

# Rebellious Wellness<sup>over 50</sup>

## Hormone Replacement — It's Safe and Now it's Affordable



### Episode 68: Hormone Replacement — It's Safe and Now it's Affordable with Monica Molenaar

**Gregory Anne:** Welcome back everybody. I could not be more excited about having my expert today. Dr. Monica Molenaar because we are gonna talk about democratizing menopause care. I'm hoping it will open your mind to something that really can impact the quality of your life in peri menopause.

And postmenopause. Dr. Molenaar welcome. Thank you for being here.

**Monica Molenaar:** Thank you so much for having me. I'm actually not a doctor, although I do play one on TV.

**Gregory Anne:** Okay. Not a doctor. Didn't play one on TV, but is just as good as any doctor in terms of her understanding and knowledge of what we're gonna talk about.

Biodental hormone replacement. First of all, tell the listeners what we're talking about. What's B H R T.

**Monica Molenaar:** So B H R T is bio identical hormone replacement therapy.

And there are different types of estrogen that our bodies make. And there are also different types of estrogen that you can take. So It used to be that the most prescribed form of estrogen was something called Premarin, which is conjugated, equine, estrogen, and literally made from pregnant mares, urine.

So that's not such a popular prescription any longer although it's effective. But now for the most part, women are, are prescribed, and I take myself, what's called bio identical hormone replacement, which is estradiol, which is one of the forms, the sort of most prevalent and also most neutral form of estrogen that our bodies make.

There are estradiol receptors in over 400 areas of your body, pretty much every cell of your body, including your hair, your bones, your muscles, your eyes, your skin, everywhere. There are estradiol receptors. So we usually think about estrogen as just being a sex hormone and something related to reproduction, but actually it's really important for the normal workings of our bodies and most women, I certainly didn't really understand all of this until I went into it myself and started really investigating you know, what the hell was going on, with this menopause thing. But most people don't realize that the only reason why menopause is actually a thing and why the symptoms come about

In perimenopause, the fluctuations of estrogen levels. And, and then in menopause, the loss of estrogen because you're ovaries stopped producing it. And that is really the definition of menopause in the sense that it really defines why you're having all these symptoms and the symptoms are myriad and many. For every woman it's a little different.

**Gregory Anne:** And not just the symptoms, but the resulting imperfections in our health. We don't sleep as well. We gain weight, all of these things cumulatively, not only take away quality of life, but can lead to heart disease and other conditions.

**Monica Molenaar:** Mm-hmm yeah. Actually one of the biggest and, and sort of growing problems is osteoporosis,

which estrogen is actually FDA approved to prevent. Most women think you take vitamin D and calcium and you should be fine. Do some weight-bearing exercise, but actually, our bones are very complex mechanisms and estrogen is the only thing that actually really regenerates the inside

of the bone. So vitamin D and calcium are important for sort of the outside strength, but the tensile strength inside, what makes your bones flexible and able to withstand pressure and knocks and stuff, that starts to break down as you lose estrogen over time.

And so that's why, I think 70% of osteoporosis patients are women and it really starts to happen around menopause. So there are definitely lifestyle things that you can do to help mitigate the effects of bone loss but estrogen is really the thing that helps to keep your bones strong over the long term.

**Gregory Anne:** We're gonna go back in time a little to the study that I think still reverberates in the main conversation that we have around health and women and menopause.

And that was the women's health study, which showed. We had to stop the test, the, the science experiment early, because women were presenting with heart disease and a lot of talk was about cancer, but there wasn't that much cancer, even with these synthetic hormones. So bring us up to date on that and then we'll update what the new science is.

**Monica Molenaar:** Okay. So. Basically the women's health initiative was a really damaging study, and all of this I've learned since going into menopause myself and and really since starting Alloy, and investigating this very deeply. So basically what happened with the women's health initiative is that because women who had been taking HRT or hormone replacement therapy now frequently called menopausal hormone treatments, it's the same thing.

Because women who had been prescribed it, it was actually the highest prescribed thing. I don't like calling it a drug, cuz it's not really a drug. It's something natural that our bodies make. But it was the most prescribed prescription in the United States up until 2002. And women had been pretty regularly prescribed estrogen since the forties.

And what they found is that women who were taking estrogen were less likely to present with cardiovascular disease. So the researchers had a great idea to see if estrogen can prevent or treat cardiovascular disease in women who are at a higher risk for it for various reasons.

So they put together a group of women. A lot of women in this study, the average age was 63. So beyond 10 years from the date of menopause, menopause being 12 months from your last period. So the average age is 51. They were women who were selected for their risk factors for cardiovascular disease.

So overweight, smoke, prediabetic, you know, various risk factors. And they were basically put on a course of HRT to see if estrogen would take away those risk factors and prevent them from getting heart disease. And what they basically learned is that if you're 63 or over, and you haven't been taking estrogen, it's not going to take away the things that are making you more at risk for heart disease.

A lot of that is lifestyle. By the time you sort of get to that age, You're well on your way to having some of these risks. But what they did find is that the women who started taking H R T within 10 years had a lower incidence of heart disease and were doing really great.

They also didn't choose women who had menopausal symptoms. So hot flashes, like it really wasn't about menopause actually, and which is really disappointing. And so then they stopped the study when I think it was the number of additional women who got breast cancer, which is why they stopped the study. It went from 30 women in 10,000 to 38 women in 10,000, that was the number of additional women. So it was statistically insignificant. The women who were given estrogen alone were had less incidents of breast cancer and the women who were given estrogen and Progestin, a synthetic progesterone coupled with Premarin had this slightly increased risk of breast cancer.

And for that reason, they stopped the entire study. And, you know, they actually released this information to the media before the doctors who were participating in the study knew, like it's a very strange story, actually. I don't know why that happened, but in any case it did. And we've all been sort of suffering as a result for the last 20 years with this really unnecessary fear.

There was a huge study out of the UK that was released this month in May, 2022. Looked at data of 500,000 women for the last 20 years and what they found in that study, interestingly corroborates, in a sense what the WHI found, which is that for women who took any type of estrogen, whether it was Premarin or estradiol, which is the bio identical form of estrogen made from yams, it's plant based it's very very

safe and very, very effective. But they found that women who had taken any sort of estrogen coupled with micronized progesterone, which is the also bio identical form of progesterone or progestin had no increased risk of breast cancer and had all kinds of other benefits which we can get into. But the only slight increased risk of breast cancer in these 500,000 women that they studied came from women who took synthetic progestin, which is hardly prescribed anymore.

And what was in the WHI study, so that is consistent. You don't need to take synthetic progestin. There are plenty of other alternatives.

**Gregory Anne:** Yeah. So you've quickly said the word or the name alloy. Tell people what Alloy is. That's why we're here.

**Monica Molenaar:** Yeah. So Alloy, well, backing up again a little bit.

I went into menopause eight years ago, surgically. So overnight I had my ovaries removed after getting positive BRCA diagnosis. So I was diagnosed, that's the breast cancer gene. It didn't come as a huge surprise. My mother had had breast cancer twice, and her mother had had breast cancer twice, very young.

So I've been followed since I was 25 and now I'm 48. So a long time it's kind of been a part of my life and there really wasn't anything else that I could do then the screening that I was doing except something surgical. And my doctors were by and large, very enthusiastic about me, either having a prophylactic mastectomy or oophorectomy, and my mother didn't die from breast cancer and neither did my grandmother.

So it wasn't like a huge fear of mine. It was something that I knew I had to manage, but it wasn't something that was keeping me up at night. Ovarian cancer felt like a different story. And that's what drove me to have my ovaries removed. I already had two children.

They were very young at the time and I just felt like if I'm at a higher risk for ovarian cancer, it's not cosmetic. It's something that I can do. It's an outpatient procedure and just get rid of that anxiety. But what really nobody prepared me for was menopause.

And what that would mean when I, all of a sudden was left without any estrogen in my body. I did gain 20 pounds pretty fast, and I didn't sleep through the night for six months until I started taking HRT. And. But the bigger problem is that I felt like nobody was talking to me about this.

Nobody was giving me the information that I was looking for. There were so many unanswered questions within the medical community or just science that, it wasn't considered a big enough problem to engage in, I guess, for a lot of pharmaceutical companies, and doctors, you know, the sort of prevailing

idea out there is like, it's natural. You should just deal with it. And you'll be fine. Which just is bad advice and wasn't what I was looking for. And wasn't what I, again, I'm a mom, I had two kids. I was trying to stay engaged in a professional way and keep my marriage alive and do all the things and without any help or any treatment, it, it really was impossible.

So fast forward. I did start taking HRT after six months and it totally changed my life and my energy and my ability to think things through and to sort of stop being so anxious. I started a business called Seed and Mill which is a food business in Chelsea market, in New York which was really great, a fantastic experience.

And I did that for five years. And then I was sort of moving, thinking about moving on to the next challenge. And I really had such a difficult time managing, even through those years, even once I started getting treated, like figuring out, okay, do I take compounded hormones? Do I not take compounded hormones?

Do I take generic? Do I do I do pellets? Which I did. And that was a disaster. Like I just was sort of adrift in the space of managing my own care and trying to do all the other things that I had to do. And I thought, I, this has to get solved. I mean, this is so few women are really understanding what's going on with their bodies and how to treat themselves at this stage of life.

And of course I, I'm very open about the fact that estrogen really saved me in so many ways, but it's not the only thing that you need. It's a pretty big magic bullet, but there's so I know you agree with this, there are so many lifestyle things that are really important and what you eat and staying active and moving around.

And you know, all those things are just really, really critical, but I wanted to bring this idea to more women, that there are ways that you can handle your health. It doesn't have to be a full-time job. You don't have to feel so dejected every time you go to the doctor or have a conversation about this.

Like we're all going through this. So let's bring the conversation out into the open. Let's make the information about the different treatments, really clear and understandable. And visible so that women know, what the options are and why something works or why something doesn't work and get that conversation going.

So Alloy is a telehealth platform for women over 40 struggling with entering into, engaging with perimenopause and menopause. So we started with some prescription offerings.

I think for so many women is they don't really understand what the treatment possibilities are, what the safety profiles are, what their personal risks might be or not, usually less than they think. We felt like there are lots of other things that you can do for menopause, as you know, but if you don't actually at least think about, or address the hormonal situation, whether it's fluctuations or loss of hormones in your body, all the rest will be a little bit of an exercise and futility because you're not actually solving a problem. The root problem.

**Gregory Anne:** Mm-hmm you have an article on your website about the thyroid and menopause, the symptoms of hyper hypothyroidism and then menopause symptoms. And I know that it can be confusing. People say, how do I know what is wrong? And I think you, you must mention testing obviously.

**Monica Molenaar:** But I do know that from the sort of menopause and estrogen standpoint testing isn't really required or necessary. And not recommended by the north American menopause society and the American college of obstetricians and gynecologists who we take our leadership from in a sense.

But because when you're in perimenopause your hormones are fluctuating practically minute to minute. So the test it's only as good as that moment that you took it. And when you're in menopause, your estrogen levels are low by definition because you're not producing it anymore.

So if you're supplementing with estrogen, it usually resolves pretty much all of the symptoms of menopause specifically. Our guiding principle is that a lot of this takes some trial and error and the guiding principle with menopause that you treat the symptoms and if the symptoms go away, then you know you're pretty much at the right dose or, you're doing the right thing.

And as, I think you mentioned earlier, things change. Yeah. So what may have been the right dose two years ago may not be the right thing now. And so, you know, it's always good to stay attuned to your own body and to stay in contact with the prescriber so that you can get more if you need it. I think I'm in that zone right now. I've been having some changes that feel different before. So, it's an ongoing investment in your own wellbeing to stay engaged with what's happening in your body and, trying to make sure that you're doing all the right things.

**Gregory Anne:** Yeah. And that is I just to clarify, I agree about the estrogen testing. Maybe not necessary. I was thinking if the thyroid of people have been exhibiting symptoms, even during perimenopause, for like a really long time, that looked like low thyroid or too much thyroid, I'd just say, get a total thyroid panel. Yeah. And see where you are. And then when the menopause stuff hits, you can add estrogen this and that. But I found

**Monica Molenaar:** it's a good idea

**Gregory Anne:** I was much better once I got a little thyroid med,

**Monica Molenaar:** interesting

**Gregory Anne:** combined it with the estrogen. And progesterone.

**Monica Molenaar:** Yeah. Yeah. No, that's interesting. A few years ago I did go to the doctor hoping that I had something was wrong with my thyroid. Cause I was like, why can't I lose the weight?

**Gregory Anne:** Please let it be my thyroid.

**Monica Molenaar:** . But there wasn't my thyroid.

**Gregory Anne:** So you didn't mention, let's go back to your company. First of all. So you have a platform now to get this message out to women, you have prescribers. What's the actual, so I go to your website, what happens?

**Monica Molenaar:** So you go to the website, you do a medical intake. We give you some information about what we offer and about menopause generally, about hormones specifically. And all different types of topics. And my partner in this, I should mention also is a fantastic woman Anne Fulenwider who used to be the editor in chief of Marie Claire magazine.

She also worked at Vanity Fair and lots of other magazines and has 25 years of experience creating content specifically for women. So we definitely are going to lean more heavily into providing this information, which women so desperately need in a way and a language that they can easily digest and, and understand because

I still struggle with like the PubMed, scholarly articles and things like that. Like, it does need to be translated into English. Yeah. So basically you take a medical intake which is designed based on the recommendations from the North American

Menopause Society. And as I said, ACOG and you basically get led to based on your answers, here are the treatments that would be appropriate for you. If you're interested in moving forward, you can click. Your intake gets sent to the doctor who reviews your report. It's a real person or real people. We have two doctors on our platform, so they actually look at and know who's coming in. Even if you don't necessarily realize it from, from the customer standpoint, there is a kind of personal connection to the patient. And then if you're deemed a good candidate for whatever treatment you choose, then you can get a prescription.

It, the prescription gets sent over to our pharmacy and it gets shipped to you in the mail, direct to your door in a cute little pouch that you can reuse which is important to have some reusable packaging. And, also you can never have too many pouches for your sunscreen chargers, whatever you need.

**Gregory Anne:** Absolutely, we love our cute little pouches.

**Monica Molenaar:** Right now we offer As I said, menopausal hormone treatment. So pills, patch of estradiol and micronized progesterone. We also have vaginal estradiol cream, which is really important for the health of your vaginal tissue and preventing dryness and frequent UTIs.

We have a low dose peroxetine, which is a non-hormonal treatment for hot flashes, and a low dose birth control, oral birth control for women in perimenopause who still need some cycle control as well as contraception cuz you're actually pretty fertile when you're in perimenopause. I have had a few friends who've gotten a big surprise. And we also have a proprietary symbiotic, which is a pre plus probiotic.

Because what most women don't really realize is that your gut microbiome is so important in just your overall wellness, your digestion, your mood, your estrogen metabolism and sort of keeping your hormones balanced within your body. So there's a lot that comes out of your gut microbiome.

And as you age, it just gets less diverse. So it's important in particular, if you're not eating tons of fermented food or sauerkraut or kombucha and all stuff that I love actually, but it's important to then supplement with a probiotic and it's a symbiotic, cuz it also includes prebiotic fiber.

**Gregory Anne:** Okay. Sounds good. We are big fans of the healthy microbiome here at Rebellious wellness. It's interesting that you brought that up because I still think we in general, the news is, that it's important and it affects everything but when you get granular, yes, even how your hormones are used in the body will depend on the healthy gut.

**Monica Molenaar:** Yeah. It's amazing. Actually, all the science that's coming out about the microbiome.

**Gregory Anne:** What also is amazing in terms of that is how many people suffer with things like GERD and IBS. The numbers seem to keep going up, unfortunately, every individual will be different reason, but I think more conversation needs to be about these pre and probiotics, even just eating the food.

They can really make a difference in people's lives, but I think we underestimate them. What do you do? Do you buy the capsule? Do you have to get the refrigerated one?

**Monica Molenaar:** Yeah, ours is a spore based probiotic, so it actually doesn't need to be refrigerated it's fully viable from ingestion to the gut. So 99.9% of the organisms actually make the trip to the gut. Whereas most probiotics die off, you know, can't handle the journey, basically all the acid and the heat and stuff that's in your body.

So that's one of the reasons why we chose the spores which are really effective. And a lot of women have been reporting that they feel a lot more energy now that they're taking the Alloy symbiotic. I'm a, like I make sauerkraut and I eat, tons of kimchi and stuff like that.

And if you really think about there's been a lot of evidence and research done on blue zones and areas where people become a hundred or very elderly and have the best quality of life. And what they've found in, in all of these blue zones is that they had diverse microbiomes in a really diverse diet with a lot of fermented foods in it.

Like in Japan and in Korea and Asia, they eat a lot of kimchi and soy sauce and miso, stuff like that. It's just not in the American diet really. So we've lost that. And I think people are suffering as a result.

**Gregory Anne:** Mm-hmm and I like to plug dirt yeah.

More buying at organic farm markets. Those come usually right from the ground, maybe they brush the dirt off a little. I don't peel anything anymore. I got this really cute. It's called a Euro scrubby.

**Monica Molenaar:** Oh, wow.

**Gregory Anne:** It's really coarse, and it's almost indestructible for cleaning your carrots or your potatoes radishes, whatever comes outta the ground, because I really think there's nutrition in that little bit of dirt that sticks, minerals and things like that.

Back to hormones, testosterone. Let's get your opinion on testosterone. Cause I see you do not offer testosterone.

**Monica Molenaar:** So we don't offer testosterone because at this moment we're still pretty new and it's a controlled substance. You do need to have more regular testing because if you take too much testosterone, it can lead to some effects that you can't reverse.

Your voice can get much deeper. Your clitoris can grow and not get smaller. So things that you don't necessarily want. I actually have taken testosterone a bunch of times over the last eight years that I've been taking since my surgery that I've been taking HRT and women do report that it helps with libido.

It helps with energy and strength. And I know some women who take it because it makes their hair kind of better thicker. I personally haven't found such an effect from testosterone. I at one point I had it in a pellet and I ended up having so much testosterone actually in my body that I got nervous and I did go and have a full hormone workup, I had so much that the doctor was really alarmed, so,

I think pellets are not a great idea. In particular with testosterone and they're really not recommended by most leading medical authorities. But I'm still trying to get it. Actually, it's really hard to even get a prescription. I have been now, cause I'd like to try it again and just see what happens.

All of these things have been really maligned. Without real cause. In the UK there's a huge movement for H R T. It's been really interesting to watch what's going on there the leaders of that movement. And a lot of women in the UK seem to be taking testosterone to great results.

So I think it's something that we're working on and would like to offer in the future.

**Gregory Anne:** I was one of those people that was petrified of testosterone. Because of hearing people that had gotten pellets and then had a bad result or, the voice changes, the hair. But my doctor kept and I get tested twice a year just because of, you know, that's the way the doctor wants it.

That's fine. And he said, you know, you have like, no testosterone. I was like, that's okay. I don't need it. He said, but you know, you're really an active person you might feel a little better. So okay, we started with a little, it didn't really make any measurable difference. Yeah, so we went up a little and then I was waiting for something bad to happen, but honestly?

I'm an energetic person to begin with, but I do feel like my stamina, like I can ride harder if I'm on the bike.

**Monica Molenaar:** Yeah.

**Gregory Anne:** So far so good, you know?

**Monica Molenaar:** Yeah. I mean, I'm all for it. Like it's not gonna hurt you especially if kept at the right levels.

What women don't know. So here's another tidbit that I actually just learned recently. It blew me away that women make more testosterone than they make estrogen. It's just the amount of testosterone that we make is so much less than what men make that, we don't think that we make testosterone or that testosterone is a really important part of our

vitality. And obviously if we're making it, we're making it in that quantity, whatever quantity it is, but more than estrogen, it's important. So if you're low on it, then topping yourself off or adding some back is going to help. Yeah. I'm really for whatever works. I'm also not, like I don't overdo it on medication.

HRT is the only medication that I take. Or the only prescription that I take. But it's proven to be safe. It's so effective. You know, I would never have been able to start a business or work the hours that I work or keep caring for my kids and doing all the things that I do without it.

**Gregory Anne:** Let's talk about the benefits. We talked about what happens when we don't have enough and we've sort of alluded to it being a wonderful thing. But specifically you covered bones. What else does keeping our estrogen help with as we age?

**Monica Molenaar:** Well, my biggest problem when I first went into menopause was that I couldn't sleep.

I could not fall asleep and I couldn't stay asleep. So I was up every morning at 4:52 like every day and I couldn't fall back to sleep and it just was making me crazy. So

when you take HRT it really is effective for sleep. And that is so important. And then when you sleep well, your brain is more clear.

It's easier to lose weight, your mood is more stable. There are just so many follow on effects from getting a good night's sleep. So that I think is super important. It's FDA, estrogen is FDA approved to prevent osteoporosis, which is one of the three biggest killers of women alongside cardiovascular disease and dementia.

All of those things they're now finding are results of the loss of estrogen, or at least affected by the loss of estrogen. They're still working on the . You mentioned, Lisa Mosconi earlier, I think before we started, a doctor at Cornell in New York city who is really investigating the effect of estrogen at menopause or loss of estrogen at menopause and the

growth of Alzheimer's as something that affects predominantly women. She's been doing a lot of interesting research that does suggest that there's a connection between the loss of estrogen and the incidence of Alzheimer's and dementia. Just keeping our brains clear and flexible and working well into the future is a big benefit of estrogen.

And it reduces type two diabetes. There are an incredible number of benefits just keeping your yourself active and your cells replenished.

**Gregory Anne:** Now, so I pay out of pocket for mine because it's a compounded premium

**Monica Molenaar:** yeah.

**Gregory Anne:** With a bunch of different things in it.

Are there, do you know if there are covered prescriptions for people that are safe?

**Monica Molenaar:** So at Alloy we don't do compounded hormones. We do FDA approved, bioidentical, estrogen, and progesterone. And I I've taken all of them. I've taken compounded hormones, I've taken, as I said, pellets.

And now I take the generic FDA approved version. If an insurance company is going to cover hormones, and not all of them do, then that is the one that they would cover. I never had any insurance that covered compounded hormones, so I paid hundreds of dollars my life.

That was one of the reasons why I also wanted to move away from the compound hormones because I was paying so many hundreds of dollars a month and I wasn't a hundred percent sure if the dosing was consistent or correct. And you know, and so there were reasons why I moved away from that

and towards the FDA approved version. We purposely have tried to keep our prices more or less at the level of a copay. And our medical intake we comp that fee. So women are really just paying for the prescription if they get prescribed and if they don't get prescribed, then they don't pay for anything.

Overall the all in cost, you don't have to go out to a doctor. We comp that fee. Our estradiol pill plus progesterone is \$40 a month. And then the patch is slightly more expensive cuz it just costs more. So it's \$79 per month.

**Gregory Anne:** That's really good though.

**Monica Molenaar:** Our mission is to really democratize access make this more available to more women who are getting turned away by and large by doctors because the doctors aren't informed, they're not learning about it in medical school. This is nothing new that I'm saying.

Most of the medical schools really don't have menopause in their curriculum. Some of them have started creating electives around menopause, but most women also, expect that their OB GYN will be an expert in menopause, but OB GYNs go into their line of work to deliver babies, cuz that's what they're interested in.

A lot of women, and I certainly have this feeling, feel disappointed by their OB GYNs at this stage in life because they're not giving you the answers or the information that you're looking for. You're not in their target audience anymore. They don't have the time to have this conversation in their office.

And so that's sort of where Alloy steps in, right now our offering is sort of more prescription forward in the sense that, if you're really suffering and you're looking for a solution we make that available in a safe way being reviewed by a doctor, you have to give Enough medical information or relevant information to this prescription.

And there are women who, our doctors and our chief medical officer, Sharon Malone, who I haven't mentioned yet, but who's amazing, will say, this woman is maybe better served going to an in person, doctor and having a physical exam. It's not that we're just kind of throwing around prescriptions.

We are very deliberate and careful about who we prescribe to, but we just know that there are so many women who can't access either. They don't have a doctor in their area or their doctor in their area isn't an expert in this field. And so they can't really access it. What we're working on now is also creating

an offering where women can have more of a back and forth with the doctor, ask their specific questions before getting a prescription. And so that that's going to be launched in a month.

**Gregory Anne:** Oh, that's great. Cause some people just need that one on one conversation.

**Monica Molenaar:** We understand that, but everything that we do is to making this more convenient, more accessible and less expensive for women.

**Gregory Anne:** Mm-hmm. Which we could all use a little bit more of that. So I just wanna tell the listeners this is a prime example of where you get to stand in the idea of Rebellious Wellness because if you can't, if your doctor doesn't agree right now that these are safe or that these are for you, you're too old, you're too young.

You don't need them. It's time to say, but I heard this great conversation and I'm gonna see if I can trust these people at Alloy, or me even as I've been using these things for many, many years. I just don't want people to back down from the conversation if they still want to have a conversation with yeah.

Somebody that can help them.

**Monica Molenaar:** It is amazing how, women, the socioeconomic ladder are just not getting this information and what's amazing even is that, so our medical director, Dr. Sharon Malone is a 30 year OB GYN from Washington DC.

And we found her when she was talking to her good friend, Michelle Obama on Michelle Obama's podcast about this very topic. About the fact that even Michelle Obama wasn't quite sure what was going on and was having hot flashes on Air Force One and needed to get help, and so she did, so she was prescribed MHT it was

unbelievably effective for her and allowed her to keep doing her job.

**Gregory Anne:** First Lady, small job.

**Monica Molenaar:** She was talking about this, that even she didn't know, how, what to do or what was going on. It's not something that her mother had spoken to her about. I know from listening to the podcast so to start talking to her girlfriends and finding out what do, how do we make sense of all this.

And it's really hard to do it when your body is fighting against you.

But you know, I think the other thing that is really important and, and what's driving us is being able to have these conversations finally out in the open. That women are talking about it. It's okay to talk about it. Go through it. It's you are not exempted, no matter how much money you have or whatever, you will go through this.

And it's really critical that we understand what to expect, what the different things are that we need to deal with. And how to, how did you keep ourselves

for the next half of our lives. Which is really important.

**Gregory Anne:** Yeah. And if you have people in your life that say, as I have experienced, but it's not normal, it's not natural. People get new hips, new knees, right? We are doing implants in people's brains who have no use of their arms and their brains can now move cursive.

I mean, not the none of those were imaginable nevermind. Right. It's gonna be the new normal. Yeah. So relief from all of these things is normal. If men went through menopause, We would not be having this as a new idea, conversation, right?

**Monica Molenaar:** No, no, no, no. And also one thing I'm finding a little bit disheartening actually is that there are a lot of new companies now that are springing up that are trying work on preventing ovarian aging.

So I do understand that for some people who want to stay fertile or, have had some sort of trauma and need to be able to get pregnant later on if they want to, but for most women, I'm not sure why you would necessarily wanna have your period forever , I love not having my period, so that's fine.

But also this is so safe and effective and, and, but to alter your body and to change your ovaries or do something like that, I think is actually much scarier to me than something that's been prescribed for 80 years and we know the track record. We know what it is.

**Gregory Anne:** It's like other prescription, if it's alleviating something and it's safe and it's proven, then I'm all for it.

**Monica Molenaar:** Yeah. Yeah. Me too. It's been so helpful. I feel sometimes like, I'm, I don't wanna be seen as kind of a pusher of anything specific, or a drug pusher, but it's just, there's so little conversation about the facts.

**Gregory Anne:** Yeah, because it gives women a choice.

Once you're informed fully with the facts, you can make a better, it's not a fear based decision.

**Monica Molenaar:** Exactly.

**Gregory Anne:** I'm afraid to try that. Well, why let's have a conversation?

**Monica Molenaar:** Yeah. Exactly. And the other thing, a lot of people don't know is that you can try it. And if it doesn't work for you, then really nothing will have happened.

You can stop. And any of these perceived risks or risks that we hear about definitely don't happen overnight.

**Gregory Anne:** Well, I think we've given them a lot to think about . Tell people what the website is please.

**Monica Molenaar:** The website is my alloy.com, a L L O Y a L L O y.com.

**Gregory Anne:** Okay. And there there's a good blog for people that aren't ready to maybe go the route of getting the test or talking to a doctor yet, but just go and read the blog about menopause symptoms, what the ones you didn't know were menopausal so you can start there and learn about where you are on the menopause journey and then decide whether there's something you wanna pursue in a safe way.

If you don't have a doctor that understands. And often the problem isn't that we don't have a doc, it's that they're not fluent in the conversation.

**Monica Molenaar:** Yeah, exactly. And it's interesting cuz we came up with the name Alloy because it really literally means a fusion of elements for strengths and protection from corrosion.

**Gregory Anne:** Oh wow.

**Monica Molenaar:** Which is an apt metaphor for what we're doing. Yeah. So we are constantly working on new things also. We will be launching the non-prescription that are that really a more holistic look and approach at this life stage and sort of giving women tools to just enhance their wellbeing in a convenient and accessible way.

So, yeah, that's the future?

**Gregory Anne:** Well, I hope we'll stay in touch and you can let me know when things launch and I will spread the word.

So, Monica, I think we have given everybody a lot of good information to think about, and I thank you for your time and your expertise. And I am so happy with what you're doing. As you said, democratizing menopause care, super important.

Maybe you will do a podcast.

**Monica Molenaar:** It's definitely on the horizon. So Anne is a great interviewer also and really loves doing it. So when we do, we can have you on our podcasts.

**Gregory Anne:** I would love it. Thank you. Be well till next time. And Monica, thanks again.