

## Female Hormones: What Disrupts, Detoxes & Balances Them – Anna Cabeca, D.O. – #975

Dave Asprey:

You're listening to the human upgrade with Dave Asprey. Today, we're going to be talking about one of my favorite topics of all time, hormones. In this case, we're going to be talking about hormones, and one of my other favorite things of all time, which is women because it turns out women make up 51% of our species because Mother Nature just rolls that way. So we might as well talk about hormones. Also from an antiaging perspective, women are underrepresented in the number of studies that look at hormones. The vast majority of research, just in the overall body of research, not counting the last 10 or so years, but just the overall body is on young White males because they're the ones who were in college and they were free guinea pigs. So we're still making up for that by doing studies of fasting on women and looking at women's hormones, and it isn't just for OB-GYNs. It's overall for longevity, for anti-aging.

So what you're going to learn today is we're talking about hormones. We're going to talk about women with someone who only has three board certifications in such things as a medical doctor, and her name is Anna Cabeca. She's a friend, and has just written a book with one of the best titles I've seen as an author in a long time called MenuPause, which is elegant, and it's very in alignment with the stuff I talk about, although I understand she has a kale fetish that we're going to try and cure her up during this episode.

Other than that, I'd say, well, there's a lot of agreement and it's really interesting stuff, and because of that and for other reasons like she just knows a lot, she's going to be at the Biohacking Conference in Beverly Hills, September 15th through 19th. So go to [biohackingconference.com](http://biohackingconference.com) and sign up and you're going to love what we're doing in Beverly Hills. So there's just going to be so much, so much info here, including about hormones and women's hormones and aging and food and what food does to these things, which is really cool.

So your different certifications, I mentioned three of them. What are they in?

Anna Cabeca, D.O.:

So, OB-GYN, so I trained at Emory in OB-GYN, and then anti-aging and regenerative medicine, and integrative medicine was my most recent board about six, seven years ago.

Dave:

Awesome. So you know what you're talking about. Okay.

Anna:

I'm still learning. I'm still learning.

Dave:

I'm going to ask a question that I've never actually asked, but it's one that's something you'd ask at a bar. Okay. You can study anything you want in medicine. Some people choose to be proctologist. You could have been anything, but you're a butt doctor. Why would you choose that of all the things you could do? I respect that. We really need that. It's important, but what draws you there? You're an OB-GYN and a bunch of other stuff. So what drew you to those specialties to make you go so deep on all these things? I mean, you really know a lot about nutrition. You know a lot about these things. So why those?

Anna:

Well, that's a great question. Actually, I haven't been asked that. So one of the things is that as a young age, I realized when my mom was undergoing heart surgery and she was 52, I was 16 years old, and I realized that the research they were basing her surgery on was done only on men.

As a young age, I realized when my mom was undergoing heart surgery, and she was 52, I was 16 years old, and I realized that the research they were basing her surgery on was done only on men, and that made me a really strong women's health advocate. So I really started digging into women's health, and I started doing research in women's health as I entered college.

Then I realized, "Gosh," as a practicing OB-GYN, my doctor's bag was empty when it came to my own health problems and so many of my patients. So I went on to continue to study and study and study and fill up my doctor's bag with a wide variety of let's say tricks and tools and strategies to help women. So yeah. When I was a young woman and it just occurred to me as I was listening to your podcast with the Navy divers and the deep sea divers, and I did diving medicine research before I went to med school. I went to a gynecologist with my first gynecologist and it was a very creepy experience. So I was like, "Women should not have to go through this." So that's why I did OB-GYN too.

Dave:

It's a bedside manner thing?

Anna:

I think it's a bedside manner thing and it's not typical now.

Dave:

It's not typical.

Anna:

I think a really good gynecologist, they're really good, male and female gynecologist, and it really seated in me like, "Talk to your patients first. Get to know them. Look in their eyes," right? Just the basics. Warm your hands under hot water if you've got cold, creepy hands. I think that was also after the exam. Talk about what you found or didn't find, and that everything looks great and normal and healthy and you're normal and healthy no matter what. I mean, that's a really important piece that should be part of the exam.

So really just seated bedside manner and what's a good one and what's not a good one. I think too many women have had an experience where they just felt like a number going through an office versus heard and really valued during a physician's visit, whether it's an OB-GYN gynecologic pap smear exam, which again, it's a very vulnerable position, especially for you initially to go through that.

Dave:

Thank you for educating me. That's something I don't know anything about given that I'm a guy.

Anna:

I think you should have the experience and maybe your audience will agree of being naked on a table with your legs in stirrups.

Dave:

I should have that experience.

Anna:

You should.

Dave:

All right. I'm adding it to my bucket list right now and I'll get right on that.

Anna:

Okay. There you go.

Dave:

Now, let's talk about what's in your book, which is not that having read it. We have a lot of things that disrupt hormones, and one of the things I like about your approach to this, it's similar to the biohacking approach, which is, look, stop doing the things that make you weak first like, "I'm going to work on having strong and having the right hormones." Meanwhile, you're doing something that's adding to your burden. So maybe stop doing the bad stuff before you start doing more good stuff so you have capacity to do good stuff. So talk to me about what's disrupting hormones in the women that you see in your practice.

Anna:

Yeah. So I think this brings up a really good point. When I'm working with a woman for hormone replacement therapy and working on her hormones, I want to detox her body and open up her receptor sites and empower her body to produce more of her natural hormones first or as part of the process.

So in my book, it's really about sometimes doing less versus doing more and thinking about some of the endocrine disruptors that are really affecting us. So that's why we want organic as much as possible, free range, grass-fed, grass-finished, and to think about what we eat ate and was exposed to because the pesticides, herbicides, we know the glyphosate, we know the antibiotics and many of the animal in meats in general are these animals have been injected with hormones as well.

So that is a toxic burden to our bodies. We want to really address that, clean up what we're eating so it's really, really the best that we can eat and then support our body in naturally removing excess hormones and endocrine disruptors, the hormone disruptors as well as possible.

Dave:

One of my favorite hormone disruptors is something called zearalenone, which is a toxin made from mold, but it's actually sold as zearanol, and they add it on purpose to cows, and it's a synthetic xenoestrogen, a thousand times stronger than natural estrogen. Of course, it makes the cows super fat on 30% less calories. By the way, guys, calories in, calories out is BS. If that drug is possible, then calories in, calories out just got broken and, well, that law of thermodynamics might not be how it works. Anyway, so if people are getting meat that was injected with an estrogen a thousand times stronger than their own estrogen, what happens when they eat it?

Anna:

Yeah, and I write about that specific toxin hormone disruptor in my first book, *The Hormone Fix*, and I was shocked really when I read about what our standards are in the US and what European standards are. It's a micro amount compared to what we are allowing, and it's in corn, it's in grains. So it's in what our animals are fed too.

Dave:

Where did you learn about all these endocrine disruptors because I don't think they teach that in normal medical school, do they?

Anna:

No, I didn't learn that at med school. I learned it as part of my own journey too with dealing with early menopause at age 39 and premature ovarian failure and infertility issues. Dave, I don't know if you knew this, but I failed the highest doses of fertility treatments.

Dave:

I didn't know that, no.

Anna:

That was devastating to me. We had a trauma in our family where we lost our son, and then my husband and I at the time, we tried to desperately have another child. So between trauma, stress, PTSD, it created this early menopause and infertility. So that's what led me on my own healing journey around the world looking for answers. As a result of that, that's when I naturally restored my menstrual cycle and became pregnant at 41 years old naturally with the child I was told I would never be able to have.

So it made me start looking and thinking, "Well, okay, so there's a lot more to this. How do we empower our bodies to heal itself, and what besides stress being a huge hormone disruptor, what were other things?" I mean, I struggled with obesity. I was well over 240 pounds at one point. I definitely had dairy sensitivity and mold toxicity issues, things I never studied any of that stuff.

So I started teasing it apart layer by layer like peeling an onion, and then I started helping my patients with the same thing. What's the cause of your breast cancer? You talked about the animal livestock and how these toxins can affect their fertility. It also increases their tumors and their cancers and affects their thyroids, and it does it in women and men too, and it affects their fertility and their desire and their mindset and their peace, their moods.

So I started working with clients and improving detoxification and testing for toxins. What about heavy metals? What about mold toxins? What about endocrine disruptors in the environment, the parabens, the phthalates, and I don't know, the list is long. So what do we do to clear those to get your body to do what it's supposed to do?

Then one of the biggest areas that I found very interesting was DES, diethylstilbestrol, and how that was used between 1948 to 1971. It was actually advertised in newspapers. All pregnant women, if you want to have a healthy baby, you should take this because it will decrease your risk of miscarriage and preterm birth. Then there were eight-year-old girls showing up with vaginal cancers and boys with undescended testes. I knew that my mom had received that in her pregnancy with my older brother because she'd had two miscarriages and he'd had undescended testes.

So I was starting to piece these things together, and the French did third generation studies that looked at not just in the children of moms who were exposed to DES, but their children had increased infertility issues, had hormonal imbalance issues, had reproductive genital tract like abnormally formed

uteruses, as well as gender identity confusion is how the French termed it through the third generation. So studies are continuing to go.

So it's so critical to remove these endocrine disruptors from our system, and especially when we're working with women because we are more susceptible. Guys, you've got 10 times as much testosterone, a lot more hormone that's protective. Women, we're more vulnerable to these hormone disruptors.

Dave:

Wow. I actually almost had one of my accounts banned because I said, "Guys, as the author of a book on fertility," which I wrote 10 years ago because similar situations with my wife is that infertility, "what are we going to do about it?" So that was what made the book. I just said, "Look, I think it's unethical to inject anything into a pregnant woman." So you have exceptionally large multi-generational safety studies because there's so much that happens in that first trimester and the second trimester that we just don't have any knowledge of that you should just practice the highest level of care for that.

So someone went on Twitter and got a Twitter mob to go to another one of my platforms and then complain on that platform because that's considered bullying if you try to organize a mob on a platform, if you organize it on one platform to go to another. I'm like, "That's so weird," because I feel like that's genuinely heartfelt and scientifically valid advice. Do you agree that we ought to have a higher standard of care for pregnant women, not a lower standard of care?

Anna:

I was at daVinci50 in Boston, and one of the speakers from Harvard was talking about research and I asked him, I said, well, first I said, "Longevity starts in the womb. Why aren't we doing third generation, at least animal studies, before a drug is brought to the market?"

He said, "Really, we should."

Well, that's as far as it went, but the FDA should have at least third gen animal studies. That doesn't take a lot of time. I feel very compelled because I have four daughters. So I'm very careful, and moms, we're careful if we eat sushi during pregnancy, how many cans of tuna can we eat, right? So we have to be really careful with what we're putting in our body and we want it to be clean and amazing. That shouldn't stop once we're done pregnancy, but we're especially conscious of that.

The things that we're not aware of or we think it's safe because it's in the market, but the chemicals in our cosmetics, the chemicals in our body care products, many of them are known endocrine disruptors. I always tell women we worry about the lines around our face and eyes and lips. We have to worry about what's happening in I always say the most important anatomy of our body and that's clitoris to anus because when there's problems there, it affects our quality of our lives, for sure.

Dave:

What happens if you put endocrine disruptors right on your-

Anna:

Let me just save you here.

Dave:

There you go.

Anna:

The pelvic floor is so vascular and tremendous amount of nerve supply, blood supply and it just goes right into your system. So what we see with ... We know now we want to use organic tampons. We want to use a cervical cup if possible or we don't want to bleach and use chemicals on our underwear or anything that's going into or onto our vaginal areas, the vulvar area or vaginal area. You want to keep that clean because it's so vascular and it gets absorbed, and that adds to dryness. It adds to decreased glandular production. It can cause clogged pores or cyst formations like the Bartholin's gland cyst or decrease in your body's ability to secrete its own natural moisture, and again, rapidly aging, and that's very uncomfortable, as well as changes the pH so that you're more susceptible to infections.

Dave:

Okay. So you basically don't want to put it there. Okay. We're going to get into estrogen and hormone balancing and perimenopause and nutrition in a minute, but I've got a triple board certified OB-GYN here. Okay. Best kind of lube that's not going to mess with hormones in the men or the women?

Anna:

Oh, my gosh. Well, I like to go straight to nature. So I like to mix some fractionated MCT oil or coconut oil and aloe vera gel, a beautiful organic aloe vera gel, add a drop of essential oil just to add a beautiful essence and mix that up for me, that's the best lube you've got out there. Then I would use Julva too if I needed to.

Dave:

Got it. Okay. So aloe vera, and what about those silicone, the ones that are not water-based? Is silicone bad for your ... By the way, I'm dying here because the Upgrade Collective is listing all of the slang terms for vagina during this episode. I'm laughing my butt off. So thank you guys for keeping me amused. So I'm just going to pick one of these things, hoo-ha. So what happens if you put silicone on your hoo-ha?

Anna:

Well, I mean it should not. Again, silicone should not be easily absorbed into your system, but it still can be.

Dave:

Is it going to disrupt microbiome or anything, but at least not your hormones are going to be okay with that stuff?

Anna:

Your hormones will be okay, but it will affect your pH and the vaginal bacteria. So we know that. For me, and especially in creating Julva, I wanted something that smells good, tastes good, and was clean, it's not going to disrupt your vaginal microbiome bacteria.

Dave:

Smells good, tastes good. Okay. Now, another question. We're just getting super personal. I love having a live audience with us because this comes from live audience. Okay. If you wanted to shave your vaginal region, what is the best shaving cream to use to not disrupt your hormones?

Anna:

Oh, my gosh. I would just say a good clean soap and water. Don't use a shaving cream.

Dave:

All right. Let's get into eating some greens. By the way, thanks for answering all the questions that probably lots of people have wanted to hear a real qualified medical opinion about that I certainly didn't think I was going to ask when I decided to do an interview, but hey, I appreciate you going there.

Now, let's talk about estrogen because we just talked about how these plant-based estrogens are actually really bad for you, at least fungus-based ones, and there are a lot of people who are afraid of taking estrogen because of horse urine-derived estrogen that's not the same as human estrogen from the '70s, had a problem, and they think that that's what current estrogen is. So just give what's the deal with estrogen in women as they age. Good, bad? How do you know when you need more or when you need less?

Anna:

Yeah. So estrogen always, I think, has gotten the bad rap over the years, right? It has gotten the bad rap because we formulated back in 1950s synthetic, well, a combination of pregnant mare urine, right? That's the Premarin formula that first came to market. So it was a combination of, I don't know, maybe there's 100 different types of estrogen that's in that formula, and women were given it unopposed with any progesterone.

So what happened was women were showing up with estrogen-related cancers, specifically uterine cancer. So then they said, "Okay. Well, we need to give you a progesterone. Well, progesterone is bioidentical. Let's make a progestin, something that looks like progesterone but not really, but it'll thin out the endometrium and oppose estrogen so you don't get uterine cancer." So that was the Provera part of Prempro. That was the number one sold drug for hormone replacement for many decades.

Then they said, "Okay. Well, let's really talk about estrogen. Let's talk about this drug." Wyeth-Ayerst was the manufacturer. Actually, I had worked Wyeth-Ayerst in their drug metabolism department as a young 20-something-year-old, again, before med school. I was doing research and then computerized their drug metabolism department with them. So it was very interesting to get the inside on some of the research also.

So Wyeth-Ayerst said, "Okay. Well, let's look at it for prevention of heart disease." So they started the hers trial, and the hers trial was very interesting. It looked at using estrogen and progestin, so this combination, and actually, they were surprised by their results, and I think some of their original data was ignored, but they were surprised by their results because it was actually increasing coronary vascular events, so heart attacks and strokes.

So then they said, "Okay. Well, it's not going to be preventive for heart disease, but maybe it'll prevent osteoporosis. Maybe it'll prevent Alzheimer's and dementia." So then the women's health initiative study came out in early 2000, and there they looked at Prempro again, and they also looked at estrogen-only, and they showed very quickly, 2002, warnings came out to all of us in OB-GYN, frontage news and said, "Hormone replacement is bad. It increases your risk of breast cancer, and this is dangerous."

Well, I went to the original research and I started looking and there were so many flaws with the study. I don't know if you've talked about this, but it's really profound because, first of all, if we look at the science, I mean, we look at oral estrogen, oral estrogens increase your inflammatory markers, increases all your inflammatory markers. Most specifically, we look at HSCR. So we know that increases

that important marker, and it increases your risk of strokes because it's increasing inflammation, increasing your risk of blood clotting.

So oral estrogens, really over 50, definitely over 55 or if there's any signs of heart disease and diabetes, are not a good idea because we know that increases inflammation. We want to do everything to decrease inflammation. Then we teased out the estrogen-only arm and now revisiting the studies, the estrogen-only arm never showed any increased risk of breast cancer. So even with that, but the progestin arm did. So progestins are different than progesterones.

Dave:

Big thing.

Anna:

Big thing, and sadly in the literature, even reading an article that was published recently looking at hormones and breast cancer, they still use the word progesterone when they're talking about progestins too. They're different molecules, they don't look the same, and progestins have negative cardiovascular effects, as well increases swelling, water retention, increases blood pressure, increases your adverse lipid profile, so it affects your cholesterol, and increases your risk of breast cancer. So those progestins do, but bioidentical progesterone does not.

There was a huge study done in France by Dr. Fournier, and I want to say it was 2010, 2008, and that initial 50,000 person study looked at the different types of progesterone versus progestins. There are three different types of progestins. So it showed that the progesterone had no increased risk of breast cancer, but the progestins did significantly three to four times as much. So that was profound. I mean, that was really profound, but despite that research, we didn't go back and look at using bioidentical progesterone because the patent, there was a patent for Prometrium with peanut oil and that patent was running out and bioidentical progesterone can be compounded.

In fact, it's used in cosmetics over-the-counter. My balance cream, I use progesterone and pregnenolone over-the-counter without prescription, and transdermally, hormones are safer than if we use them orally. So I think this whole concept of being anti-estrogen is really misogynistic conversation. So I believe estrogen is good. It is what makes women women. It helps support TH1 immunity. It helps support your collagen production. It helps with fascia. So as we get older and we start to lose estrogen and progestin, we feel stiffer, we have more pains and less flexibility. That's thing, and estrogen starts to decline.

Really, our peak hormones are in our 20s for both men and women, and for men and women, we start to lose DHEA in our twenties, and then for women in our mid 30s, we really start to see that steeper decline of progesterone, our body's natural production of progesterone, but it's even a faster, rapid decline when we're under periods of stress, chronic everyday stress and post-traumatic stress. So we see a more rapid decline in progesterone, which is so interesting because it's really taken me on this whole fascinating journey looking at progesterone as, I mean, it's a neuroendocrine hormone. It's brain protective. It's a neuro peptide too, and it's anti-aging, and it helps with fashion, and helps with hormone health and sexual health. It's something that women should be able to have access to. Unfortunately, many physicians still think if you don't have a uterus, you don't need bioidentical progesterone.

Dave:

Wow.

Anna:

You don't need progesterone because you're not going to get uterine cancer, and that was the only reason the progestins came to exist initially, but without a uterus, bioidentical progesterone is game changing for my clients.

Dave:

There was a guy on the show, and you guys are going to have to excuse me, it's been almost a thousand episodes, and I'm out of aniracetam, which increases memory IO right now. So I'm not recalling his name off the top of my mind. He was in his late 70s or 80, and he spent his entire career recommending progesterone cream, bioidentical progesterone cream to people for almost anything like, "Oh, you have a migraine? Progesterone cream. Sore neck? Progesterone cream."

Men and women was just finding profound effects because of something it was doing with cell biology and mitochondrial something. It was fascinating. I've definitely tried some progesterone. If you have weird muscle tension, it does something, but it seems like you might probably be throwing some stuff out of balance if you overtreat with progesterone topically, right? What would happen?

Anna:

Yeah. You definitely can have too much progesterone. If you're on too much, just like with anything, too much methylated folate, you can get over the curve and you can have more mood issues. I think that's really one of the big ones is moodiness. You can have weight gain, and that's two of the main reasons. Water retention with too much progesterone is another one. So a little bit goes a long way and you never want to suppress your body's own ability to produce its own hormones naturally. So every day continuous progesterone also is not a good idea, and I still see many clients on that. You've got to cycle on, cycle off or at least take a break on a weekly like one or two days a week or three to five days a month off your progesterone.

Dave:

So women in their 30s you're saying should maybe consider taking progesterone because that's when it starts to decline.

Anna:

No.

Dave:

No. Did I get that wrong?

Anna:

Yeah. Well, I mean, the first thing you want to do if you're in your 30s, 40s, and you're feeling that decline, you want to empower your body to make its own progesterone naturally and keep as much circulating so things that drop your progesterone, a stress, cortisol, cortisol is a biggie, so supporting, and as our ovarian function starts to decline, our adrenals take over. Our adrenals are going to take over. So supporting our adrenal glands with adaptogens, that's number one. Detoxifying so our body uses our natural hormones even more efficiently, even better. Then if we need to cycle with some progesterone, we can definitely do it, but I would use ... That's why one of the reasons I created my

product Mighty Maca Plus 30, it's because that adaptogenic blend really helps your body naturally produce more DHEA and progesterone and detoxifies at the same time.

So that's key, but then above that, everything you do in 40 years of Zen, how critical that is because you're decreasing cortisol, stress reduction, that is huge because if we are making cortisol, we're taking what we need to make progesterone away. So we call that the cortisol steal or progesterone steal. So we're losing that natural hormone from our body and it creates infertility. It creates worse PMS symptoms.

So give you an example, a 36-year-old client who I'd seen in my medical practice, Zendi, and she was a mom of four and ran all the books for her husband's business. She was the organizer on Target, really running the family home office, et cetera. She came to me and she goes, "I just don't feel like myself. I'm pissed off. I hate my husband two weeks of the month."

I always say, "If you only hate your husband two weeks of the month, it's most likely your hormones. Not necessarily completely your husband's fault," but moody, anxious. She feels like, "I lost my edge. I'm so disorganized. My house is a mess, and sometimes I miss picking up one of the kids on carpool. What's happening to me? Am I getting early Alzheimer's?"

I'm like, "Okay. Relax." So that's where it really created what I now call a keto green detox, but a modified elimination diet, detoxification, support liver function, support gut health. I run labs and tell her to follow this regimen and come back for your lab results. She comes back in just a few weeks later and she's like, "Dr. Anna, I feel better than I have in years," and she goes, "I have no more PMS. I even know when my last period was coming. I'm initiating sex. That's a real biggie, and also," she goes, "my daughter Sophia climbed into my lap and said, 'Mama, you're smiling again,'" and that's without adding progesterone.

So I would've made a mistake if, number one, I put her on Prozac or if I prescribed her birth control pills, which is very commonly done to manage those symptoms that Zendi presented with, and I would've impaired her own body's ability to make her own hormones. So several years later, yes, I added progesterone, but I didn't need to at that time. So my order of hierarchy is that it's to support your natural production of hormones, detoxification, bringing joy into your life, doing everything you can to decrease cortisol and increase oxytocin, and then on a hierarchy, I would supplement with probably DHEA and progesterone and then testosterone and estrogen.

Dave:

I love that concise and complete answer. If you're listening going, "Oh, blah, blah. I just heard a bunch of oghens and orones." It's not the same for everyone, just like fasting isn't the same for everyone, and even with MenuPause, your book like, "Here's five different diets. You got to try each one in order to figure out which of these things is messing with you." That perspective of maybe you should detox first so your natural stuff can work, and then let's give you some precursors and reduce your stress by bringing in joy and all that kind of stuff, that's real medicine.

Then, oh, it's not working, then let's start with some low-dose hormones and things like that. I'm looking at the comments from people in the upgrade collective, and there's a lot of women doing hormone replacement who are exceptionally happy like, "I got my sex drive back." One of them is a self-described cougar. Congratulations. Just people at all different ages are saying, "Okay. Yeah. This stuff is really important."

It sounds like you really have to go get your labs done and work with a functional medicine doctor to hit that level, but it's pretty pricey. So the affordable way to start this would be do the stuff that's in MenuPause or, frankly, you could try carnivore. Go on the Bulletproof diet. Don't do carnivore

or full keto for a long period of time. It'll trash you, but I mean, you can try something for two weeks or four weeks or something and be like, "Oh, my God, I feel so much better." Well, there you go. You stop doing whatever was messing with you, but there's the structured approaches to that, and that's what's in MenuPause like let's just try pausing this and see if it's actually toxic and you don't know it.

So I like that. Then you go to the next level of precursors, but you've mentioned DHEA, which is one of two primary precursors, but pregnenolone is the other one. Why does pregnenolone get no love?

Anna:

I do not know. I love pregnenolone. I put pregnenolone with progesterone in my balance cream for that reason. Pregnenolone is a beautiful hormone. I mean, it is the mother hormone, right? Progesterone comes from it. Downstream, all our reproductive hormones come from it. So that's just a beautiful hormone. I don't know. Just because we haven't found a synthetic equivalent to bring to pharma.

Dave:

It's not famous because big pharma hasn't trashed it yet. Give them time on there. I'm sure they're working on them right now.

Anna:

Give them time. I do want to touch on the power of ketosis in this hormonal transition.

Dave:

Let's do that. Yeah.

Anna:

Because like what you said, I mean, the quickest way that I can get people feeling better, I always say I love the reproductive hormones, I'm a hormone specialist, I likely will put you on hormones at some time, but first and foremost, the most powerful hormones in our body are insulin and cortisol, right? I always like to consider that our bodies have hundreds of hormones circulating. If you were to compare it to a university setting, they're all our students. Each hormone has its own role, its own purpose, its own mission like a student does at university. Then your university professors would be insulin and cortisol, and they are game changers. So when they are on, when they're working appropriately, there's order in the student body, but when they're not showing up to class and they're drunk at the head of the class and they're off the wall, whatever, right, left, there's chaos.

Then the dean of the university would be oxytocin, the most powerful hormone of our body. In that hierarchy, oxytocin, insulin, cortisol, our reproductive hormones. We have to think about in that way. So to get well quickly, we work on oxytocin as much as possible, the most alkalizing hormone in our body. We reduce cortisol, the most catabolic and acidifying hormone in our body, and we create insulin sensitivity, and that is where ketosis is really critically important because as we get into ketosis, we become more insulin sensitive.

What I didn't understand until I went through my own brain fog and then discovered what I call my keto green way and the brain fog lifted, I had already dialed in my hormones, progesterone, estrogen, DHEA, testosterone, dialed in.

Dave:

You still had brain fog after that.

Anna:

I still had brain fog.

Dave:

This is really important for listeners. You can fix your hormones and still have a foggy brain. All right.

Anna:

You can.

Dave:

What did you do about it?

Anna:

So that, getting into ketosis and adding in the alkalinizing factor, it was like the fog lifted. I had my memory back, my visual memory back, my auditory memory back. I mean, it was profound. Plus, I experienced what they say in the Bible, the peace that surpasses all understanding. Nothing in my external environment changed, but I was at peace and there was that contentment. There was that order. As a result of being a crazy busy single mom, burnout from her medical practice and feeling that peace, that was amazing. My kids then were at peace too without doing anything different, again, in our environment or the way I parented. They were better humans too.

I think that's really important. Then looking at the research. Recognize that as our hormones are shifting, the brain's ability to use glucose for fuel, so muscle needs to use glucose, our brain needs to use glucose, but that ability is estrogen-dependent. Gluconeogenesis in the brain is estrogen-dependent. So as our body's hormone levels are declining, that ability is also declining. It's like our brain is starving for fuel, but shifting to ketones is not hormone-dependent, and that lights up our brains.

That's the gift of getting into ketosis. That is the gift of cutting out carbs in a healthy way and, of course, cycling back in carbs periodically too. So that is the gift, and that's why I say it's not just a good idea in perimenopause and menopause to get keto green, but I consider it mandatory. You get there not just from healthy fats. In my plans, it's intermittent fasting, no snacking. We have to stop that stuff so that we can empower insulin.

Dave:

Fasting is useful and snacking is garbage. So with the kit for MenuPause, your book, you have Your Girlfriend Doctor, which is your URL, keto pH urine test strips. So these are cool because you can pee on them and then they tell you, are you in ketosis? You want it to turn lightly pink if you're a regular keto, but talk to me about how you use the pH with urine. When should you collect urine? What should the pH look like, and what does it matter?

Anna:

Yeah. So it matters a lot. Really, research has shown that the more alkaline your urine pH is greater than seven, you will be less likely to have metabolic syndrome type diseases like diabetes, hypertension, heart disease, as well as inflammatory diseases like cancer and bone loss. Also, it's very interesting because we know about uric acid, high levels of uric acid is associated with an acidic pH. The higher your urine alkalinity pH, the more you're clearing uric acid. So that's another key thing. Yeah, and you can use your saliva for the pH pad.

Dave:

Okay. So pH, where do I want my pH because you just hold the strip up to the thing and it tells you the color here.

Anna:

Yeah, you want it green. So you want it seven or greater. So seven being neutral. The lower the number, the more acidic, and the higher the number, the more alkaline.

Dave:

If my saliva is 7.5, what does that mean?

Anna:

Awesome. That's great.

Dave:

Oh, my God. There you go.

Anna:

It means you're good. You don't have to have your kale today.

Dave:

Would my saliva match my pee?

Anna:

It can. It really depends on what you drank recently. It doesn't necessarily. The urine is susceptible to what's happening also in your kidneys, right?

Dave:

Yeah.

Anna:

So again, cortisol increases hydrogen ion and secretion across the renal tubule. So that's going to decrease your urine pH, make it more acidic. So this is where I discovered this. I remember being blown away by this because I was trying to understand these high fat diets like the Inuits in Alaska, the high fat diets, but yet they didn't have bone loss. They didn't have cardiovascular disease. What was going on?

So what were they getting as far as an alkalinizer? Then I realized that they do fish bone broth, right? Bone broth is rich in minerals. Those are your alkalinizers. So that would balance that ketogenic effect of the high fats that create that acidity long term. So the bone broth is really beneficial. That was mind-blowing for me, but I first recognized when I went strict keto, when I was very cranky, irritable, I felt like I hit a wall, I just didn't feel good on it, and that's when I went back to checking my urine pH and it was as acidic as the pH paper read.

So likely, I was peeing out straight acid at that point, and that's where I started adding the greens, the alkalinizers, the beet greens, the herbs, the spices. I mean, herbs and spices are very alkalinizing. So adding those in with keeping carbohydrates low for me below 40 grams of total

carbohydrates was critical to stay in ketosis. Then I realized that those days that I did gratitude journaling in the morning or I went for a walk on the beach, I was more alkaline each day, and that's where I learned the renal physiology of cortisol. So I mean, that's mind blowing. So not only does your urine pH tell you about your nutritional status, you can be eating amazingly good, but have stress or PTSD and be acidic. So you have to, again, increase oxytocin.

Dave:

So stress makes you acid even if it's from PTSD and you don't know about it. A lot of people with PTSD have no clue. I didn't know when I had PTSD at all. I'm like, "I'm just always like this. I don't have any trauma. There's nothing to be traumatized about."

Anna:

"Three hours of sleep at night is fine." Who's that? Who's that?

Dave:

Well, it should be fine if we could just figure out a hack sleep, but in the meantime, six and a half is the best I've been able to do and still feel great.

Anna:

That's good.

Dave:

What about just taking some potassium bicarbonate and sodium bicarbonate, i.e., baking soda because there's a couple studies I talked about in Superhuman that say that just baking soda, I think of something like 20 grams a day was the meaningful amount, had a lifespan-extending, I think it was about 15% from memory, effect. So I mean, can you just have some baking soda and be alkaline and be done with it? You've got to bicarbonate buffer in your system, so who the heck cares of all this stupid kale?

Anna:

That's a really good point, and it's a balance of things. No, you don't want to do, in general, with MenuPause, you don't want to do the same thing all the time. You've got to change things up and, again, empower your body to stay in balance. So with the concept of when you're drinking something alkaline, alkaline water, mineral water, the minerals are key. That's why now the keto world, they talk about mineral salts because we want to give those minerals back to your body, but what's really important is when, timing, that when we eat, we need the acid in our stomach to digest our food. That is not the time to drink a tall glass of water or anything. We're diluting our digestive enzymes. Do not drink with our meals, right? No more than four to six ounces of a good glass of wine or just something.

So we don't want to dilute our digestive enzymes. So that is not the time to drink water or any alkalinizer, but in between our meals, once our body theoretically has digested our food, that's when you do want to hydrate, and that's great to have mineral water. I do a scoop of Mighty Maca midafternoon. Typically, I actually have it here to drink. My energy starts to drop with you, so I got to drink some Mighty Maca Plus there.

Dave:

You made me drink some of your Mighty Maca Plus because you sent it to me. Guys, I read the ingredient list and right there on the ingredient list, there was kale and right away it activated my PTSD around kale and I was like, "Man, I told Anna that I was going to drink Mighty Maca," but then it had kale. So I was going back and forth and I took a deep breath and I did a lot of EFT tapping, and then I spun around a few times and actually had some tequila so I could make sure that I would be safe from the kale. Then I took it and I got drunk from Mighty Maca. Does it have alcohol in it?

Anna:

It has, right. You're so funny. It is so good for you. Didn't it give you clean energy? I mean, it gave you clean energy.

Dave:

I did notice the difference from it. I'm totally teasing about the kale. I'm still going to get you to take kale and spinach out of your ... People should actually do that to their kidneys list, but-

Anna:

It's a good way to take it in. It's good clean there.

Dave:

It's a trace amount, so it doesn't matter, and there are studies that show if you have small amounts of those things that you get some gut bacteria that are better at digesting them. So I actually don't really care if most people have a gram of it, which is probably all that's in there or less, but it's about 30 different herbs in it. Yeah. I drank all the stuff that you gave me in. I think it did make a difference. So I like it.

Anna:

Yeah. Thank you. Well, what we've seen in clinical research with it, we've seen an improvement in DHEAS in the blood by 70 to 200% in two to three months. That's huge. I've done every adrenal protocol known to man, and my DHEAS was in the teens and 30s for a long time until I started doing this on a regular basis. So that was what I noticed. My DHEAS went into the 200s. So really amazing. Now it runs, I'm 56 this month, next week, actually. So I'm 56.

Dave:

Happy birthday.

Anna:

Thank you. My DHEAS runs in the 150s. So that's good. I like to try to keep it up around 200. For women, 150 to 250 is great to have your DHEAS level. So empowering your body to make enough DHEAS is really powerful. So I think it's the combination of ingredients because it's maca, which is adaptogenic, turmeric, quercetin, resveratrol, cat's claw herb, all of these that also work on your inflammatory pathways and are also genetic adaptogens. So this can help support your body, especially in times of stress and great hormonal fluctuation, which perimenopause and menopause is.

Dave:

Okay. In MenuPause, you have five different diets for people to try. If I just really simplify it, you can do elimination diets. I did elimination diets for two years straight in my 20s to try and figure out what was messing with me, and there's these really old protocols. You can only eat one food every four days and it's like pages of notes. It's not necessary. Then you go to one end of the extreme or, I don't know, try the Bulletproof thing. Don't eat any of the stuff that's going to cause a problem for two weeks and see what happens, and then randomly add the stuff back in and see. When you feel like crap after meal, that ought to be a good sign, right?

A more structured approach is what you have in MenuPause. We're saying, "Okay. Here's five different diets that allow you to cut out the likely culprits," so you have more variety while you're doing those five things than you would if you're doing what I'm saying, which is two weeks just have some coffee and some butter and live with it. There's a bunch of other stuff you can have is what I'm saying.

Anna:

There's more, yeah.

Dave:

So walk me through the five buckets. What are the things that you considered matter?

Anna:

Pause, yeah. So this came from in my first book was The Hormone Fix and then Keto Green 16, and then clients have been doing this keto green plan now since 2015 online with me, and there were certain things I would have to pause when they had a plateau or if I wasn't getting the results that I was expecting. So the first one, I call it my keto green extreme plan and I pause. It's really autoimmune paleo compliant. So I pause the nightshades, so your eggplants and your tomatoes and your peppers, and that's the first one, and that's really good, especially if you have an autoimmune disease, if you have MS or Hashimoto's. That's a great place to start.

In general, the order that I put the plans in are a great way to go through it. Each of the plans are only six days because two 72-hour cycles. So in three days, our gut mucosal lining regenerates. So that gives you a good, in a short time, a good cleansing or experience without that food sensitivity likely that's in there. All the plans are dairy-free, grain-free. So that's key or dairy-free, gluten-free, for sure.

The second plan is plant-based. It's a keto green plant-based detox because, number one, there are a lot of plant-based eaters out there that are eating way too many carbs and it really affects their hormones.

Dave:

So plant based, why plant based?

Anna:

Well, because sometimes it's really good to just pause eating all meat-

Dave:

Why?

Anna:

... and support gut microbiome. The gut microbial diversity is associated with more plant diversity, and that creates resilience. Plus, constipation is a really big issue as we get older and for so many Americans. So plant-based high fiber week is game-changing for that, really, really supportive, and it's all low carbohydrate too. So getting enough protein and fat as a vegetarian is also a challenge.

Dave:

Well, just getting building blocks without toxins as a vegan is the problem, right? Really, go eat a more toxic diet to detox. You're just saying because you're concerned meat, all meat or just industrial meat is going to disrupt the microbiome?

Anna:

No, I mean, industrial meat, but this is for six days. This is for a change and a trial.

Dave:

That's a long time without a grass-fed ribeye.

Anna:

I agree with you. I agree with you. Maybe you can do three days then.

Dave:

All right. Okay. Good deal.

Anna:

We'll start or the weaker the species, we'll let you do it for three days.

Dave:

As long as I don't have to wax anything I think I can own that.

Anna:

Yeah. There you go.

Dave:

So reality, six days isn't that big of a deal. If people feel really good afterwards, what keeps them from falling into the vegan trap that caught me for almost two years like, "Oh, I went vegan for a week. I felt good." Soon I was vegan for two weeks. Soon I'm raw vegan. I'm even more vegan, and eventually, you've punched yourself in the face hundreds of times thinking it was good for you as you're getting autoimmunity and you're losing bone density and you've got phytic acid and oxalates and all that stuff. So at the end of a six day pause, what do you do?

Anna:

Well, the seventh day you can feast or fast. I mean, that really gives you that flexibility. That's what's really beautiful about the plans too, but also recognizing there are seasons for a reason. We won't do the same bicep curl every day, right? We have to change things up and it's really important for our gut microbiome. So since the realization that it's not just about our genes, it's about the gut microbiome, we

really are paying a lot more attention in science on what makes a strong, resilient, healthy gut microbiome to support our immune system and our hormones.

We have the estrobolome for estrogen detoxification. If we don't have a healthy gut, we become very estrogen dominant and toxic with unhealthy estrogens. So that's where the rub is. So you really want to make sure you have great healthy bowel movements every day, and that leads us into the third plan, which is the other extreme completely. It's a carnivore plan. So completely pause carbohydrates in general, and it's all meat-based, nose to tail, to show people the right way. If you're doing carnivore, there's the right way to do it.

We ate glands. My mom, again, I'm first generation American, my mom cooked liver. She cooked chicken hearts. We had wide range of organ meats, et cetera, as part of our diet, but then I didn't cook that for a long time. It just wasn't part of my American way, but now I'm making an effort at least on a monthly basis that we've got something that there's some organ meat in there somewhere.

Dave:

Here was the question from the Upgrade Collective. Do you need a prescription for progesterone cream?

Anna:

So it is ideal to work with a physician when you are doing any hormone replacement, including progesterone and pregnenolone. There are progesterone creams over-the-counter that are low dose and part of a cosmetic formula. For instance, my balance cream is one of them. That's available without prescription. It does use USP, micronized progesterone and pregnenolone in that formula along with some tripeptide and essential oils. So that was really important for me to give access to people that didn't have physicians that could prescribe their hormones, and especially because when I closed my practice, my patients were like, "Dr. Anna, no one will write your creams, your vaginal creams, your hormone creams," and they just didn't feel comfortable. So it was important to be able to give good, clean, safe options to people. Again, don't use anything without cleaning up your system to begin with.

Dave:

So you can get it, and you've got a product with topical progesterone on your website. Is it [thegirlfrienddoctor.com](http://thegirlfrienddoctor.com) or is it [annacabeca.com](http://annacabeca.com)? What's the right one?

Anna:

So [thegirlfrienddoctor.com](http://thegirlfrienddoctor.com), but [dranna.com](http://dranna.com), D-R-A--N-N-A dot com.

Dave:

Okay. Got it. So D-R-A-N-N-A dot com is where you can get that. If you wanted a higher dose, then the FDA will allow on over-the-counter. There's this weird thing you do. Use twice as much. Why they get to regulate dose? I do not know. So anyway, you get to pick your dose just by using more or using less. Okay. A couple more quick questions from the Collective. Biggest one, do you do telemedicine or telehealth? Is that something you're set up for or do they have to go to Dallas to see you?

Anna:

I do physician-to-physician consults at this time because I only came to Dallas temporarily. So I'm not licensed in Texas yet, but I'm working on it.

Dave:

Oh, I didn't know you weren't practicing. Okay. So you talk with their doctor. So what do they do? They reach out to you on your website and then get an appointment for their doctor and you and whatever?

Anna:

Exactly. Yeah.

Dave:

Okay. Good deal. Are you going to get licensed in Texas?

Anna:

It's in process. It's in process.

Dave:

It's in process? Awesome. Well, thank you for sharing your knowledge and listening to my crazy theories, and thanks for walking us through the book, and the book is called MenuPause. I really do agree with this idea of, look, stop doing some stuff that's likely causing harm for five days and switch it out and see if you're noticing differences. You might see different things for each diet. You may have to add them all up together, but there's something good that'll happen if you give it a try. So thank you very much.

Anna:

Thank you. Thank you. Thanks, everyone.