

Hey there, beautiful! 🌸 Before you dive in, a quick heads-up: this transcript is a super close-to-verbatim buddy from our podcast, but it's got its quirks! We didn't call the grammar cops on it, so you might bump into a typo or two. But hey, that just adds character, right? 😊 Embrace the wild side of language and enjoy the read! Happy exploring! 🚀



Menopause Myths Busted: The Truth About Hormones

Carmen Hecox: Quick question, what do Oprah Winfrey, Cindy Crawford, Suzanne Somers, and the Duchess all have in common? Well, besides being fabulous, they all turn to today's special guests when their hormones needed a little TLC. Now, if you've heard scary stories about hormone therapy or think you're too old to feel vibrant again. Buckle up because Dr. Prudence Hall is here to bust those myths wide open and prove that your best days are definitely not behind you. Stick around, you'll be amazed at how good you can feel.

Dr. Hall, welcome to Create the Best Me. This is an honor to have you on the show.

Dr. Prudence Hall: So happy to be here. So happy to be here.

Dr. Hall's Journey and Expertise

Carmen Hecox: So, Dr. Hall, before we get into our discussion, could you please tell the viewers and the listeners a little bit about who you are and what you do?

Dr. Prudence Hall: Well, I'm a gynecologist and an obstetrician, and I trained; I graduated in 1982, and when I got out of my practice where I'd done intense surgery and saving multiple lives of really the poorest individuals and the most needy individuals in Los Angeles, I realized I knew nothing about menopause. I knew nothing about hormones, and patients were coming to me crying and telling me they needed help. And it's just like, oh, maybe I shouldn't be a gynecologist if I can't even do this kind of important stuff. So, I went back to the library and I became a functional medicine doctor as well as a gynecologist.

And I ended up really having my career over a 40-year decade be women's hormones. And along with that, who are we and why are we here? So, there was a lot of exploration on my part, which I share with my patients. And you know, we're not unidimensional, we're multidimensional. We have an emotional age, a physical age, a biological age, a chronological age, and I love addressing all of those with my clients.

Carmen Hecox: So, let's address the elephant in the room cause you are a real doctor. You went to medical school, you graduated, and you practiced.

Medical School and Menopause Education

Carmen Hecox: How much do they teach you about menopause and hormones in medical school?

Dr. Prudence Hall: Well, that's a very good question, Carmen. I would say that a gynecological residency, which is a four-year residency, has a lot of surgery and obstetrics involved in it. Very little menopause, we had a menopausal clinic and the whole teaching was check the FSH, now that's the pituitary hormone. If it's above 20, that generally indicates menopause. If it's below 20, nobody anything about how to manage that. And then if it's above 20 and they haven't had a period in a year, put them on Premarin. Now, Premarin, this was 1980, uh, like 1980, 79. Premarin was the hormone that was available. I did that. Oh, and then see him in a year.

I mean, I'm laughing at this, and my residency was excellent, big infertility. I mean, we had the second test-tube baby with [Richard Marrs](#). I was present there for that delivery. And it was just a very, very high powered, hands-on intensive residency program. Probably one of the best in the country at that time. But we weren't taught anything about menopause. That was it, that, that was what we were taught.

Few symptoms, know, but we weren't really told to discuss symptoms, but we did a little bit and then we would bring the patients back to the clinic in one year. That didn't work with my patients, who could really express themselves more fully.

Carmen Hecox: One year. I mean, seriously,

Dr. Prudence Hall: One year. One-year Premarin and Provera.

Premarin and Bioidentical Hormones

Dr. Prudence Hall: Premarin is pregnant mares' urine, and it was created in the mid-1940s. And it has been proven not to be the most ideal hormone to use in menopause, to say the least. I haven't used it in, I haven't used it since probably 1985, 84.

Carmen Hecox: Wow! And if I understand correctly, Premarin was more, was that synthetic, or was that considered what we now call bioidentical?

Dr. Prudence Hall: Yeah. So, I separate hormones into two categories, bioidentical and non-bioidentical hormones. Non-bioidentical are sourced from other animals or are kind of creative combinations of what people thought our women's hormones were. And so, they're not identical to our own hormones.

Premarin was not at all. Premarin had 35 different hormones, and one of them was our own hormone, estradiol, which was a very small percentage of it. And we're not pregnant horses, so that hormone was very inflammatory to a lot of women. It would help with hot flashes, but it did not help with heart disease prevention, dementia prevention. It helped with bone loss. So that was good. But the bioidentical hormones are exactly the same hormones that you and I and everyone, thank goodness we don't each have our own individual hormones. Exactly the same, in every single way is our own hormones.

So, I kind of liken it to, there's a knock at the door, knock, knock, knock, who's there? Ah, somebody bringing flowers. You know, it's like, it's a good thing. Knock, knock, knock, oh, it's a robber. And Premarin just did not do the job even close to it, that that our own hormones do our own bioidentical hormones do.

Carmen Hecox: And I, I remember, so you said Premarin was invented like 1940 something.

Dr. Prudence Hall: Mid-forties, probably with good people really wanting to help women because the treatment for women in menopause in the mid-forties was electroshock therapy and institutionalization. You know, women were considered insane. And indeed, many women come to me saying, Prudence, ah, there's

something, very, very wrong. I think I'm going crazy. So, it's, you know, there, there was good thoughts behind it. It's just that we didn't have the understanding of genetics, you know, none of that had been invented. We hardly, penicillin was invented in 1920, so that was Fleming, and I don't think it even came into use quite that early.

So, we're talking 20 years later. And 20 years later back then was not like 20 years now. Where in 20 years, we make huge, jumps in terms of medicine and our understanding of different disease processes.

Hormone Replacement Therapy and Cancer

Carmen Hecox: And let's address the other elephant in the room. The other elephant in the room is that hormone replacement causes cancer. Don't do it.

Dr. Prudence Hall: Oh! Oh, that's news to me. I wasn't aware of that. In my practice, the incidence of breast cancer is small; about one in 60 as opposed to one in seven. Uh, now this is over a lifetime.

So, when estrogen is low, okay, that's low estrogen and that's menopause. So, what is menopause? Low estrogen or no estrogen. So, when estrogen is low, up goes a bunch of bad dudes, stress, inflammation, high sugar, high cholesterol, the LDL, bad cholesterol, the A and B, and the subparticles and all of that. So, these guys are the root cause or the core root cause of most cancers.

So, when we give the same identical hormones that we make all of these guys go down.

Symptoms and Benefits of Hormone Therapy

Dr. Prudence Hall: So, when I'm treating patients and working with patients in menopause, it's not only to get rid of the symptoms. Which are hot flashes, night sweats, waking up in the middle of the night, brain fog, dementia type, and ADHD type symptoms, weight gain, oh my god, we could go on and on. Obsessive compulsive disorders, uh, you know, depression, anxiety, gut issues, bloating, GERD, all of that. Aging skin, hair loss. I mean, it goes on and on. Very profuse periods or no periods. So, it's not only treating the symptoms, which is what my board of gynecology wants me to do, and I I've been a little recidivate there.

You know they want me to and gynecologists to treat the symptoms and to help create better bone density. Now, that is a good plan, but it does so much more than that. It decreases Alzheimer's disease and neurodegenerative decline like Parkinson's. It prevents disease.

I have four patients in my practice with thousands and thousands. I mean many, many thousands of patients. I think it's 40 at this point who have had a heart attack. Now, heart disease and heart attacks are the number one cause of death in women. And I've had four women have a heart attack. One of them she wasn't sure, and they said, oh, probably not, but I'm counting her and they're all alive.

I mean this is the number one cause of death in women, starting in menopause or a little bit before menopause. So, estrogen is very preventative, not only in terms of symptoms but chronic diseases.

Carmen Hecox: Mm-hmm. I know that estrogen also helps us control our stress. You know cause for me

Dr. Prudence Hall: Yeah.

Carmen Hecox: I suffer of, you know, I have taken pellets of

Dr. Prudence Hall: Yeah.

Carmen Hecox: bioidentical hormone replacement. But I noticed that like at night I'm grinding my teeth and I'm like why do I grind my teeth? And I had many doctors say, oh, it's cause you're stressed. I'm like, what am I stressed out about? I have nothing to be stressed out about. But when I go and get treatment,

Dr. Prudence Hall: Yeah.

Carmen Hecox: also, I'm not grinding my teeth anymore.

Dr. Prudence Hall: That's exactly right, low estrogen. So, you raise that estrogen, and the stress goes down. The inflammation goes down. That's one reason why women, I think we feel so anxious. And we have these hormones called the adrenal stress hormones, and they sit right on top of both kidneys. And if they're removed by mistake or damaged, we die.

So, they're very, very important hormones. They're fight and flight hormones. We feel very anxious when they're high and we feel really depressed and down and, uh, tired and gain weight when they're low. So, you know, this is probably part of the process that was going on with you, teeth grinding certainly is an indication of stress. And we don't want stress in the body.

Inflammation and stress are the core root causes of most diseases of aging and unhealthy aging, you know.

Carmen Hecox: Yeah, well, I know for myself, like I said, done bioidentical hormone replacement. Which includes progesterone, estradiol, and testosterone. And I know a lot of people might say: A woman taking testosterone?

Dr. Prudence Hall: Oh.

Carmen Hecox: And we do need it. So, can you talk about the importance of all three of those hormones in a woman's body?

Testosterone Therapy for Women

Dr. Prudence Hall: Sure, let's start with testosterone. Testosterone has become a controversial hormone over the last, I would say, 10 years. And I take care of men too and prescribe testosterone for men. Abraham Morgentaler taught me how to do this. He's the father of testosterone therapy.

And I've used testosterone for women for decades because it builds her bones. It makes the mind more directional. We build muscle mass, so we lose weight or maintain our weight. And when you look well how do we know we're aging? Well, we lose our muscle mass, we lose our bones.

So, testosterone gives us directional thinking, great sex drive, generally. You know, there are a lot of things that go into a sex drive for women. But women tell me all the time, yeah, I just, I, I love my husband, and we used to have so much fun together and it was such a uniting, you know, thing to make love, and now I just don't want to. I just run. So, know, this, in of itself would be important, but the fact that it builds the bones, the muscle helps, the brain helps with dementia prevention. You know, these are all very important reasons why, testosterone is important for women.

Now, Dr. Morgentaler, he's the father of testosterone therapy and his whole Harvard team went in front of the FDA and unfortunately, they declined, approving testosterone for women.

So, you know, it's really like this now. I mean, we can prescribe off-label and women really do need testosterone, so I'm careful about who I prescribed for. But I feel like things will change, in terms of this issue. And I have no idea why they declined it, because there are hardly any problems.

Small problems, sometimes acne, when we start a little bit of acne. Sometimes a little hair growth, if we don't monitor the metabolite of testosterone, you know, which is dihydrotestosterone, if that gets too high, we can lose some hair. Sometimes a dark hair or two.

So, we monitor it, you know, all hormones. Every time I see a patient, which in the beginning is every two to three months, and then every six months as soon as we get everything stabilized. But every time I do hormone levels on everyone.

And it's not just the three hormones you mentioned, it's also the thyroid, the pituitary hormones, the adrenal stress hormones, the sunshine skin hormone D3. But in terms progesterone, estrogen builds, the bones and muscle and progesterone kind of blocks that. The body has checks and balances, so estrogen builds, and progesterone makes sure that the uterine lining doesn't get too thick and cause endometrial cancer.

When I was in my residency, we started giving Provera, which is a synthetic carcinogen in my opinion, and I think been quite well proven. It's not a bioidentical progesterone, but quite rapidly, Prometrium came out, which is a bioidentical progesterone and there's tremendous benefits from that.

It releases GABA in the brain, so we feel more calm. It induces sleep, which is wonderful at night because women are sleepless oh waking up every two to three hours. So, progesterone is an important match to the estrogen, an important balance to the estrogen. And estradiol it prevents dementia. This is Dale Bredesen's work in Alzheimer's disease. Our brain needs that fertilizer, or it needs that software. When I'm working with hormones, I call it our body software, cause you go to the computer you wanna boot up no software or corrupted software, lots of wavy lines. I don't know if that's ever happened to you, but it's really scary.

So, this is what happens when we lose our hormones: we lose our operating system. Estrogen, as I mentioned before, in menopause, when we lose it, we lose our bones. We start becoming forgetful and developing dementia, which can happen 20, 30 years before menopause, if, our estrogens are very low.

And heart disease begins to rise low estrogen, high LDL, bad cholesterol; but really the bad part of the subparticles. What makes up that LDL, the AB, the LPA and a few other ones. So those go up and nothing really lowers those Lipitor does not lower those subparticles of the LDL, but estrogen does. So, this is a very powerful way to prevent the core root causes of aging.

I mean see Western medicine says, well, okay, you have hypertension, let's treat it. You have heart disease, let's put you on two or three different medications. You've lost your bones, well, let's put you on Fosamax and all kinds of new things. So functional medicine looks at what can we do to prevent, you know, this decline where pharmaceutical medications are needed. And I'm not against pharmaceutical medications. I use a lot of them, including the estrogen patch and progesterone prometrium.

My life is devoted to helping women prevent chronic diseases of aging. And if it happens in spite of lifestyle hormone balance, genetics. Genetics give rise to 10% of diseases. And that's, that's about all, that's not a lot.

So, then we use pharmaceuticals, but if not, we try to prevent that using bioidentical hormones. Now, pharmaceutical companies definitely make bioidentical hormones, just like the compounding pharmacies do.

Carmen Hecox: What is your opinion? What's the difference between pellets and creams or I've seen on YouTube, I've seen that some women actually inject themselves with testosterone.

Dr. Prudence Hall: Yeah.

Methods of Hormone Administration

Dr. Prudence Hall: So, I use five different methods for almost every hormone I use. So, with estrogen, I use patches, creams, pellets, troche, vaginal inserts, occasionally injections, but that's not usually the standard at all. So, the whole idea

about functional medicine and really the correct way of approaching the body is to individualize care.

So, some women need more testosterone, other women need more estrogen. And we can determine that by looking at the lab values and also by asking questions and listening to our patients. How are they feeling and what symptoms do they have? So, the pellet, I used to use a lot of pellets in men because for six months they would stay. So twice a year they inject the pellets, and you know, they would report back to me that they had some pain in their hip. And you know, you can't go in the jacuzzi or really exercise for five days, which kind of was a bummer for them. But I used those quite a bit.

Women, uh, is as long as 45 years ago I was, doing pellets in women in my residency program. So, that's a long time ago, that's 1980, 78 to 82. And, you know, I think that you need to replace them quite frequently. And usually for women it's three months. Testosterone cream and injections and troches, and, you know, the other methods work very well for testosterone. And we have so many other methods for estrogen that I generally now don't use the pellets. Because once they're in, they're in for three months for women.

How often do you get yours changed?

Carmen Hecox: You know, they told me to do it every three to four months, or when I start to feel the hot flashes, but I've kind of geared back from doing it. I'm kind of like more in the five months. And it's because I have been displeased with my testosterone level. The first time, I'll be honest with you, I'm gonna make you fall out of that chair. My testosterone within six weeks was 319.

Dr. Prudence Hall: Okay.

Carmen Hecox: My throat was crackling.

Dr. Prudence Hall: Mm-hmm.

Carmen Hecox: My hair started to fall out, up here in the frontal area in

Dr. Prudence Hall: With the pellets.

Carmen Hecox: With the pellets.

Dr. Prudence Hall: Carmen?

Carmen Hecox: Yes. And I had these big hairs,

Dr. Prudence Hall: I'm not,

Carmen Hecox: coming out of my chin.

Dr. Prudence Hall: Yeah, yeah.

Carmen Hecox: And my throat it almost looked like I was getting an Adam's apple, and my voice sounded deeper.

Dr. Prudence Hall: Well, this is a lot of reasons why I don't use the pellets really much anymore at all because we have so many other good methods that give sustained levels. So, with the pellet, you start out with very high levels and then go down.

Now, I do use injections of testosterone for women. And the reason why I do it is some women when they use the cream and they're applying the cream to non-hairy areas like the side of their body, still the testosterone cream gets into the hair follicles and in the hair follicles dihydrotestosterone, is created and that is related to hair loss, and also acne.

So, when I prescribe testosterone injections for women, that bypasses the hair follicle, and I can get very good levels on them in symptom relief. This is especially true in women's. I just don't have a sex drive. Prudence, Prudence, Prudence help, help. And you know, I'm pushing the "T" a little bit, but their dihydrotestosterone is going up.

So, I give them an injection and start very low. I use the Sip 8 100 milligrams per ml. And it's like .3 .4, .2 and then I check after about three weeks to see where their level is. Now, in men, testosterone lasts about a week to 10 days, but in women I also use an enanthate which is great, testosterone and enanthate.

In women, it gives a good level for three weeks, four weeks. So, I usually say inject once and you can inject into your belly, you can inject into your anterior thigh, your leg. And then I see how they do, and I check their levels, and I can get quite high levels for women. And the testosterone is breaking down into very low levels of dihydrotestosterone.

So, I especially use this, you know when women are saying, oh, I'm losing some hair. The hair is thinner. And it's like, okay, let's switch methods.

You know, the patches work very good for estrogen, the creams, bioidentical creams. I don't use the pharmaceutical creams for estrogen because they're just very, very low levels and I don't get results with those.

But with the patches, I get very good results. And there's a vaginal ring that is good. So, you know, there are a lot of good methods aside from the pellets.

Carmen Hecox: I had posted a video about myself and my journey on, HRT or BHRT, and how my hair falling. And I had a couple of ladies, comment. And one lady had mentioned that her doctor gave her, I guess it was, testosterone in a cream version and her hair was falling and she didn't know what to do. And the doctor insisted she stay on the testosterone, but she said her hair was falling out. She stopped taking it and she started microneedling and

Dr. Prudence Hall: Oh yeah,

Carmen Hecox: she found out she was deficient in vitamin D but then found that slowly her hair started to grow back.

Dr. Prudence Hall: Yeah, it'll grow back. Yeah.

Monitoring Hormone Levels

Dr. Prudence Hall: So, when we manage hormones, we have to follow the metabolites. So, one of the ways I follow those metabolites to see what's actually happening with them is I use Jonathan Wright's I would say that he's one of the pioneers in hormones for women. Naturopathic doctor very smart man. I really like him a lot. He started Meridian Valley, that lab.

So, it gives us all the breakdown. So, estrogen can break down into 2-hydroxyestrone, 16-hydroxyestrone, the different fours and other twos, and we can see exactly what's happening with that. So, I follow that in the DHTs and what's happening to the adrenal hormones and is it breaking down correctly?

And I think that that's one of the ways to have a safer use of hormones, a very safe use of hormones. Also, the Dutch test is very nice; that's a saliva test that you do. They don't currently check thyroid, so I'm not using them very much, but a lot of patients come in with a Dutch test and we can discuss it and talk about it.

Thyroid is one of those hormones that blood is not that accurate with, so it's good to have that backup with the urine, which is very accurate.

Carmen Hecox: Yeah, that was the other question gonna ask you, because I was looking at another doctor who specializes in hormone therapy

Dr. Prudence Hall: Mm-hmm.

Carmen Hecox: and she said, she didn't do blood test because like if I go to, let's say, Quest, you know, a big chain. She said that the way they process the blood work is not a true value.

And so That's what I wanted to ask you, do you use a specialized lab that gives you true values of what you're looking for?

Dr. Prudence Hall: I have true values. I have no doubt that the labs I Quest, LabCorp, whatever, whatever lab people wanna use. Access labs, Vibrant America, whatever they want to use is fine with me. It gives me a snapshot of where they are in that moment.

So, I say, okay, so for perimenopausal women and perimenopause can start at 35, 37, 38, certainly by 40. And perimenopause is when the estrogen levels are just lower.

So, I'll say, okay, you're having regular periods. So, where in the cycle was the blood drawn. And generally, I say day 2 or day 21 are the best days to look at the hormones. And then I correlate it to what would be a normal or youthful level at those times of the menstrual cycle.

Plus, the FSH, pituitary hormone is extremely accurate in terms of telling me how the brain is feeling about the hormones it is receiving. So, when the FSH goes up above 20 that's an indication of menopause. So, the brain is saying: gimme estrogen, I need estrogen. And it can go all the way up to a 100- 120. Those are very high values, meaning that the brain is desperate to receive estrogen.

You know, the brain controls everything thirst, sleep, hunger, just everything. So, I look at that number, that's extremely accurate. So, for example, I'll look at somebody who has an estradiol level of 180, let's say, and her FSH is 10. That's great. You know, anything above six is menopausal, but six to 19 is perimenopausal and she feels great. I'm not gonna change her. I'll let her stay at that level, or I'll encourage her. I'm not letting anybody, but I'm encouraging them to stay at that level.

And, um, so, it's a matter of symptoms. Looking at the hormones. Testosterone levels are very accurate. They maintain themselves throughout, you know from, from day-to-day. There is a diurnal rhythm, just like with cortisol. So, it's testosterone is like cortisol, it's higher in the morning and then a little bit lower in the afternoon.

Adrenal hormones, cortisol is an adrenal stress hormone, and so we have a lot of energy in the morning, and that's one thing that wakes menopausal women up. Is they have high cortisol levels at three o'clock and they're awake, vacuuming the house.

So, when estrogen is given, those cortisol levels calm down, they start to decrease, so we can sleep all night and feel less anxious and nervous and frightened.

Carmen Hecox: And so, when do you recommend, like if you are treating, say this is your patient right here, and you're treating her, giving her hormone therapy. If she was going to get blood work done; what time of day would you recommend she go do that in order to get the truest value?

Understanding Hormone Levels and Testing

Dr. Prudence Hall: Okay, so if she's menopausal any day she wants, it makes no difference because her, her estrogen is gone, and testosterone is generally gonna be quite low. And the adrenals, I generally say try to do it as early in the morning as

you can. So, we get some pretty accurate levels with the adrenals. Thyroid levels are not gonna vary that much throughout the day.

If a woman is, let's say 35 and telling you, oh, Prudence, I'm not feeling well. I have terrible PMS, and I've gained 10 pounds, and I'm just, you know, feeling much more down and I'm irritable. I'm screaming at my kids, oh my God, help! Then, generally I'll say, let's do the levels on the second day of your period.

Let's see where you're at. And that's kind of a fertility point when we're assessing someone's fertility, we wanna do it around the second day or else day, 21. So, the FSH will be the most accurate on day two or day one, but day two. And then I can really assess their progesterone levels on day 21.

So, all month long we have estrogen, but we only have progesterone after we ovulate, there's a big surge for about 14 days. So, basically any time during that second half after ovulation. We ovulate, you know, day 12, 13, 14, sort of through there. And, you know, a lot of times if somebody does it on day two, if their periods are regular, they aren't gonna be hurt by not being on progesterone.

That generally indicates good, normal, healthy estrogen levels, I mean, progesterone levels. And then the next time that I see them, which is two months later, I'll say, okay, let's do it on around day 20, 21, 22, or around through there. And then I can assist their progesterone levels and put them on progesterone if it's low.

If somebody has irregular periods or missing periods all the time, I put them on progesterone regardless of what that level is, because I know clinically that she's missing progesterone.

Menopause and Hormone Replacement Therapy

Carmen Hecox: And is that different for women that are menopausal or postmenopausal?

Dr. Prudence Hall: So, I don't consider the word, I'm so glad you said that. It's just brilliant because I'm always wanting to say it and then I forget to say it. But when I look at hormones, we have youthful levels. We have perimenopausal levels

where the hormones are starting to become either very volatile or low. And then we have menopause.

And some women come in, let's say at 65, and they say, oh, I'm not, I'm postmenopausal Prudence. And it's like, well, you have no estrogen, that's menopausal. There's no such thing as post where everything is happy and you know, the symptoms disappear and the aging of disappears. So, my goal when I can and I individualize highly with each patient, which by the way, Western Medicine does not do, sometimes we do it, but usually we don't. It's sort of like one size fits all, even with chemotherapy. So, what I like to do is to really individualize with that patient and bring her out of menopause when I can. So, let's say that she has all the symptoms and she has no estrogen. Well, I bring her back to more youthful levels.

And youthful levels, creates youthful physiology, youthful hormones, youthful aging, and youthful physiology. So, I don't want people to age. You know, and it's not, oh yeah, young, young, young. It's just healthy, healthy, healthy. Vibrant, returning to who we really are, not losing ourselves in this process.

Menopause is a death process. Plants go through it; animals go through it. And when we can no longer procreate, Mother Nature doesn't protect us individually. She protects the herd and it's always about preservation of the species. I don't know how many species we're losing a month on the planet, but I know a lot. And so, the goal is maintain those sapiens.

Yeah. That's sort of contrary to what we know, isn't it, Carmen? Where we're overpopulating the world.

Carmen Hecox: Well, is interesting that you say that cause I remember, I stopped having a cycle very young. I mean a cycle in; I don't know six years. And I remember I kept asking my gynecologist, I said, "So I menopausal? And she said oh no, you're post-menopausal. I'm like, what does that mean?"

She said it means you're done. And I thought then getting hot flashes Why am I getting all these other symptoms? I thought that you know you only get symptoms when your menopause, and once you cycle into post, you know you have symptoms, so should be like happy.

Dr. Prudence Hall: Yeah. Well, that's, that's very typical, Carmen. I'm very sorry to hear that, that you were dissed basically.

So, women can be in menopause for years and still have cycles. Just I wanna put that out onto the audience because a lot of women come and say, oh, but I can't possibly be menopausal. I still have a very regular period. That's common, we don't ovulate when we're 12, 13, 14, 15, a lot of times when we're starting our periods and at the end, we don't use the ovulate, but we can have very regular periods.

So, how old were you when you went into menopause, would you say?

Carmen Hecox: I wanna say, I was 43.

Dr. Prudence Hall: Okay. Menopause now. Yeah menopause, now, the standard age, and this is 10 years younger than before, when I started out four decades ago. Is generally 44 to 48 or 49. I no longer see many women at all. When I see a woman who's 52 and just entering menopause, I'm going like, good girl. You know, you've saved your hormones.

But, due to toxicity, high sugar stress, and many other factors, menopause is about 10 years earlier. So, it's not unusual at all. I don't care if a woman is 35 or 30, I test her hormones. Especially if she has any symptoms.

So, we have healthy hormones, perimenopause hormones, that's five years before menopause with all lots of symptoms, maybe sometimes more severe than in menopause, sometimes less, and then more menopausal. And then we go back to youthful hormones, when you use bioidenticals or hormones in general.

Carmen Hecox: Yeah, and I mean I started to have symptoms, I think I was like 32, when I started to have the hot flashes and depression and crying over dumb things.

Dr. Prudence Hall: Oh, Carmen, I'm so sorry. Yeah, that's very typical. Had you been on the birth control pill at all or not?

Carmen Hecox: I was on, I had been on because my doctor said that I had I would get cyst on breast and I would get, cyst in ovaries.

Dr. Prudence Hall: Mm-hmm.

Carmen Hecox: And so, the doctor recommended that I stay on birth control. And so, I was on birth control for like 21 years.

Dr. Prudence Hall: Yeah.

Carmen Hecox: Until I finally got off of it. Well until I wanted to have another child, then I got off of it.

Dr. Prudence Hall: Yeah.

Carmen Hecox: But you know, when I would complain about wanting to cry or you know

Dr. Prudence Hall: Aw, sweet.

Carmen Hecox: feeling off, my doctor well adjust my birth control.

Dr. Prudence Hall: Yeah. Yeah.

The Impact of Birth Control on Hormones

Dr. Prudence Hall: Well, you know, I think birth control pills certainly have an upside and a very dark side too to them. And I was not taught that in residency. In fact, I'm grateful to birth control pill companies because they finance my medical education, and as a gynecologist. And I put thousands of women on birth control pills.

I don't do that now. Because I've measured hundreds and hundreds of women on the birth control pill, and their hormones look like a menopausal woman's.

So, when a woman comes in on the birth control pill and tells me, I can't sleep and I'm depressed and all Prudence, I can't lose 20, 30 pounds. I look at her hormones, and she looks menopausal.

The FSH is low, so it's not high like a menopausal woman, but I use the Paraguard a lot. Occasionally, I'll use progesterone IUDs, even though the progesterone is not bioidentical.

So yeah, I'm sorry that happened to you. I mean, that's a significant amount of time that your symptoms were ignored and your doctor either didn't know and at one point I didn't know. I didn't know for the first couple years either.

I'm sure I prescribed lots of wrong things or things that are less than ideal that I have known for many years. But now I would say maybe for five years, Carmen hormones have tipped. Everybody's coming back and saying, oh my gosh, they're healthy, they're good, they don't cause cancer. They, you know, get rid of a lot of the core root causes of cancer. And I'm, I'm really delighted, that hormones are being seen for a valid treatment, just like testosterone for men.

The Importance of Testosterone for Men

Dr. Prudence Hall: I don't, do you have any men that watch your, watch your show or not? Or is it mainly Yeah.

So, testosterone for men, according to [Dale Bredeesen](#), a huge researcher. I lost all my books in the Palisades Fire, so I can't show you, his book. But he wrote "[The End of Alzheimer's Disease](#)," and he's personally told me that testosterone is one of the most important hormones to prevent dementia in men.

And, [Abraham Morgentaler](#), who's the father of testosterone therapy, has shown that it decreases prostate cancer, shrinks the prostate gland. Oh, there's so much data that's now out on the validity of estrogen for women, testosterone for men.

Hormone Replacement Therapy for Older Women

Carmen Hecox: And here's another myth that I'd like for you to bust: some women are too old for hormone replacement. Once they reach X Age, they're too old. Give up nothing to help you.

Dr. Prudence Hall: Well, I would like to say that there's a little bit of data. There's some data showing that dementia prevention is not as robust if many, many years have gone by with a woman in menopause. I treat women who are 70, 80. I think my oldest patient that I treated was 95. Her kids, son and daughter both came in with her and said, mom is getting demented. And so I put her on hormones, and they came back six weeks later, mom is much better. She's not back to her old self, but she's much better.

And, you know, I have so much experience with the decline in our brain power as we age. And I would say you wanna get in that windows that's either perimenopause. You never have to go through that traumatic decline. You lose a lot of bones the first few years, in, menopause. So, you don't have to go through that decline and then come back to it. I would've treated you at 42 if you had come in without a shadow of a doubt, I would've looked at your hormones and said, look, you're really deep in perimenopause and you have all the symptoms, let's treat you.

And if you had come to me at 34, I would've treated you at that point, depending on what not only, I would say most perimenopause is missed by gynecologist. Because they'll look at the FSH, the FSH will be seven, let's say, and a woman is waking up in the middle of the night, she's anxious, she's nervous, she has a low sex drive, and they, just miss the fact that hormones decline then and when they're declining, that quality of life is declining, and diseases are arising.

You know, very frequently by patients in perimenopause have high blood sugars. And I look at the A1C that's a four-month marker for sugar damage rather than just the glucose in the moment. And at any age, I would love doctors, gynecologists, naturopathic doctors, oncologists, psychiatrists for sure, psychiatrists to check our hormones because in those levels so much can be learned about the physiology and what's happening with that woman or that man.

Carmen Hecox: Mm-hmm. And who are some people that maybe shouldn't get hormone replacement therapy?

Dr. Prudence Hall: Well, that's a leading question, you know, counselor. I'm teasing you. I'm teasing you. I frankly do not think that there is anyone who should not be strongly considered for hormone therapy if they have symptoms or are rapidly aging. If someone would like, if you'd like to read a good book, "[Estrogen Matters](#)" is by a big oncologist at USC. He's now retired, but Avrum Bluming wrote that book and he's a breast oncologist he said, I don't care if somebody has

breast cancer or a family history of breast cancer, you know, estrogen matters and estrogen is important. And if my daughter had breast cancer, I would absolutely say that she could use estrogen.

So that was strong support for estrogen, not causing breast cancer. When women who have had breast cancer come to me, I send them to an oncologist to analyzing detail what her risks are and, and whether estrogen is safe for her, because I'm not an oncologist. I'm a gynecologist, you know, a functional medicine practitioner and a doctor, and I say, geez, she says that it's okay.

And the patients come back and they're very excited and they say, well, she wanted me to get this oncogene, but aside from that, or she wanted me to get this, these specialized testing in Europe, but I can, I can take it.

And I really want them to read "Estrogen Matters Too," because it's such a good book.

If somebody has had a blood clot, a lot of things can cause blood clots, and definitely birth control pills can increase blood clots. Studies out of France with more than 400 women showed that there was no increase in, blood clots and pulmonary. A blood clot is when the blood clots in the leg, and that blood clot can break off and go to the lungs and cause a pulmonary embolus, and that can be fatal. But there's no increase with the bioidentical hormones.

I've had one man, like fire chief, who had several blood clots on testosterone, but he also said, look, I was on a plane for 20 hours and that's it. That's the reason why.

So those are two big categories where I think would say that a lot of doctors say, you cannot take hormones.

So, I individualized care, and I see what's going on with him. And I generally don't want to give somebody who has an active breast cancer that hasn't been removed or treated estrogen. But I'll refer them to the oncologist and let them discuss that with the oncologist.

And more and more oncologists are starting to recognize risk to benefit. I do have some patients who have developed breast cancer over the years, but very few compared to a normal lifetime of breast cancer with women.

Carmen Hecox: And so, currently right now at the Hall Center.

International Patient Care and Telemedicine

Carmen Hecox: Do you only treat patients that live locally and go into your facility, or do you also treat patients outside?

Dr. Prudence Hall: Yeah. I've always treated patients internationally. I have patients from Africa, some of my favorite patients, from Asia, all over Asia, Europe. England and, all over the world, I individualize their care and work with some of the doctors in their own countries to make sure they get the right, medications so it's like a medical education for a lot of those patients. But it works very well. You know, I think countries are starting to catch on to this. And Europe, France and Germany have always been ahead of the United States. That was one of the ways I was first learning about bioidentical hormones, cause I was going back and forth between, France and the United States. And they were using them, and I started bringing them here in the early 1980s. It was really very, helpful. So, they're well into this field of treatment, of hormone abnormalities, optimizing hormones back to more youthful levels.

Carmen Hecox: So, if any of the listeners or viewers that are currently listening right now and we're interested in working with you, and they do not live in the Southern California area; how can they work with you?

Dr. Prudence Hall: Well, I do a lot of video calls. And I have a staff of five people maintaining and reaching out and helping them, and two nurses are on that, support staff. And this is how I do, would say quite a lot of my patients at this point. It started during covid when, you know, everything was closed. My office was closed for a year, so it works very well with telemedicine.

Carmen Hecox: And so, would you just kind of tell them what blood test they need to get done? Would you send that order to them, and they can.

Dr. Prudence Hall: Yeah, they call the office. We have standard blood tests that we prescribe. They can take it to whatever lab they have if they don't have insurance, Vibrant America or Access Labs charges \$200, I think for all the labs. If they have insurance, they can take it to whatever lab their insurance covers. I get the labs back in about seven days.

They make the appointment, and we talk, just like we're talking with you. I'd be saying, how are you feeling? What are your goals? What do you want for yourself? What are your beliefs about these things? Or your understanding about hormones and all of that.

Carmen Hecox: And what about receiving medication?

Dr. Prudence Hall: Well, you know, that's very individualized. I can prescribe within California to any kind of pharmacy. A lot of times I use Walgreens, or CVS or Rite Aid for progesterone, and a lot of times the patch. I use a lot of compounded hormones made in compounding pharmacies which, some of them are just excellent.

I have a body software that I made, and body software is for the adrenals. It works very well. I have some wonderful thyroid that I prescribe, that's a New Zealand, T three, T four, T 70 T five thyroid, so that's wonderful. I also have iodine supplements. Iodine is very healthy for us and helps the thyroid work naturally.

So, if you feel tired losing hair and maybe a little down, try some iodine. Any place between one and three to four milligrams plus three Brazil nuts a day and see if that makes you feel better. Because borderline thyroid can cause a lot of symptoms, and that's one of the natural ways to increase our thyroid performance.

Occasionally somebody's allergic to iodine, then they'll itch. But that's pretty rare. I haven't seen that in many years now.

Carmen Hecox: But you also have a course too, don't you?

Dr. Prudence Hall: I do have a course. It's, been delayed a bit due to the fire and due to Covid, but we're gonna do a course with women. Where we have 15 women and take them through menopause, and it's gonna be an hour to an hour and a half a week where everybody gets to look at their hormones and understand what's happening. And yeah, it's, we've done a few trials of it and it's really fun. So, I know that'll get started again.

Optimizing Hormones and Lifestyle Changes

Carmen Hecox: So, Dr. Hall, based on the conversation that we have had here today, what would you like the listener or the viewer to hold close to their heart and know?

Dr. Prudence Hall: It's a good question, Carmen. So, first of all if you're feeling despair and hopelessness and you just feel like your life is greatly diminished, I want you to have great confidence that this can be changed. The body wants to be healthy.

So, you start with lifestyle and start cutting out sugar and eating a Mediterranean diet that's, rich in, plant-based, you know, lovely plant-based, homegrown, products, and decrease packaged goods.

You know all the packages that we open, all of those. And we wanna decrease pasta and bread, cereals, potatoes, rice, because those will rise our sugar levels. So, lifestyle, sleeping eight, nine hours, eight hours, seven hours, even seven and a half hours. I personally sleep nine hours every night. But you know, seven, eight hours is good.

So, lifestyle, optimize your hormones, you know how you manage menopause, determines the whole rest of your life. So, if you start menopause at 40, another 60 years of your life or 50 years of your life, you'll be living in a diminished state, and you do not have to do that. You can regain your life, regain your vitality, regain your sexuality, and it's just wonderful.

Carmen, I'm still doing this because it brings so much joy for me to see what happens to women when they optimize their hormones. They climb mountains, they write books, they start schools for underprivileged kids. They, you know, they get their life back and their vitality back and they reclaim themselves. And that's what I want for my clients and also for yours and for our listeners,

Carmen Hecox: Mm-hmm. And Dr. Hall, for those people that say, hey, you know what everything Dr. Hall has said here today is something I didn't know was attainable for me and I want it. How can they begin to work with you?

Final Thoughts and How to Connect with Dr. Hall

Dr. Prudence Hall: Call the office. Call the office, get your blood drawn. We'll be having a long chat together. And we'll, right from the beginning I start optimizing hormones and getting rid of symptoms. That's, I mean, that's critical. And then working on the gut and working on the diet and lifestyle. But there's nothing that works as fast as optimizing hormones to youthful levels or to more youthful levels in terms of making you feel like you're yourself again.

And it's just, it's just wonderful. Carmen, I absolutely love it, and that's why I continue to do it after all these decades.

Carmen Hecox: And I'm so glad you are still doing it because, there's a lot people that aren't doing it. And you're giving us hope.

Dr. Prudence Hall: Yeah, and I'll tell you that that hope is fulfilled. You know Hallow Hope, or failed hope is something that does not sit well with me at all. So that's why I have this team to catch people when they're falling and to help bring them back into the, uh, the fold.

But, you know, generally most women do very, very well with their hormones and start feeling effects. We call them at three weeks to see, make sure that they're doing better. And most women say, yeah, the hot flash just stopped. When I was on Oprah, by the way, uh, Carmen, I was told through Oprah operatives that she was sending me the most difficult patient that called her because after being on Oprah, you know, a lot of patients were really interested in hormones.

So, she sent me, Linda and I still take care of Linda today. And it's like Linda what's your problems? And she said, hot flashes, Prudence, hot flashes. She said, I'm having hot flashes every two minutes. Please, please, please. I said, what about everything else? She said, my moods are pretty good. My weight's a little up, but really hot flashes.

And I said, great, we're gonna get rid of them, no problem at all. We're gonna get rid of them. When you go back on the show. She said five days. I said, you mean you're gonna be the show woman? You're gonna be the spokesperson for bioidentical hormones, and we have five days to get rid of your hot flashes. And we did it.

I called her every day, probably twice a day, and she went on Oprah saying, no more hot flashes. So, she's, she was a great spokesperson for the effectiveness of

symptomatic relief of menopause. I was so grateful that she felt better in five days. Usually it takes three weeks, four weeks.

Carmen Hecox: I guess for her body was determined that it was going to fix itself right away.

Dr. Prudence Hall: Yeah, the body wants to fix herself, and she's such a, such a good girl. She stayed right on it.

Carmen Hecox: Well, Dr. Hall, this has been a pleasure. Thank you so much for coming on the show. I will include all of your information in the show notes and guide people over to your website, which is the Hall Center because you have a [free book](#).

Dr. Prudence Hall: That's right, I do. It's called "[Radiant Again in Forever.](#)" And I wrote it to give away to patients so you can download it for free. They all burned in the fire. All my copies burned in the fire, but they download for free. The Palisades Fire they download for free to your email and the first chapters on menopause.

Suzanne Somers wrote the foreword. And we just loved each other a lot. She's such a, she was just a fantastic, incredible person involved in education of women and men and, you know, the, on all the different health issues. So, I was in her books a lot. And she, she was on my case. She said, Prudence, you have to write this book. Gotta write this book.

And I did. And so, her forward is in there, but the first chapter is on menopause. One of my patients. So, it's just like you come into my consult room, you hear her story and how I handle it, and at the end I give all kinds of suggestions and then perimenopause, and then low thyroid and low adrenals and sexual problems and PMS.

And, and then what do you do to fulfill your, your mission, your potential, once you feel fabulous again, yeah.

Carmen Hecox: So, I will include that in my show notes so that people can

Dr. Prudence Hall: Thank you.

Carmen Hecox: go to your website and take advantage of getting that beautiful gift and then working with you.

Dr. Prudence Hall: Wow. Thank you. Thank you. That's wonderful. Thank you. so much. Yeah, it's lovely being on your show.

Carmen Hecox: Wow, mind blowing, right? I hope Dr. Hall's insights showed you that feeling vibrant, healthy, and yes, radiant again is totally within your reach. Remember, if you want to learn more or connect with Dr. Hall, visit createthebestme.com/ep119. And don't forget to grab your free copy of her incredible book, "[Radiant Again and Forever](#)," link right below in the show notes. Join me next week for another amazing episode, created just for you. Until then, keep dreaming big. Take care of yourself. And remember, you are beautiful, strong, and capable of creating the best version of yourself. Thank you for watching. Catch you next week. Bye for now.