

Caspar (00:32:21):

It's incredibly scary. How many endocrine disruptors are out there and just everyday products that people don't know about. I posted about this recently that a new study found, you know, I think it was

most of the top junk food, or you could say fast food out there, suppliers have pthalates in them. And and it's just rampant. It's rampant. How many chemicals are in everyday supply cosmetics? I know are a big one. You know, even sunscreens, you have most people don't know, and they apply it every day because dermatologists say, you need, as soon as you know, and maybe that's part of the reason we have vitamin D deficiency. It's like a series of things that happen here.

Shawn (00:32:57):

Yea we're afraid of the sun.

Caspar (00:32:59):

Know, and it's crazy because how many people are vitamin D deficient and that's the best way to get it through the sun and not wearing the sunscreen. That would probably be an endocrine disruptor anyway. And it's with the chemicals in it. Now, one of the things you touched on there that I had a question on is a big, you know, subject in general is birth control. And, you know, I wanted to hear your thoughts on it because it does seem that more and more women get on birth control earlier and earlier as a sort of treatment plan for many women's issues. How do you feel about it?

Shawn (00:33:32):

Well, I'll go on record. I'm not opposed to birth control for birth control. I, I mean, that's what it does and for women to have that as a choice, because unfortunately we do burden women in this country, in the world for the birth control and the family planning. So for them to have that option is definitely a viable option. I think what we need to know is that when you put someone on birth control, they need to be given proper informed consent, you know, the side effects and the mineral deficiencies and the possible issues with testosterone, and we just need to inform them. The other thing is, do we teach them how to come off of birth control? And my friend Jolene Brighten wrote Beyond the Pill, which is a great book on how to come off the birth control pills. And I recommend that to a lot of my patients, because we don't really talk about how to come off of birth control pills and, and, but, but to use them or treatments for like I had a girl in here yesterday, young girl, 27, and she had really bad periods and they put her on a birth control pill.

Shawn (00:34:35):

Sure. Enough periods got better, they got shorter and they weren't as painful. And we were talking about having her come off the birth control pills because she has really low testosterone. And she's like petrified because she doesn't want the pain to come back. And I said, well, it could possibly come back and I could help you with that. But why were you having that horrible period in the beginning? Cause that's not normal. Was it a prostataglandin and chemical thing that, you know, the linings releasing lots of prostataglandin, which we can work on, maybe with some magnesium and some high doses official oil, I've had women get a lot better with that. Was it diet related and inflammation? I mean, there's all kinds of things, but if we slap you on a birth control pill. And again, it's that Gatorade fact it works.

Shawn (00:35:18):

And then you're so afraid that to come off of it. You're on it for 10, 15 years. And, and it's really unfortunate because what that's doing in my opinion in a way is disempowering women, because we're not teaching them how to take care of their bodies and, and to, to deal with painful periods. And in the defense of my colleagues, you know, when you have a 10, 15 minute appointment, it's a lot easier to prescribe a birth control pill, which will work, but we're not really teaching. And we're not finding that

that cause a causative agent. And I talked to her about that. And so, you know, she's willing to kind of come off the pill and we're going to try to minimize any symptoms she might have until she starts having cycles again. And then we'll get deeper into the hormones and the, you know, the issues like that.

Caspar (00:36:09):

Yeah. I mean, I just learned about this condition post-birth control syndrome. You know, and I know it's been even called out and I haven't seen this documentary yet, but people have told me the Business of Birth Control. So there is, there's a lot going on here. And I do think that when you're on something long enough, that that changes so much within the body, you're going to see the effects afterwards and that's something you're addressing. So I think that's really important. Now, you know, you mentioned decreased decreased libido in women being a plague right now. Do you see that connected to infertility? Do you see that connected to women trying to have children at a later age and having to go into IVF? Is there a correlation there that you're seeing?

Shawn (00:36:50):

I think the decreased libido issue is probably a lot of things. I think one is we have a really skewed body image in our society. And I think that women who don't look like that, which is most don't have that Barbie shaped figure, I think feels somewhat shamed and, and, and, and may not feel good about their bodies. So therefore they may not feel sexually active. I think that we put the burden of healthy relationships also on women. So if a woman has decreased libido and the guy wants sex, but she doesn't, well, obviously it's her problem. It's not his problem because maybe he's not doing the things he needs to do to feel loved and safe and things like that. And so she doesn't feel sexually active. And so we kicked that ball back all the time on women. Same with, you know, I have patients that come in all the time that try to get, they're trying to get pregnant.

Shawn (00:37:47):

And the first step in an infertility evaluation, and any fertility doctor will tell you, this is a semen analysis because men are 50% responsible for the fertility rates too. But women always feel that burden like, oh, it's something I'm doing wrong. It's something's wrong with me when the reality is maybe nothing wrong at all. It may just be timing. It may be you know, his sperm count. And, and, but we, but we have to, we, we have to women take that on. They really even, even taking on things like I've, I see so many menopausal women that feel like they shouldn't use hormones because they feel like it's a crutch. Like they're, they're there's something wrong with feeling good, you know? And, and I, it really, it's really disheartening to see that we've done that to women in our society, to the point where they almost feel like they should suffer a certain amount because they're women, you know, and, and that's been propagated since Adam and Eve were, you know, written about.

Shawn (00:38:48):

And I think it's still unfortunate that we still do it today. That's why I'm wholeheartedly. I just did a podcast with the Alan Christianson and we talked about breast cancer and estrogen. And we really did a disservice to women in the women's health initiative. And we freaked everyone out and made everyone scared of estrogen replacement. And I always go on record saying estrogen itself doesn't cause breast cancer, it did every woman in the world will get breast cancer and men, for that matter, it can potentiate a breast cancer cell that has an estrogen receptor on it. And if we maximize your pathways, but you can detoxify your estrogens really well, but osteoporosis and things like heart disease are way

more prevalent in post-menopausal women that don't take hormones. And those are, are way more dangerous in, in my more prevalent quality of life issues than, than breast cancer as well.

Caspar (00:39:45):

Yeah. And we've noted in a number of patients that come to our clinic with different chronic diseases that the simple act of detoxifying the body will then lead to a more fertile body in a sense, meaning that, that wasn't even part of the plan was it was just to get better out of their chronic disease, but in doing so, they became pregnant for the first, you know, in very soon after getting that level of health to a basis. Do you see that a lot that there are many women with basically high levels of toxicity where you need to take action and detoxify that improve their reproductive system?

Shawn (00:40:24):

I think the toxicity mostly for IVF, and this is just my opinion is more social. The toxicity comes from the pressure. The toxicity comes from social media. The toxicity comes from women feeling like if they're 35 and they haven't had a baby yet that it's too late and, and they feel that pressure. And then when you talk about what you're doing and you bring them in and you're like, okay, we got this. We're gonna, we're gonna help you. And what they do is they relax. They start focusing on themselves instead of this ubiquitous term, that's they can't control and, and you take over. And when they, when the body relaxes, I think how many times have you heard stories where they've gone through seven rounds of IVF and they never got pregnant and they gave up and then they got pregnant. And I think, you know, acupuncture is a great IVF treatment.

Shawn (00:41:19):

And I think it's because you have to go in, you have to lay down for 45 minutes. We're readjusting the energetic flow in the body. And I think it's just that restructuring. And I almost feel like we're just so stressed about that sometimes. And I, I didn't suffer my, my, you know, I have four kids. It wasn't ever something that was really a part of my relationship issues. So I don't have that empathetic side, but I can sympathize with them. But I do feel like there are some structural reasons for not getting pregnant, but most of the time, I, I think it's just stress.

Caspar (00:41:53):

And I agree. I think the societal pressures are immense on women. And I have friends now in their forties that have given up and already gave up in the late thirties, almost of ever having a child. And it was just so much pressure on them and they just tried to find a husband quickly and anyone will do right. And then it's freezing the eggs and everything. What advice do you have for women that are in their late thirties, early forties, even early thirties now I say are already starting to feel that pressure, that stress, what advice would you have for them? Get off social media, stop watching the news and don't listen to the people or.

Shawn (00:42:27):

My daughter's 28 and she, she doesn't have a child and she's already feeling it. I think, you know, it's interesting because people that are the first, sometimes first question I asked her is, oh, when I, you know, she got married, like in may, when are you guys having kids? That's like the first question everybody asks and she'll say, I don't know. That's not really something I'm even thinking about. And they kind of will look at her like, what do you mean you haven't thought about it? I do think it's human nature to reproduce. And, and, and that's part of, you know, relationships and long-term things.

However, being that I'm now 54, I can also look back and say, you know what, 35, when I was 35, I had two kids that were nine and six. And I would, I would rather have a kid when I was 35 or 40.

Shawn (00:43:19):

I often wish we could have a baby when we had a 20 year old body, but a 40 year old brain, because that would be a perfect combination. But I would say, live your life. You know, live your life, enjoy your life because here's the deal. If you're super stressed and you get pregnant, you're going to be bringing a baby into a super stressed environment. And you don't want that either. You want to be in a, you know, make sure your relationship's healthy, you know, focus on your partner. And if you don't have a partner, you know, enjoy your life. I mean, there's so much time and other things to worry about. And again, this is coming from somebody that didn't suffer with this. And neither did my spouse. And so it's, it's not something that I'm trying to make light of, but I do think that we, you, as the female, if you're so worried about it I think you have to learn how to shield yourself, not you, can't not go on social media, but to shield yourself from it and realize that you're ready when you're ready.

Shawn (00:44:17):

And nobody can tell you that. And unfortunately, some of the biggest stress comes from family like your mom or your dad, or, you know, somebody there, they're the ones that are asking you in most cases. I think that women nowadays probably, I think it's normal now to not be pregnant in your mid thirties and you, you know, four years ago, it wasn't right. And so I think that that age is starting, you know, when I hear a woman that say she's pregnant at 39 or 40, I don't even really bat and eye anymore, you know, 20 years ago people would be like, oh my God, you're 40 and you're pregnant. So yeah, I think, and I also think that as we evolve as a society and as a people that I think our reproductive years are probably going to start increasing too, because that just makes sense with evolution there's that our reproductive years will, will be better.

Caspar (00:45:05):

Yeah. I mean, I completely agree. And I think one of the biggest tools you could have in your tool kit to deal with this are stress reduction techniques, right? Stress is such an impactful thing. As you said, especially for women dealing with this and the societal pressures. So to regain, those are amazing. And, you know, to, to kind of go off of that and work into something I heard you say with, with a quiz that twenty-five thousand people have taken, I want to learn a little bit more about these archetypes and give the audience a little bit of a glimpse into what can they expect if they went onto your website, took this quiz, what are the results that women are getting from that?

Shawn (00:45:44):

So, first of all, everybody's got a quiz that's pretty common anymore, but mine is a little bit different in the sense that instead of like five or eight questions it's 36 questions. And each of the questions is weighted based on that's totally me to that's not me at all. And then on the back end of the quiz, I have this algorithm that's weight based on the question. So it's pretty mathematical. I majored in math, in college. So I liked that kind of stuff. And it's pretty accurate. I've I've, I've had a lot of women that say, oh yeah, that's totally me. So what happens is if you have the book, there's a QR code on page 14, that will take you right to the quiz. If you want to go to the quiz it's tasks on md.com back slash quiz, and you just start taking it. When you're done filling it out, it will send you an email that basically tells you based on how you answered the questions. Now you could overlap into other archetypes, but it's going to give you the one that you had the highest score in, and it will tell you what your archetype is. And you know

there's 12 of them. It's got a title like the queen, the nun, the unbalanced, heroine, the underdog, things like that. And it'll have a patient story with it. Just kind of, so you can connect with that story and then we'll talk about the SHINES protocol and things like that.

Caspar (00:47:00):

Yeah, no, I looked through it myself and it seems really fascinating. It gives you great insight as well. And, you know, I want to backtrack a little bit to some of the things I heard earlier. I mean, you mentioned PCOS and that's something I get a lot and just from Instagram and women reaching out to see if you know, the, the, our center deals with it. And there there's a lot of young women out there dealing with PCOS, Endometriosis, uterine fibroids. Are you seeing this increasing or is it just detection rate? Why are so many young women having these issues that I, I don't think we saw, you know, 10, 20 years ago.

Shawn (00:47:39):

Well, I think the nutrition side of things and inflammation have probably propagated that a little bit. One with PCOS, there's a lot of women that are diagnosed PCOS that don't actually have PCOS. I think it's a, somewhat of a garbage pail diagnosis for a lot of doctors. They'll just throw patients in there when they don't know what to do. But then there's some women that have PCOS and they aren't diagnosed with it. And then Endometriosis probably has a little bit of an auto-immune component to that, inflammation aspects, fibroids the same. We don't know exactly why you get them in the first place, but I can tell you based on what I've done with patients with endo after I've done surgery or tried to excise the endo, if I can control their hormone imbalances, and also work on their inflammation, using supplements like her curcumin, holy basil using low dose naltrexone things like that, that usually I can, I can pretty well control whether or not it comes back now, that's not a hundred percent obviously, but it certainly gives them a fighting chance to not have the endo come back.

Shawn (00:48:47):

Because for a lot of women, endo is a very chronic disease. You can have multiple surgeries and it may never completely go away fibroids, same thing. It's, it's genetic, it's inflammatory, I do think it's got some dietary basis to it. Definitely hormonally based because fibroids love estrogen. So in those women that are estrogen dominant you will see it. I also think that there's more endo and fibroids usually require about a seven to eight year timeframe to diagnosis in the medical system, because women are put on birth control pills. They're told they're just getting older. Oh, that's not bad pain. Don't worry about it. And they get bopped around from doctor to doctor until they find somebody that actually deals with it. I think why it's getting picked up more and more is because there's more awareness and there's more advocacy groups.

Shawn (00:49:43):

Instagram, like we can wear white, which is a big foundation that follows women with fibroids and they're, and they're trying to get bills passed in Congress to, to help women that have fibroids, get, get things paid for so that they can get treated differently. And, but any, any, if you could think of a guy that any disease that we had that takes seven years to diagnose would be almost criminal. And we also have women in emergency rooms require 18 minutes longer to get payments than men. And it's just because we minimalize those. And I think what's minimalized women. And I think what's starting to happen is women are starting to speak up. They're starting to get to advocate more vocally. And because of that, things are getting recognized sooner and a higher rate. Yeah.

Caspar (00:50:29):

Now let me ask you another one when it comes to hormone issues and some of the things I've, I've heard, and I know NIH is now looking into this related to the COVID vaccine. Have you seen any hormone deregulation or menstrual issues in patients with the vaccine?

Shawn (00:50:48):

Yes. I will say that we do think that the, the period issue, so like women that have the injection that then have weird bleeding for maybe a month or two, the endometrial tissue, the lining of the uterus is a, it responds to the immune system. So it's an immune responsive tissue. When you give somebody any vaccine, they're going to have an immune response to that vaccine. So it does make sense that you might have some bleeding issues. Now I can only quote what ACOG the American college of OBGYN and the American board of obstetrics and gynecology says about miscarriages and things like that, that there isn't has not been shown an increase risk. There have been women that have had miscarriages after the of course there have been. And I don't know if there's a true connection there or not.

Shawn (00:51:41):

It's definitely in my opinion, something that should be continued to be looked at. I don't know if cause is there, these are new vaccines, these MRNA vaccines and these MRMA vaccines are also going to be big in the future. They're going to start using them to cure cancer. So and to prevent cancer. I think the big one right now is pancreas is one that's coming out. That could be huge, that's going to be massive, but we want to know how it's affecting fertility and women's health. So unfortunately, you know, it's obviously a political football right now. I do think it's something that women need to ask questions about. It's not an easy, especially if you're pregnant and you're trying to decide whether or not to get the vaccine. It's a big story right now about an ESPN anchor that had to leave her job because she wouldn't get vaccinated because she was thinking about getting pregnant.

Shawn (00:52:35):

And so it's right now, it's this political and social football, there's people on both sides that are very adamant. And I don't think either side can be completely right. You know, it's like, there's gotta be somewhere in the middle where we, as humans can make this decision. I got vaccinated. I Would recommend patients get vaccinated if they ask me, but I don't look at them any different if they don't want to, because I honestly don't have an answer for them. It's not like I can tell them, oh yeah, there's a a hundred percent response rate to this vaccine. And you're silly for not getting it because that's just not true. And so, and we know that for most people, like I'm a little bit worried about the children getting vaccinated because I don't think we know enough about it. And we know that children aren't really vectors for this disease. So do they need it? I mean, my kids are older, so they already got it. If I had a younger child, I would definitely be questioning that. So, but we do know there's menstrual issues and that potential miscarriage thing, but I can tell you right now, the college that I belong to, doesn't say there's an issue with miscarriage. Does that mean they know exactly? No, it's just from what they've seen so far.

Caspar (00:53:42):

Listen, a great answer to an incredibly controversial subject. I know. I mean, you can't get much more controversial about it right now. And I have you noticed anything with censorship on your end of what you're putting out there into the world and, and just kind of sharing? I mean, I know I have even not

trying to be controversial, just putting out data that that's out there, other people's opinions and getting that banne off. But have you seen anything?

Shawn (00:54:08):

I haven't had any of my stuff taken down just because I try to not do that, but I can tell you that if I post something, what did I post the other day? Oh, I posted Texas has that new abortion bill that you can't have an abortion over six weeks, which I think is completely ludicrous. But it was also at the same time with all these masks mandates. And I think I, I posted a newspaper article or something where somebody was saying, you know, you're going to tell me I can't have an abortion, but you're going to make me wear a mask or something like that. And now for some things you can control my body, but for other things you can't. And I just thought it was kind of weird that they were saying that. So I just posted the article. Oh my God, I think I lost like 150 followers in one day. And that just shows you that, you know, you, you, you can't even say anything, but it's like, so I try to stay out of that. Although I think it's, there are people out there that I follow that are, they're getting stuff taken down all the time on both sides, both sides. Yeah. But mostly I think it's, it's the anti-vaxxers that are kind of getting, unfortunately put under thumb more frequently than the people that are supporting vaccines.

Caspar (00:55:21):

Crazy polarization this time. And people are so on one side of the other and it goes back to my whole thing, what we talked about. It's okay to be in the gray. It's okay to be like, Hey, I believe in some vaccines, maybe not this one or I'm in a unique position where I've already had COVID, you know, don't have really family around. And I decided not to, because I have natural, like these are discussions we should be able to have. And I find it very strange when we start to sensor doctors as well. You know, these are experts with medical opinions and they're allowed to have their opinions and share that. And you've seen a lot of doctors even be banished off of it, you know? And I find that incredibly strange that tech giants are kind of, you know, suppressing the words of experts who are studied board certified, all these things, but that's the time, you know, we age we live in. Have you seen patients though, being in much higher stress and that impacting their hormonal balances during these last two years? Is that like across the board?

Shawn (00:56:20):

Yeah. I mean, of course I think it's not just the stress of being locked up as much as it is, you know, financial stressors jobs. I mean, they're all the same and they're good stress too, you know, having a baby or getting married. I mean, all that adds up and, you know, cortisol can wreak havoc on somebody and weight gain not sleeping. To me, sleep is probably the number one way to keep your hormones in check. With so many women struggle with sleep. I mean, insomnia is huge. And so insomnia is going to raise your cortisol. It's going to make you gain weight. It's, you know, high blood pressure, all kinds of things. So stress yes. And stress. It it's one of those things it's easy to say, oh, you're just stressed, but what is it? You know, what, what is it to get to that, that peace inside of you that is stressed? You know, therapists are definitely going to have their work cut out for them for the next decade. For sure.

Caspar (00:57:19):

It's a booming business right now. Yeah. Psychotherapy and everything. Cause yeah, this is this going to have lasting effects on children, on families, on all of that. And that's really unfortunate, but I mean, luckily there are solutions out there and one of the things you brought up there I'll just quickly go into,

and I'm curious about your opinion with sleep. Do you recommend things like melatonin for people who are having trouble sleeping or what are you kind of recommending there to your patients?

Shawn (00:57:43):

I think for women especially if they are in a phase of life where their progesterone is low. So progesterone upregulates GABAA receptors in the brain GABAA receptors when they're stimulated make you chill and make you sleepy. So progesterone can certainly be a huge for sleep if you're low in progesterone. One of the things that I use a lot to get women off of Ambien and some of the other prescriptions is hops. The stuff they make beer out of in nature's way has a great product. It's like $9. And, and I've, I can't tell you how many people have gotten off a prescription sleep matters with just using hops. Valerian I've used in the past valerian can be hit or miss. Some women will have a reaction to it where it just stimulates them or they, they have really vivid dreams. They don't like. And, and so that one can be magnesium is obviously great for sleep. So I'll have women use that, but there's definitely other options. But I find that sometimes the biggest shift, especially in a patient that has low progesterone is giving them bioidentical, progesterone.

Caspar (00:58:48):

So it all goes back to being balanced and then you can balance your sleep as well. And like you said, nature has so many wonderful solutions. You don't have to turn straight to the ambian, kind of get hooked on that as well. I've been using tart cherry recently, Sarah even that's even somewhat beneficial. So, so many options out there, Dr. Tasso, where can people learn more about you? Where can they purchase your book? Let us know where to send them.

Shawn (00:59:12):

So obviously Amazon big retailer, Barnes and Noble, most of the bookstores habits. My website is TASSONE T A SS ONE md.com. The quizzes tests on md.com backslash quiz. There's also a page on there for the book. If you want to learn more about the book. And I see patients I've been seeing patients around the country through telemedicine, I still take insurance. So with COVID they relaxed the rules on tele-health. So it made it a little bit easier for me to see people. So I have as long as you can physically come see me, at least once a year, I can prescribe hormones. And so I can, I can try to see as many people as possible.

Caspar (00:59:55):

Well, there's a benefit of the pandemic in some ways it opened up some things, right.

Shawn (01:00:01):

We evolved into the 21st century. Yeah. Yeah.

Caspar (01:00:04):

Well, I, I hope people take advantage of that and thank you. This has been really fascinating. I think it's incredibly important. This idea of staying in balance as a whole is incredibly important. I think we are many of us in complete imbalance right now. That's, what's leading the chronic disease push in this country and around the world. So finding ways to balance and not just going with a Western approach, but in a true holistic and integrative approach, I think is the way of the future and the way medicine must proceed. So thank you so much for that. And thank you for being on. Thank you.