



Dr. Steve Sinatra: Exciting news, everyone! We're joined again by one of our favorite friends, Suzanne Somers. She joined us for a podcast last season, and we left you with a cliffhanger. She was ready to go in depth about bioidentical hormones, but we ran out of time.

Dr. Drew Sinatra: So today, we'll be talking all about hormone replacement therapy, bioidentical hormones, and everything you need to know to support your body as you age. We don't want to waste any time, so we're going to get right into it.

Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health, by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.

Dr. Drew Sinatra: Hi folks...if you like what you hear today, and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.

Dr. Drew Sinatra: Hey everyone, welcome to another episode of **Be HEALTHistic**. Today on the show, we are thrilled to be joined again by our longtime friend, Suzanne Somers — who also happens to be a bestselling author, actress, entrepreneur, and lecturer. We previously had Suzanne on the show to talk about her book, *A New Way to Age*. During that episode, Suzanne revealed her top anti-aging secret — the one that changed the game for her was bioidentical hormone therapy. So today, we're going to do a deep dive into hormone replacement therapy or HRT, and Suzanne is going to share all the wisdom she has gathered about this.

Dr. Drew Sinatra: Well, thanks for being on the show again today, Suzanne.

Suzanne Somers: My pleasure. I love talking about this subject.

Dr. Drew Sinatra: Oh, great, so do we. So yes, on the last podcast we had you on, you talked about how hormone replacement therapy has really been a game-changer, not only for yourself, but also for a lot of people that you've written your books to, and people have heard you talk about. So we wanted to dive in today on hormone



replacement therapy. Now my first question to you is, what makes it so special? I mean, why is this such a great therapy for men and women?

Suzanne Somers: Well, you have to understand that aging is about worn out parts. So if you had a really nice car, let's say a Maserati, and you started hearing the engine not working at optimum and strange noises and things, what would you do? Take it to a mechanic and get things repaired and fixed, right? So the body has a language that is speaking to us all the time. I call it "The Seven Dwarfs of Menopause" — itchy, bitchy, sleepy, sweaty, bloated, forgetful, and all dried up. And that takes the form of...maybe your leg is itching like crazy, but it never did before. Or maybe you're in a bad mood all the time, but you never were before. Or maybe you can't sleep these days, but you used to be able to sleep, or...these are all the body asking, craving, for what they're missing. And so what aging is about is replacing that which we've lost in the aging process.

Suzanne Somers: So when we go into hormonal decline, what one really needs to do, what I did years and years ago, is had lab work done to determine where my estrogen levels were, my testosterone levels, DHEA, pregnenolone, progesterone, etc., and put back, according to my qualified doctor, exactly what I am missing in my hormonal decline. And it's like being able to put Humpty Dumpty back together again.

Suzanne Somers: I have a visual that I use in my lectures. Remember teeter-totters? Remember when we were kids, and we'd get on the teeter-totter...here's a teeter-totter, it go this way, it go that way, it go this way, it go that way. So imagine you're on a teeter-totter, but on the left-hand side are your minor hormones. Why they call them minor I'll never know, because it feels so terrible when they're declining. Estrogen, progesterone, testosterone, DHEA, pregnenolone — those are your minor hormones. On the other side of the teeter-totter are your major hormones — insulin, adrenal, cortisol, there's one more, oh, thyroid.

Dr. Drew Sinatra: Thyroid.

Suzanne Somers: Thyroid, yes, thank you very much. Okay. So when all is well, when you're completely balanced, your teeter-totter is balanced, like this. But when you start declining in your minor hormones — estrogen, progesterone, testosterone, look what happens. This side goes down in decline, but your majors go up.

Suzanne Somers: That means your insulin goes high, that's why you're gaining weight — even though you're not eating, you gain weight while you're sleeping. Your cortisol goes high, and we'll to Dr. Sinatra about this, but chronic high cortisol can lead to heart attack, heart disease, stroke, etc. So that's why it's called major. Thyroid, you don't want your thyroid to be too high or too low. I can look at



people in a restaurant or in a room, and I know who's got thyroid issues. And then adrenals go high, and that's all that anxiety that menopausal women talk about — they can't sleep, their heart is racing like crazy. That's because your minors dipped, which raised your majors. And what you want to do is replace your minors until everything balances out again. Does that make sense?

Dr. Drew Sinatra: Yeah, that makes total sense.

Dr. Steve Sinatra: Oh yeah, that makes a lot of sense, Drew. I mean, she really said it in a very clear and concise manner.

Suzanne Somers: Thank you, thank you. I had three years of imbalanced hormones, and...Stephen, you've been around my husband Alan and I, and you know how in love we are. During those three years, I remember Alan saying to me, more than once, "Suzanne, a marriage can only take so much of this." And I felt so bad because here he's the person I loved the most in the whole world, and I'm snapping at him, and my mood is bad, and I don't feel good because I haven't been sleeping. And because my hormones are imbalanced, my sex drive is off. As soon as I...and it took me a while, I had never heard of bioidentical hormones, nobody had, that's why I got so much flack when I first started writing books about bioidentical hormones. "Who does she think she is? She's not a doctor, etc."

Suzanne Somers: But, you know, we can self-educate now, and I started going from doctor to doctor to doctor. And what I found was so disappointing. I was offered statins to lower my cholesterol, I was offered Valium to take down my adrenals. I was offered diet pills to get on the unexplained weight gain. I was offered synthetic hormones of thyroid, which made my thyroid balance go up even worse. In fact, I was talking to a woman who works on my property the other day, and I looked at her and I said, "Are you okay?" She goes "Yeah." So I just stared at her for a while. She said, "Well, I've gained a lot of weight in my neck, and I really, actually don't feel well all the time." She said, so listen to this, "I went to the grocery store and got some thyroid-like medication."

Suzanne Somers: I said, "Wow." I said, "You got a job, so I know that you could afford thyroid...there's a lot worse things you could spend your money on than thyroid replacement." Thyroid is the orchestra leader, it's the Zubin Mehta. Thyroid tells the hormones what to do, it's a communication system. All cells talk to other cells...and what are we, as human beings? We are 40 to 60 trillion cells. And so the fact that they're all communicating at all times and talking to one another is what makes the body run. It's what makes you feel good, it's what makes you feel alive and vibrant.



Suzanne Somers: When it's right, it's a blissful way to live. When it's off, it feels terrible. And so, one of the things that gives me such pleasure in my life and career is that I was able to start this bioidentical hormone movement. And took all the flack for starting this hormone movement, because I'm an easy target, because I'm not a doctor. But I interview brilliant doctors, like Dr. Sinatra, and the others...I was just reading in this book, which Dr. Sinatra has a major chapter — this is called *A New Way To Age*.

Suzanne Somers: And I was just reading the interview that Stephen and I did, and he's the kind of heart doctor you want to go to. He doesn't push...he understands bioidentical hormones, and so he's not going to fight you on that. He doesn't push statins, he only gives statins in rare occasions. And I said, "What are the rare occasions?" He said, "Well, the second component of your cholesterol is LDL, the so-called 'bad' cholesterol," he said. "But actually, that bad cholesterol performs a very important function, which is the synapse that connects...here's a cell and here's a cell, but it's got to be connected. Imagine the synapse like a little bridge, that's what the LDL does." There are two components to the LDL; the second component is the one that Dr. Sinatra talks about brilliantly. I've never known this, it's called Lp(a), capital lipoprotein, Lp(a). If that's high, then you're kind of screwed — that's like razorblades on the inside of your arteries. And so, he only prescribes statins for patients who have high Lp(a). But what I've noticed is that most doctors and most cardiologists never ask about Lp(a). So, right there...

Dr. Steve Sinatra: Yeah, actually, Suzanne...you're correct about 95% the time. I mean, Lp(a), there's no doubt about it, I mean, that's the major risk factor. And you said it so clearly, like little razorblades...because it causes what we call enormous inflammation, or endothelial cell dysfunction of the inner basement membrane. And the amazing thing about Lp(a) is, actually the statins can make it worse. It can literally, make it a little more angrier, it can actually elevate the level. But what helps Lp(a) is bioidentical hormones. Estrogen in a woman and testosterone in a male can actually have a positive impact in lowering Lp(a). So this is one area where cardiology and hormonal replacement therapy really match, because we know now from the BioGenome Project that Lp(a) is more pervasive in human beings than we thought it was.

Dr. Steve Sinatra: I mean, years ago, we thought it was sort of, not a rare situation, but uncommon. Now today we think it could be one in five, to maybe perhaps, even one in 10 Americans may have elevated Lp(a). So it's much more of a pervasive risk factor, and as you know, it's in my family and your family. So it's really good for our listeners to realize that Lp(a), I feel, is a major coronary risk factor going forward when it comes to cholesterol dynamics. But again, you can neutralize it — a little niacin can help, nattokinase, lumbrokinase, there are certain enzymes



you can take. But again, estrogen in a woman and testosterone in a male can have a positive impact on neutralizing the toxic effects of Lp(a). So it makes sense that we're having this conversation today.

Suzanne Somers: It also makes sense that that's the antidote, because bioidentical hormones are about that balance that I was talking about...that what we want and what the body craves is balance. And when the balance is off on either way — be it Lp(a) and LDL, or bioidentical hormones, then the body's not going to work at optimum. That's what we're trying to do, isn't it? We're trying to age a new way, and have aging be an advantage and work at optimum for having a smooth running body. That's what I feel anyway. How about you?

Dr. Steve Sinatra: No, I agree. I mean, I'm all in when it comes to aging. I mean, I'm a big proponent of the mitochondrial theory of aging. I still believe in a hormonal theory of aging, but again, you have to bring both of them to the table.

Suzanne Somers: Right.

Dr. Steve Sinatra: In other words, if you have a person in their fifties, sixties, or seventies, and they feel like nineties, I mean, something's got to be done. And I've always been the proponent of, "70 is the new 50," you know what I mean? So in other words, it's important...

Suzanne Somers: You and I are the same age!

Dr. Steve Sinatra: Yeah, it's important for us to be more active physically, and be more mentally sharp, and not get old. You don't have to get old today — targeted nutraceuticals are phenomenal, a non-sugary diet is great. And again, targeted hormonal supports, I think, are the way to go. Drew, I don't know if you remember this...Suzanne, I don't even know if you remember this, I don't know if I told you this.

Dr. Steve Sinatra: But about 15 years ago, you were lecturing in front of a thousand people, I think it was in Las Vegas or it was in Southern California. And we were sitting at a table, I was with my wife Jan, and there was about 18 to 20 people at a table. It was, 50 tables in the room, it was a big ballroom. And my wife Jan had a parathyroid tumor. In fact, she had high serum calcium...before we went out to hear the lecture, and I thought she had breast cancer. Because when I saw the high serum calcium, my first thought, I go, "Oh, no, she has breast cancer with metastasis to the bone." But then it turned out to be a parathyroid tumor, adenoma.



Dr. Steve Sinatra: So she's all set to go to a major university hospital in New England. The surgeon said she needs three hours of surgery, three hours of anesthesia, they have to cut from one side of the neck, to the other. And all of a sudden, she's ready to have the surgery...but we went to your lecture first, because the surgery was planned a month later. Well guess what, sitting to the right of her is a woman that had a parathyroid tumor. I don't know why it came up, it came up in the lunchroom conversation when we were having lunch at the time of your lecture.

Dr. Steve Sinatra: And this woman says, "You got to go to Tampa. There's a doctor that does that especially, that's his specialty, and it only takes 15 minutes. And you go to sleep with a little Pentothal, the incision is this small, and it's amazing." But if it wasn't for your lecture, she would have spent three hours in a university hospital being cut from each side of her neck, with surgery. This was a 15-minute nuclear X incision. In other words, they give a nuclear isotope, and they go in with a little scalpel, and they find the little radioactive part of the gland that's tumorous, and they just take it out. A 15-minute procedure, and that's because of your lecture...I don't know if I ever told you that story.

Dr. Drew Sinatra: That's the power of synchronicity, Dad.

Suzanne Somers: I'm glad I saved her life.

Dr. Steve Sinatra: You saved her, you absolutely did. So, after your lecture, we went to Tampa, Florida. And then eventually ended up moving to Tampa. That's amazing, that's another story.

Suzanne Somers: Nice, nice. Who was the doctor?

Dr. Steve Sinatra: Oh. I can't remember his name, but there's two of them.

Suzanne Somers: All right.

Dr. Steve Sinatra: And one of them was a major league baseball player, played in the majors. And that's all they did, they were a referral center for thousands of people for this one operation. Amazing.

Dr. Drew Sinatra: Hey Suzanne...

Dr. Steve Sinatra: So if any of our listeners have a parathyroid adenoma, Tampa is the place to go — Tampa General Hospital.

Dr. Drew Sinatra: Suzanne, I wanted to ask you — why is it that bioidentical hormone replacement therapy has such a bad rap? Because there's so much evidence supporting its



use and its safety, but it seems like after that Women's Health Initiative came out in the early 2000s that the data was really cherry-picked to show some of the bad things that weren't even statistically significant, but yet the media ran with that. And so, a lot of women have become so fearful and scared of using this amazing therapy. So is that really where it came from? Was that Women's Health Initiative in the early 2000s that brought this about?

Suzanne Somers: The Women's Health Initiative was funded by pharmaceuticals, and what they were tracking was synthetic hormones. And synthetic hormones of estrogen, Premarin, is made from pregnant mare's urine — PRE-MAR-IN. And a horse has 34 different estrogens, none of which are compatible to the human female. So when the human female takes estrogen that has nothing to do with the estrogen in her body, she confuses the body. You don't want to confuse the body, and you set yourself up for cancers of the breast, and other parts of the body. So that's why after, I think it was a 10-year study, they canceled that study after two years, saying it'd be better if women take nothing at all, rather than these dangerous, harmful, and even fatal hormones. I call them so-called hormones, because they're not really hormones.

Suzanne Somers: The bioidentical hormones get a bad rap because they are not a drug, and so you're fighting a large entity. Drug companies have their place in medicine in the world. When you need them, you need them and they're a God send. But when you don't need them and you can do it naturally, like with bioidentical hormones, you're always better off.

Dr. Drew Sinatra: Well, we're seeing an assault, really, on even compounded pharmacies these days. I mean, hCG, human chorionic gonadotropin, was wildly available until March of last year. And now you can only get it via certain prescriptions, like Pregnyl, or something like that. But now it can't even be compounded, which is a problem for a lot of our patients. And yeah, it's a shame, it's really a shame because they're so helpful. I mean, I can tell you, I give out bioidentical hormones all the time in my practice, and they are an absolute game changer for women. But yet, there's still this underlying fear for using them. And now it's becoming harder to give them out because of the assault on the compounding pharmacies.

Suzanne Somers: I mean, what I would fear is synthetic hormones, but not natural hormones. Bioidentical means biologically identical to the human hormone, an exact replica of what your body once made, or still makes a little of. They cannot make that claim with synthetic hormones...I would never take synthetic hormones. In fact, Premarin is giving a woman synthetic estrogen every day of the month. In nature, we wouldn't make estrogen every day of the month in a



rhythm. And it is carcinogenic — estrogen is carcinogenic, but nature is so incredible.

Suzanne Somers: On day 15 of a woman’s cycle is when she starts making progesterone, which is our anti-carcinogenic component. So the carcinogenic is coming alive, and by the time the carcinogenic estrogen reaches the 12th day, the full moon, that’s the most estrogen we’re going to make all month. But then the next day, the estrogen plummets and the progesterone comes in. So carcinogenic is knocked down, anticarcinogenic comes in for the rescue. And progesterone is our “feel good” hormone, so in those 15 days is when we feel the best, we are our horniest, we want to make love the most. And it’s how nature provided the procreation of the species.

Dr. Drew Sinatra: Yeah, that’s great, that’s a great description. Now you mentioned that you walk into a restaurant and you can tell who needs thyroid therapy, thyroid hormones. Can you see people on the street that need estrogen, progesterone, testosterone, as well?

Suzanne Somers: Well, yeah. Those who are out of balance to that degree don’t look well. They’re the older people that are all bent over. They don’t have bone strength, their hair is stringy, they’re prematurely aging. It accelerates aging to be in hormonal decline. And the thyroid people do get thick necks, and hang-dog kind of eyes, and they’re subject to being either really cold or really hot, and they’re missing the outer third of the eyebrows. That’s the best way to determine if someone is low in thyroid. Watch television, when you see, men especially, because they don’t wear eyebrow pencil — men missing the outer third of their eyebrows, you know that their thyroid’s off. And then they’re kind of thick through the neck.

Dr. Drew Sinatra: Exactly.

Dr. Steve Sinatra: Yeah, and you know, thyroid malfunction or dysfunction today is almost pathognomonic. I mean, it’s widespread across the country. A lot of it has to do with cordless phone, cellular phone and electromagnetics, because the thyroid gland is very sensitive to the EMF signals. And even myself, working in a cath lab for years and getting a lot of radiation to the thyroid, I developed hyperthyroidism myself. And Suzanne, I actually take natural T3 and T4 hormones.

Dr. Steve Sinatra: I wanted to mention something about medroxyprogesterone. When I wrote my book, *Heart Sense for Women*, 20 years ago...I’ll never forget it, Suzanne. I had a woman in my practice who was taking medroxyprogesterone. She had a history



of a little mitral valve leakage, but when she took the medroxy, her blood pressure started to soar.

Dr. Steve Sinatra: Other words, her blood pressure went way up. And this caused more leakage of the mitral valve. But she didn't have symptoms of high blood pressure, she had symptoms of shortness of breath. So she ended up seeing a cardiologist who recommended an angiogram and sure enough, she had profound mitral regurgitation. She was all ready for surgery, and she saw me as a second opinion. And I noticed she was on medroxyprogesterone, I took her off it immediately. Within two months, and she put off surgery...her blood pressure came way down, and after six months, her mitral regurgitation almost disappeared. In other words, here she was ready for surgery to replace the mitral valve, when it was a hypertensive situation created by the medroxyprogesterone. And I wrote her up in my book, *Heart Sense for Women*, this was like 20 years ago.

Dr. Steve Sinatra: So I really agree with you, there are so many ramifications of these artificial hormones. And women could get side effects, and unknowingly, they can go right to the heart of the matter, being a myocardium, and basically, there would have been an unnecessary surgery for that particular individual.

Suzanne Somers: Surgeons must not like you very much.

Dr. Steve Sinatra: We'll debate that another time.

Suzanne Somers: Yeah, when a woman is on synthetic, say Premarin, she's not getting any progesterone. So her body thinks she's pregnant, because the only time that you make estrogen every day of the month and progesterone every day of the month is when you're pregnant. And so, again, it's about confusing the body — and you don't want to confuse the body. Anyway, I take a two and a half grains of thyroid every day, because that's what my body needs. As we get older, our hormonal requirements increase with the passing years. We just need more.

Dr. Steve Sinatra: Right. And the other thing that a lot of women don't understand is that heart disease goes up almost 400% when a woman enters the menopausal years. Because once the natural estrogen, which is really the "fountain of youth" hormone, there's no question about that. I mean, it causes an enormous impact on what we call the endothelium of blood vessels that keeps them nice and smooth and glistening and stuff like that. But once that estrogen seems to wane, then her incidence of heart disease goes up. And again, as a heart specialist, I saw that frequently in my practice.



Suzanne Somers: I bet. And not many cardiologists are tuned into bioidentical hormones, that I'm aware of. So I've always admired your approach to the heart and health and hormones — and natural approaches to all of these things. That's why I think you're so popular at the anti-aging conferences.

Dr. Steve Sinatra: Yeah, I just gave a lecture on CoQ10 for two hours two days ago, and I'm still getting over it. I had to sit and talk to a computer for two hours in one spot. And I'll tell you, that's hard — especially when you're doing Q and A on a computer.

Suzanne Somers: Yeah. How much CoQ10 are you recommending for people to take daily?

Dr. Steve Sinatra: You know, in this toxic day and age, and especially with COVID, I used to say 100 (milligrams) of the high-quality, bioavailable CoQ10. Now I'm thinking closer to 200 (milligrams), especially in people in our age group. Anybody over the age of 50 though, should take 100 milligrams. And I used to say 50, but now I've doubled it because of COVID.

Dr. Steve Sinatra: By the way, while we're on CoQ10...it's just absolutely amazing, but what CoQ10 does, it supports endothelial cell function. In other words, it supports that endothelial cell lining of the blood vessel. And what COVID-19 does, it causes enormous endothelial cell destruction because of the ACE-2 receptor, where the virus locks into the H2 receptor and it causes hemorrhagic clotting and things like that inside the blood vessel. But CoQ10, because it supports endothelial cell function — and listen to this, Drew, this is amazing. CoQ10 lowers C-reactive protein, NF-κB and Interleukin 6. These are the inflammatory cytokines that create the cytokine storm that causes all this hemorrhage and blood clotting in the lung. So if you take CoQ10, you're preventing that inflammatory cytokine storm. And somebody's going to do this research within the next year or two showing that CoQ10 could be — and this is my opinion — could be something that is very, very substantial against COVID-19.

Suzanne Somers: I also...the way I describe CoQ10, because I break down everything to be very base, is that if we're a bunch of cells, if that's what a human being is — and inside each cell, the membrane is made from protein, fat and carbohydrate. But in the inside is the mitochondria, the energy center, and it's fed by CoQ10. As we get older and are depleted in CoQ10...I look at CoQ10, if you're on an outboard motorboat, as the ripcord, right, that gets the mitochondria, i.e. the energy, revved up. But without it, you don't have anything that's going to get your energy to operate at optimum. And that, I think, is why as we see older people, they're walking around all bent over, they have no energy. Energy is life. And so CoQ10 is vital to life, in my estimation.

Dr. Steve Sinatra: Absolutely, you couldn't have said it clearer. Right, Drew?



Dr. Drew Sinatra: Yeah. I mean, I think both things that we're talking about today, CoQ10, hormones...they both build vitality. Suzanne, walk our listeners through when a perimenopausal or menopausal woman begins bioidentical hormone replacement therapy. Walk them through the process and transformation and change that occurs.

Suzanne Somers: Well...

Dr. Drew Sinatra: In terms of symptom improvement. I mean, in your situation and the people that you've seen, as well, do you see it immediately? Does it take a couple of weeks, or like a month or so?

Suzanne Somers: You have to understand that by the time you get yourself to a doctor or a lab or...your body's been yelling at you for quite a while. And so it takes a long time to deplete, so you have to feed it back into the body slowly. And I asked one doctor, "Why? Why can't you give me everything I need?" She said, "You'll literally die." She said, "It took a long time to lose them, you got to feed it back slowly."

Suzanne Somers: So what I found was that I started feeling better, not perfect, but better in the first two weeks. And then I would call my doctor with my symptoms, i.e. the body language — I'm not sleeping well, or I've been in a bad mood, or my leg itches, or whatever my symptom was. And then she'd tweak a little bit and add a little more estrogen, add a little more progesterone, add a little more testosterone. We did that regularly for the first year. It took me a full year to find the sweet spot. And when you find it, you will know. And when I finally was there, it was like getting me back. I had not even realized how much of me I had lost, and I would never go back to feeling that way. And so, your dad and I are the same age...I don't know if your viewing audience knows but we not only are the same age, but we have the same birthday, October 16th.

Dr. Steve Sinatra: 15th for me, 16th for you, yeah. We're less than 24 hours apart on the zodiac scale.

Suzanne Somers: Exactly, exactly...so we were supposed to do these podcasts together. But we both really understand about quality of life. I think that's what Stephen, Dr. Sinatra, has been going after, is quality of life. And that's what I'm going after, is quality of life. I want to live a long time, but with quality. I have everything to live for...but most women that I speak to who are hormonally imbalanced don't think life is worth living, and that is very tragic. So hormones give you your desire to have quality of life, and have your body work at optimum, and sleeping easily without drugs for seven to eight hours every night. Sleep is when we repair. And aging is actually very exciting...if you could beat this whole aging



thing, and feel good about it and upbeat about it, you're so ahead of the game. Because most people dread aging, and they talk about aging as something terrible, and I don't find that. Do you, Dr. Sinatra? Well, you're both Dr. Sinatra.

Dr. Steve Sinatra: Absolutely not. I mean, I'm still very active myself, and I still work out every day. I ride a bicycle, I walk. But I got to tell you, the testimony you did with *Dancing with the Stars* when you were 70 years old is absolutely amazing. Drew, do you know about this?

Dr. Drew Sinatra: I don't even know about that, please do share.

Dr. Steve Sinatra: Suzanne was in the Las Vegas competition, *Dancing with the Stars*, against 20 year olds, 25 year olds. And here she's a 70-year-old woman trying to compete with 20 year olds. And she made it into several rounds, right? I mean, you were there!

Suzanne Somers: There for...

Dr. Steve Sinatra: I think if you were 10 or 15 years younger you probably would've won it. You would have outlasted these women!

Suzanne Somers: Well, you know, you're at such a disadvantage — I had the energy, but I didn't have the dance training. So you're learning to dance every week, and there's so much going on in your head. I think I was 72, when I did that...

Dr. Steve Sinatra: And you were working out six hours a day, you told me.

Suzanne Somers: Yeah, yeah.

Dr. Steve Sinatra: Unbelievable.

Suzanne Somers: I probably would not do it again, because it was so much work. But I'm glad I did it and I felt proud of myself. And also, because the majority of my constituency, although the demographic is changing, is an underserved demographic of women my age. We are an underserved demographic, and so I fill that need for them. So if it takes me dancing on *Dancing with the Stars* to show them that it can be done, if it takes me talking about my sex life with my husband to show that it's possible to have a very satisfying sex life at this age, then these are all the things that I am teaching women by example. And to let them know I've got their back.

Dr. Steve Sinatra: Right. And even your hair products and stuff like that. I took a shower this morning with your conditioner, I still love it. No sodium laurate, all natural, and



all that stuff. And for women it's really important to avoid toxins, avoid chemicals, use the hormones, like you said, take Coenzyme Q10, the "fountain of youth" supplement. I mean, I think all these things make a difference, and I'm just all in on it and I really enjoy it.

Suzanne Somers: I also, every day take lumbrokinase enzyme for blood flow. And I just think it's very important to keep that at optimum also — and you told me about that.

Dr. Steve Sinatra: Yup, that's great. Drew, that's it...Suzanne said it, one of the best antidotes to Lp(a) is lumbrokinase, no doubt about it. I mean, nanokinase is okay, niacin is good, but people can suffer the hot flash. But again, to do this a full circle — hormonal replacement therapy is one of the knockout punches against Lp(a). Which like I said before is a major coronary risk factor going forward, so that's important.

Dr. Drew Sinatra: Well, hey, we were talking about dancing previously, and I think that with anything that you take hormone-wise, it's like a dance, right? You go on a thyroid, you might need to decrease the dose a little bit, increase the dose, change the preparation. Same thing for estrogen, progesterone and testosterone. I wanted to hear your take, Suzanne, on your preferred source of estrogen and progesterone and testosterone. Do you like pills, troches, patches, creams, injections...what do you prefer?

Suzanne Somers: I prefer, for me, cream — because when I put on the cream, with every pulse of my blood it's pushing those hormones through my bloodstream, and it makes more sense to me. And I feel the best when I'm on cream. So, every day I rub on my estrogen cream, 15 days of the month I rub on my progesterone cream in a different part of my body. Every day in my mucus membrane, I do testosterone cream. And I also take estriol, which is the anticarcinogenic component of estrogen, because I've had cancer.

Suzanne Somers: And that's my regimen, and gosh, I feel great. I just feel great every day...I wake up happy and rested and in love, and my brain's working great. And I feel like I'm a contributing member of society rather than a drain on society. And also I've taken very good care of myself, I've fed myself correctly for decades now. I grow my own food, I have a garden here that's growing beautiful vegetables in my organic soil and purified water. And it's a thrill for me to go to that garden, just a thrill.

Dr. Drew Sinatra: Love it. Well, Suzanne...

Dr. Steve Sinatra: You're preaching to the choir here, especially my son, Drew, a naturopath, I'll tell you that. A wilderness guy.



- Suzanne Somers: Yeah. I think naturopaths are the unsung heroes, because naturopaths have a little more leeway and freedom to do and recommend things that conventional doctors are not allowed. Do you know what I mean, Drew?
- Dr. Drew Sinatra: Yeah.
- Suzanne Somers: And I've...
- Dr. Drew Sinatra: Well, yeah, I mean, my father doing IVs in his clinic probably wouldn't have really happened, or at least wouldn't have been approved. But for me to do IVs in the clinic, that's totally accepted.
- Suzanne Somers: Yeah, absolutely, absolutely. And I think...I don't know who told Trump about putting Clorox in your veins, but I think that was somebody taking IV ultralight...what's it called? Ultra violet light or radiation.
- Dr. Drew Sinatra: EVB, yeah.
- Suzanne Somers: Yeah...which is so helpful. But that got reduced down to, he puts Clorox in his veins. Which every time I heard that, I thought that's not what...somebody explained it to him very badly. And that's how it got out there, which is too bad because I've had great success with that treatment.
- Dr. Drew Sinatra: Yeah, no, I agree with that. Well, Suzanne, as we wrap up today, as always, we're going to share some **Wellness Wisdom** with our listeners. If you had one big "pearl" of wisdom with regard to hormone therapy, what would that pearl be?
- Suzanne Somers: That with it, life is blissful. Without it, life is intolerable.
- Dr. Steve Sinatra: Strong statement.
- Dr. Drew Sinatra: So true. Well, thanks for coming on the show today again, Suzanne. We loved having you, as always.
- Suzanne Somers: You're both...I love your father, in the best possible way. And I can hear that he raised a good son, and I would expect that.
- Dr. Steve Sinatra: Oh, thanks so much Suzanne. That's very sweet.
- Suzanne Somers: That's how I feel. Thank you both very much.
- Dr. Drew Sinatra: Thank you.



Suzanne Somers: Bye-bye, enjoy your day.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you like what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra

Dr. Drew Sinatra: And this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.