

002 EHK Podcast Dr Anna Cabeca

[00:00:00] [00:01:00] Team. Anna's we are here with two Anna's one's doctor, and one's not, I'm gonna let you guess which one that's right. Dr. Anna Cabeca is here with me Anna Vocino host of the Eat Happy. I don't know what we're [00:02:00] calling this. We're just having chats.

We're having to sit down at my table, Dr. Anna delicious conversations about me. You should be a copywriter. Getting a doctor pays better.

Hey, everybody. Welcome to the eat happy kitchen table. Pull up a chair. I'm your hostess with the hostess Anna Vocino. I'm glad you're here today. I have the honor of speaking with Dr. Anna Cabeca known as the girlfriend doctor. She's a board certified practicing OB GYN and functional medicine doctor.

She specializes in women's sexual health, hormones, menopause, and all the symptoms and signs that go along with all those. And a subject that's close to my heart, obviously Keto. And while having this conversation to me, it becomes very apparent why she's called the girlfriend doctor. She's so easy to talk to and no subject is off limits her words.

We recorded this a couple months ago and you might notice my voice was in the throws of COVID, but I held this interview to post closer to when her new book menu pause comes out [00:03:00] on April 12th, which I hope you guys will all support. Her other two books, the hormone fix and keto green 16, I think are fantastic books.

She just has a way of making things so digestible and approachable. So for anyone who's listening, whether you have female plumbing or, you know, someone with female plumbing, who's looking for answers or ideas, how to bust through a plateau, or maybe a clue as to why something may be happening, that makes you feel like you've not quite been yourself lately.

I hope this interview resonates and I hope it provides some next steps in your healing journey. We get into the alkaline acid connection, a full breakdown on cortisol, eating keto for brain health and metabolic health bio-identical hormones. How to test your hormones and what to look for, how to set yourself up for success in your twenties and thirties, and a lot more.

And as always, I will link to the things we discuss wherever possible in the show notes. And I hope you enjoy this conversation with the illuminating nurturing and super smart Dr. Anna Cabeca.

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We're having to sit down at my table, Dr. Anna delicious conversations about me. You should be a copywriter. Getting a doctor pays better. Um, hi, you're the girlfriend, doctor. Why do you call yourself the girlfriend doctor? Oh, my goodness. Well, it's actually came about in a funny way. So I was, um, uh, what do you call it?

Curb siding. Um, some friends that wanted some medical advice around hormones, and one of them had been the executive producer for Oprah and she's like, oh, and then I did their podcast, which used to be called the, um, it was the Sheri and Nancy call show. And before that it was. The, uh, 50 something, a show and it was anyway.

So, so Sheri Salata and Nancy holler, like, oh my gosh, your, [00:05:00] our girlfriend doctor. And, uh, that just stuck. You want the Oprah producers to brand you. That's a good thing. Well, when, and when she did, it's like, I really can't argue with that. Right. I really can't argue with us and it felt so good and felt so natural.

And it's really where I want to meet people as their girlfriend. Not as the end all be all, because it's always a partnership in making decisions about our body. I say, I want women to be empowered and not to give their power away to a prescription pad, to a surgery, to a drug, to anything. So personal 15 minute visit, like you, you bring bedside manner to a whole new.

Yeah. Yeah. And, and to create this interpersonal, this really personal conversation virtually now, it's, it's really important. It's a gifting, uh, and it really is a gifting. And I'm grateful for that. I didn't see, you know, so much use for it when I was in a medical practice, [00:06:00] because it would put me behind schedule all the time.

Right. Being the girlfriend doctor, I was always running late. Cause I'm not gonna, I wanted to listen. I wanted to learn and I wanted to advise. Um, but I always do say like that, you know, it is a, it is really our medical care needs to

feel right. And we need to feel better, not just see numbers that are better because that's important.

I love watching our numbers, but I have so many patients they've been on stat and medication steroid medications, this, that, and the other medication, but they really. Feel better. In fact, sometimes they feel more depressed, more moody, more irritable, and they just needing what's the next medication. And that's not the road we need to go down.

I girl, you're preaching to the converted. So I couldn't agree more. And you know, in, in my work for the past 10 years, I've gotten to interview wonderful doctors like yourself and experts and researchers and scientists. And, and so I feel like that's been my, [00:07:00] my personal journey to health. I've wanted to share it with the world.

I always say I'm a HIPAA violation on myself because I just share everything. And so when I. I saw you. We, we, we both spoke at an event together and that's how I met you. When I saw you speak. I was like, oh, this is so good because I host, you know, weekly accountabilities and clubhouse. I host cooking demos on Instagram.

I talk to people I'm in the trenches, Facebook groups with tens of thousands of people. And the same questions keep coming up. So when I met you, I was like, thinking, this is the woman I need to talk to. Nice and nice. I knew immediately. I saw you speak. And first of all, you spoke right before me, pretty much, uh, maybe there was a speaker in between, but I was just laughing.

Oh my God. I get so nervous speaking. And you were my anecdote for the day. Good. I'm so glad. I'm glad I can bring, bring some joy. Um, so here here's okay. I want to talk about your book, Keto green. Okay. So. What's I want [00:08:00] to back it up and say, first of all, they're not a lot of doctors, especially at least OB GYN that I've met, who were even using the word Keto.

What made you unafraid to go. Oh, that is a good, good question. And it was, you know, it's been my life experience. So I work, you know, there's a couple things and tell you some of my background. So I, you know, hi, I'm trained at some of the best institutions and practiced in some of the best ins, you know, trained and some of the best institutions in the world.

Right. And so this kind of. Always relying on my doctor's back. And for a portion of my life, my doctor's bag was empty when he came to me and when it came to helping patients. So one of the things, one of my daughters has, um, a

seizure disorder. Uh, it started when she was in her twenties, early twenties and, um, and she's my stepdaughter.

And I tried to figure out what it was right. [00:09:00] And one of the things that I recognized from the research was that, you know, ketogenic diet can help decrease. Activity. Yeah. And I was like, wow, that's fascinating. That's interesting. So in my neurologic patients, I started more of, of a keto type diet, carbohydrate restricted, as well as my candida patients, patients with chronic yeast infections or inflammation, those with diabetes and, um, and you know, negative consequences, although is from.

Yeast infections about, but not just gynecologic vaginal yeast infections, systemic infections, sinus infections. So I started recognizing the power of the nutritional component. Even more so, um, in, in patient care. And then when I hit my mid to late forties, I experienced and I had been well over 240 pounds at one point, lost that weight, kept it off crazy, crazy.

And. And I [00:10:00] started, like, without doing anything different, 20 pounds came on feeling like it was overnight. Right. All of a sudden, and I'm like, I'm not doing anything different. What's going on. And I was like, well, first of all, you know, and I was irritable and I was cranky and I'm 48. Two teenagers. And in school, one in middle school, one in high school and a we one in elementary school, all daughters.

And if any moms out there raising daughters know the power of manipulation and they will take advantage of your brain fog. Let me tell you not a good place to be. You won't remember. She said that don't worry. Exactly. Because like, if I keep saying or keep asking it in different ways, she'll eventually say yes, because she.

Yeah. So power of argument, they wear you down and I was wearable, right? Like I could, I was just burnt out. I was really, at that stage, I was burnt out, burnt out from everything. And, um, and so the waking was really distressing. So I went very strict [00:11:00] carbohydrate, restricting, went very strict keto, again, been familiar with it for my oldest daughter.

And then, um, I started feeling keto, cranky, keto, crazy. I call it irritable, like not comfortable in my own skin, even re over reacting instead of responding. And I was what's going on here and I did. I'm a functional medicine doctor. I'm trained OB GYN, trained in hormones, trained in sexual medicine, trained in functional, literally all of the.

Certifications check tick. There's more send them my way. I want more, but I'm no, I'm done. I said I'm not getting any more birds board certifications. So for now. And so I, uh, I, you know, dug into the, I checked, I started doing what I tell my patients to do when I'm running them through a modified elimination diet.

I check your urine pH. I want it alkaline because I know we're kicking out. You know, we're supporting the liver, we're supporting detox, we're kicking out toxins and we need to do it. Safety [00:12:00] safely and acidic pH is associated with more inflammation. And so I checked my urine pH and it was as acidic as the pH paper read, like, uh, you know, I use pH strips.

You can use pH paper drugstore, you can get them at the drug store. These are the ones I'm holding are keto pH strips that have ketone NPH on it before. I created these because otherwise I was having all kinds of paper in my bathroom where I need to put the link to those in the show notes. Absolutely.

And that's so checking your urinary, ketones and pH at the same time and especially. Um, so I was as acidic as my pH as the pH paper read. So who knows how, you know, actually acidic I was, and that was an aha moment for me, that was a light bulb. And I was like, oh, no wonder, I'm feeling so irritable. So I just started adding the alkalize.

I wasn't willing to gain one pound back for that alkalinity, but I knew that I had. I have to add the herbs and spices. I [00:13:00] used my mighty maca plus supplement. I started doing three scoops a day. I added lemon to my morning water. I added herbs and spices and the low carbohydrate greens, the beet greens. I made some up last night and I should have been in my kitchen with me and my daughters.

We were batch cooking. Oh, you would love it. And, um, so the beet greens and the micro greens and the herbs and spices, broccoli sprouts, cruciferous vegetables for hormone balance. I started really identifying the foods to help support hormones, hormone detoxification, as well as the adrenal gland. And so how did those in and low and behold, I got more alkaline.

And in good, strong ketosis at the same time. And that combination is tricky. It's challenging. Like I was telling clients, try it, get to that state and tell me how you feel on there. Like rockstar, you know, energized feeling so clear. And that's what it was for me. Not only did I lose those 20 pounds very quickly, but I also.

Gain my memory back. I gained clarity and I, nothing in my [00:14:00] external world had changed, but I was calmer, happier, more joyful in the Bible. It says the peace that surpasses all understanding. I mean, there's a physiology to that. There's a mental, physical physiology to that. And also recognizing that when I'm stressed and when I'm fearful and when I'm.

You know, not sleeping well, but no, it doesn't matter how well I ate for the day, how, you know, how much I spent at whole foods that urine pH will be acidic because cortisol is the most acidifying hormone in our body. So it's not just about what we eat. It's about how we think when we eat, who we're eating with.

Right? All those things come into play. And what I call the kill enemies, people don't dine with your enemies. Don't dine with the news on. Oh, that's the truth. Okay. You said a hundred things that I want to ask you about. We're not going to get to all of them, but let me start to break this down because there are so many.

Women in my audience. And also I got a text, cause I was saying in my clubhouse yesterday, I'm going to talk to you and to look out for this interview to come in a few [00:15:00] weeks. And I also got a text from a guy in our group saying like, when is it, where is it going to be? Is it gonna be live? My, I want my wife to listen.

So I was like, yes, that's right. Men, you have, if you have a woman in your life, you're gonna want to hear this too. Or at least send this interview to her. Okay. What is the difference? Oh, I forgot to plug in my computer. Now we're charging. We don't want the computer to die in the middle of it. That's happened to me once.

Explain. Okay. You're explaining the idea behind the alkaline foods. So let me just see if I'm getting this correct. Oh, there you are. If you add in more cruciferous and leafy greens to a pretty traditional meat based keto carnivore diet, you're going to take it from acidic to alkaline. Is that. Yes, you're going to help support.

You're going to help support your body, getting rid of acidity or changing to more of an alkaline urinary pH, which we know from the great new book by, um, Dr. David Perlmutter called drop [00:16:00] acid about the, you know, the importance of clearing uric acid from your system and heavy meat based and meat and wine, which I could live on meat and wine is very, will increase your uric acid and your high, your acid is associated with metabolic syndrome, diabetes, heart disease.

Isn't the uric acid. Is that the thing in gout? It is. And that's why as physicians, we were trained. Oh, well you only need to measure uric acid if it's associated with gout. No. It is a powerful metabolic marker. And what we know, what I know now is that when we increase the urine pH you are clearing more uric acid out of your system.

So then you're more metabolically healthy. That's powerful. That's so amazing. Wait, so how should we be asking our doctors, like how we now know to ask for a full thyroid panel or adrenal screening? Like, should we ask for, make sure you're screening the uric acid? Is that something we should? Absolutely.

Absolutely. Is it part of the CBC and you can get, um, uric [00:17:00] acid monitors, just like you can get glucose monitors. And I'm about to order monitor. I know, oh God, I love, I love all these gadgets, but I need a bigger kitchen. Um, so, so you can, and I haven't done that yet, but yeah, it used to be part of our normal chemistry screen as physicians, we would order that now patients can, people can also order their do self-testing.

Cause sometimes physicians don't. You know, like aren't aware, but you can ask as part of a chemistry to do a uric acid screen. So it's something that you can yeah. Like, for example, at yourself, I asked for my advanced lipid panel whenever they do the cholesterol. Cause I already know that we're going to have to look at the different particles, fractional particles, fractional particles.

I it's so important. It's so critically important. Otherwise, you know, I was thinking a bucket of sand, you know, And a bucket of sand, but there's a lot more in it. You know, there's a lot of stuff in that. And you want to look at what that is. Well, that right there could be saving people because that's probably one of the number one issues that comes up.[00:18:00]

And, you know, I've, I've been doing this work with my podcast, cohost Vinnie Tortorich who started nsng no sugars, no grains, which is a. Great keto. It's just trying to simplify things a little bit, don't eat processed sugars and don't eat grains. And then from there you can customize to whatever you need to do.

Like for me personally, with the auto-immune that I have, I don't do dairy and eggs, or at least I'm not supposed to, the holidays were another story, but me too AMA. It's the holidays and their holidays and cheese. And otherwise there's a, there is cheese, there are delightful egg dishes. There's cream, there's butter.

Yeah, 10 pounds for me during the holidays inflammation, I didn't need 10 pounds of cheese, 10 pounds of inflammation. Right. Thank you very much. It's

it's, you know, it's eight pounds off now, so good. That's incredible. So the number one question that I get is from people who are they come to, what Vinnie and I are doing.

And there are [00:19:00] no better way to put it extremely metabolically broken, right? With a lot of weight to lose. This is not everybody, but a typical, you know, person, a female at say, and she loses anywhere from 80 to 150 pounds. And then plateaus with about anywhere from 30 to 60 pounds left. To go. And so, you know, we answer the usual questions.

Have you tried intermittent fasting? Have you tried to quit dairy? Have you done, blah. You know what I mean? You just try to do, and I'm not a doctor, so that's why I'm so excited to talk to you and hear about these shifts that you can make turning your, tried. Try, try it. You guys try to turn your diet alkaline.

Test your uric acid. Test uric acid, check your urine pH on a day, a daily basis to get that optimized. Those are things that are game-changing check to actually make sure you're getting into ketosis, right? If you're not testing, you're guessing. And then Anna, a really big part of beautiful [00:20:00] part of what you said is when we hit those plateaus, we're doing everything we were doing and it stops working.

So my next book coming out, it's called menu. Pause. It televised five strategic plans to help you break through a plateau they're all six day plans. Sometimes we just need to change things up a fresh way to look at things, a bump to our metabolism. It's like cross training your digestive system, right?

Cross training. To break through that plateau and we may need something different. Sometimes we're so metabolically broken that we can't even digest her or were reactive to, to healthy foods, to the greens and to the, you know, The fruits and to all those things, we become reactive and that's a shame. So sometimes we need to pause that and sometimes we've been so restrictive.

We need to add healthy carbs back for a week and let's see what we do. And then sometimes it's, auto-immune stuff. We really need to clear out some of the most common inflammatory, and it's [00:21:00] hard to do, like if you do it all at one time, we call that fasting. So these are five, six day plans to make it really easy.

There was a six one in there, but my editor made me take it out. And she says to restrictive, we'll have to put that in somewhere else, but it was, it was really a very secret download bonus content secret down. Wow. But the missing the

missing plan, actually, you're really dedicated. I'm just kidding. I never want to make it's called water fasting now.

Listen, what are FA I did a four day water fast. It was very aluminum. I drank saltwater and, uh, and some, uh, what's it called? Apple cider vinegar, the apple cider vinegar and the baking soda I had. And I felt like that was my meal every day. Cause it was, it was very illuminating. I don't ever want to do it again.

I like the 24 hour at the most, but again, I. A fan of experimenting, as long as you can safely do it, say safely, go into it [00:22:00] safely and come out of it safely and monitor yourself while you're there. Like when I've done some real extended fast, I wear a continuous glucose monitor. It's pretty enlightening.

And also just seeing in those situations, what what's happening to your blood sugar, what triggers you? And especially when you're fasting. Like what your mind does to your blood sugar, your fasting, wearing a continuous glucose monitor. And like you just start, you know, Uh, ruminating about something negative or just think, oh my God, I've got, this happened to me for keto con.

And in Austin one year I was like fasting, getting on stage. My blood sugar went up to one 50, fasting fastest. Normally it's 80 food stay 80, but I was so freaked out about it. I get so nervous before I speak that cortisol, which you brought up earlier cortisol. So that's another thing that people say is they, they, uh, I don't think people, can you explain how strong cortisol [00:23:00] is?

Cause I don't think people understand. For example with fasting, how much cortisol you could release. And that might not be the best thing. Like how do you know if it's good for you? If it's not for you, if you're really, what do you do to explain cortisol the whole thing? Yeah. And I think what, what we can do at one time could work really well.

And what we can do at another time in our life could not. Right. And so this is, again, this whole intuitive really, we have so much. So many layers of misinformation and, uh, maybe even some denial, like self-denial that we aren't in tune with, what's really happening to our body. And I was that way with dairy number one, I didn't want.

Get rid of dairy. I'm like, it's part of my culture. I need fed achieves. It's in maybe this temper tantrum anybody ever has. I called the temper tantrum because they get upset when they cut out processed sugars and grains where they're like, I get it. I've heard enough about carbs. I get it. But when you say [00:24:00] it might be dairy, they're like, no, over my dead body.

Yeah. But wait, dairies, Keto. I'm like, and so, and it's full of hormones and it's really full of disruptors and there's no other species that eats another species. Milk. So why are we doing it? And it's true. And there are better forms than others, but, but yeah, big tender temper tantrum for that. And just figuring, you know, figuring out where, you know, what is good for you, like what works for you.

And so with cortisol and really need to understand cortisol because it is affecting our nation right now, it is affecting the hormones of our nation. So cortisol is one of our steroid hormones. It's our natural anti-inflammatory like you were to get a steroid shot. Cortisone shot. This is cortisol. Our body is designed.

Yeah, increased cortisol when we are anxious, when we are in that, when we are attacked, when we're, uh, fearful and, um, when there's inflammation in our body, our body want, [00:25:00] you know, is going to produce this cortisol. Cortisol is going to create a stream of glucose. Now you've got. Food and energy to every cell in your body, especially your brain, which is the number of the organ that soaks up the most glucose, right.

We're going to fuel you so you can respond to that attack. You can, um, you know, and in the, in the cortisol, we can douse that inflammation. If you get stabbed while you're running away from your enemy or fighting. I feel it we're, we're on it, right. We're gonna work on it. And that's her body's design, but it's not designed for us to be secreted cortisol while we're sitting on our couch, watching TV during the middle of the pandemic, stressed out, not knowing what's going on and cortisol is made.

Uh, progesterone and pregnant alone. So these are mother hormones that are all our other hormones are derived from PR predominantly cholesterol. So if we're taking a stat and we could be reducing all our other hormones, and it's been shown that stat and med medication in men [00:26:00] decreases testosterone, I'm sure it does in women.

It just hasn't been studied that way. And, um, What are you crazy? Why study women? It always throws a curve ball in just costs money. So we need more women scientists to study women just like we have now more women physicians. Yes. Yeah. And so we're really excited about that. Uh, you know, working with stem too, but with, so cortisol is derived from progesterone and pregnant alone.

And, and when we are in the same estrogen, testosterone, DHA are all derived downstream from progesterone and pregnant alone. So when we're stressed, cortisol is taking away our supplier. For our reproductive hormones. So here it is, is producing this incredible response and thank goodness for it when we need it.

We want to be able to use it, but mostly we don't need [00:27:00] cortisol on a daily basis. We need it to wake us up in the morning, right. Inflammation here and there in our body, but not to be on constant drive. That's the everyday trauma that can cause a, you know, a autonomic trauma response, post-traumatic stress.

And. And I see that. And when that happens, when cortisol is, is a predominant hormone or our body, our hormone of love and connection, oxytocin is down. So cortisol goes up, we have to react. We're reacting based on fear, our oxytocin, our hormone of love and connection goes down no time for that. Right. But so when cortisol is up for a long time, it also your system that our, our, um, protective system, let's say, we'll say, okay, you know, Cortisol, you are frying us out.

I'm shutting you down. And so cortisol is suppressed. Secretion is suppressed and oxytocin is low at the same time. So what do we feel? We feel disconnected. [00:28:00] We feel isolated. We feel. And we don't want to connect with them. We have this oxytocin, cortisol disconnect this, and it's the physiology of divorce.

It's the physiology of burnout. It's the physiology of, of depression. It is an isolation and loneliness. It is that busy ology. So that's how powerful cortisol is. That's why, you know, when I say that, there's a way there's a lifestyle. Keto green is a lifestyle because it's increasing oxytocin. Decreasing managing cortisol, improving our own natural hormone production as naturally as possible.

And, you know, and working with my mother nature and not against it. And so those are that's cortisol is destructive, not just to the body over time, but to your relationships. I mean, that was a master class right there. If you guys get nothing from this check, your uric acid do try an alkaline based keto diet.

And listen to [00:29:00] what she just said about cortisol. We're we're in a, we're in an we're in a pandemic, but we're in an epidemic of disconnection and loneliness and fear and people not knowing what to do and biting each other's heads off on social media and judging each other's choices for vaccines and life.

And it's, it's a very painful place to be the co this collective unconscious that we've built. And it's an interesting thing for you to tie. The food that we eat to this concept of the collective unconscious, until we can start to individually, we have to do that. We have to take responsibility for what it is that we're eating so we can heal ourselves.

So we can start to connect again, which is what we want. It's not like you want to be lonely. It's not like you were born like, oh, when I'm a child, I want to be lonely and sad. No, of course we come forth wanting to connect where we're connectors. So thank you for that. Yeah. And community the word with unity community.

And I think like what you said about like [00:30:00] the, the, the so much anx and it's w you know, maintaining respect, respect for our choices, respect for others, and not, I have seen a lot of justification of an individual's choices being an attack on others' choices, and it shouldn't be that way at all. So I think it's with it with respect of each of our.

You know of our choices. And then also our intuition women. We are strongly intuitive when we go against our intuition. You know, it rocks our world. It's a constant underlying stressor that physiologically creates all kinds of hormone, disruption issues. I've seen it in order to help some women. It's more than I will say.

It takes more than hormones to fix our hormones. My first book is the hormone fix. I was like takes more than hormones to fix our hormones. Right. As get all of her books because they're all so good. And easy to read. That's the things like you make it easy to understand. Oh, I want to [00:31:00] say this about keto green worth the price of admission alone is where you list the 13 hormones.

And you describe so clearly and concisely what each one does. And then you say here's some symptoms of there's. If this hormone is an issue and I was like, oh, like I recognize, for example, for me again, HIPAA violation on myself. All of my numbers are amazing, but I still have the 20 pounds to lose and my inflammation markers are high.

And so I saw the adiponectin one and I was like, oh, that's interesting. I'm going to dive down that little rabbit hole and try the alkaline thing. You know what I mean? So it was like that right there, just to have that aha moment is like, don't Sue me Oprah. Cause I used aha moment, um, was to like, It was great.

So I'm, I'm definitely linking to all of your books in the show notes. Just go get them, you guys just go get them. And because I love here's the idea with books, you read a book it's if it sparks one idea that improves your life, it's. Least money you [00:32:00] will ever spend on self-improvement is ABAC. Yes. Yeah.

And there's some magic when you open a book in general, you know, when you have that book, you open it, you refer to it, it calls to you. And I think that about a lot of what I read. Sometimes it's just about opening and say, okay, I'm going to do, I'm going to start here and what can I gain from this today?

What's calling you. And again, that's like our bike, you know, there there's so much intuition and energy around. That is part of the magic of being alive. And we need to recognize that not suppress it. I find it interesting too, is women and you and I are on the same age. So we've, we've had 55 girl. You're 55.

I'm 48. So I'm, I'm at the place where you were, where you were talking about. So I'm on, I'm on the 50th video. Yes, that'd be awesome. Um, I'm on the past. And it is interesting because as women, we do have such a strong intuition and yet we are taught to not listen to it when it said be good and do what you're told and you [00:33:00] know, and then it takes a little bit of unwrapping, which I always say at 40, you kind of start to like, oh, hold on.

I don't have to do what everybody tells me to do. I can follow my intuition, which is why older women get. So the wise KRS-One is the architect. You know, th th that we have, but I'm like, oh, I'm going to be a hot old wise corn grown. Okay. Like, I don't want to be brittle thing. And so the hormone thing is, is where it's at for that, like, It's like, we want to come.

We want to come back into our intuition and really tune into that. But you can't do it if your cortisol shot up. No, you don't have the energy. Right? So it's about re claiming our energy and doing it as naturally as possible diet lifestyle. The supplements we take. Using bio-identical hormones when necessary and at the bowl doses, I'm a big fan of bio-identical hormones.

I, I especially progesterone PO in the post-menopausal and post-menopausal because [00:34:00] it's the primary bucket hormone in women. We produced it from our ovaries and as our ovaries decline that sharp decrease in progesterone creates all these symptoms, the brain fog, the irritability, the weight gain, the mood, swings, the lackluster to hair, hair loss, all you know, um, decrease in college and even con contributes.

Of course, the vaginal dryness. Cause as I mentioned, all hormones are derived from. Progesterone. So as that plummets, we have all these consequences. So using that, uh, you know, allowing a natural transition into menopause, but with support is where I advocate supporting our adrenal glands, men, our adrenals and, and testes make their, you know, they get most of their progesterone from their adrenal glands.

So they don't see that big steep decline in progesterone is neuroprotective. When I've prescribed progesterone, for example, to a woman who was just she's. They say 55 years old or 60 years old, post-menopausal due to a hysterectomy where she had [00:35:00] her, um, ma she may or may not have had her ovaries removed, but she was on estrogen only.

And this has happened. Hundreds of times went on estrogen only. And I start using progesterone to help her get a good night's sleep. And she comes in, you know, doctor. I feel like a cloud has lifted. I feel more awake alert. My memories back and progesterone is neuroprotective. So in the, you know, I, I think that's one of the hormones I will take till I die.

And I use the transdermal progesterone, and I created one with progesterone and pregnenolone because I like both of those. And I use it topically to help with, um, course to be absorbed naturally. And. Bypass, you know, not to be metabolized by the liver, but to be transdermally absorbed. So it's a very safe way to do it.

And of course, for anti-aging skin reasons, you know, combine healthy hormones and looking good at the same time. Well, I will say to eating, to cutting out processed foods [00:36:00] is a game changer for your skin. Oh yeah. You always ask about my skin and I'm like, first of all, I probably do have some good genetics going on, but my mom at my age did not look like how I look.

And she was a sugar addict. Thank you. And you do too. And I got to say the hormone, the HRT. I'm very curious about how. Folks, how do they even go about asking if that's something that they need, do they test their hormones? Do they ask their doctor, do they find a separate doctor? Where do they even begin?

Cause I'm sure women out there going crap. I probably should test it. Yeah. What do I need to do? And that's always a really good question. There's different ways to do it. Definitely post-menopausal you know, a great safe way is, is bio-identical transparent. Progesterone. And I think that's a really good way.

You can look at my balance cream for an example of what I consider the gold standard. And, um, and so you want to know the source. So that's number one. Post-menopausal peri-menopausal when you're having PMS symptoms, when you're [00:37:00] having a regular cycles, when you're having heavy. Bleeding when you are, you hate your husband or your boyfriend two weeks out of the month, you know, hating life two weeks out of the month, it's your hormones.

Right? And so those are good symptoms to say, okay, I need more progesterone. And, and so asking your doctor to do a day 21 progesterone, and at that same time, you'll want to also look at TSH and want to look at your uric acid. Now we know while we're doing it, let's look at a pull thyroid panel. So free T4 free T3.

Okay. Bodies and, uh, well, so that's what we're going to do at those peak hormone levels. And early on in your cycle, if you're, when you're cycling day two through four, you want to look, um, at your FSH, LH and estradiol. And so looking at those markers tells us, okay, what ovarian reserve do you have here?

How much is. Is your hypothalamus, essentially having to push and to trigger your ovaries, [00:38:00] to produce enough estrogen and testosterone to, um, be reproductively, uh, healthy, essentially. And so that, that information is, um, your gynecologist will be able to do that. And your family physician would be able to do that.

Internist would be able to do that and really looking at. Beyond that because of functional and you can do salivary test and you can do urine tests. Precision analytics does a great hormonal panel just from urine. You can do at the privacy of your own house. And so, um, and send that in. And there's another lab, knowing labs does hormones.

They send you a kit and you do a blood spot and that gives you those results. Um, so nice to not have to go into a busy lab. So there are options that you can see. Order testing, or we didn't have that 20 years ago that you can self-order or test out. But, um, so there's, there's definitely ways to do that.

Um, and I give those tests exactly what I want in my book, the hormone [00:39:00] fix. Right? So this is ideal at some point or another. I want all of these within the first year of working with you for anyone who's listening, who is, I know you mentioned early in your cycle, so anyone who's in twenties and thirties and looking to either have kids or.

Manage what's happening. Do you have any specific advice to that age group to set them up so that when inevitable perimenopause begins, which by the way, I've done a ton of medical narrations, and one I did was about a device that helps to, um, I wouldn't say prevent, but helps with vaginal atrophy. And I had, it was 40 hours long and I had to basically narrate what happened.

To the vagina at every stage of life with women to the mind notice detail. I want to hear that I talk about this all the time. I had a female director and I was so glad [00:40:00] because I was after every take, we would both be like, wow. Okay. It was like, and then the epithelial cells thin and you know what I mean?

It was just so sad. Like everything was just so sad, so sad. It's medical. So it was, but, so that's why I say what's what, what advice, but the thing I learned was that perimenopause can technically really begin at 35 and I didn't know that. And that's why they call it a geriatric pregnancy. If you're pregnant 35 Rover, because you're monitoring all age advanced maternal age, I don't know if that's even better.

How's that terrible? No, it's terrible. And if you have more than one child at that age or the. Because again, I have to code this, uh, elderly and that terrible, that terrible. I mean, this terminology have to laugh. Coders were men. Yes. Yeah, no, it was so you change it to something, change it to something sweet.

Say, oh my gosh, you know, like they'll get to come up with some [00:41:00] really, you know, like ripe terminology. So. Yes. Um, okay. So what's your advice to the twenties and thirties folks who might be struggling and also want to set themselves. And I'm surrounded by them cause my four daughters, right? So this funny thirties getting pregnant now and also seeing what they're dealing with and also having worked in 30 years as a, you know, in medicine and 20 of those years as a gynecologist and obstetrician.

So I I'm really tell you listening. My, my 20 and 30 year olds that an ounce of prevention is worth a pound of cure. It's it's never too. Early to start taking care of your body. And I would tell you, the first thing is like eliminating dairy and sugar and grains is game-changing for your fertility, for your reproduction, for your quality of life.

Uh, you know, cancer cells start 10 to 15 years before we ever see something. So decreasing inflammation. And I would prescribe you, first of all, my book, the hormone fix [00:42:00] and. To really understand kind of what's happening, what's coming. And plus the program, getting Kita Greenwall. I target it for menopausal woman.

It works for all women PCO. And again, I have my last night, I show you my kitchen here. It's still, uh, chaotic, but have my daughters come cause we're all doing my keto green 16 plan together. So we're batch cooking here. So that 20 to 25. 13 all in the house last night, cooking three of my four daughters were here.

So it's your it's healthy, it's optimal. And considering to also the toxins we're putting on our skin. So cleaning all that up sooner is going to keep your hormones balanced and trusting your intuition and honoring your natural cycle. Not using anything to suppress your body's natural hormone production.

You should have a birth. Birth control pills, birth control pills. Yeah. I mean, I'm a big [00:43:00] fan of birth control, but, um, if all, and using hormonal birth control for the shortest amount of time necessary that we need to, and I'm looking at other alternatives, like I'm a big fan of the Paragard IUD, just going to ask the non-hormonal IUD, is that your preferred?

Yep. Use three of them, myself, different times, as I say, at the same time, different types like between kids or uterus, take it out, put it in. Yeah. One was not enough. Oh my gosh. So, um, and it's, uh, and it's also, um, and so, and so. Fear about the non-hormonal IUD is increased heavy periods, increased pain, the lifestyle, and the recommendations that I give to improve that lifestyle, decrease inflammation, those symptoms go away.

So, you know, having good iodine, rich foods, decreasing dairy, eliminating glutes, and grains as much as possible, decreasing inflammation in your system, supporting your adrenal glands and sometimes adding [00:44:00] additional herbal support. You know, they chased chase tree and, um, uh, so many other good nutrients that can be very helpful.

I like in Keto green, how you kind of take everybody through it. It's interesting how you don't, you don't jump the books called keto green 16 and you don't jump to keto. Until after kind of explaining why first gluten can be inflammatory, then grains, then an excess of carbohydrates, then how the body can change, which by the way, I'm married to the man who I joke is ASG, all sugars, all grains, because he's one of the metabolic, I dunno how to describe it.

Genetically gifted people who can eat whatever he wants and still have a six pack. But. Now he's 50 and he's not metabolizing things the way he used to. And I like how you explained that in the book that like, you know what shit you used to eat, doesn't sit the [00:45:00] same way why is that?

Why does the body do. So, um, the potty, you know, I think there's all. Reasons, but are definitely our decline declining our hormone, especially progesterone, pregnenolone, and is part of the equation. It is protective. It's protective. And the other piece too, is that things can only wear on you for so long before something breaks you can like say, think of, I would say, think of a fence around your garden, if you don't maintain it.

Yeah. You know, it's gonna fall apart and things are gonna get through, you know, rabbits are gonna come eat your carrots, and if you lean on it, press on it, rub on it for too long. It's going to break down again. Things are going to get through. And so that's the, the image of our membranes, our cell membranes.

So too much too often is, is wearing on. Symptoms. And another big point to make is like, we can eat really [00:46:00] healthy in this lowest thing. And I apologize if I offend anyone at this moment, but you know that chicken salad every day and I've heard so many people. Okay. I'm just, I need a chicken salad every day.

Chicken, you know, chicken on a salad every day. Right? I'm like, you're probably sensitive. I got to take that away from you. I'm sorry. No more chicken salad, right? You've got to change it up. You have got to change it up is good stressors on it. It, um, it is, it is so true. You need a healthy amount of stress, but everything, everything in and it's time.

That's great. Well, when does menu pause come out? Uh, April 12. It is coming up April 12 and we've got some goodies. We have a sneak peek. We'll give your audience and some recipes and a POS quiz to see, um, what, which plan you should start on. I'm here for a quiz. I am so excited for this book to come out.

I'm so happy that you spent this time with us. I want everybody to go. [00:47:00] Where do you want people to go? I love your YouTube page. Plus your interviews are incredible. You you've got so many wonderful people covering so many different topics. Like each one's a deep dive on something that. That could help your life folks.

So where, where do you want people to find you? Obviously the books I'm going to link to your stuff. Yeah. Thank you. Thank you. So Dr. anna.com is really easy, but the girlfriend doctor on YouTube, I would love for you guys to subscribe, follow me there, give your comments and, um, and yeah, and ask me anything.

I will say there's no such thing as too. Yeah, you're my kind of gal. Well, thank you very much for being here. I appreciate it. Pleasure. Thank you for having me. It's been a great to reconnect with you, Ana. Absolutely.