

Episode 138 Transcript

00:00:00:00 - 00:00:16:06

DR. JOANNA MATRAS-GODZIEJEWICZ

Something I see commonly, too, is that, companies will latch on to these trendy ingredients. Right? And they'll produce a product with a bunch of these trendy ingredients, and it looks really pretty. And but it's like they're trying to put everything but the kitchen sink in there, right?

00:00:16:06 - 00:00:41:14

DR. JACLYN SMEATON

Welcome to the DUTCH Podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

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DR. JACLYN SMEATON

The contents of this Podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care Provider for medical advice, diagnosis and treatment. Hi there! Welcome back to the DUTCH Podcast live at a forum. I'm so excited that you're here to join us. I've got a wonderful guest and we're going to be talking about a really awesome topic that we've never covered on the Podcast before, but I know you're going to take these takeaways home to your practice and start to put them into place.

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DR. JACLYN SMEATON

On Monday morning, we're going to be talking about how to build a hormone dispensary. And our guest today, Doctor Joanna Matras is the clinical content manager for Ortho Molecular Products, a brand I've used in my practice for a long time, and they're a professional only line of supplements. But Doctor Joanna has a special hormone. Affinity is designed a lot of their products.

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DR. JACLYN SMEATON

She's a natural prosthetic physician and also has a PhD in neuroscience, a very smart

woman, and she's always specialized in endocrine and neurological health. She blends kind of that holistic endocrinology and neurology perspective and does a lot of education for them. And we've built a lot of education together as well. You just launched this hormone guide through LMC Lifestyle Matrix Resource Center.

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DR. JACLYN SMEATON

I want to make sure you share that information today. But we're going to be diving in so that you can walk away knowing when you use the DUTCH Test, what products and supplements and ingredients are going to be really critical for you to have in your dispensary to be able to help patients. Well, are you ready to dive in?

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DR. JACLYN SMEATON

Absolutely. So I want to start about when you're thinking about building kind of a hormone dispensary, what are the core areas that clinicians need to be thinking about to make sure that they cover?

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah. You know, I think there's several I am a huge fan of a functional medicine framework called the hormone hierarchy. Right. And this is something I learned really early on in my medical training, and it really resonated with me. And it's something that I incorporated in my practice when I started practicing, several years back. And so essentially, the hormone hierarchy arranges hormones from kind of the most important in terms of survival to more of your kind of adaptive.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And then those needed for reproductions like your sex hormones, right. Progesterone, Testosterone, estrogen. And so I think when you build a very comprehensive, dispensary, comprehensive endocrine dispensary, you want to make sure that you are, you have products that can address every single component of that undercurrent system. Right? So everything from that bottom of that hierarchy, cortisol, whether it's elevated or, to low your insulin, then going up towards kind of more of that, like neuroendocrine support, thyroid melatonin and at the very top, of course, sex hormone specific products.

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DR. JACLYN SMEATON

So I love the correlation between like what you're saying and also the doctor's design. Because one thing that is so unique about the DUTCH is people think about it as a reproductive hormone Test, of course, because we have androgens, estrogen and progesterone. But cortisol is also a piece of that. And I remember when I first started working with the company, asking Mark, why did you add cortisol?

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DR. JACLYN SMEATON

Why is it so critical? And that aligns so beautifully with what you're talking about. So can you share that? Because I think that's a perspective that a lot of people don't really know or understand. Why is it so important to start with cortisol when you're looking to address endocrinology for a patient.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely. So again it goes back to that hierarchy. Cortisol is one of our survival hormones. We cannot survive without cortisol right. Within hours or days like that. That's serious symptoms even death right. Without cortisol. But what we see in the research and what is supported in kind of clinical practice is when there's cortisol dysfunction, whether it's too low or it's too high, that has a tendency to affect all of those other hormones, including thyroid, including melatonin, many of those neurotransmitters and your sex hormones.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Right. So if you have a hormone practice and you're looking at only those sex hormones, I think you're missing a really big opportunity by not looking at cortisol levels, both diurnal. And I think even cortisol waking response, and how that is affecting all of those downstream hormones, including sex hormones.

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DR. JACLYN SMEATON

Yeah. It's something that I think is really coming to the forefront in even functional medicine. We've always talked about HPA axis dysfunction, but I think because that's hand cell model and the whole adrenal fatigue model we know isn't quite the right descriptor. I think people are having a hard time finding the language to talk about that with patients.

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DR. JACLYN SMEATON

However, we all know and there's so much data around this that cortisol and HPA axis dysfunction affect really every system of the body. Like, I really agree with you there that that alignment has to be in place for that system in order to almost remove barriers of function across all other endocrinology and cardiovascular and digestive and, you know, and, and and musculoskeletal.

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DR. JACLYN SMEATON

I like I said, every system is affected.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely.

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DR. JACLYN SMEATON

Yeah. So let's talk a little bit about the products and or the ingredients that people should be thinking about. When we talk about cortisol.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Really it depends on, whether we're trying to support cortisol, an increase in cortisol. Right. Or there's really high cortisol. And now we're looking more at adaptogens to try to blunt some of that cortisol. So some of my favorites of course classic ashwagandha rhodiola. You mentioned these are things I love Chinese skullcap. When I think more about raising cortisol, that's more like licorice, right.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Things like that. So really depends. Are we trying to raise cortisol or, lower cortisol because of high cortisol levels under, you know, even serum?

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DR. JACLYN SMEATON

What are you seeing more commonly? I mean, I think I used it when I learned adrenals. I always think about I learned more about the ginseng and the licorice. And I think at that time there was more, let's call it stressed and tired. Picture amongst my

patients. But now it seems like that stressed and wired is so much more common.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, you know, I don't know if I see more of one over the other. Certainly it depends. You have those patients that, are severely depleted. We're talking chronic stress. Right. And then of course, in those patients, we see typically those low cortisol levels, low cortisol weakening response, low diurnal cortisol. And then yes, we're looking at ginseng, licorice, etc..

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DR. JOANNA MATRAS-GODZIEJEWICZ

And then those more acutely stressed patients, they tend to have high cortisol or you see, and one of the reasons I love doing Tests, especially in PCOS patients, a common pattern for them is they actually will have low normal cortisol, but their cortisol awakening response is elevated. Right. So that's something maybe I wouldn't have caught or known about if I didn't do like a full cortisol assessment.

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DR. JOANNA MATRAS-GODZIEJEWICZ

So, you know, there's a lot of nuance there and things that you can help, you know, this is more precision medicine. Now. Right? We're really trying to target. Are we increasing or decreasing? And if we don't do this Testing, if we don't get really specific, it's hard, hard to pick the right treatment for that patient.

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DR. JACLYN SMEATON

Yeah. I'm excited to hear your advocate for the cortisol awakening response. I think a lot of people aren't aware of what that is, which, you know, typically well, with let's just talk about it with our product. We have two we have the DUTCH complete, which is urine only. And then we have the DUTCH plus which is urine plus saliva.

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DR. JACLYN SMEATON

The advantage of the DUTCH plus, which is the one that you order and you're talking about, is that in saliva when we measure cortisol, you're able. Saliva is a snapshot in time. Urine, of course, takes hours for your whatever is in your bloodstream to filter through your urine and exit. But with the DUTCH plus, you get three samples you collect right at waking, 30 minutes after waking, in 60 minutes after waking in saliva.

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DR. JACLYN SMEATON

And so we're collecting more time. Waves of cortisol. You're still collecting, you know, that midday dinner? Bedtime. But then what you're able to do is see that cortisol awakening response. And the data around that is really interesting. In fact, I'm seeing more literature published around the cortisol awakening response now, really mimicking almost like a stress Test and stimulation Test or a stress Test.

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DR. JACLYN SMEATON

But they're finding is it's a good marker for resilience of the HPA axis are really waking up as a stressor. We all know that. We all feel that. But waking up is less stressor to the body that responds with cortisol.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely.

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DR. JACLYN SMEATON

Yeah. It's great to see that. And there's data showing whether the response is too high or the response is too low. That there's things that you should be doing. And what is interesting is sometimes a diurnal pattern looks normal. Absolutely. But the car would be abnormal.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And I see that a ton, especially in my PCOS patients.

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DR. JACLYN SMEATON

Know what it is with PCOS. You know.

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DR. JOANNA MATRAS-GODZIEJEWICZ

I don't know. I don't know if because there is a lot of cortisol dysfunction. So you will still see changes in the diurnal patterns. But when it's maybe obviously there's different types of PCOS, right? There's different drivers. And I think in that more of

that adrenal driven PCOS, you do see kind of the cortisol response is all over the place, right?

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DR. JOANNA MATRAS-GODZIEJEWICZ

Whether you're talking diurnal or cortisol awakening. But if it's more of like a, you know, post birth control PCOS or more of an insulin resistant PCOS, sometimes I think you don't. You miss some of that cortisol change because that's not the main driver, right. So if it's an insulin resistance driven PCOS, that's kind of where I see that pattern.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Right. So the diurnal looks normal. But then we do cortisol awakening response. And that's totally.

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DR. JACLYN SMEATON

That makes a lot of sense because insulin and blood sugar dysregulation is a stressor to that. Absolutely. So if that happens chronically since the onset of menstruation or the hormonal change trying to menstruate and women with PCOS who have amenorrhea, absolutely. It makes sense that that would be straining that core system. Yeah for sure. So let's shift gears a little bit.

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DR. JACLYN SMEATON

We're starting to talk about PCOS. Let's talk a little bit about women's health and what let's start with just types of products that women want to or but doctors want to be thinking about for their female patients.

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DR. JOANNA MATRAS-GODZIEJEWICZ

So I have two that are kind of my, non-negotiables. And I think they're underutilized and they're not even specific to women's health. So one is a really solid multivitamin. I think you can't go wrong with that, especially, you know, we unfortunately have some of that USDA data looking at, you know, what our crops look like due to like kind of soil mineral content and how we know that some of these key nutrients are now depleted just due to kind of modern agricultural practices.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And so even if you feel like you have a great diet and you're eating really well, I think that's just you just need to be on a multivitamin. But the second, which I think is also underutilized, is fiber. So only 7% of Americans get enough fiber in their diet. And so getting fiber is difficult. But it's not only getting the the recommended daily intake of fiber, but also the diversity in the fiber.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Right? So not all fiber is the same. We have our soluble or insoluble. We have resistant starches, resistant strains, and we know that there are certain bacteria in the gut that have a preference for certain fibers. So if we're not getting diverse amounts of fibers, we're not actually, you know, working towards a diverse microbiome. So I think fiber is super underutilized.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And not only that, but most female hormone, patients have some kind of gut dysfunction, right? It is a spectrum. Sometimes it's quite severe. Sometimes it's just some dysbiosis. So I think that's just something that is foundational to all, female hormone health.

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DR. JACLYN SMEATON

You know, I love that you're talking about that. And I think our listeners might be surprised to hear fiber show up in a hormone dispensary.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely. You know, there's so much really great research now, looking at the microbiome and how it affects sex hormones, how it really affects all of our hormones, cortisol and insulin and thyroid melatonin. And so I think we're in a place now. And this is exciting for me because as a naturopath, and you can probably relate, you know, we've been preaching about gut health for such a long time.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And now there's such a robust body of evidence showing that, relationship with the

microbiome and hormone levels. And so, that is why it's truly the gut. And even inflammation is the true foundation to supporting all your hormones.

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DR. JACLYN SMEATON

It's very satisfying. Has a doctor and there's some things that you learn in school that, you know, that leaky gut syndrome. I mean, I think naturopathic doctors started talking about that in the 70s. Yeah. And they were very highly criticized even when I was in school. It was such a controversial topic. Oh yeah. There's the NDA is talking about like candida and leaky gut.

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DR. JACLYN SMEATON

But then you started to see studies come out on what they called hyper permeability syndromes. And it's just essentially a very fancy name for leaky gut. And now the data is very clear about microbiome and GI integrity. And the role that it plays. And it really fascinates me. And I guess this is really where all of medicine came from, which is clinical observation leads to you starting to change your practice.

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DR. JACLYN SMEATON

And then in this case, richer research finally caught up.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely.

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DR. JACLYN SMEATON

Yeah. Yeah. It's exciting. So tell me a little bit about the product that you recommend for fiber. Obviously I imagine I'm assuming that you'd recommend people start with a very diverse diet.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Oh absolutely. That's first and foremost, you know, working to support diet and, and increasing, fiber from their diet. But again, I think it's even it's difficult. Right. It's we're human nature is the way it is. And it's hard to make those dietary changes. So while we're supporting, these patients and educating them on the importance of different

fibers, starting with that fiber product.

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DR. JOANNA MATRAS-GODZIEJEWICZ

So ortho, launched a fiber product called fiber MGP. I really like it from for a couple of reasons. One, because it is a very diverse fiber, but also because it's very gentle. It's a low Fodmap. So we know a lot of hormone patients. They they tend to be a little bit more sensitive. They have sensitive gut. A lot of my PCOS patients have IBS and Sibo, things like that.

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DR. JOANNA MATRAS-GODZIEJEWICZ

So we want something that is gentle. That's not going to cause them a lot of distress in terms of bloating and, gas. And so. Hi, hi diversity and low Fodmap, so gentle. And also tastes really good. That's good. So you don't have.

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DR. JACLYN SMEATON

To try that.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, it tastes really good. Actually. I'm the pickiest person when it comes to, like, the powdered supplements. Delicious. And I do it in the morning, before breakfast and.

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DR. JACLYN SMEATON

Yeah, that's great. I mean, I generally tell people to aim for 35 to 45g a day of fiber, which is, I tell my patients, comically high amounts like, yeah, you need to eat a lot of roughage to get there. So getting like either super foods that are very rich in fiber, like chia seeds as example, or a fiber supplement is a great way to help to achieve that, even if you're eating a really healthy diet.

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DR. JACLYN SMEATON

Yeah. Yeah, sure. That's fabulous. So what else besides, you know, multivitamin fiber? These are foundational. Probably a good place to start for most women. Absolutely. Hormonal imbalance. What about the other categories for hormone support?

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DR. JOANNA MATRAS-GODZIEJEWICZ

Sure. So there's a few that I like. So we kind of talked about some of the cortisol products when it comes to supporting insulin levels. I love inositol. There's just so much really great research on inositol. Berberine. That's another favorite of mine. Chromium cinnamon. Really supporting cortisol levels, blood sugar levels. We actually launched a really cool new product I'm excited about called Redo Core.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And one of the ingredients in there is redo coats. It's actually a mulberry leaf extract. And what this does is it blocks, starches from being digested into glucose. So glucose. So it blocks that glucose. It is enzyme at the gut level. And so when you digest I'm sorry, when you intake something that has glucose, something sugary, and you take it almost like a digestive enzyme, but it's like the opposite.

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DR. JOANNA MATRAS-GODZIEJEWICZ

So it slows down. That break down from that starts to glucose. And it lowers blood sugar and insulin by up to 40%. That's what the research shows. It is such a cool product.

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DR. JACLYN SMEATON

So it's not taken right before meals, right.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Before 15 minutes to right before meals. We, sell it in a tub or stick pack. So stick packs really convenient on the go if you know, you're going to, you know, a friend's house or restaurant, a party, you know, you want to have that piece of cake or something sweet or.

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DR. JACLYN SMEATON

An Italian.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Restaurant or an Italian o-shot. Absolutely. You know, you just take your redo coats and, you know, it'll help lower some of that postprandial glucose spike.

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DR. JACLYN SMEATON

That's great. That's wonderful. So let's talk a little bit about women's health. And I know, I know, you use the DUTCH Test in your practice. If you were going to break down kind of the areas on the DUTCH Test and products that might match to that, what are some things that come to mind for you as really important?

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DR. JOANNA MATRAS-GODZIEJEWICZ

Sure. So, in terms of kind of estrogen metabolism, right. So there's a lot of options there when we look at all of the phases of estrogen metabolism, this is something that we wouldn't be able to do if we just did serum Testing. Right. So, that's the one thing I absolutely love about the DUTCH Test and why I incorporated it into my practice, in that it allows me to be really precise in how I treat.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And so, certainly there's a lot of things that I can, gather from serum Testing, but, some of it or from just clinical judgment and based on this patient's symptoms and how they present, I can guess. Okay, maybe there's an issue with estrogen metabolism, but doing that DUTCH chest, it'll give me kind of the precise place in that system where that breakdown occurs.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Right. So that I could be more targeted. So let's say I'm looking at hydroxylase. And I see there's an issue with hydroxylase. Like I might be phase one. Exactly. I might be, reaching for ingredients like dim and I see your hops. Whereas if we see more of that breakdown happening in phase two and methylation. Right, they need extra methylation support.

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DR. JOANNA MATRAS-GODZIEJEWICZ

I'm going to be reaching for folate or things that are supporting methylation. And then or you know that glucagon addition if all that looks great, but they still have symptoms and that also helps me because now I know maybe I need to look in the

gut. Maybe their beta blocker is elevated. And this is why I'm seeing these symptoms of like excess estrogen activity.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Right? So, lots of cool ways to, target treatment with using the DUTCH Test, especially with estrogen metabolism. What's another thing? Oh, melatonin. Right. Seeing melatonin levels, are they low? Is there, an issue with sleep? So if I know that I can give melatonin, what is their progesterone look like. If their progesterone is low their progesterone metabolites I know I can support with vitacost with B6, with zinc magnesium.

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DR. JOANNA MATRAS-GODZIEJEWICZ

So yeah, lots of great ways to target treatment. Based on the DUTCH Test.

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DUTCH Podcast

We'll be right back with more.

00:19:27:08 - 00:19:55:15

DUTCH Podcast

If you're already running DUTCH Tests in your practice or thinking about it, there's never been a better time to become an official DUTCH Provider. Why? Because we go beyond lab Testing. Our Provider community gets exclusive access to clinical education, in-depth report interpretation, training, monthly case reviews, and one on one clinical support. Whether you're just getting started or looking to sharpen your functional hormone expertise, we give you the tools to grow.

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DUTCH Podcast

Join thousands of Providers already making a difference. There's a DUTCH Test.com today.

00:20:03:17 - 00:20:06:05

DUTCH Podcast

Welcome back to the DUTCH Podcast.

00:20:06:07 - 00:20:31:14

DR. JACLYN SMEATON

Another really interesting thing that came up. I heard Doctor Joan speak on Thursday, and she was talking about the role of the gallbladder and of bile acids. And really, I've not thought as much about bile acids as I will now. But really, we know that estrogen clears the body or enters the gut through the vial. But really the other thing about bile is there are a lot of other there's information that comes through the bile acids as well.

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DR. JACLYN SMEATON

Is that another area that you have ever like, thought about addressing or is an important piece of that hormone dispensary?

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DR. JOANNA MATRAS-GODZIEJEWICZ

Oh my gosh, absolutely. I love using colleagues. So most of my hormone patients and I, we try to support just gut and digestion in general, whether that's digestive enzymes or things that support bile release and bile synthesis in that flow of bile. So, absolutely. I think, that all goes back to that foundation and that gut support.

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DR. JOANNA MATRAS-GODZIEJEWICZ

Right? That's a part of that. And so it's not just your microbiome, but how are you digesting your food? Are you absorbing your food? And how that affects that microbiome. And then in turn, that astro and estrogen metabolism and just processing of sex hormones. So yeah, absolutely.

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DR. JACLYN SMEATON

Yeah. It's really an interesting area. I think the for a lot more research to be done because there's so much gallbladder dysfunction. And I've not looked into it, but I will now, like I said looking into the connection points between, that and hormonal change that women go through, you know, in dysfunctional hormonal systems. I want to talk a little bit about sleep.

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DR. JACLYN SMEATON

Yeah. Can we talk about sleep? Because this is a really common problem, especially for perimenopausal and postmenopausal females. And I think that you can't have a

hormone dispenser if you don't know how to help people sleep, because it is so foundational to balance.

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DR. JOANNA MATRAS-GODZIEJEWICZ
Absolutely.

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DR. JACLYN SMEATON
What are your favorite go to ingredients and products for sleep?

00:21:54:00 - 00:22:14:08

DR. JOANNA MATRAS-GODZIEJEWICZ

Well, so it depends. So if we're talking, patients that are in perimenopause and that is they just started having issues with sleep because they're in perimenopause, their progesterone levels are dropping. Right. They're estrogen is is all over the place. So I think about okay, well is it progesterone driven. Right. So that we're supporting progesterone. Is it due to fluctuations.

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DR. JOANNA MATRAS-GODZIEJEWICZ

And they have hot flashes and they're waking up because of the hot flashes. An ingredient I love for perimenopause that is very comprehensive and kind of targets. All of that it's called were Ponic rhubarb root extract. I love this ingredient, mostly because one, it has a ton of clinicals on it, and it has estrogen receptor specificity that only binds to estrogen receptor beta, which we know is kind of that more safe route.

00:22:37:14 - 00:23:05:12

DR. JOANNA MATRAS-GODZIEJEWICZ

And, it doesn't cause proliferation, right. Like estrogen receptor alpha. And so not only do you have from like a safety perspective, specific binding to estrogen receptor beta, there are clinicals showing that when they look at these women and study them on rhubarb and use the Menopause Rating Scale, which has all of the different symptoms, 11 symptoms, that we see in perimenopause and menopause, it's able to improve every single one of those.

00:23:05:13 - 00:23:25:20

DR. JOANNA MATRAS-GODZIEJEWICZ

That's amazing. So those, those physical symptoms, those urogenital symptoms,

sleep those mental emotional symptoms. So really cool ingredient there. I also love, actually inositol for sleep. It can be very calming. I love and gaba things like that. And of course melatonin if needed.

00:23:25:20 - 00:23:28:06

DR. JACLYN SMEATON

Yeah I throw in there magnesium as well.

00:23:28:06 - 00:23:28:22

DR. JOANNA MATRAS-GODZIEJEWICZ

Absolutely.

00:23:28:22 - 00:23:33:10

DR. JACLYN SMEATON

I know that you would not just agree with me on that one, but sometimes taking that in the evening can be really helpful.

00:23:33:10 - 00:23:44:20

DR. JOANNA MATRAS-GODZIEJEWICZ

Oh, absolutely. Like a good glycine eight three and 800%. Yeah I think those magnesium and zinc are the most underutilized minerals when it comes to just sex hormone health. In general.

00:23:44:20 - 00:24:09:23

DR. JACLYN SMEATON

Yeah you're right. And they're so critical for so many enzymatic reactions. Really zinc and magnesium are they're just the most universal co-factors. And honestly, in my clinical experience, putting patients on those two, particularly magnesium, which has a higher rate of deficiency, although zinc deficiency is very common, it's transformative for a lot of people, which makes sense because our metabolism, our hormone balance so much relies upon those cofactors.

00:24:09:23 - 00:24:10:04

DR. JACLYN SMEATON

Yeah.

00:24:10:04 - 00:24:10:17

DR. JOANNA MATRAS-GODZIEJEWICZ

For sure.

00:24:10:21 - 00:24:32:04

DR. JACLYN SMEATON

I want to talk about the Pontiac rhubarb a little bit more, and specifically with women with perimenopause, because I think this is a really challenging time to treat or in life in the kind of reproductive lifespan of a woman, because it can be so unpredictable. With perimenopause, you can get very, very high levels of estrogen even higher than they go when they're cycling.

00:24:32:04 - 00:24:50:20

DR. JACLYN SMEATON

Yeah. You also can have really low times. You know, we tend to see lower progesterone. And of course with aging we still are Testosterone. But tell me a little bit about how you serve that group of women where you see so many hormone fluctuations. Is there rhubarb helpful during that time? Because I think a challenge is getting them on hormone therapy.

00:24:50:22 - 00:24:58:01

DR. JACLYN SMEATON

For example, they may get they might feel great on progesterone sometimes the cycle and then get hot flashes. Other times it can just be so tough.

00:24:58:04 - 00:25:22:19

DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, I think you're right. So it's that very early perimenopause phase that I think is, is the trickiest. Right. Because you're yes that progesterone is going up. But that estrogen is fluctuating. It's not a decline in estrogen like you see with Testosterone. That is gradual right. It's that erratic up and down. And like you said, sometimes that up means much higher estrogen levels than even when they were cycling.

00:25:22:19 - 00:25:24:18

DR. JOANNA MATRAS-GODZIEJEWICZ

And then that low can be very low.

00:25:24:22 - 00:25:45:23

DR. JACLYN SMEATON

Yeah I hear that was Dam actually a lot like and I hear this from patients and from practitioners who say my perimenopausal women, they have all these estrogen dominant type of symptoms. You know, breast tenderness, bloating, like they're not

feeling great. So then I put them on Dam, which we've published on Dam, actually, we'll link to in the show notes, because we've published what happens when women take them premenopausal and postmenopausal and they go on demand.

00:25:45:23 - 00:25:54:13

DR. JACLYN SMEATON

They feel great for a couple of weeks, and then they hit the luteal phase and then it's so low they're getting hot flashes. So you really need something to kind of smooth the edges a little. Adaptogenic.

00:25:54:16 - 00:26:17:03

DR. JOANNA MATRAS-GODZIEJEWICZ

So those patients I love to do the respond to rhubarb, I love to do them. But then I'll also add something like a hops, which not only helps that phase one, or not even dam, you can just do hops and so you're not even, you're not only helping with that phase one estrogen metabolism, but some of that's symptomatic, picture in that early perimenopause phase.

00:26:17:03 - 00:26:20:07

DR. JOANNA MATRAS-GODZIEJEWICZ

So yeah, really cool. I love using hops in that phase.

00:26:20:09 - 00:26:40:10

DR. JACLYN SMEATON

So one thing that I want to make sure that we cover today, which is near and dear to my heart because I spent a lot of time in the supplement industry, is quality. Yeah, I mean, we you can walk the show, Flora. We're here at a forum and we have some brands who are so reliable and they're really quality focused, and then other brands that are newer and maybe just don't have the expertise to do that.

00:26:40:10 - 00:27:00:20

DR. JACLYN SMEATON

And, and I remember when I used to work, for a distributor in the space, and we did a lot of inspections of facilities and the good brands. Ortho was one of these that comes to mind. The percentage of ingredients that you receive in-house and Test and reject and send back to the manufacturer is quite high, because they're all being shipped internationally.

00:27:00:20 - 00:27:16:02

DR. JACLYN SMEATON

And you do this kind of Testing before you mix them in, but you know what happens to those somebody else buys those ingredients that failed your Testing. Can you speak a little bit to the impact of dietary supplement quality, and particularly for Providers? Why should they be thinking about this?

00:27:16:06 - 00:27:24:10

DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely. So there's a few things we see in this space in terms of kind of.

00:27:24:12 - 00:27:54:09

DR. JOANNA MATRAS-GODZIEJEWICZ

Not ideal supplements. Right. So we see issues with raw material quality. So whether that is potency, you can have a raw material, but it doesn't mean that there's those bioactive there that we need that are going to do what is intended for them to do. Another thing is contamination, right? So because these are coming internationally, because these are in other parts of the world, because we can't control things like weather and, you know, changes in the weather and how that affects certain ingredients.

00:27:54:11 - 00:28:18:23

DR. JOANNA MATRAS-GODZIEJEWICZ

It's imperative to Test them and to make sure that there's no contaminants. Another thing, of course, is, are if you're using a raw material and it has the bioactive, are you providing that therapeutic dose? That is research, right. Just because that bioactive is in there, you know, if it's at like a tiny amount and it's not what's clinically researched, you're not going to it's not going to be an efficacious product.

00:28:18:23 - 00:28:44:02

DR. JOANNA MATRAS-GODZIEJEWICZ

Right? You're not going to get the desired effect. But also, when it comes to some of the contaminants and fillers, those can actually make a patient worse. So clinicians have to be very careful. I think, particularly with hormone sensitive conditions, those tend to be even more sensitive to some of those changes. And so, it's important to ensure that wherever you're getting your supplements, you have a relationship with that company.

00:28:44:02 - 00:28:58:04

DR. JOANNA MATRAS-GODZIEJEWICZ

You understand their manufacturing practices, their dedication to exceptionally pure and, quality raw materials that will have the bio actives, but also at the clinically therapeutic doses.

00:28:58:04 - 00:29:15:00

DR. JACLYN SMEATON

I'm so glad you said that because I see that so much. I call it window dressing. It's like you make it look so good from the window, but when you go outside, it's like nothing in there. And my patients used to bring things into me where they're like, look at all these ingredients. I'm like, yeah, but there's only 25mg of vitamin C, like, so it's probably not gonna be enough to protect your immune system.

00:29:15:00 - 00:29:23:21

DR. JACLYN SMEATON

And you could go, you know, line by line by line. And that's a strategy. It's a marketing strategy. And consumers don't know the difference. But as a Provider you have to kind of cut through that.

00:29:23:21 - 00:29:47:06

DR. JOANNA MATRAS-GODZIEJEWICZ

Absolutely. I something I see commonly too, is that, companies will latch on to these trendy ingredients. Right. And they'll produce a product with a bunch of these trendy ingredients. And it looks really pretty. And but it's like they're trying to put everything but the kitchen sink in there. Right? And when they do that, there's no way they can get the amounts that you need at the clinical dosage.

00:29:47:06 - 00:30:00:04

DR. JOANNA MATRAS-GODZIEJEWICZ

Right. Because you have so much in there. If you do that, you're making an extremely expensive product and then you can't compete in that consumer market. Right? Those two things don't really reconcile with one another. Right? So yeah.

00:30:00:06 - 00:30:19:05

DR. JACLYN SMEATON

Yeah, there's a couple things that I typically recommend people look at, like, I think the use of branded raw ingredients is a really good screen, because those tend to be more expensive. They go through higher screening, and then you see a lot of the professional brands that will do that. That's one thing I think the adequate ingredients, I generally.

00:30:19:05 - 00:30:31:10

DR. JACLYN SMEATON

Are there any that you would say, take a look at the chromium and the vitamin D or whatever on any where you're like. These are the ones that are oftentimes under dosed that you if you can see it dosed properly, it might be a better quality product. Yeah.

00:30:31:10 - 00:30:36:20

DR. JOANNA MATRAS-GODZIEJEWICZ

There's several inositol, chromium, berberine, ice hops.

00:30:36:20 - 00:30:38:09

DR. JACLYN SMEATON

Choline is another one wholly.

00:30:38:11 - 00:31:02:22

DR. JOANNA MATRAS-GODZIEJEWICZ

And yeah. When you think about like prenatal. That's right. Also I would say not only the amount of the product, but look at what are they standardized to. Right. What are the bio actives. So something that I've seen is okay, you're using this botanical, but you're not actually standardizing it to that effective bioactive. So it's not doing what you're intending for it to do.

00:31:02:22 - 00:31:10:02

DR. JOANNA MATRAS-GODZIEJEWICZ

Right. So sure, it looks pretty that you have this ingredient, but without standardizing it to that bioactive, it's not going to be effective.

00:31:10:02 - 00:31:11:20

DR. JACLYN SMEATON

Can you give an example of that that comes to mind?

00:31:11:20 - 00:31:29:21

DR. JOANNA MATRAS-GODZIEJEWICZ

Oh my gosh. Hops is a great example. Not only that, but so hops for instance, when it's standardized to something like 8 p.m. or 6 p.m., which is like fennel and, and I don't know exactly how to pronounce it, but those are the bio actives that are more like phyto estrogenic, right, that are more beneficial for maybe women who are in

perimenopause.

00:31:30:02 - 00:31:50:07

DR. JOANNA MATRAS-GODZIEJEWICZ

There's other hop extracts like maybe lcsi, that are more beneficial for us to do metabolism, and then others, like we see in curb that are more driving kind of that peptide signaling. Right. So it really depends on not only the bio actives or I'm sorry, not only the, the amount of the botanical, but the bioactive.

00:31:50:09 - 00:32:12:01

DR. JACLYN SMEATON

I'm glad you brought up herb. Yeah, that was something that I wanted to talk about. And yeah, really we focused a lot on, you know, HPA access and reproductive hormones. But of course insulin and our metabolic health is a really critical hormone system that in need of support for so many people. And we have this rise of GLP one and other, GI P and these other peptides.

00:32:12:03 - 00:32:31:22

DR. JACLYN SMEATON

But I want you to talk about this. This is a product that you sell exclusively. And it's a really I got to listen to some lectures on it and the the story behind it being a kind of a government funded discovery process and the the outcomes that are seen are pretty phenomenal when it comes to obesity and hunger.

00:32:31:22 - 00:32:42:14

DR. JACLYN SMEATON

And I think it's really exciting because it gives an alternative not to make this a whole sales pitch. But I think people would love to know. Yeah, it really gives an alternative to some of the injectable medications that you're seeing in the marketplace. Can you just talk a little bit about that?

00:32:42:14 - 00:33:06:16

DR. JOANNA MATRAS-GODZIEJEWICZ

Sure. So you know, there certainly when peptides became really big and a lot of companies were looking for natural solutions, right. Because there are still patients that do not want to take peptides or the peptides are not right for them or due to the side effects, they just discontinue peptides. And so having a natural solution obviously is something that everyone kind of is like, oh, well, if we find that, that's awesome.

00:33:06:18 - 00:33:28:12

DR. JOANNA MATRAS-GODZIEJEWICZ

And so there was a couple companies that tried that. But when you look at the research, it just it just didn't cut it. So I'm excited about this. It's a hops after extract. Excuse me. And it is made in New Zealand. So like you said, the Government of New Zealand actually funded this entire project to find these bioactive that could naturally stimulate GLP one.

00:33:28:14 - 00:33:57:15

DR. JOANNA MATRAS-GODZIEJEWICZ

So something that we know that happens with peptides is that they will suppress natural GLP one release. So this essentially doing the opposite. So it's supporting natural GLP one release. And then you think okay well there's a lot of things that could do that right. Certain foods you eat will increase GLP ones. But this is increasing it substantially enough that we are now seeing research that even without changing diet or doing any other interventions like exercise, patients are losing weight.

00:33:57:15 - 00:34:15:07

DR. JOANNA MATRAS-GODZIEJEWICZ

So they had they have just published a study. I haven't even had a chance to look at it. It was just published where they showed, certain percentage of weight loss. And what's important here is that all that weight was fat. So no muscle loss, right. Something that we see with peptides and that's concerning. So yeah, really fantastic alternative.

00:34:15:07 - 00:34:19:16

DR. JOANNA MATRAS-GODZIEJEWICZ

I'm really excited about it. To use it for my patients and my practice.

00:34:19:16 - 00:34:41:12

DR. JACLYN SMEATON

So yeah, I'm glad you shared that because I think especially we have a lot of people that aren't prescribing pharmaceuticals. And so I think it's probably a nice alternative, you know, based upon the data, there's clinical trials on it. It was absolutely well researched. So anyway, I'm glad to talk about that. I want to ask you about something else as a scientist, because you have a PhD background, this research background and a clinical background.

00:34:41:12 - 00:34:51:16

DR. JACLYN SMEATON

And yeah, that's so unique. And I want to first ask when it comes to because I know you follow the research, what's most exciting in the research space like across neurology and endocrinology right now.

00:34:51:21 - 00:35:21:00

DR. JOANNA MATRAS-GODZIEJEWICZ

Oh my gosh. Hands down all that microbiome research again as naturopath we've been kind of preaching about this. But I think the level of research we're seeing now, I think it's I'm going to use the word revolutionary because I think it's revolutionary and not only from the space of, okay, how does that microbiome affect all of these different conditions, but also kind of going towards that more kind of targeted now, treatment based on individual microbiomes.

00:35:21:00 - 00:35:38:10

DR. JOANNA MATRAS-GODZIEJEWICZ

Right. So there's some really cool research, even in fertility, where they have been able to make models and predict IVF outcomes. Just analyzing that female's vaginal and gut microbiomes. Right. That is so cool.

00:35:38:10 - 00:35:46:12

DR. JACLYN SMEATON

Yeah. I think about the work of Robin Roes. Like her data is almost unbelievable. Like you literally, you're like, there's no way the outcomes can be that good.

00:35:46:12 - 00:36:14:03

DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely. Yeah. And same with neuro, right. So we've talked about kind of the gut brain access for a while. But I think we're at a point where, it's just undeniable that it is the one of the main contributing factors towards the development of neurodegenerative diseases, cognitive decline, even, mental emotional conditions when I think depression, anxiety, and so it just gives us an additional therapeutic potential for these patient, types.

00:36:14:04 - 00:36:27:08

DR. JACLYN SMEATON

It really gives that another element of that foundational, you know, you have lifestyle, you have nutrition movement. But gut health and microbiome health seems like it needs to rise up as a really critical foundational element.

00:36:27:10 - 00:36:28:19

DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, absolutely.

00:36:28:21 - 00:36:51:00

DR. JACLYN SMEATON

The other thing I want to ask you about is when you because you're in clinical practice as well. So how do you combine you know, because you're looking at the research. You're looking at what's out there for ingredients. You're obviously sitting with a patient and hearing their story. You're looking at lab assessment. How do you synthesize all that information in that kind of precision medicine way to find the best approach for a patient.

00:36:51:02 - 00:36:52:17

DR. JOANNA MATRAS-GODZIEJEWICZ

Well, it's not easy, right?

00:36:52:17 - 00:36:54:09

DR. JACLYN SMEATON

So like, how do you make the time for that?

00:36:54:09 - 00:37:13:18

DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah, it's it's really hard. And, and this is why I like kind of having this dual, you know, I still see patients, but I, I work for ortho and because my role there is clinical education but also R&D and formulations, I have to be on top of the research. Right? So it almost forces me in a way which I'm grateful for.

00:37:13:19 - 00:37:34:17

DR. JOANNA MATRAS-GODZIEJEWICZ

But I think, we owe it to our patients to ensure that we are, on top of the research. And it doesn't mean you have to be sitting every day for hours reading research articles. You can subscribe to something like Medscape Alerts or something. Right? And, read the things that you specialize on. Make sure that you stay up to date because our patients are smarter and smarter, right?

00:37:34:17 - 00:37:53:12

DR. JOANNA MATRAS-GODZIEJEWICZ

We live in that digital age, so they have access to a lot of information. I will say both good and bad, right? Because they're also getting a lot of, false information. But I think that makes it even more important because it is our role to then educate them when they come in and say, well, I heard this influencer cured her PCOS with this product.

00:37:53:12 - 00:38:13:02

DR. JOANNA MATRAS-GODZIEJEWICZ

So I bought it. And, you know, I have to say, well, what's in it? This is actually the research. This is the reality. And explaining that to patients and understanding the research, I think is really important. So I make an effort. I don't have a ton of time, but I spend, you know, a little time here and there, to do that.

00:38:13:04 - 00:38:13:23

DR. JOANNA MATRAS-GODZIEJEWICZ

So, yeah.

00:38:14:00 - 00:38:36:11

DR. JACLYN SMEATON

I do feel really lucky working with DUTCH. And this is similar to what you said, that we're paid, you know, to be spending time looking at research. And it puts you back to that full time clinician role where you really have no time and you're responsible to generate revenue for your practice as much highest percentage of your time as you can, that it's tough to stay on top.

00:38:36:11 - 00:38:49:17

DR. JACLYN SMEATON

And I think that's why you and I are both so passionate about education, because we get the chance to do that. It is really a gift and how to synthesize it and translate it. Yeah. For people. I also just a couple of tips because I love that you're sharing. Like, here's how I stay on top of the research.

00:38:49:22 - 00:39:10:01

DR. JACLYN SMEATON

A couple of things that I've done is built in PubMed like search delivery into my email inbox. So that's a free tool. And that's a really nice way you can put in keywords that are really critical. Maybe you want to follow, I don't know, semaglutide or for me, I have like AMH or estrogen metabolites. And every week I get a summary of all the abstracts that mention that you can put filters on it.

00:39:10:01 - 00:39:27:11

DR. JACLYN SMEATON

It's not perfect. You get some animal studies or like sometimes I get like cow fertility data. I kind of care about, you know, alfalfa intake and cow fertility. But you can get that delivered in like a title or an abstract and very quickly look and say, are there any papers that are critical that I should open up and read?

00:39:27:13 - 00:39:51:05

DR. JACLYN SMEATON

So as we kind of wrap up today, what are the key takeaways that you give? If let's think about a naturopathic doctor right out of school, or someone who is a conventionally trained MD with transitioning into precision functional longevity medicine? That's who we're sitting with here at a forum. What advice would you give to them about supplements, about supplement dispensary's specifically if they're doing hormone management?

00:39:51:07 - 00:40:13:17

DR. JOANNA MATRAS-GODZIEJEWICZ

Well, first, establish relationships with the companies that you, you, you know, you're going to be using as far as your supplement companies, right? Something that like we encourage at ortho is our practitioners coming to visit our manufacturing facilities. Right? We have an entire team that's dedicated to answering questions from our practitioners related to quality and Testing and, things like that.

00:40:13:17 - 00:40:34:14

DR. JOANNA MATRAS-GODZIEJEWICZ

So develop those relationships. And of course, most practitioners don't use one company because not every company will have every single product you need. But start with really just do your due diligence, do your research, and if you can set yourself up with really quality companies from the get go, you're going to save yourself a lot of headaches in the long run because you're going to start off strong.

00:40:34:14 - 00:40:55:09

DR. JOANNA MATRAS-GODZIEJEWICZ

You're going to use products that you know are efficacious and that are actually going to help your patients. So I think that's one to spend a little time, you know, educating yourself on, you know, what is actually functional medicine. Some of the functional medicine Testing. Right. Look into them. What is the research behind that Test?

Things like that.

00:40:55:09 - 00:41:07:23

DR. JOANNA MATRAS-GODZIEJEWICZ

And, you know, talk to other practitioners, right, that have been doing this for a really long time that have a sense of which companies can I trust, based on not only supplement companies, but Testing companies as well.

00:41:07:23 - 00:41:23:06

DR. JACLYN SMEATON

Great. The last thing that I want to make sure we don't leave without talking about is the work of mercy. Yeah. What is the mercy? And you've just done a hormone educational. I don't know what you call it. Package. Yeah. So can you just share that with people as well? Sure. We can link to that.

00:41:23:07 - 00:41:33:15

DR. JOANNA MATRAS-GODZIEJEWICZ

They can get more information. So the Mercy's a sister company of ortho. And, it was created, with the goal of only creating educational material for doctors.

00:41:33:15 - 00:41:35:22

DR. JACLYN SMEATON

And it's lifestyle matrix resource center.

00:41:35:22 - 00:41:53:08

DR. JOANNA MATRAS-GODZIEJEWICZ

Yeah. So lifestyle matrix resource center. And so, our clinical team creates the clinical content for the lifestyle research, Lifestyle Matrix Research Center. And, we have just wrapped up creating the Hormone and Practice guide. What's.

00:41:53:09 - 00:41:59:13

DR. JACLYN SMEATON

Called house right. Didn't participate. Or we have no practicing clinicians who also contribute to the development.

00:41:59:13 - 00:42:31:07

DR. JOANNA MATRAS-GODZIEJEWICZ

So we do sometimes. So no. So the hormone in practice guide, was co-written by myself and Doctor Kate. Plateau. Okay. So she's a she's a writer, medical writer. And

so her and I co-wrote this, and we had some contribution, obviously from, different clinicians in terms of cases. But for the most part, I wrote this with Kate, and the purpose of it is to help practitioners who are not only new to functional medicine, but even seasoned to get little kind of clinical pearls and nuggets.

00:42:31:09 - 00:42:55:23

DR. JOANNA MATRAS-GODZIEJEWICZ

It's fully reference 200 page, guide and goes through functional Testing and goes through the hormone hierarchy and different functional frameworks. There's complex clinical cases. We talk anything from kind of basic things like how to understand a menstrual cycle and almost use it like a fifth vital sign. Right, to understanding genomics and more kind of complex environmental Testing and things like that.

00:42:55:23 - 00:43:00:20

DR. JOANNA MATRAS-GODZIEJEWICZ

So, that's a resource. It's very inexpensive too, for what you got.

00:43:00:20 - 00:43:20:03

DR. JACLYN SMEATON

I had my chance to hold it in my hot little hands on Thursday. It's beautiful. Like the graphics, the the content is so valuable. So. And I know you have this for many other conditions beyond endocrine within mercy. So I just encourage you guys to take a look at it. If you're looking for more really reputable resources that are clinically oriented.

00:43:20:03 - 00:43:29:14

DR. JACLYN SMEATON

So it's a fabulous tool. Thank you. Well, Doctor Majerus, thank you so much for joining me today on the DUTCH Podcast. It's been awesome to have you.

00:43:29:16 - 00:43:42:10

DUTCH Podcast

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