

EPISODE 338

The Truth About Hormonal Birth Control & How to Go Beyond the Pill – With Guest Dr. Jolene Brighten

Shawn Stevenson: Welcome to *The Model Health Show*. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today.

Listen, you know this, I know this. Today more than ever, a lot of the things we've accepted as normal when it comes to our health, when it comes to nutrition and medicine, things we've accepted as normal are anything but.

But the beautiful part is that today more than ever, more people are taking responsibility and beginning to learn about some of these things that we've come to accept as just the way it is.

And today we're really talking about one of those huge, huge things that's going on behind the scenes that a lot of people have been kind of shrouded in mystery and miseducation about, and this is the birth control pill.

And for me personally, this is one of those situations where when I was growing up, we were just kind of what you don't know can't hurt you. I'm here to say that what you don't know can absolutely hurt you, and we need to be educated about when it comes to our medicines that we're taking, supplements, foods, the whole nine.

We don't want to leave anything off the table. We want to become empowered because we have this information right at our fingertips right now, but we have to ask the right questions.

And so I wanted to do a master class to talk about something that is wildly pervasive in our culture today, because we're talking about millions upon millions upon millions of people taking the pill, and it's just asking the question, "Is this okay? Is this normal? Is this safe?".

And personally, the pill is part of the reason that I got into the health and wellness space in the first place, as crazy as it sounds.

So for me, making this switch, and even why *The Model Health Show* exists partially is because of the pill. Let me explain why, and I'm going to preface this with a study.

This study was published in 'The Lancet' all the way back in 2007, found a clear indication that women who use oral contraceptives, IE the pill, have an increased risk of developing cervical cancer.

And this study, which was conducted by University of Oxford in England, went on to also find that the risk of cancer drops quickly once the pill is stopped.

Now for me, this all came right to the forefront because of my wife and her- this was when we were in college and so she was my girlfriend at the time. Got to play a little bit of that girlfriend song right now from N'Sync. Play just a little bit.

Alright, so that's how I was feeling. Alright? I was in my feelings. Just how you get the nervousness and that kind of thing. But you know, everything was going great, we're in college, we're about to graduate get these degrees on degrees on degrees.

And all of a sudden, she goes for her exam, sort of 'routine pap smear,' and she's told that she has cervical cancer cells, and she's just floored.

And she calls me crying, and I'm just shocked because when I hear the C word, historically all I knew was that that's like a wrap. Like something bad is going to happen from here on out.

And I advised her to call her mother, which her mother I've talked about many, many times on the show. She's like one of my greatest inspirations, and has really opened my eyes because of the way that she communicated to me, and also just her knowledge of nutrition.

Because at the time, I was a strength and conditioning coach. I didn't even know that there was any of this other stuff. I didn't know how much food mattered.

And I told her to, "You need to tell your mom. Like I don't know what to do." And so she told her mom about the situation, and her mom was like, "Calm down. Why are you crying? All you need to do is this, this, and this," and laid out her protocol for her to do.

And funny enough, many of the things that she told her to do back then are some of the things that are in this incredible new book that we're going to be talking about today.

Long story short, she went 30 days later- 31 days later to be exact, and got another test done, and they couldn't find any of these cancer cells.

And when I heard this firsthand, I didn't know that that was possible, and it changed my paradigm. Like it flipped a switch in me, and I started to think very differently.

Because at the time, I was working with clients in the gym who were coming in like, "Shawn, I'm trying to get in shape, but also I'm dealing with fibroid tumors, or I'm on Metformin for diabetes, or I'm on all these statins for..." and the list goes on, and on, and on.

And I started to think, 'Wait a minute, maybe you don't have to have these issues. Let's start to find some ways to address these underlying causes.'

And so I shifted coursework completely in college over to biology and kinesiology, and learning everything that I could about the human body, in addition to what I was already learning on the side as I was transforming my own health.

And from there, opening my clinical practice and working in nutrition, and eventually of course leading to *The Model Health Show* being here, and it all started with the pill. You know, a big part of it.

Not all of it, but was a big part of this story because step one was her getting off the pill, because it was something that was having some big impact on what her hormones were doing.

And we know this from past episodes, I've talked about this many times, like when we have this conversation about hormones, what are hormones?

These are chemical messengers that send signals that help the cells in your body to communicate. So you have upwards of 100 trillion cells that make you up, and all those cells are communicating.

It should be a nice well-run society of cells, but there can be civil unrest if the hormonal communication is off. It's like a game of Telephone, right?

You're trying to telephone, you tell somebody, "Look, I love you," and then it gets to the end of it, and it's like the eighth person is like, "You smell like hot garbage."

Right? It's just like how'd that progression get there? It's the hormones are off, the communication is off, and this is going on in our bodies all the time, so we want to make sure that our hormone health is on point.

And as you'll learn today, the pill is one of the most influential things that people are regularly taking today without question that are influencing their hormone function.

And so I wanted to share that story with you because it's a big part of why I'm here doing what I do, and for us to just start to ask more questions, and to become empowered, and I think you're really, really going to love this episode today.

Before we do that, I want to share something with you that- now that we are married, we started off in the dating process. When my wife met me, she would say that I was

in some ways a little old lady inside of a man's body because of my couponing. Alright?

I had a drawer. I had a coupon drawer. I was all about the coupons, you know? And I started there, whether it was getting my high fiber cereal, whatever it was, my fancy wholegrain bread. It was levels to this, guys, but I was couponing to try and save money because eating healthier is a little bit more expensive.

But today the game has changed. And we've got great organizations out there like Whole Foods that curate and bring in a lot of organic, and non-GMO, and all the stuff that we're looking for- Paleo foods, vegetarian foods.

But there's a pretty big markup and some people call Whole Foods- the nickname is Whole Paycheck. Alright? We can spend a lot of money there.

So what this company set out to do was to provide these same products you'd find at places like Whole Foods, but at costs that are sometimes 50% less than what you see at Whole Foods.

So we're talking on average 25% to 50% less the retail price. And so this is where I'm buying my coconut oils, my nut butters, bars from my kids. You want kale chips? We got kale chips. Also personal care products.

This is a big thing that we've been talking about lately as well, without all these crazy synthetic chemicals and things that influence your hormones, which we'll talk about today.

And again, 25% to 50% off the price that you would you be paying at a place like Whole Foods. What am I talking about? I'm talking about Thrive Market. Get your box. Order from Thrive Market ASAP and start saving money. We're on track to save \$1,000 this year.

You might be like, "That's a lot of money. How are you saving that much? How much you spend on food?" I have two boys. I have two sons.

You've got to understand, even the little guy, he's a slim and trim little fella, but he can eat. Right? And providing for the kids and also my wife. You know, we do our thing as well. We're foodies. We like to eat.

This can save us a lot of money on the back end. And when you put all that together, you can use that as an investment in something else. Maybe it's a trip for your family, maybe it's paying a bill. You know, you can use those savings and funnel those to something else.

So that's why I really love Thrive Market. So head over to www.ThriveMarket.com/modelheath, and in addition to the 25% to 50% off you're

already saving, your first purchase, you're going to get an additional 25% off your entire cart.

I know it sounds too good to be true, but it is true, and you get free shipping. And you get a free 30-day membership, and you're going to want to keep the membership because it's just going to keep paying you back over and over and over again.

So head over there, check them out, www.ThriveMarket.com/modelhealth, and on that note let's get to the Apple Podcasts review of the week.

iTunes Review: Another five-star review titled, 'Life forever changed,' by Chels019. "I cannot thank you enough for this podcast. In doing what you're doing, Shawn, you have single-handedly changed my life and entire outlook on health.

I had felt lost and overwhelmed by the health and wellness field that I didn't know where to start to get healthy, and now I believe that this is something that I can achieve.

As a therapist, I've also been able to convey your important health messages to my clients to help their mental and emotional well-being. Thank you from the bottom of my heart.

This is the best podcast I have ever listened to, and I have learned so much from you in just a few short weeks. Keep doing what you're doing. I would love to meet you one day and tell you in person."

Shawn Stevenson: Wow, thank you so much for leaving that review over on Apple Podcasts. It truly, truly means so much to me, and thank you again. Just really, thank you for sharing a little bit of your story, and thank you for the work that you're doing as well, and I'm just very grateful to be a part of that.

And everybody, if you've yet to do so, please pop over to Apple Podcasts and leave a review for the show. It means everything. And on that note, let's get to our special guest and topic of the day.

Our guest today is the incredible Dr. Jolene Brighten, and she is the leading expert in women's medicine and is a pioneer in her exploration of the far reaching impact of oral contraceptives and their little known side effects.

After many years of clinical practice, she has developed a unique protocol to support women in preventing and treating post birth control syndrome, as well as lowering the risk that the pill has created.

A trained nutritional biochemist and naturopathic physician, Dr. Brighten is the Founder and Clinic Director at Rubus Health; an integrative women's medicine clinic with locations in California and Oregon.

And she's here on *The Model Health Show* right now, and I'd like to welcome my friend, Dr. Jolene Brighten. What's going on?

Dr. Jolene Brighten: Hey there. I'm excited to be here.

Shawn Stevenson: I'm excited to have you. Thank you for coming to see me.

Dr. Jolene Brighten: Yeah, I got to come to Missouri for the first time.

Shawn Stevenson: And we have arch.

Dr. Jolene Brighten: Yeah. You have a big arch.

Shawn Stevenson: Well I'm very grateful to see you, and your book has just been blowing my mind. Really, really it's just like the whole book is highlighted thus far, and just so many insights.

And I didn't really think about my story with my wife until reading the book, like the really in-depth parts of it. I've mentioned it before a time or two on the show, but you really just bring in a lot of light to this situation.

But before we get to it, I want to ask you about you, and your superhero origin story. What got you interested in health and wellness in the first place?

Dr. Jolene Brighten: Oh gosh, like I've been a nerd since day one. So as a child, I actually was fascinated with anatomy books, and reading about herbal medicine, like every bit of information I could glean. And at a very young age, I became interested in food as medicine.

Now the interesting thing about my background, I actually was going to go study gut health. Like I was going to be a gut doc.

So as a kid, I developed chronic gastritis. I would have heartburn, throwing up after meals. Like that's not something that should happen to a 7-year-old. You have a 7-year-old, that's not a normal thing.

And so a long time went until the doctors couldn't find out what was wrong with me, and they concluded, "Okay it's in your head. She wants attention. She has an eating disorder." All these things got thrown around.

Then a decade later, a doctor- I went and saw, actually read the study about H Pylori. And so he was like, "We should actually test this."

So second time I'm having an endoscopy under the age of 18, and lo and behold I had a bacterial infection in my stomach the entire time.

And so what was told to me that it was all in my head, and this happens a lot in women's medicine, and it's a very- I'm like, 'Of course I had to have that experience.'

I had to wake up a lot sooner to how quickly a doctor can be to dismiss your symptoms. So with that, I went through all of the treatment, they told me, "You're going to be on a proton pump inhibitor for life."

This was before they were over-the-counter. They weren't studied in children or adolescents, and I started them, and my head was disconnected from my body, is what it felt like.

My doctor was like, "You have to take this every day for the rest of your life." And I was like, "There's no way I'm taking a pill every day for the rest of my life."

Now the funny thing is I was like, "I can't do that. Oh sign me up for birth control pill. Like that I can do." But there was a lot of benefits that my doctor told me about with that.

So with that, I started to make the connection that if I ate refined carbs and drink orange juice, like I would get heartburn. And so if I just changed my food, and my doctor when I asked, "What if I changed my diet?" he kind of laughed at me, and he was like, "No, there's no research to support that."

I'm like, "But I'm noticing this correlation here." Now the really funny thing in this situation is that this time I'm working in dentistry.

So I'm actually coming up on 22 years of working in the health and wellness industry, and in medicine altogether. So I'm in dentistry, I'm like, "This is going to be my career."

I become a registered dental assistant and I'm working with these two dentists who are awesome and they sat me down- one day they pull me in the office and I was like, "I'm in trouble."

And they were like, "You are so smart. What are you doing with your life?" Now my entire childhood, I actually got this story from my parents like, "You should marry somebody to take care of you. Like you should find somebody to take care of you, and find a vocation, and you're not smart enough to go to college."

This is the first time anyone had told me that I was smart enough to go to college, and so I did. And I was like, "I'm going to go study nutrition," but then I fell in love with chemistry, so I got a degree in chemistry, then nutritional biochemistry, concurrently studying clinical nutrition - I'm not kidding when I say I'm a nerd - and then I was getting my masters.

So I was actually doing research in sarcopenic obesity, which is where we get rid of muscle cells and instead decide we're going to insert some fat in there, and so I was doing research on utilizing branched chain amino acids to prevent that.

And I was looking at getting my PhD. I actually had a full ride scholarship to go get my PhD, and I left it to go to naturopathic school.

And everybody thought I was crazy at the time, but I came to this place where I recognized that I had a whole lot of science in my background, but what I was missing was respect, and a philosophy that respected the healing power of the body, what nature has done.

Because I'll tell you right now, like the body never gets it wrong. Nature doesn't get it wrong. Humans, we get it wrong all the time. That's part of being a human.

And that's something that as I was working, and some of my research was in recombinant DNA technology, which is like manipulating the genetics of plants, and I was the only person like really asking, "Well what does this do to the nutritional quality? Like what's the long-term impact on this?"

And so that propelled me into going to naturopathic medical school. I actually applied. They were like, "You won't be able to get in for a year." And I got a call like two weeks later, they were like, "Someone dropped out. Can you be here in a few weeks?"

And I was like, "Done." Moved. And just this once- I can be slow to decide, but once I decide I'm just like- I'll be on the fence, and then I just like jump and sprint on it.

And through all of that, the thing I have to acknowledge is I did the pill for ten years. I'm a first generation college student, and the first one in my family not to have a baby before age 20. My whole family just thought I was infertile by the time I got to 30. Like, "What is she doing?"

And I can absolutely be grateful that I had the pill to use as a tool so that I could achieve my goals.

Shawn Stevenson: And that's one of the things you talk about in the book, and by the way, your story is amazing. And also just that divine timing with that person dropping out, that's amazing.

But you talk about how it's the benefit- one of the big benefits is that since the pill has been out there, we've seen this incredible increase in women in higher learning institutions, and bigger careers, and making more money, and all these things that correlate with that because they're now able to control, take back ownership in a sense, where it was just very out of women's hands in a sense.

And I do see the benefit there, but you are here to say that there is a better way. And you shared- was it 60% of women who are given the pill for are reasons that don't have anything to do with actually controlling birth?

Dr. Jolene Brighten: Yeah. So the studies have shown 58%, some have shown as high as 65%. The primary reason is for symptom management, and when you add that up to 100 million women worldwide taking the pill, that's not insignificant by any means.

And that's really the whole thing, is like you know people have a really hard time with the fact I'm not so black and white. Like I have to- I mean I've been talking about this for a while now, and I've had a lot of haters, and I feel like I have to stand up and be like, "Hi, I'm Dr. Brighten. I am not anti-birth control," every time.

Because people are like, "You're either for it or you're against it." And I'm like, "It's not my body." And so at the end of the day, you need to be informed to make the best decision for yourself and be supported in that.

And so as the book has come out, people have been like, "Oh well, you're your anti birth control, you're telling everyone to get off of it." And I'm like, "If you read the book, you're going to see I got you either way. Like whatever you decide, I just want you to feel like you made the best decision, and then know how to talk to your doctor about it."

But I do take issue with passing along the pill or any hormonal contraceptive with no discussion of what's happening in her body. So with like PCOS, endometriosis, hypothyroidism; these present with period problems, and doctors are like, "I have the pill for every female ill," and that's what's in their toolkit.

Doctors are not bad. They want you to feel better and they've been taught this will help. But the problem is, is it delays diagnosis, and I'm sure we're going to talk a lot more about this, but it can actually make some of these conditions worse.

And women aren't told that, "Yeah, maybe the stroke or heart attack risk is low in the general population because we did this study on a small set of the population that was healthy, but you have a pre-existing condition already. Your risk is different."

Shawn Stevenson: So one of the things that you talk about in the book is how- you mentioned this a little bit earlier, that women's health problems are largely dismissed.

You know, this is one of the things you hear a lot, is that it's all in your head. And in fact, you actually cite a study- this was in the 'New England Journal of Medicine' report in 2000, a study that women were seven times more likely to be discharged and misdiagnosed while having a heart attack.

Dr. Jolene Brighten: I know. Can you even believe that?

Shawn Stevenson: That's crazy.

Dr. Jolene Brighten: Yeah, like women are dying at higher rates than men of heart attacks, all because of this medical gender bias that exists. And part of it is that they just started researching us like a couple of decades ago.

It's so funny, the FDA and the research is like, "We're just going to research men," and then we're going to say it applies to men, and we're going to take all this data on them, and then we're going to apply it to women, because like same-same.

And I'm like, "Hold up. I treat an entire human in my body. I think there's something different going on here. I'm a cyclical creature. Like my hormones ebb and flow every single day and throughout an entire month."

It's shocking, right? And it's even something like when I started talking about post birth control syndrome, doctors were saying, "That's not real." And I still get people who are like, "That's not real."

And to that I say, "Well, you tell the thousands upon thousands of women who've been talking about this since you introduced the pill back in the 1960s it's not real."

Because that old story in medicine of like, "Everything a woman talks about and complains about, like we'll pass her a medication, we'll tell her to go get some counseling, and it's just all in her head." It's old. It needs to change.

Shawn Stevenson: It's not okay.

Dr. Jolene Brighten: No, it's not okay. We die of heart attacks at a higher rate. The other thing is that we are less likely to receive adequate care when it comes to pain.

Like you can talk to a woman with endometriosis, and she'll tell you like how many doctors she had to go to, and they're like, "You're just having some period pain. Just take some ibuprofen."

That's what I set out to do in my book, is to educate women so that they can have that discussion with their doctor, that they can enter into that discussion with their doctor knowing, "This is what we should be investigating based on my symptoms. This is the data I have from tracking my body, and here's the labs I'd like to see get done."

Shawn Stevenson: And you mentioned the different labs as well in the book. There are so many different protocols. It is fantastic. Every women's health concern in regard to- and by the way so just really quick, a preface for this is one of the reasons that the pill is used is basically it's just masking symptoms. It's not addressing the underlying cause.

Why are you having the heavy periods? Why are you having so much pain during your cycle? Why is your cycle so sporadic and irregular?

There's a reason. You say that your body is giving you, and your period gives you so much information about your health and is being used as one of the new vital signs.

Dr. Jolene Brighten: Yeah, well I mean and that comes from conventional medicine. ACOG in 2015 named it a vital sign, and this is something that when my patients sit down with me, I pass them a journal and we go through all the data they have to track.

Labs are one snapshot in time, and it's when things are really bad that labs start to show us things. Like you're in the know just by paying attention to your body, you're going to know way before a lab shows it, and way before you even get a diagnosis that something is off.

And this is something that- when I set out to write this book, I wanted to write- I wrote to my 14-year-old self. Okay, when I got my period, what did I need to know? My 17-year-old self, 'Okay when I started the pill what do I wish my doctor would have told me?'

And then beyond that, and it's why it's called 'Beyond the Pill,' is that we're going beyond the pill when it comes to solutions.

Because for decades now, it's been the only solution aside from a hysterectomy or IVF, just depending on where you're at in your life cycle.

Women deserve better than that, and this idea that your menstrual cycle is too complicated to understand, and like these are the kinds of stories that have been passed around, along with your symptoms are your body's way of betraying you.

Again, that's the old story. Like the new story that I think the millennials are really leading the charge in, and we're seeing a lot of people wake up to, is that symptoms are your body's way of communicating to you.

Your body would never betray you. Like why would your body try to sabotage you? It makes no sense. And we have to start honoring and respecting the wisdom of the body. It's not just a vehicle to get you to death.

Like it's in it to win it with you. Like it is here because you should be working together, and if you had these symptoms, it's an opportunity to listen and to dive in.

Shawn Stevenson: Oh you're just going to drop the mic right here. It's so powerful. I would really love to talk about- since this is the topic of the conversation, how does it actually work? How does the pill work? How does it work in women's bodies?

Dr. Jolene Brighten: Oh my gosh, and for anybody who's listening who's like, "Whoa, I've been on the pill for like more than a decade," I mean we see a lot of women. And women will write me and they'll say, "I'm so ashamed I never knew how the pill worked."

I didn't know how the pill worked until I got to medical school. And like I didn't even know how my period worked, or that I was only fertile one day out of the month until I was in medical school.

Like you shouldn't have to have a medical education to understand how your body works or this pharmaceutical. So understand this; when you take the pill, you're taking a high enough dose of synthetic hormones - generally estrogen and progestin. There is the mini pill, which is progestin only, it's not as effective so it's not the leader in the race.

But with that, it's a high enough dose to pass through your liver and still shut down brain and ovarian communication.

So it stops your brain and ovaries from communicating, which is why whenever a doctor challenges me when I say the pill can't fix your period, it can't fix your hormones, it won't fix your hormone imbalance.

And I'll have doctors who are like, "No, it absolutely does because their symptoms are gone." I'm like, "So if someone had gut symptoms, if they had IBS and then you just decided to like shut down their entire gut, it doesn't work anymore.

Did you really fix what was going on, or did you just shut down the entire system?" And that's usually a light bulb moment where they're like, "Oh."

I'm like, "Yeah it's essentially you just put the-" I have a good friend who actually she said it's so much like a chemical castration, like a temporary chemical castration for women, because your ovaries stop working and they actually shrink while you're on it which is- they can come back.

You know, people hated on Kim Kardashian. I just have to say I don't follow the Kardashians, but I did come across this study where Kim Kardashian said she felt like being on birth control aged her ovaries, and that made me curious.

As soon as you see haters come in, like they just fly and left and right, that's where you've got to get really curious of like, "Why are they so triggered by this?",

And when you get into the research, it's like, "Oh." Yeah, if you look at her ovaries, if you look at labs, they look like they've aged.

Now the research has also shown that that can come back, but we need more research to understand that.

Shawn Stevenson: I came across a study that found that basically the impact even with the cervical cancer, so just that as an example, they found that as soon as the woman came off of the pill that the risk started to drop dramatically, but it took ten years before it got back to a level of just baseline from being on the pill. It takes time.

And that's another thing that you talk about is basically supporting that transition of having the post pill syndrome basically.

And so I want to talk about knowing some of the issues with the communication with the brain in the ovaries, can we talk a little bit about the role of estrogen and progesterone in the cycle itself? I think that would help make a little bit more sense for people.

Dr. Jolene Brighten: Should we go through the whole menstrual cycle?

Shawn Stevenson: Yes, let's do that.

Dr. Jolene Brighten: Alright because they give you superpowers. This is like the biggest thing they've tried to keep women in the dark on. They're like, 'Your hormones, like being a woman is inherently awful, and your hormones are always just going to be chaotic.'

And in fact, they actually give you superpowers. It's the best kept secret of being a woman.

Like I said, it took me many physiology classes to actually wrap my head around a menstrual cycle. So for everybody listening, you might want to rewind, write it down, come back to this, and no worries if you do.

So day one we call the first day of your period. That's when we see blood flow. That was triggered by a drop in estrogen and progesterone. So that triggers day one.

That leads you into the follicular phase. So there's three phases of the menstrual cycle. There's the follicular phase, the ovulatory phase, and the luteal phase.

Now some people will say the period is separate from the follicular phase, and you'll hear that a lot because it's like you feel a little bit different when you're on your period.

But in medicine, the goal of the follicular phase is to get an egg ready for ovulation, and that's starting while you're still having your period.

So the average period is anywhere from three to five days, and in that time, follicle stimulating hormones - that's FSH - talking to your ovaries says, "Let's get ready, we're going to ovulate, and that causes estrogen to rise.

Now estrogen, she's the diva in the follicular phase. And she, as you read in my book, she's the- I call the Va Va Voom Estrogen Boom, which gives you like the full lips, the full breast, hips.

That's where we go through the maturation process and it starts to make us look sexier and sexier as we get closer to ovulation.

Because again, nature is smart, so with that you're ramping up your estrogen and your preparing the egg, you're preparing your endometrial tissue, and then somewhere around day 10-ish, you are going to find your libido is rising because testosterone now steps onto the scene.

And again, nature is really smart. So we are only fertile as gals for about 24 hours. However, sperm can live five plus days.

And so I actually used to teach when I was in grad school, I used to teach biology. Some mammals have crypts where they store sperm. They can store sperm for a long time.

And I've always said like, "I bet women do that too." And then the study came out this year and my husband's like, "How do you always know this stuff?"

I'm like you just pay attention to it.

Shawn Stevenson: It makes sense.

Dr. Jolene Brighten: Just look at it like another mammal. Like we're all animals.

So about five days or so, that sperm will live. So that's why libido rises and then you're like, "Oh now I'm in the mood."

That's where if you're practicing fertility awareness method, you need to be considering where is that sperm headed? So after that, we're going to spike estrogen and luteinizing hormone.

So that's LH, and that is going to trigger the release of an egg. You also- your basal body temperature will rise at that time, so women who are tracking their temperature can actually see a spike in that.

You release the egg, it's around 24 hours, and you must ovulate. Okay? If you are in your fertile years, you want to be ovulating.

And I say this because women will say, "Well I don't want to have a baby, so I don't want to ovulate."

But when we ovulate, what's left behind in the ovaries is the corpus luteum. That's going to secrete progesterone. Now progesterone rises in the luteal phase, and it again is getting- this is all designed to help you have a baby.

So it's getting the endometrial tissue ready, but it's also stimulating the gaba receptors in your brain so you feel really chill and calm.

It's a diuretic so we're not feeling bloated, like it's got a lot of benefits. We're sleeping really well.

But if there is no egg meet sperm, no fertilization, then those hormones drop and your period starts again. So this is what's really important to understand, is that a lot of times in the research, they will say, "Oh progesterone causes depression, anxiety, these issues. Progesterone is doing all these bad things in your body."

And when you look, they're actually talking about progestin. So for people who are listening right now, if you understand that nature and you as a woman, you make progesterone. Men have some too but we mainly have the progesterone.

You make progesterone. Synthetic progestin is made in the lab. The lab doesn't make progesterone. You can start to understand why it is so confusing to doctors and researchers like what's going on and all of that.

So progestin, the synthetic stuff that's in the pill, doesn't replace progesterone in the same way. It actually has been shown to alter the female brain.

So they've done scans. Your brain looks different while you're using progestin, and in addition, the pill is blocking ovulation, so there is no natural progesterone.

And that's what you want. Like if you don't want a baby, you don't want to ovulate.

Shawn Stevenson: Yeah, and not having that natural production that's going to lead to some obvious side effects. It's not really a side effect, it's a direct effect of taking the pill, and we just accept it that it's normal, and it's anything but.

Wow. I want to talk about- so I heard you on another interview, just looking into you.

Dr. Jolene Brighten: I talk a lot.

Shawn Stevenson: And there was a study that you mentioned that found women who get pregnant within six months of coming off hormonal birth control have a high risk of having a child who develops a childhood cancer.

And when I heard that I was just kind of taken back by that. And why? What is the connection there?

Because a lot of women come off of the pill as a decision to, "Now I'm going to have a baby," and to know that there can be some potential- first of all, we see some issues with fertility in and of itself for a lot of women, but that there can be potential problems or challenges with our kids is really kind of scary.

And again, I know that you're very much not placing blame or pointing fingers, we just need to become educated. Because we don't know what we don't know, and we're doing the best that we can.

Dr. Jolene Brighten: Oh, totally. And that's something that like nobody's ever been served by judging themselves based on their past.

Like you take those lessons and you do better the next day. Like today and tomorrow is always an opportunity to do better. So we're not judging anybody.

And so yeah, what was really interesting about this study is that I actually- you know how it goes writing a book.

So I submitted the manuscript, the manuscript goes in. It's like a boomerang. It just keeps coming back. You're like, "I'm done." Nope "I'm done." Nope.

And so what was really cool though is that study came out, and they sent me the manuscript one last time and they were like, "We actually need you to- like we have to cut out on this page, and you know the final tweaks," and I was like, "I need to get this study in the book."

So the manuscript was already written where I said, "You need to prep your body six months or more when you come off of birth control."

This is just something I observed clinically, is that if women didn't spend a good six months - two years is ideal, but like when you want a baby, you want a baby like yesterday. So nobody's going to love me for saying that.

But with that, I observed clinically that women had easier pregnancies, easier postpartum, baby had less issues when they had done their due diligence and prepped their body for a good six months.

So then this study came out. My husband was actually like, "How did you know that?" I'm like, "I didn't know that. I didn't know it caused- I had no idea. I just made these observations."

And we don't totally know why but I have some hypotheses surrounding that. So one is the pill messes with your microbiome.

So it will actually lower microbial diversity, and it leads to leaky gut. Your microbiome as a mama becomes baby's microbiome.

So you are passing on the microbiome and that's going to set up baby's immune system for life. So we know 70+% of the immune system lives in the gut.

So for everybody listening, those gut bugs have a really big impact on our children. So there's that piece.

There's also that you are depleting nutrients while you're on birth control. So if you get pregnant immediately, you're entering into pregnancy nutrient depleted.

So things like folate; pretty important. B12- all nutrients are really important, but like pregnancy we always pay more attention to folate and B12. Like selenium and zinc, like these things that are involved in the immune system.

Thyroid, antioxidants. So there's that piece as well. Then there's also a little more controversial piece, and that is that while we're on birth control it actually alters our mate selection to where we select for mates who are more genetically identical to us.

So in my book I basically say the pill makes you attracted to your cousin, and everybody goes, "Ew!" I'm like, "Yeah, right. Ew." But you select a mate differently, and so there is a possibility there that that alteration and how we do mate selection, what's happening with the microbiome, what's happening with nutrient depletion, and the fact that it's depleting antioxidants that affect the mitochondria.

The mitochondrial DNA is part of the female lineage that we pass on to all of our children.

So it's very complicated, and it's one of those things that everybody always wants it to be one thing, or one variable, and that's how science works, but it's also why science has a lot of limitations.

Is that they're like, "I want it to be clean and simple," but nature is not clean and simple. The female body, it cycles, it's looks chaotic if you are a researcher.

But in that, there's a lot of variables at play. And so it's great to see the research coming out. It's also making me question why haven't we seen more research sooner?

How long have we had birth control around and we haven't been questioning these things? And a big part of it is because it was taboo. To question birth control was to question a woman's right, to question the women's movement.

And I've had people call me the anti-Margaret Sanger, anti-feminist, anti-women. All these things, they always give me really good giggles because I'm like, "No, that's not what it's about."

Like we need to question everything and we are at a point where we are so far advanced in our understanding that we also need to start questioning through the lens of what's true for us.

Because there is a lot of true information out there, but it may not be true for you.

Shawn Stevenson: Yeah, we are so connected. I was literally writing a note down about that attraction factor, because you mention it in the book, and this is something I've come across many times, and it's just how beautiful and powerful everything about us the human body is.

Because we- and this is very unconscious, but when a woman's body is in balance, or we'll just say just a general state of health, you are subconsciously seeking out partners who have a different immune system than you. Correct?

Diversity, because we're looking for that evolutionary advantage constantly, and by taking the pill, because it disrupts that microbiome, where a large part of your immune system is.

What you've seen and the study you cited in the book is that then you'll start to shift over and tend to be more attracted to people who have a similar immune system.

Number one, we're creating a less optimal situation for our kids in the first place, but also getting attracted potentially as some *Game of Thrones* stuff.

But we're connected because today I just- I was getting ready, and I just got- Prince just jumped into my mind.

And I started thinking about this performance, which my son plays this at least once a month - honestly my 18 year old son - of James Brown. It's just like some kind of vintage footage that's out there on YouTube.

Just Google, or I'm sorry, YouTube James Brown Michael Jackson. And Michael Jackson just came to the show, and James Brown pointed him out and he made him come up on stage.

You know, Michael Jackson's reluctant. He was like, "No, I don't want to," and he comes up and he puts on a little- he does a couple of moves.

And then James was like, "There's somebody else here. Prince is in the audience." And you know Prince and Michael, they pitted them against each other in the media.

And so Prince comes up, Michael steps to the side, and he's like doing his thing being extra Prince. And he was getting off the stage, and he thought that the light pole which was a prop was a real thing, and he kind of grabbed it and tried to jump off stage, and he fell off stage. But his big bodyguard caught him because he was a small guy.

And then I thought about Dave Chappelle and the Charlie Murphy story and Prince whooping and I thought about, "Okay he takes off the heels and he puts on the basketball shoes," and that kind of thing.

And come to find out you come in today, and who do you talk about? you talk about Prince.

Dr. Jolene Brighten: Yeah. And I'm like, "I'm wearing this jacket because it makes me feel like Prince." And I have to tell you, I was thinking about Prince and Charlie Murphy as well last night because my Lyft driver was talking all about pancakes and the Pancake House.

And I was thinking about like how they played basketball, and then you see some pancakes, and like- and then oh man, and Dave Chappelle. Yeah, I can't quote it because this is PG-13.

Shawn Stevenson: Yes, but your jacket is fantastic.

Dr. Jolene Brighten: Thank you.

Shawn Stevenson: Beautiful, I love your outfit, and wow. So we're super connected. And on that note, I want to talk about- so the pill really masks symptoms, just like a lot of drugs do obviously.

You know, it's not treating the underlying cause, and what often happens is we're getting feedback from our bodies that we need to change.

That's why we have these symptoms, is something is not quite right. And we can use those symptoms as an opportunity to kind of navigate and find a place of health.

With that said, part of the issues that we see with having the pill prescribed for something other than preventing birth has to do with estrogen dominance.

So I want to talk about number one, estrogen dominance, and I want to talk about specifically the connection between estrogen and the liver.

Dr. Jolene Brighten: Yeah because like the liver's everything.

Shawn Stevenson: Yes. Live-er.

Dr. Jolene Brighten: I used to teach advanced human metabolism and the joke was always like if you don't know the answer, just write in liver. Just write liver, it will be right, because it does everything.

And I actually wanted to call the chapter my book- it's Birth Control Detox 101 and I wanted to call it the Liver Chapter.

And like good on my publishers, they're always thinking about the reader experience and they're like, "Nobody wants to read the liver chapter." I'm like everybody want- you want to read this chapter.

Shawn Stevenson: Make the liver sexy.

Dr. Jolene Brighten: Yeah, yeah. So we made it sexy. I think it's sexy. I don't know.

Shawn Stevenson: Let's just be honest, it's okay.

Dr. Jolene Brighten: It's not a pretty organ, but man, what it does for you.

Shawn Stevenson: It's the organ you marry. You hook up with the kidney and marry the heart.

Dr. Jolene Brighten: Is that what it is?

Shawn Stevenson: Kill the gallbladder, because there's this marry, kill- never mind.

Dr. Jolene Brighten: Oh no, I do know that. As you were saying?

I always like to joke that the gallbladder is like a designer purse to the to the liver. So like if you were going to lose your designer purse, like how would you feel?

If a doctor's like, "Yeah that bag cost you \$3,000. Just get rid of it." You'd be like, "Wait a minute. Wait a minute." Think of your gallbladder the same way.

Shawn Stevenson: Think of your gallbladder as a Louie V.

Dr. Jolene Brighten: Yeah.

Shawn Stevenson: Yeah, you'll treat it much differently.

Dr. Jolene Brighten: I came up with that though, as I shared with you, I was living in Paris. So like there's this Golden Triangle and I would just go walking like every day, and just Parisian fashion, and they're very into all their designers.

And I was like, "I didn't even know all these designers existed." I grew up in the sticks, so there's that.

So when we're talking about estrogen dominance- we took a little detour, we're going to drive back around.

So with estrogen dominance, it's one of the most common issues that we see in women. And so I actually in retrospect, I started the pill because I had periods that lasted more than seven days, I was in pain, hugging a heating pad plugged into the wall, and laying on the floor, popping all the Midol.

My doctor was like, "Here's a pill and you don't even have to get your period if you don't want to." And I was like, "Sign me up for that. That sounds amazing."

So with estrogen dominance, there's a few ways this can develop. So one is you can have- so we talked about the menstrual cycle. You can have relative estrogen dominance, so you don't ovulate or your progesterone levels aren't ample enough.

So that can be for a whole lot of reasons. So low in vitamin C, too much stress, not hanging out with your friends.

So actually as women are very social creatures, hanging out with your friends can help bump your progesterone. And so if your progesterone is low, your estrogen may be fine, but relative to your progesterone, now you have PMS.

And when estrogen is off the chain, you are irritable. You are bloated, your breasts are swelling, your periods become heavy, they're clotty.

You can have hot flashes, night sweats; you don't have to be in perimenopause for that. You can have acne, you can have migraines, and the list just keeps going on.

And for most women, they're past birth control. Now you can also have frank estrogen dominance which is where you just have way too much estrogen in your system.

And as I talk about in both the liver chapter and the gut chapter- so I do have to say everyone's going to read this book and they're going to be like, "Wait a minute, why do we go right into liver and gut?"

Because if those aren't right, nothing's going to be right. Like forget it. Like game over. Like you can't just go in and think you're going to fix your estrogen if you don't love up your gut and liver.

So with that, we can have poor liver detoxification, we can have inability to clear estrogen from the gut. So that can be because you don't poop every day, because you do need to poop every day, or because you've dysbiosis.

So bacteria make more beta glucuronidase, now that reactivates your estrogen, your liver's like, "What? I just packaged that up to move it out, now I'm dealing with more."

Now the other issue is we can have excess adiposity. So we have excess fat cells. They like to make estrogen themselves and they're besties with estrogen.

Because they're like, "I'm going to make estrogen," and then estrogen is like, "I'm going to help you get fatter," and fat cells are like, "Yeah I'm going to get some more estrogen," and it just keeps going like that.

And then there's also environmental toxins. So like you started at the top of the show talking about how you get these personal care products.

Like this is an amazing thing to have access to because the stuff that we put on ourselves- and I will out myself.

Like I thought all through my twenties I was supposed to smell like vanilla or berries and champagne. I don't know how I got it got in my head. Some really good marketer.

Shawn Stevenson: That's like the smell of the early 2000s.

Dr. Jolene Brighten: Did I just date myself?

Shawn Stevenson: The year, if it had a theme, you know like a smell to the year, it would be the berries and champagne for real. The whole year smelled like that.

Dr. Jolene Brighten: Totally, right? Yeah, because every single woman was rocking it thinking like that's what she is supposed to smell like, and then confusing our mates. Tricky like that.

So yeah, that's another way that you can develop estrogen dominance, because these chemicals contains estrogen. So they look like your estrogen but they ain't totally your estrogen. Like they just mess with your receptors.

And so there's several ways that we can develop estrogen dominance. I go through all of those in my book and help give women solutions. And the tricky one is, is that women will say to me, "Well, my doctor tested my labs and said my estrogen is normal, but I have all these estrogen dominance symptoms."

Well, I take you through why that is in the liver chapter - Birth Control Detox 101. So with that, I take you through it, and what your liver does with that estrogen matters.

So if you're making more 16 hydroxyestrone, or 16-OHE1, that's going to stimulate growth; growth of fibroids, growth of cysts, growth of breast, growth of endometrium,

which the endometrial lining is the lining of the uterus, and that's why we'll see these really clotty periods.

And you know, I may be saying all this, and women may have thought, "Oh, I thought this was normal."

And part of that is because it may have been in your experience, but the other part is we've been taught it's not polite to talk about periods.

And even if it wasn't overt, believe me, the commercials on TV, they're pouring blue Windex on a pad. Like that's a subtle message of like your period is something to be ashamed of.

Like you're not supposed to talk about these things and to that I'm like, "We create humans. Okay? So like we birth the entire human race. Like the whole species is here because of us, and a period is a part of that."

Shawn Stevenson: Wow, oh my goodness. Again, mic drop. That's like four this episode already. So, so powerful.

Dr. Jolene Brighten: We're just getting started. I've got the jacket on.

Shawn Stevenson: So listen, I think that just to kind of take a step back, because there's something really profound you said, basically estrogen can get recirculated if we're not eliminating it.

Because your liver wants to- basically it's part of the estrogen breakdown.

Dr. Jolene Brighten: Yep.

Shawn Stevenson: And wants it eliminated through the gastrointestinal tract. But if you're not having a clean- you know basically getting that colon cleaned regularly by getting rid of the waste, it can get recirculated.

So what are a couple of things that we can do to support the liver? And then what are a couple of things we can do to support that evacuation of estrogen?

Dr. Jolene Brighten: Totally. You know what I had for breakfast this morning, is I actually get this organic turkey meat, and then I put broccoli sprouts inside of it, and I roll it up.

I actually said on Instagram it's like a healthy taquito, but my grandma would slap my face for saying that. She'd be like, "That is heresy. No."

So broccoli sprouts, like that's something- like I know I'm traveling right now. A lot of people get constipated when they travel.

I don't know when I'm getting exposed to in the plane. I don't know when I'm getting exposed to anywhere, and so I jetted last night to Whole Foods and I picked that up.

So your liver loves some broccoli sprouts. Cruciferous vegetables in general, and understand this. You may be somebody who's like, "I eat cruciferous vegetables. I get gas, bloating."

Cruciferous vegetables are not the enemy. It's likely showing you that like there's an imbalance of gut flora. So you might have small intestinal bacterial overgrowth going on.

Also understand that you have to have ample hydrochloric acid to do what you need to do with those cruciferous vegetables to create the ultimate end product, which is dim, which is going to support liver detoxification.

And this is important because I tell women you need to be eating these things while you're on the pill, but also understand that the way that the pill messes with your thyroid can actually mess with your hydrochloric acid, and so you may need to be taking- I know we're going to talk about that.

But you may need to be taking a little bit of apple cider vinegar with that just to try to raise those HDL levels.

So with that, that's one thing, getting your cruciferous vegetables in, that's going to support liver detox.

Now the other thing that's going to support liver detox is going to be B vitamins, also depleted by birth control.

So you can eat B vitamin rich food, but I want people to understand that if you are on a medication that depletes nutrients, you need to bring in a multivitamin or prenatal.

It's just like- and I've had doctors push back on me and they're like, "Why are you telling people to do that? That's just expensive urine."

I'm sure you've heard that before. And I'm like, "Okay, so you have a patient that's on Metformin, a diabetic drug that depletes B12. What do you tell them?" "I tell them to take B12." Right.

You have a patient that's on a statin, we know it messes with CoQ10, that can be problematic. What do you tell them?" "I tell them to take CoQ10."

You put a woman on a medication that depletes selenium, zinc, B vitamins, antioxidants, CoQ10, like all of these things. What do you tell her? Oh yeah.

Yeah, you tell her that she needs to take a supplement, because also the pill is only about 91% effective with typical use. So nine out of 100 women are going to get pregnant on it.

Like you need that folate weeks before you actually had a positive pregnancy test. So again, that was a little bit of a side tangent, but it's a good reason to get on a quality multivitamin or prenatal.

Because what your liver needs is actually being depleted by birth control. So we've got the cruciferous vegetables, we've got the B vitamins, and then what else did I have for breakfast?

I had turkey. I had organic turkey. You need amino acids, and this is the thing that like whenever I hear about people that are like, "I'm doing a juice fast for detoxing my liver, or I'm going to go completely plant-based," but they're not paying attention they're protein, I really try to drive home in the book if you don't have amino acids, game over.

Like your liver is not going to work right. Like you have to have protein involved in that. And as we were talking about my research was in protein, so I'm a big fan of it. Ironically I was a vegetarian at the time doing that research and I was like-

Shawn Stevenson: That's poetry right there.

Dr. Jolene Brighten: Why is that?

Shawn Stevenson: The duality in that. That's amazing, you know?

Dr. Jolene Brighten: Yeah. I was like- I was neurotic though about being a vegetarian in terms of getting enough protein. And so it's something that like I don't encourage people to count macros.

I like people to be a little more intuitive with eating, but some people need that to get there. I'm like- I counted macros all through my 20s.

That's because I was a vegetarian and I was very serious about like- and I knew my research and I was like, "Within 30 minutes of working out, I'm eating three hard boiled eggs. I have to get my branched-chain amino acids. I want them to have the muscle gains, I don't want sarcopenic obesity."

And if you don't know what that is, go google it and the fear will be real for you too.

Shawn Stevenson: So it's so crazy how many different functions that protein is involved in with the liver. Like the liver just can't do certain things without it, and we know now just thanks to this.

And also we had mutual friend on, Alan Christianson, recently and just did like a master class on liver function, so thank you so much for sharing that.

I want to talk about the connection between the pill and the liver, and how important testosterone is. And we're going to do that right after this quick break. So sit tight, we'll be right back.

Alright, we're back and we're talking with Dr. Jolene Brighten about her new book, 'Beyond the Pill.' Mind-blowing stuff, alright? You've got to get this in your library.

And before the break, I was talking about this crazy connection between the liver and the pill and estrogen. But there's another hormone. Number one, let's talk about how important testosterone is for women, and how the pill can influence how the liver is interacting with sex hormone binding globulin and potentially lower testosterone.

Dr. Jolene Brighten: Yeah, so this is like the real way that birth control works. So the pill really works by shutting down your libido. So that's how it really prevents pregnancy.

I don't know if you knew that. Like a woman starts the pill, she has no interest. I'm messing with right now.

Shawn Stevenson: Okay because I'm like-

Dr. Jolene Brighten: So no, it's supposed to prevent ovulation, but really like how many women you hear from that are like, "I lost my libido and it didn't come back when I stopped birth control."

Hormonal birth control can also lead to vaginal atrophy, so thinning of the tissue, pain with intercourse, pain with orgasm, which is like super lame that if you actually can achieve an orgasm, then it painful- it hurts. Like what is that even about?

These are the things we should know before we sign up for this. And as you get into the later part of my book, you'll see I prescribe orgasms a lot. They're the literal fountain of youth. Write that down. Everybody needs those.

So with that, what was interesting in the research- so we know that when you start the pill, it will shut down ovarian production of testosterone by about 50%.

So now your ovaries aren't producing testosterone. Now we also have testosterone that can be made from the adrenal gland. So adrenal glands will make DHEA, DHEA is converted into testosterone and estrogen.

Now with that, we've got the decrease in production. Now you take hormonal birth control, and as we were talking about with estrogen dominance, like you were

sometimes given the pill for estrogen dominance symptoms, and while it shuts down your natural estrogen, you just essentially got induced with estrogen dominance.

Because again, it's a high enough dose of medication to shut down the brain and ovarian communication, but it first has to pass through the liver.

So liver takes one for the team. Like as long as you're on the pill, be loving your liver because it is like taking one for the team for sure.

Now what the research has shown is that the pill will alter the genetic expression of sex hormone binding globulin.

So at the genetic level, the pill is altering your liver's function. It also impacts it at the structural level as we see more benign liver tumors coming up with women who start the pill.

We never diagnosed as many as we did until the pill was introduced. So with that, the research was like, "Okay, sex hormone binding globulin rises."

Which by the way, some people are like, "Oh, that's your body betraying you." Wrong. Your body is trying to keep you safe. That is a whole lot of synthetic estrogen coming into the body, so your liver being super smart is like, "Let me make a protein that grabs on to that."

But it happens to grab on to your testosterone as well. And so now your testosterone declines, and people will say, "Well you know-" I hate the story of like having a libido in a woman is like a nice benefit. Most women don't have libidos.

Not true. Not true. In fact, and that's the same time that they were like, "Your clitoris is just this little button that sits above your urethra." It is a giant structure.

Like there's a lot more going on in women's health that we've not even been- we haven't even begun to explore and all of that.

So what was very interesting about this study though, sex hormone binding globulin goes up, then they said, "Well, when you come off, it'll come down."

What they found is that that protein never returned to the pre-pill state; so the state of women who never took birth control.

Which means that it continued to remain elevated and cause symptoms of low hormones. And with testosterone, it's not just about libido.

It's about your brain health, it's your mood, it's why you get up every day, and you just feel like you can take on the world, it gives you energy.

It's very, very important for your muscle mass. So without testosterone, we don't stimulate muscle mass. Without ample muscle mass, there's a whole lot of things that go wrong, but this is also where women can struggle with their weight and be perplexed why they can't get their weight to come back down.

And so you know, it's very concerning to me that it's like- and this study was just kind of like, "That's interesting. Keep on moving." Because it was a woman's sexual health issue is how they were looking at it, but testosterone is so much more than that.

Shawn Stevenson: Wow. And this goes back to the connection between the pill and our liver function. And that was published in 'The Journal of Sexual Medicine,' and there are so many great studies that you cite in the book.

But your clinical experience, like you've been able to see this stuff firsthand, and all of your protocols for supporting women who are- you know, if you choose to take the pill, if you've been off the pill for a while and they're still experiencing health issues, if you're wanting to come off of it.

You know, you've got something for everybody, and I just really appreciate that. So we've got to talk about the connection between the pill and the gut.

And probably one of the most jarring things that I read in your book was this connection with Crohn's disease. Can you talk about that?

Dr. Jolene Brighten: Yeah, that was a shocker. That's a study out of Harvard where they showed- and what was really interesting is I started digging into this when patient after patient was in their timeline.

They were like, "I started the pill, several years later, new onset of autoimmune disease." So I talk- people have been shocked in my book.

They're like, "I thought this was going to talk about just the pill. You've got CBO, you've got autoimmune disease, you talk about Hashimoto's."

Like there's all this information in there and that's because it's all connected. So this study out of Harvard showed that after five years or more, if you had a family history of Crohn's disease, you had a 300% increased risk of developing Crohn's disease just by being on the pill.

I have seen many patients who they have Crohn's disease, and I asked them, "How long were you on the pill?" It's always more than five years.

Although some of them- there was a patient that it was three years and then she developed Crohn's disease. So this is the kind of information that we need so that we can make that informed decision.

Like the pill is being passed is a one-size-fits-all, but we neglect that there is this family history there, or there's environmental factors.

Like when it comes to the breast cancer risk and they're like, "It's a minimal increased risk." And it's like well, maybe. Maybe. Where does she live? Like what else is going on in her life?

And so Crohn's disease is absolutely something that needs to be talked about more, and why the researchers believe this develops is because it's well-documented, it decreases microbial diversity.

So the gut is going to be called the first brain. It's coming. I mean, if you look at it from an evolutionary perspective, every organism develops a gut before they develop a nervous system.

So I think humans- I think we're going to have to change that around, because the gut does everything, and that microbial diversity protects you from developing autoimmune disease, it keeps the immune system in check.

You know as I shared, I've been in this arena for a long time. Over a decade ago when I was first learning about the microbiome it went like this and it still cracks me up.

"They're a bunch of freeloaders. They eat your food and they give you a little bit of B vitamins. Other than that, they don't do much else. Anyone who offers a probiotic is a quack and a crazy person and why would you feed them? Like if you just eat, you're feeding them."

And now to see that whole story turn around and they're like, "The microbiome is everything."

So for everyone listening, understand that like if you've got a doctor who's dismissing you, if they say they don't believe something, you can just giggle a little bit because that's not science. That's a different philosophical approach that's called religion, and there's a time and a place for that.

But understand that like we are constantly learning, and we don't know everything, although we'd like to think that we do.

But in the book I go through how do you develop autoimmune disease? So we've got leaky gut, we've got the genetic predisposition, and then we've got a triggering event.

And for women, a triggering event might be getting pregnant, having a baby, starting your period, losing your period, going into menopause or perimenopause, or starting or stopping hormonal birth control.

And if hormonal birth control disrupts microbial diversity, induces intestinal hyper permeability which is commonly known as leaky gut, which is once upon a time.

No, it's still being dismissed. I think people are still dismissing it. They just need to go to PubMed and spend weekend there. But it's already got those three ingredients and then it's a triggering event.

Like if you've got the genetic predisposition, we need to start asking why it is that we're seeing women develop autoimmune disease, and we had the introduction of the pill, and that's part of the mix.

Like could that be a player, and how do we test women and monitor women? And that's something I advocate for. It is so short-sighted to test labs once we have symptoms. How do you ever know what your normal is? How do you ever know your baseline?

Shawn Stevenson: Exactly. Oh my goodness. And again, your protocols in here to address a lot of these issues are just so good. You just stack it.

I love that because the truth is there is no one-size-fits-all, and providing people a lot of options is of the utmost importance.

And I love that you mentioned that the gut might be potentially called the brain- the true brain at some point. Right now is the enteric nervous system, and it's the second brain, but yeah, it's so, so amazing the more that you look into this.

And I just had Dr. Gundry on recently, and he was talking about this, and this is groundbreaking research now, that about 92% of the genes in our body are from the bacteria in our bodies.

It's not even us. But of course, are our genes and our genetic weight is much more in a sense, but just thinking about that, and how we relate to our gut, and our microbiome, and the bacteria. It's a whole bigger story here.

Dr. Jolene Brighten: And 1% of your genes is viral. So for people who are like wanting to wage war against viruses I'm like, "Do you understand? You're part virus."

Shawn Stevenson: Waging war against yourself. So let's talk about what are a few things we can do out there in support of the people that we care about, and also for the women that are listening to go beyond the pill.

I want to talk about number one, some potential birth control options, and then what are just some other things that we can look towards? And from there, we can go ahead and wrap it up, which might be a prelude to what you're going to tell me.

Dr. Jolene Brighten: Oh yeah, you'd better wrap it up. This is like for real though. So many women are past the pill, and then there is no discussion about sexually transmitted infections.

And so nobody likes it when we talk about condoms, and there are so many options out there. But I see the conversations really changing.

I mean, I've had women in their 40s, 50s, 60s tell me like, "You know, in my day, men would say like, 'I don't do condoms. I just don't do that.'"

And I'm like, "Okay, like you have a choice in that? Like no, that's not the way that works." And to hear the conversation is like more men are wanting to be active participants in pregnancy prevention, and being sexually responsible.

And so as you were talking about with what happened to your wife, human papillomavirus - HPV - is the number one cause of cervical cancer and the number one sexually transmitted infection, and you're at higher risk of contracting that if you're on the pill.

Using a condom is a good idea. So that's one way. If you don't want to do the pill, you can choose to use barrier methods. That's something that you want to employ if you go the fertility awareness method route.

So I first want to say- I should have started with this but the 'wrap it up' was just too good. I had to roll with it.

The right birth control for you is going to have to be a personal decision based on your lifestyle factors and what's feasible for you.

And you may read this entire book and decide it's the pill, and you'll be like, "Okay, here's what I need to do to stay safe on it."

But in Chapter 13, I give you all the non-hormonal options that are out there and available, and there's new technologies coming out.

We certainly need a lot more, but fertility awareness method is something that's been used for a very long time. I was taught to dismiss it. I was taught as a doctor, don't recommend it.

I mean you don't want unintended pregnancies, but every type of birth control comes with a side effect and a risk.

Fertility awareness method, there's the risk of getting pregnant. As you'll read in chapter 13 when I say 'the pill,' I'm like, "Go see chapters 1 through 12. Like go back through and read this book."

But fertility awareness method is one of my favorite ways to help women get in tune with their body and really leverage their data.

Shawn Stevenson: So what is it?

Dr. Jolene Brighten: I was just going to go into that.

Shawn Stevenson: Okay, I'm just on the edge of my seat.

Dr. Jolene Brighten: I was just leaving you on the hook. So here's the thing. It is not just a calendar method where you guess. Like you think, "Okay every 14 days- every day 14 I'm going to ovulate."

But instead you're tracking your data. So fertile cervical mucus. Some women assess the position of their cervix, that's a little more complicated, but you can also be taking- you're going to take your basal body temperature in this as well.

And what's really interesting is that with perfect use, it's over 99% effective, which is the perfect use of the pill. And that was really eye-opening when I read that research.

Just last year in 2018, the FDA approved the first FemTech device as a contraceptive device. So this is a thermometer, you pop it under your tongue, you take your temperature, it compares your data to a database of other women, and then lets you know are you in your fertile window or not?

Do you need to avoid unprotected sex? Or if you want to get pregnant, like is this the time to try for that?

So that is- I will say I do love my FemTech devices, however we also need to know our body because technology can fail, and nothing will ever outdo seeing that fertile cervical mucus being like, "I'm in the mood." Oh yeah, you're about to ovulate. That's a good sign.

So fertility awareness method, with barrier methods, things like the cervical cap, that can work but that risk of pregnancy is really high. So if that's your main goal, that's not going to be the route that you go.

And then things like the copper IUD. That's the only non-hormonal IUD we have. Some women have issues with it, other women do not.

What I tell women is no matter what contraceptive you're going to choose, track your cycle for several months, get your baseline labs.

If you're going to get the IUD, you're going to end up getting on the pill, you're going to get a copper IUD; like whatever it is, continue to track your data, measure your

labs again about six months later, and ask the question what's true for me? Is this working for me?

And if you go to your doctor and you say, "I'm having new onset of let's say mood symptoms," and they're like, "Well, it's not related," you probably want to talk to someone else.

Because no one knows your body better than you. Not your doctor, not the lab who ran the tests, not the lab data. That's one snapshot in time.

So this is where we need to see women's medicine go. It's ridiculous to me that when I started my clinical practice, women would call me up and say, "I heard you're the doctor who believes women's birth control stories. I want to make an appointment."

And it was so weird to me. I'm like, "Why would you say that?" And then once I sat in the office with these women and heard their stories of how, "I got the IUD. I told my doctor the next month something wasn't right. He told me it's not the IUD. That progestin stays localized."

I giggle. I'm like, "The uterus is not a vacuum container. It never has been. And where's his research to back that up? And have they actually looked at the metabolites?"

I mean, there are so many more questions to ask, but it's that women's stories get dismissed, and it's so ridiculous to me. You don't need a research study to believe your patient, to believe her experience.

Shawn Stevenson: Oh my goodness, so powerful. And you know, it just sounds like such a rogue idea for a woman to actually know her own cycle.

You know? And this is something that throughout history was relevant. Today the conversation has been skewed. Well, recently, and today more women are becoming aware of this because there is this calendar method, and you start to learn your body.

Dr. Jolene Brighten: No, fertility awareness method.

Shawn Stevenson: Fertility awareness method.

Dr. Jolene Brighten: Otherwise those fam educators will come hot and heavy on you and be like, "You did not just say calendar method."

Shawn Stevenson: My bad. My bad.

Dr. Jolene Brighten: That's okay, I've got you.

Shawn Stevenson: So really understanding in that fertile window, that's when you use a condom. You know, it's really that simple if you're in a relationship, that kind of thing.

Dr. Jolene Brighten: Or do something else.

Shawn Stevenson: Yeah, you know? Go to a movie.

Dr. Jolene Brighten: No, I didn't mean that. PG13, something else fun.

Shawn Stevenson: And so just understanding these simple things and really, again, just getting back in tune with your body. And this is for everybody really.

Because I truly feel that that is the number one goal is to be able to just listen to the feedback from your body on what your body wants to eat, what your body wants as far as movement.

Because sometimes if we just get in this calendar method of like I'm trained in this, this, and this, and this, and your body's giving you feedback like, "No you need to rest, or you need to do some active recovery," or whatever it is.

And we just keep pushing through, sometimes you can push through and actually break something.

And so just thank you so much for sharing this and putting this work together. I know that it was an incredible labor of love, but there's so much value in here.

And if you could, I've got one more question for you.

Dr. Jolene Brighten: Yeah?

Shawn Stevenson: What is the model that you're here to set for other people with how you live your life personally?

Dr. Jolene Brighten: I think a big thing is to hold space and to try to understand other people's point of view. It's something that a lot of people have watched the haters who come, and then they're always like, "You're so nice to them."

And I'm like, "Well whatever they said to me wasn't about me." And if we can all come to this place where we hold space to have a dialogue without judgment and to seek to understand that person's position, while also respecting your own boundaries and saying, "This is my boundary."

I think that's a really big piece of like how I'm trying to live my life going forward. And that, and always honoring my truth of like what's true for me?

Because that's what I want for all women, is to honor their truth and to share their stories. And as you read in my book, I shared all about my vagina, and that was really hard to do while I was on the pill.

But it was something that I was like- how many times have you said to a woman, "Share your story because you never know who's going to heal by hearing it."

And so that's a piece, is like share your truth, share your story, and if we can all hold space for that, we have an opportunity to learn, and we'll move so much faster, so much quicker in our knowledge and understanding.

Shawn Stevenson: Perfect. Perfect. Can you let everybody know where they can pick up your book and where they can connect with you online?

Dr. Jolene Brighten: Yeah. So you can grab 'Beyond the Pill' anywhere that they sell books. You can also get it at my website which is www.DrBrighten.com, and that is my main hub where I share a lot of information and free resources.

You can also play with me on Instagram, @DrJoleneBrighten. And then I put out educational videos on YouTube because I know we all learn differently, so you can find me there as well.

Shawn Stevenson: Perfect. Again, I just appreciate you so much. This is a conversation that needs to be had, and I think it's going to change a lot of lives. And I think this is one of those books that's going to have a long ripple effect. And I just appreciate you. Thank you.

Dr. Jolene Brighten: Oh thank you for those kind words. I appreciate the work you're doing in this world, and for creating a platform where we can enter into a conversation with curiosity and create an impact on ourselves firstly and then globally.

Shawn Stevenson: That's what it's all about. Thank you so much.

Dr. Jolene Brighten: Thank you.

Shawn Stevenson: Everybody, thank you for tuning into the show today. I hope you got a lot of value out of this. Pick up this book like yesterday, 'Beyond the Pill.'

It's loaded with critical information, and this is a book to give as a gift as well. It's something that's very pervasive in our culture right now when we're talking about birth control, and it's usually prescribed for something other than controlling birth.

So the vast majority of cases, and we have to stop and think, 'Is this appropriate? Are we addressing the underlying symptoms that are causing these issues that nobody wants to deal with of course?'

And this isn't to say, again and she talks about this repeatedly, that the pill isn't an option. So I just want to make that clear, but we need to be more educated about this and about everything else really.

You know because today more than ever, this is a time of empowerment. It's a time to really step up and take full responsibility for our lives.

And in particular, when it comes to our health, because without our health we really don't have anything.

I appreciate you so much for tuning into the show today. If you got a lot of value out of this, please share this out with your friends and family on social media.

Tag me, tag Dr. Brighten on social media on Instagram. What's your Instagram?

Dr. Jolene Brighten: @DrJoleneBrighten.

Shawn Stevenson: @DrJoleneBrighten. Tag me, @ShawnModel, and let her know what you thought about the episode.

And listen, we've got some powerhouse episodes coming your way, so make sure to stay tuned, and be ready for that.

But none more important than today, and again, pick up 'Beyond the Pill' because you're going to absolutely love it.

I appreciate you so very much for tuning into the show today. Take care, have an amazing day, and I'll talk with you soon.

And for more after the show, make sure to head over to www.TheModelHealthShow.com. That's where you can find all of the show notes, you can find transcriptions, videos for each episode, and if you've got a comment you can leave me a comment there as well.

And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much.

And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.