

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the main title text.

# Healthy Moms Podcast

BY **Wellness Mama**<sup>®</sup>  
simple answers for healthier families

Episode 109: Vaginal Health, Menopause and  
Hormone Therapy with Dr. Anna Cabeca

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Katie: Hello and welcome to "The Healthy Moms Podcast." I'm Katie from [wellnessmama.com](http://wellnessmama.com), and today's episode is gonna be so much fun because I am here with Dr. Anna Cabeca, who I have met and had wonderful conversations with in person. And who is a wealth of knowledge. She is an Emory University trained gynecologist and obstetrician, and an expert in menopause and sexual health. She's also an internationally recognized speaker and educator. She's in high demand and I'm so grateful she's here with us today. She has also created several products to help with hormones and feminine care, including one called Julva which we'll talk about. Also a supplement I take in Mighty Maca, which is a hormone balancing drink. And then she also has programs to help women with various aspects of women's health. So Dr. Anna, thanks for being here.

Anna: Oh, it's wonderful to be here, and thanks for all you do too.

Katie: Oh, I'm so glad you're here. This is gonna be fun. It's an area I get a lot of questions about but I feel like anything related to sexual health, women are also a little bit more hesitant to talk about. So I love that we're gonna delve into this, and hopefully shed a lot of light on some areas that women have questions. So to start, I would love to hear a little bit about your story and how you came to have all this research and background in this area. And how you're helping women with these different issues that they're having related to female health.

Anna: Yeah, absolutely happy to share that, and it's been a journey for sure. I trained at Emory University as a gynecologist and obstetrician as you said, and I was a National Health Service Corps scholar. So I ended up here in St. Simons Island area of Georgia, and my community clinic was in McIntosh, which is a shrimping village on the coast here of Georgia.

So I really was, like, the end-all be-all for so many clients who really hadn't had access to gynecologic care before, let alone from a woman, and Spanish-speaking too. So I had to get really creative in how I could address the issues in a very creative way that didn't cost a lot of money and didn't involve surgery. So I really...that started my journey in bioidentical hormones. But truthfully, one of my first clients was this 63-year-old, silver haired dynamo who was the CEO of a biotech company who had waited to see me. And she came in saying, "Hey, Doc, I am a woman of the 60s, and my libido is important to me. My husband and I no

longer have sex, I'm dry as a desert and I'd rather die than live this way. I had a history of ductal carcinoma in situ and no one will give me hormones. What can you do for me? How can you help me?" And that started my journey digging into using bioidentical hormones and androgen therapy in those sensitive clients. You know, ones with breast cancer, or ductal carcinoma in situ, or history of blood clots, and if I'm treating anyone that way, how do I treat, you know, everyone as safely as possible? So that's kind of how it evolved. I'm happy to say that woman is in her 70s now, still skies. Her bones are better than they were, and she's doing amazing. That really re-ignited her and she still lobbies on Capitol Hill.

So I think that's the goal, it's like how do we really re-embrace, and that's what I studied, re-embracing our femininity, empowering ourselves no matter what our age, from early shifts that happen with pregnancy. And how that transforms our body. Dealing with those changes and then as well as our hormones change and fluctuate again as we go through menopause. So I've really dug into this.

Plus, my own personal journey was early menopause at age 39 years old after a really tragic time in our lives, and I was told I was never going to be able to have another child, Katie. And my husband and I desperately wanted to. So I dealt with infertility, a diagnosis of menopause, and told, you know, I had complete ovarian failure and that the only way I could conceive of having a child again would be through egg donation possibly. And I had failed the highest dose of medication. So my personal story is one of looking for answers personally and professionally as I go along.

I'm happy to say that my little miracle baby is now 9 years old and I am over 50 with a 9-year-old and still continuing to do well and recover those hormonal changes, recover from those hormonal changes aging gracefully as I go along. So it's been a journey.

Katie: Yeah, I love your story and I love that you have your miracle baby. And I think your work highlights such an important point that I think applies to so many aspects of health, which is that the problems or any issues potentially start way before we think to think of them. So I know for, like, for me with auto-immune disease, I probably had elevated antibodies and symptoms that I didn't feel for many years before I had the ones that I felt. And I wonder if, with hormones, it's kind of the same thing. Like women who maybe menopause, it isn't on their radar. There are things that you can do to support your body earlier in life that make menopause easier or keep it from happening early. As you found in your case, you were able to reverse that. So if you're up for it, I'd love to kind of get started at the beginning, because, like you said, I think a lot of women experience some pretty severe changes when it comes to pregnancy, and especially postpartum. That's almost, you know, the fodder of sitcoms, that women have no libido whatsoever after having a baby, and that like, how dare a man even, like, consider asking her because she obviously has no libido. But I mean, from your work it doesn't have to be like that. And it shouldn't be, right? So what are these changes that women are experiencing, and are they normal? Or are there things we can do to help support our body in that period?

Anna: Oh, yeah. No, absolutely. And we can talk about what are normal changes versus optimal changes and what things that...you know, I think I hear from so many women, "Well I just powered through it." You know, "I just dealt with it. I just, you know, figured that was normal." And it really, most of the time, you don't have to struggle or suffer with it.

Let's start with the postpartum period because I think that's a really challenging time for so many women. I mean, I was not one of those pretty pregnant women, nor was I pretty postpartum. So it was one of those...it was a challenge. I always say, you know, God has put me on this earth to bring solutions to women by making

me the key subject of, you know, the lessons that I need to teach. So in this postpartum period, many women are struggling with this huge hormonal shift, right? One of the largest of our lifetimes. And that's with a huge...in pregnancy progesterone, the progestation hormone, the hormone that supports, healthy pregnancy is really high. Postpartum, that drops. That drops off quite rapidly. And many women experience postpartum blues. More now than we did before, because of all these endocrine disruptors. And it's one of the reasons I love your work, one of the many reasons I love your work, because you bring up, all the time these hormone disruptors and natural healthy alternatives that make our life easy. It doesn't have to be hard, right?

The same with these hormone changes. So the drop in progesterone can lead to the blues or postpartum depression in really severe cases. We need to understand that progesterone also helps our brain, a healthy brain. Progesterone, is the hormone of good feeling. So it helps the neurotransmitter, it produces the neurotransmitter down-line, GABA, which I always associate with the rock group ABBA, and that brings me to the musical "Mamma Mia" and I think, "Oh, progesterone, GABA, oh, such a good feeling." Right? And that's really that kind of that combination between the brain, the body, the hormones. There's that connection there. So postpartum we get that drop.

And what I've found as an obstetrician and gynecologist is using progesterone postpartum as well, can help with so many issues of that postpartum depression. So bioidentical, natural progesterone can help with mood and help with the recovery time period. And that is a big precursor hormone to our other sex steroids. Estrogen, progesterone...I mean, estrogen, DHEA, and testosterone derive from progesterone, which all derive, again, from cholesterol. So healthy cholesterol, again, is really key. Start at the top but also sometimes we need to support from the bottom. So the bottom hormones being estrogen and testosterone.

And so when those decline naturally in the postpartum period, there's the time period of recovery. Taking that time to recover is critical. So nurturing and nourishing ourselves is critical, because when we're stressed...and having a newborn baby, I mean, you've had six. I've had four and there's a high level of stress with that time period, you know. There's just that hyper vigilance that is part of our genetics that surfaces too. So less sleep, more stress, more hyper vigilance, then that can lead to lower estrogen, lower testosterone, lower DHEA, which are all hormones of intimacy, connection, and bonding those key components. We are emitting a lot of oxytocin, especially when we're breast feeding moms, right? Because we've got breastfeeding, it stimulates oxytocin release, which is the hormone of love, bonding, and connection. So we are connecting, really bonding, cementing our being with our baby's being. And so sometimes there's not so much left for our husband. We need to really make that a conscious effort.

So this time period, also, I think it's really important to lessen the guilt about not having a libido during this time period because there's a physiology, a natural physiology to it. But also, recognizing we now get a more significant shift from having a primary libido to a secondary libido. So what I hear women say, and what it sounds like is, you know, "I don't think about sex, I'm not as interested in it, but once we get started with foreplay, then I'm good when I get there." And that's a secondary libido. And that is more physiologic, especially as we age in postpartum. So that's a bigger part. It's like, it's gonna take us longer to warm up and get oxytocin secreting with beautiful connection, intimacy feelings, that warmth to get that brewing, right? And then you feel, "Okay, now I'm into it." And that's normal secondary. Men, they have primary libido their entire life, right? Primary desire urges their entire life. But women, it's more secondary. And so, making it part of, you know, making intimacy, which is so important, because that oxytocin hormone is just so important, it has to be kind of prioritized as ways...especially if you're not feeling so connected to your mate, is to start with cuddling, caressing, foreplay. And then recognize, "Oh yeah, now I'm into it. Now I'm getting closer, now I'm

feeling more connected." And that's really more beneficial.

And I think it's definitely more significant after we've had two children. There's that two children, two year loss of libido phenomenon, and that's just that constant drain on our sex steroids.

Katie: Yeah, that makes perfect sense, and I think...another thing that you have written about and that I think is so important is because a lot of women in that phase of life like you said, it's not front of mind. You have so much going on and so it's easy just to think, "Well, like, that's, like, not a priority. It's not important." But as far as, like...there are a lot of benefits, right, to having a good sexual relationship, even in that time for a woman's body and hormones, right? Aren't there things there that, like, we are naturally supporting by having a healthy sex life?

Anna: Absolutely. Absolutely. You know, from our hormones of rejuvenation and anti-aging, right? So we think of our growth hormone as stimulating testosterone, stimulating growth hormone, stimulating oxytocin with a healthy connected intimacy. Those are huge. And we know that oxytocin is an anti-aging hormone. That even in our studies were shown in Berkeley, in our 70s and 80s in our muscle cells, oxytocin improves muscle cell regeneration and re-growth and that's important. I, you know, it brings me to the image of, the issue of Resveratrol, right? We hear of Resveratrol in our, you know, nutritional medicine space and think, "Okay Resveratrol from red wine is this great anti-aging antioxidant." But I always question. I say, "Really? I mean, certainly it has those properties but is it the longevity among these Mediterranean wine drinkers because of the red wine or is it because they're sitting at a table with their friends and laughing, and they have community, and they're looking after each other?" And that releases a ton of oxytocin. So is it really the red wine or is it the oxytocin? And I would bet on the latter hands down.

Katie: That makes sense. And I think another thing that...I actually get quite a bit of questions about this. And I know you have a lot of research on it, is we know now that there is a gut microbiome and we know there is an oral health microbiome. We know that bacterial influence is very important in our body. But I feel like the vaginal microbiome is much less talked about. But I get a lot of questions from women, in those postpartum or pregnancy times of their life, who are experiencing changes there, like, maybe more yeast infections or just, like, changes. So can you talk about that? Can you address the vaginal microbiome and how we can support it?

Anna: Yeah. No, absolutely, and it's a common issue throughout our life. And especially when it comes to yeast infections. And as a gynecologist, that is a frequent...it's a frequent complaint. And the struggle is recurrent yeast infections, you know, more than one a year. And that just really says there's a huge imbalance to not just the vaginal microbiome, but to the intestinal health, right? To our gut health. The vagina is a window to that, essentially. It's mucosal membranes like on the inside of our mouth. And it is predominantly healthy, you know, beautiful, multiple strains, but predominantly lactobacilli bacteria that is the natural flora, the natural bacteria living within our vagina. And that's normal. We have that, we need that. That's important for cell secretion, for cell health, for cell turnover, defense, you know, immune support. All of those important things.

And so when our vaginal pH is imbalanced by hormones, for example, hormones of pregnancy, we're really creating a tremendously lush environment. And we may have an increase in blood sugar, an increase in glucose, that's also part of the scenario as we provide more fuel to our babies. And that creates an imbalance in the natural yeast within our vagina, to the lactobacilli. So we can tend to get, you know, this lush flora, yeast love it, a little extra glucose in there and glycogen, and here you get the increase in yeast, increase in vaginal Candidal infections predominantly. And that can shift.

The other...you know, when we think of the vaginal pH, again, different parts of our body have different pHs. Well, the vaginal pH is intended to be somewhat acidic, in the range of 3.5 to 4.5. So another problem I see in women too is using soaps or, supposedly, vaginal hygiene products and I don't think there's any I recommend, or douching. That throws off your vaginal pH and it throws off your vaginal flora and it's one of the reasons I don't recommend it. So those things can really be affected. So where we have to go if we have vaginal yeast infections is to improve our probiotics, improve our gut health.

Naturally restoring the health of our GI tract is an important window, you know, again, an important aspect of restoring the healthy vaginal tissue. And sometimes we supplement with probiotics, and sometimes we use vaginal probiotics. So using your probiotic vaginally, so that's another option. The other thing is, definitely avoid, you know, perfumed, you know, the sanitary wipes, and, you know, vaginal hygiene products, so to speak, and look at what you're washing your clothes in. You know, use organic pads, avoid harsh chemicals of any kind, things like that, because that does throw off the lactobacilli.

Katie: That makes sense. And what we can do from the internal perspective? So those are all awesome ideas, and I think really helpful from the vaginal perspective especially. But when it comes to other hormones, as you were talking about a couple of minutes ago, you write about this and you actually have Mighty Maca to help support this. So I'd love for you to talk about that. But what can we do internally to support hormones in these different phases of life, naturally? I know that, you also deal with natural hormone therapy, and I want to talk about that as well. But maybe for someone who doesn't need that level, what are some other things we can do to support our hormones internally?

Anna: Yeah, support our natural production of hormones. So...and that is, again, honoring our design. And for so many reasons it's considered, you know, it's like, where we connect with nature. Number one it's avoiding the toxins, the endocrine disrupters, the toxins that affect us. When we're looking at our vaginal health, though, I think it's, again, addressing things that improve the overall skin and intestinal health. So healthy fats, alkalinizing diet, so hence, aikido alkaline dietary choices, right? So staying low carb, healthy fats, good alkalinizers in our diet, that that's really important to shift and help our bodies repair. And also not produce extra glucose that can just definitely seed vaginal yeast infections.

And then if we're dealing with, you know, chronic vaginal yeast infections, we have to get more aggressive. Again, figuring out, do we have an issue with our blood sugar regulation? And then, is there something else with our diet? We need some strong antifungals, herbal antifungals, and what does that look like? But allowing our body to produce its natural hormones without disruption is key. And so, hence, you know, birth control pills can make it more likely to get vaginal yeast infections, so eliminating that. And then, you know, adding back the healthy foods that are so critical for our life, but also, again, just getting into more of a natural existence. Sleeping well, all those things that you teach about sleeping well, eating well, moving well, thinking well. Especially that one, that positive self-talk, because that's a huge part of our feminine design is really maintaining that love. Love for ourselves and love for others.

So when it comes to, like, internal care and internal hormones, some of the key hormones that fluctuate as we age and shift as we grow older. Our...you know, again, it starts with progesterone. It starts with a rapid decline of progesterone. Postpartum, we see it, and then in our mid-30s, we start to see it. Where it starts to become the question, "Is this me? You know, is this me or my hormones, right? What's going on here? Is it..." Clients say, "It just doesn't feel like me anymore." And you're feeling off. And that can be the lack of desire, lack of

energy, loss of memory, and then other physical symptoms like fatigue, weight gain, hair loss. All of those things can be a symptom of this estrogen dominance or progesterone decline.

And unfortunately, it shows up often with clients, you know, what I would see is clients coming in and either, you know, have been...the standard GYN treatment would be your hormones start to shift, we put you on either Prozac or birth control pills, or both together. And then if that still doesn't work, you know, you've got irregular cycles, maybe that ends up with a hysterectomy with the ovaries removed. And from there, what happens next and I jokingly say, "Well then, you know, the next step is the divorce attorney." Because you feel disconnected, you no longer have any natural or very little natural hormone production. You're continually stressed out, and in that high cortisol state you have very little oxytocin and you're no longer connected. So we see that downhill hormone spiral when we don't hit back to these natural points, these principals of holistic, natural living.

Katie: Yeah, I think that's super important, and I love that you have a lot on your website. I know, I'll make sure to link to a lot of this stuff that you have as resources for these different issues that women may struggle with. But I'd also love to transition a little bit and now talk about menopause and pre-menopause. Because this isn't an area that I am yet...I'm still very much in the child bearing age and having kids. But I know that I saw my mom go through this and I know that readers...I get questions about this, and I don't really have any good answers for them because I have no firsthand experience. So can you start high level and explain hormonally what's happening? And like you said earlier, like what are the normal changes and what are the not normal changes that someone should maybe look out for or be willing to address?

Anna: Yeah, absolutely. And I do have some great videos, very quick videos that go into...what is a hormone, first of all, what happens as we age? And then what happens on a monthly cycle? And what those hormones are that we typically talk about, especially as gynecologists or hormone experts.

So from this point, you know, hormones are these communication messengers in our body, so no wonder we feel disconnected when they're out of whack, right? But hormones, as we start to age, that's in mid 30s, we see a decline in progesterone, sharply. And then gradually over time, we'll get a decline in estrogen, testosterone, and DHEA as well. DHEA is an adrenal hormone but it's also produced by the ovaries. And so those...testosterone and DHEA are important hormones to rebuild muscle, to help with memory, that are immune supportive, and are important aspects of hormones as we age. They're not just male hormones, women have them too.

So these start to shift, and that creates some of the symptoms I mentioned that leads to gynecologic problems or mental problems, right? Anxiety, depression, even heart palpitations can be a sign of hormone imbalance. And you know, it's important to address, okay, what's the underlying causes before we just treat the symptoms. And so when we're aging, we're getting these shifts, and on a cyclical basis in the perimenopause, sometimes that progesterone deficiency leads to symptoms, worsening symptoms of premenstrual symptoms. And again, PMS is often a joke of sitcoms, right? "Oh, she's PMS'ing." And that's not something a woman who is PMS'ing ever wants to hear, right? And so I always tell clients, if you only hate your husband two weeks a month, it's probably your hormones, not your husband. Although, I'm sure they have a part to play.

So we have to think about...that our hormones really can affect our mood, and getting that into balance is key. And certainly, the ways that I do that is through detox, healthy nutritional program, really eliminating toxins. And you know, I talk about aikido alkaline really getting alkaline first, checking your urine pH, not talking about

blood pH, but checking urine pH to get that pH alkaline. That does make a difference in how we feel. I've worked with hundreds of clients now, especially in the perimenopause and menopause. And we do a lot better when we get that urine pH alkaline, let me tell you. It makes life better.

And so how do we get there? We get there through, you know, again, that healthy lifestyle. Eating more greens, avoiding sugars, de-stressing. Elevating cortisol will make our bodies more acidic. And that also is a component unfortunately of this transition phase of our life, because we're kind of feeling that added stress, strain, fear. And that can create this elevated cortisol. And this is where, you know, we practice being present, why that's so important. Breath work, meditation, spirituality, prayer, faith, focus on all things good. All those Biblical principles come to be such an important discipline and practice to adhere to because that brings us into the present moment and that can help balance cortisol. So we'll get an increase in cortisol and an increase in insulin as we age.

Now that's really key, because as gynecologists we wanna say estrogen, progesterone, testosterone, those are the oh so important hormones. But what's really critical, and what we really need to get a handle on, is cortisol and insulin, because those are the hormones that rapidly age us and that really affect our reproductive hormones that I've mentioned.

So as we're aging, we're getting this gradual fluctuation in hormones, swinging of estrogen which can create the almighty hot flash, and night sweats that can leave us even more sleepless. So we have to address these changes early on, really before we get the symptoms. And that sometimes is just recognizing that we have to nurture ourselves as a priority, right? And hard to do when you're a mom. I'm a single, working mom as well and that, you know, is definitely one of those where you have to really create those disciplines and practices that serve you. And help to balance your hormones because there's nothing in a pill, or that we can do with a prescription pad or a surgical knife that beats lifestyle changes, healthy lifestyle changes. So that has to be...and, again, I always say I studied eight years of medicine...actually a lifetime of medicine to be able to say that, but it's really critical. It makes the biggest difference.

And so as you experience...as women experience these shifts, the PMS, etc., the things that I found very important is, again, the key to this alkaline lifestyle is, maybe doing two or three meals a day. But really getting that alkaline nutrition plan on board. And then we use things to stimulate your body's natural elimination of estrogens, excess estrogens. And help your body naturally produce progesterone.

And so we use the green formula that I created called Mighty Maca, which has over 30 ingredients in it, 30 superfoods in it that really work to combine to help your body produce more DHEA. And what we're finding is, well increase your natural ovarian function and improving progesterone secretion as well. So naturally, helping with supporting your estrogen metabolism and progesterone metabolism. And those are when we can add things on top of maintaining this healthy lifestyle. But also recognizing that those of us living in our American culture are often, you know, again, we're exposed to so many more chemicals, so many more stressors than our parents, let alone our parents' parents were.

And we have to have more tools in our toolbox. More, you know, important tricks in our cupboard, so to speak to help us really transition healthfully so that we can keep our body parts. Because as a gynecologist, often seeing women who have had hysterectomies or their ovaries removed, or, God forbid, their breasts removed, I always ask the question, you know, "Why did you need this procedure?" And it's very rare that a client really knows the answer to that. But when we address the symptom, when we treat the symptoms, like the uterus



that's bleeding heavy or the breast mass, without treating the underlying cause of that symptom, we leave the body exposed to more diseases. And that's often what happens. But what we have to do instead and say, what caused this imbalance in hormones? What caused this inflammatory condition? And let's get functional. Let's address the reason for that, we're going to improve the outcome, the sense of well-being. And that makes a difference.

Katie: Yeah, I think you have such a balanced perspective on this, and I love that you talk about the fact that we do have to deal with more stressors than our parents or our grandparents did from our environment, from our food. So we don't get to just have the same kind of pass that they did, to just kind of coast through life. There are things we have to be more proactive about and I know Dr. Tom O'Bryan has been quoted saying that men today have a third of the testosterone that their grandfathers had at the same age, because, like you said, we're being bombarded by all these endocrine disruptors and chemicals, that really impact the body more than we realize. Because it's not like when you have a food reaction and you feel it immediately. These are underlying, lower level things, but that break down the body over time.

And I also love that you said that about, if you only hate your husband for two weeks of the month then it might be your hormones. Because, I don't have really PMS but every time I've been pregnant, this always happens the last month of it, where I always get super hormonal toward the very end, and then I go through this crazy nesting period where I'm crying all the time. And he's like, "You're gonna go into labor tonight, you really need to go to bed." And I'm like, I'm never having this baby, stop it." And like, super emotional, obviously not logical and of course he's always right. So I think that's such a funny and important point as well.

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This episode is also brought to you by Primal Kitchen, all the good kitchens today. It's founded by my friend, Mark Sisson and Mark's Daily Apple. The Primal Kitchen is now my source for some of my favorite kitchen staples. So if you haven't tried their delicious avocado oil mayo, including their chipotle mayo, you are seriously missing out. I have made my own mayo for years and years because there were never any good options to buy that didn't have vegetable oils in them and now there are. Primal Kitchen has completely changed that with their products. They also have some delicious pre-made salad dressings and we use their products all the time. You can check them out at [primalblueprint.com](http://primalblueprint.com) and if you use the code `wellnessmama` you get 10% off any order.

Katie: But you also mentioned birth control pills a few minutes ago, and I wanna circle back on that because I have done a lot of research on this as well. And certainly I'm opposed to them from the health perspective, if nothing else, because they really do impact the body negatively. And at least from my research, when you're already being bombarded by plastic chemicals, and estrogen in the water, and all these things that we're facing, to add one more chemical that's going to affect your hormones may not be the best course of action.

So I'd love for you to talk a little bit more about that.

And also I know you have written something in the past about how women can use things like cycle tracking apps and all kinds of new technology as natural ways to avoid pregnancy. That there are ways you can support your body in doing that. So can you delve into that as well?

Anna: Yeah, absolutely. And I think what the issue is in our society today is this layering effect of toxic exposure, right? It's not just one thing, but it's this layering effect of toxic exposure. Now, when it comes to birth control pills, this is definitely an area I dealt with as a gynecologist certainly, but as a mom of four daughters, right? It's like, okay, you know. In my household when PMS...when I had my first daughter, my belle fille...Belle fille is French for...it stands for stepdaughter. But belle fille, literal translation is beautiful girl. And it just sounds so much nicer than saying stepdaughter.

So my daughter, Britney, when she came to live with us at 16...oh my gosh, her PMS was horrible. So I detoxed her, you know. I didn't want...I know that the research shows especially if we start girls on birth control pill at age 16 with undeveloped mammary glands, per-se, we can increase the risk of later life problems. And that's what I knew...this is now 12...I guess she was 16...13, oh my gosh, 13 years ago now. So we would do our nutritional detox program and she would swear by it. You know, Mighty Maca, you know, detox shakes, good alkaline, all that good stuff. And so she's definitely...and that's so important, especially for older moms listening, you know, when we're going through the change of, you know, our change of hormones with perimenopause and menopause and they're starting their periods, are going through PMS, crazy cycles...it's a challenge in the household. So we gotta do everything we can. We have to dig down deep into our arsenal to combat these things.

But I think that the toxic layering effect, you know, the exposures that we're getting, one upon another, one upon another, you know, from preservatives in foods, the antibiotics in foods killing off our microbiome, the stress that, you know, our youth are going through, etc., not to mention us, can impact us. And birth control pills are high dose hormones. I mean, they're a pregnancy level hormone. We're doing a lot better than the first birth control pills that came out 70 years ago now, as far as lower doses. But they're still all with synthetic progestins, which we know have a negative cardiovascular profile, we know negatively affect our breasts.

So to shut our eyes in our medical societies and say, "Oh, well it's okay." Well, really? And you know, I mean, a little bit, when needed, I think that's perfectly okay, but long term? No, I don't think it's okay. We need to definitely cycle off. I think we need to get better about non-hormonal birth control. And as a medical society, we need to come up with better non-hormonal birth controls. And again, empowering the woman to know her body and own her body, and also to own her yes and own her no when it comes to intimacy, is important. And we have to work again on that as a society as well.

But there are some cycle tracking apps, there are some temperature, you know, you can monitor your body temperature and check for fertility as well as you can monitor and check for those time periods when you're not fertile. But certainly, there are higher failure rates with that. But the safety profile's a lot better. So another thing that I do with many clients is use non-hormonal, intra-uterine contraceptive devices. And I use that quite frequently, and, you know, that's been great. And as far as in my household, you know, that's one of the things that, you know, I needed to do with one of my daughters, is just a non-hormonal intrauterine contraceptive device, just to cover her. On the others, it's really understanding your body and not using birth control pills. But with my clients and prescribing, you know, probably thousands and thousands of

prescriptions of birth control, what I learned is how birth control really affects your nutritional quality of life and your cellular function. And this sets you up for, you know, at risk conditions. And one of the things that are so important to replace are the minerals and nutrients that birth control pills can rob you of. So magnesium, B vitamins, folate, those are important if you were on birth control pills. And it's necessary. It's the best option for us at this time, there's no other option.

Then, we need to make sure we're supplementing with good nutrients, and we're also eliminating other toxins from our life. Just so we don't have that increased layering effect. Because we're seeing so many hormone disruptors or estrogen mimickers in our environment that it does affect young women. And that means older women, that means pregnant women and certainly menopausal women. So it's really important to consider that and if we are able to take...if it's a necessity for us, that's our choice, but if it's able to take drug holidays from that, I think that's really giving your body a reprieve, and a benefit as often as possible.

Katie: Gotcha. And I wanna make sure we circle back and also talk about the products that you have and how they support the body. Because, like I said I've used your products in the past but maybe work it in, can you start with, if a woman was coming to you with any of these problems, or maybe a woman listening is just interested in making sure she's supporting her body hormonally and, you know, her vaginal microbiome so that she can avoid these problems. What would be the first and most important steps you would give her to start with?

Anna: Yeah, that's a great question. So in working with clients, I always say that it's important to really, like, know, you know, what is going on underneath, like to really ask yourself. Be your Nancy Drew. Figure out, you know, when do you feel...when are you feeling your best, when are you feeling your worst, what may be some triggers around that? And you know, if you can eliminate some of those, great. And if not, let's really dig and let's manage these hormones.

So I'm always looking for solutions for women naturally, from a really holistic perspective. That's how I train, that's how I was brought up in my family. And now that's what I recognize personally and professionally works best for me and the clients I've had the blessing to take care of. And I've since retired my clinical practice, but I still coach and consult.

And so a natural solution is, you know, really to alkalinize your body first. And I think that's where Mighty Maca came in, in my practice, Mighty Maca Plus, which is a superfood combination. Because I knew that from my personal story and my journey of infertility and premature menopause, that the ingredients I put into this combination called Mighty Maca Plus, was part of that solution. Was outside the box, was part of that solution to help my body heal, right? I say I wanna do everything I can as a gynecologist and everything I can as a child of God, that comes...really that's so important. So you know, it's that combination that I adhere to.

So when looking at, okay, what can we do? Creating a natural solution like this combination. Maca is a great adrenal adaptogen, it's very good and supportive, and adding that with other alkalinizers and antioxidants. And so I start clients with Mighty Maca typically and I have them do one to two scoops a day, and if they're having PMS symptoms, go to two to three scoops at the time of their period, because I want people to take food, or as close to it as possible. I mean, adding that into your nutritional regimen as a boost when you're dealing with these things. It's an extra support.

So I often recommend this combination called Mighty Maca superfood, Mighty Maca Plus superfood. So it's a

combination. You just mix it in your smoothie mix. And that's another thing that I have clients do. I have them drink a protein smoothie once a day, either for breakfast, lunch, or dinner. One of the three, and just substitute out a meal for something that you're gonna give your body good nutrients. Or you know, make yourself a good green smoothie. Make yourself some, you know, healthy... If you're making yourself a healthy green smoothie, lay low on the carbs and maybe add some healthy fats, like avocado, coconut oil. Some fresh ground flaxseed, adding those components to your smoothie to add the extra support for estrogen and hormone detoxification. And so that's one of the first things that I have clients do while I'm waiting for their lab results or blood tests to come back and assessing their hormones.

And what I've found over the years, is that by the time my client came back in for their lab results, they were already feeling 90% better. So you know, it just really helped me turn or look deeper into my practice patterns. So that's one of the things.

One of the solutions that I created were non-existent naturally for women, right? Because what's the option I had as a gynecologist? Birth control pills and Prozac, right? I wanted to do something different for patients and lo and behold, this worked. And let alone, we have several Mighty Maca babies in our client base now too, so I'm super excited about that. Getting your body back in balance, empowering yourself healthfully is key.

And that part about adding in Mighty Maca, working on your nutritional program is, again, checking your pH for alkalinity, you know, that's key. You want your urine pH to be alkaline. A pH of seven or better. And I actually created urine test strips. Again, I was looking for something that's easy for us that measured pH and ketones, because I would periodically want to get into that intermittent fasting stage and get our body to produce ketones as well. So I have urine test strips that include pH and ketones that I have clients test so that they actually know, it's like, test don't guess. Sometimes we can think we're doing everything right, but unless we're testing we really don't know. Like, we can be eating greens, we can be vegetarian but still have very acidic urine, because it's not just diet that affects our body chemistry. There's so many other things. Diet and exercise are maybe 25% each of the whole picture.

And so that's how I would start with clients. And then, the second thing is, you know, we talked a little bit about the hormonal changes and things that happen postpartum, post episiotomy, you know, prolonged, post breastfeeding and in the perimenopause and menopause, and that's the vaginal changes, or the urinary leaking when we cough or sneeze. And so many women think that we're just destined to have that, and that's not true. And so I created a solution, I call it anti-aging cream for your vulva, to kind of, to help with restoring and nourishing those delicate tissues, all the way from the clitoris down to the anus. Hemorrhoids aren't fun either, and the solution's not Preparation H, the solution's not a hemorrhoidectomy.

Same with vaginal dryness. Vaginal estrogen only works on a single aspect of the vaginal canal, the vaginal health whereas DHEA, one of the hormones that I put in, well the hormone that I put in Julva, which is my feminine cream for the vulva, that really helps the muscle layers, the deeper layers. And we know that from research with vaginal DHEA. And so I created Julva as a solution for women who were struggling with, you know, discomfort during intercourse with less lubrication, with, you know, that uncomfortable leaking when we cough or sneeze. And those things that can affect us when we get older. And so a little bit goes a long way. And so that was my reasoning behind that, because there's nothing over the counter for women that addresses these issues in a very natural way. And I wanted to create those. Those are two key things that I really created to help women.

A third thing is, Katie, if I can mention, is using bioidentical progesterone cream. Sometimes, we just need that little bit extra. And so, you know, adding a little bit of bioidentical progesterone cream, that's a good USP progesterone, during that second phase of the cycle, can make a big difference as far as PMS and, you know, perimenopausal symptoms can affect us. That can really help. And a little bit goes a long way. We've got great safety profiles. It's just unfortunate, such a confusion in the literature, where progestins, synthetic progesterones, get confused with bioidentical progesterones. And they are two different animals completely.

Katie: Yeah, let's talk a little bit more about that because I've used bioidentical progesterone before and it does make a drastic difference, even just a tiny bit. But how might someone know that that could be helpful for them? And then what are those cautions of how should they use progesterone and how much or how little, to make sure they're being in those safe ranges?

Anna: Yeah, so definitely if you have postpartum depression, or, you know, postpartum blues, a little bit of progesterone cream in the evening. And my formula is pure balance. It's 20 milligrams of progesterone and 10 milligrams of pregnenolone per pump. And I typically would start clients at a half a pump to one pump at bedtime. Or your doctor can prescribe you oral progesterone to take, 100 milligrams to 200 milligrams. Sometimes in severe postpartum depression, I would write up as much as 400 to, rarely 600 milligrams orally in progesterone. So starting with a cream at 20 milligrams is a really good starting point.

Creams tend to work differently than oral. Oral pills get 90% as metabolized, that's why there's such a big dosage difference between creams and oral progesterone. But if you're having PMS, postpartum blues, and in the perimenopause time period, spotting in between periods, irregular cycles, shorter cycles such as, you know, if you're having shorter or longer cycles, you know, it really depends. Or if your cycles are irregular, progesterone can help. And if we call the first day of your menstrual period, the first day you start bleeding, we call that cycle day number 1. And typically I have clients start after ovulation, which is somewhere around day, you know, 12, 14, typically. And so start after ovulation and use one pump at bedtime until day 28 of your cycle, or until your period starts. And then stop the progesterone until day 12 to 14 of your next cycle. And that is better than Prozac, I am telling you. And it's more natural, and it's safer, and it is addressing the underlying cause of the symptoms you're experiencing.

And, from my experience, again, I'm a gynecologist where I used to do a couple surgeries a week when I started using these natural regimens and bioidentical hormones, it really helped me or helped my clients eliminate the need for surgery. So it went from, you know, a couple, two to three surgeries a week to referring out two to three a year. So that drastically...when we address the underlying reasons that's causing the symptom, the symptoms go away. And that is so important.

So progesterone can be very beneficial. So we use the cream, and typically I'll have clients too, to use it on their vulva or perineal aspect of the pubic area. Because it's well absorbed there, we're very vascular there and we get a really good absorption, but rotate sites. So you can use it there. Thin skin, anywhere you see veins. So like, lower abdomen, inner arms, behind the knees. Now, be conscious, when we're using any hormone cream, and if your husband's using a topical hormone, specifically testosterone or DHEA, you cannot touch those body parts. And do not use the towel they're using.

So the same is true with women, and that includes with my Julva cream. And it's a small dose, I mean, it's definitely a small dose of DHEA in there. But we can transfer these hormones, progesterone or DHEA, and testosterone to our partner. Not a big deal for DHEA, because that's, you know, we have one...men have 10

times the level of DHEA that we have. But for our children, that's where I get concerned. So keep your own hand towel. If you've applied the cream, use your hand towel and your children don't use that hand towel. Just that one precaution for people. And again, rotating areas that you use it.

With Julva we're absolutely fine with using the Julva cream on the perineum. So again, from the clitoris down to the anus, definitely the vulva area, around the urethra. That works and you can do that continuously. You don't have to rotate sites with that.

But with progesterone we find it better, because, again, progesterone receptors are all over our body too, to rotate sites. And yeah, so that's how we use it. And that's usually the dosage in the cream, is about 20 milligrams when you're using a topical progesterone, that's a good place to start. Prescriptions can range from 60 milligrams in a cream or less. And then oral progesterone typically starting at 100 or 200. And again, bioidentical progesterone, not progestins.

Katie: That's such an important point, and I'll make sure...I know you have resources on some of these and you've mentioned, products. So I'll make sure I link to those in the show notes. But for someone who wants to find out more about one of these specific issues, or just wants to address hormone health, where can they find you on the internet and learn more?

Anna: So absolutely. I'm at [drannacabeca.com](http://drannacabeca.com).

Katie: Awesome. And of course, I'll have that link in the show note as well. And I have a feeling I'm gonna get some follow up questions on this. So if we do, I'd love to do a round two with you one day. But I love the work you're doing, and, like I said, I'll make sure all those links are included so that people can find you and learn more.

Anna: Thank you. Thank you, so much for having me. We covered a lot of information, Katie. I know it can feel overwhelming so I definitely welcome the questions that result from this as well.

Katie: Awesome, for sure. And I'm sure there will be follow up questions and so...thank you all for listening. Thank you, Dr. Anna for being here, and I will see you next time on "The Healthy Moms Podcast."

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