



Episode 226: Science Backed Reasons to Ditch the Pill (& What to Do Instead) With Dr. Jolene Brighten

Child: Welcome to my Mommy's podcast.

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Katie: Hello, and welcome to, "The Wellness Mama Podcast." I'm Katie from [wellnessmama.com](https://wellnessmama.com), and I am here with someone I love dearly. She is a friend and also one of the smartest people I know. Dr. Jolene Brighten is a Functional Medicine Naturopathic Medical Doctor and the Founder of Rubus Health, which is a women's medicine clinic that specializes in hormones. She is recognized as a leading expert in post-birth control syndrome which we're gonna delve into today, and the long term side effects associated with hormonal contraceptives.

Dr. Brighten is the author of, "Ditch the Pill," a 30-day plan to support women on birth control, help them transition off, and eliminate symptoms of post-birth control syndrome. She is also a speaker, a women's health advocate, and a medical advisor for one of the first data-driven apps to offer women personalized birth control recommendations. Dr. Jolene, welcome and thanks for being here.

Jolene: Hey there. Thanks so much for having me. I'm excited to get a chance to speak with you and your tribe today.

Katie: I'm so excited. And I think this is such an important topic and one that doesn't get talked about often or at least not as much as it should. Because it tends to get tied in with the conversation of women having options and rights, and what we're gonna talk about today is the medical side and what's happening physiologically. So to start off, I'd love to just kind of define the problem. So how many women are currently on the pill for non-contraceptive reasons, using it primarily for something else versus those who are on it to prevent pregnancy?

Jolene: Yeah. So what we know currently from the current statistics is, there is about 100 million women worldwide using hormonal birth control. And within the United States where you and I are sitting then, that number is about 11 million currently, and so when we look on, okay, we've got about 100 million in the world, 11 million in the United States, we can, you know, come to understand that based on surveys that have been done women using hormonal birth control about 60% and sometimes as high as 65% estimates have been are stating their number one reason is for symptoms, and not for pregnancy prevention. Which is kind of mind blowing when you think about, you know, in our arena we know about root cause medicine, we know like there are so many ways to balance your hormones and things that women can do, yet the pill is the number one go-to. And I just say for the fill in the blank lady problems.

So, you know, whether that's heavy periods, painful periods, mood swings, having PMS, you know, it's usually the birth control pill that is passed to a woman as the first, you know, intervention without any question as to why. So, you know, we're looking at anywhere from 60% to 65% of women on it for non-contraceptive reasons.

Katie: Wow, that is staggering, and like I know you and I have talked about in person that's kind of sad when you think about the fact that we don't have hormonal problems because of a lack of birth control or artificial hormones. And so from that perspective, like physiologically what's going on with hormonal contraceptives, like, how do they work in the body and what's that mechanism?

Jolene: Yeah. That's a great question because so many of my patients when I go through like, okay, this is how it works that's why we're having symptoms of post-birth control syndrome, it's like the first time that a doctor had ever explained to them how birth control works. I wanna preface this conversation with like I am not anti-birth control by any means, I did the pill for 10 years, but sure I really wish I would've been told some of these things and definitely I wish someone would have told me how it actually works. So the way...so for the pill for instance, the way that the pill works is that you take this bolus of hormones. So a high dose of hormones, granted, it's not as high as, you know, what the original pill was formulated to be, but it's high enough that it tells your brain there's more than enough hormones, and there's no reason to tell the ovaries to make hormones.

So, in effect, it is shutting down the way your brain and your ovaries are communicating to one another. And so in doing that, I mean, it makes sense like if you are shutting down an entire reproductive system, if you shut

down an entire system of your body, you expect that other systems are going not only to have to compensate but are going to feel the effects of that as well. And then when you look at things like, you know, the IUD for example, so like the copper IUD is creating inflammation, it's toxic to sperm, it's not inhibiting ovulation. And then there's something like the Mirena IUD that sometimes inhibits ovulation but not all the time and it's actually changing cervical mucus, and it's changing how the uterine environment is so that if you do become pregnant that the egg doesn't implant.

But, you know, by far the number one hormonal contraceptive that women are using is the pill, and that's why I talk about it so much. Because, you know, things like Depo and the implant, like they have their own side effects for sure and a lot of them, you know, they're near what we see with the pill. But the pill is by far like the number one that women have used at some point in their life, and again, like it's sad, it's gonna be like the drug of choice so to speak for whatever female problem you're presenting with to your gynecologist or your primary care provider.

Katie: Yeah. That's so shocking, because at least in the marketing I've seen the pill is marketed as this totally safe wonderful thing that doesn't really have side effects, or if they mention them, it's very small print or very quickly at the end of an ad, and they don't really talk about. From my understanding, at least the hormones in the pill are pretty drastic and they do really have an impact on the body. So can you go deep on that, like what are some of the things that a woman might experience from the pill that her doctor may not tell her about?

Jolene: Yeah, totally. And let's just like for a second speak to the fact that like this is really good marketing that they do, and it's so often that with advertising and even within your doctor's office these side effects are often dismissed. If they're even discussed, you know, depending on how old you are, they may not tell you about the risk of stroke, heart attack, or cancer. Like, if they're giving it to a 16-year-old girl statistically speaking, she's unlikely to have a stroke unless, you know, she happens to have a genetic variation or a family history and these other factors that could lead to that.

But, you know, the way it's really viewed is that the threat of pregnancy is so great and it's so scary and it's something that every woman should, you know, be avoiding that these side effects don't matter as much and clinically they do matter. And as a woman I'm like, "Yeah, they definitely matter." And so, you know, some of the things that we can see as on hormonal birth control women can start to develop an array of symptoms. And how does this happen?

So hormonal birth control disrupts the microbiome and induces a state of leaky gut which is recognized in medicine as intestinal hyperpermeability, which we know sets the scene for autoimmune disease. And the studies go back and forth on autoimmunity, certain autoimmune conditions you're at higher risk for when you're on hormonal birth control, others there's conflicting data. Myself and other experts have certainly seen birth control being the triggering event for women developing autoimmune disease. So if you have a family history of this, this is important conversation to have with your doctor.

Now, hormonal birth control also depletes nutrients, and if you're depleting nutrients that alone can lead to thyroid issues, to adrenal issues to, you know, other symptoms of hormone imbalance and then certainly mood symptoms like anxiety and depression. We have large studies now that show a correlation between birth control and depression and this was something that was dismissed, and still gets dismissed at a really high rate. And it's something that I always frame to my patients of like, "Look, we don't always need a study to tell us causation, we can stand back and can look at normal physiological function."

And so, you know, for instance, birth control studies have shown that women need higher levels of tryptophan while they're on it, that is how we make serotonin, a happy neurotransmitter. Birth control also depletes B6, without that you can't make serotonin. Based on that alone, it's easy to see how it could impact your mood. So anxiety, depression, panic attacks, mood swings, these are common symptoms that I see in my clinical practice, and I'm sure any woman who has been on hormonal birth control is nodding her head right now because, you know, the other aspect of hormonal birth control is that it's inflammatory as well.

And so it's inflammatory in the sense of how it affects your gut, but also, it's impacting your liver, so we have to detox through our liver. It's also how we absorb nutrients, regulate blood sugar. And we know that since the introduction of hormonal birth control, we've diagnosed women in medicine with liver tumors at a much higher rate and these are benign liver tumors, but they're liver tumors nonetheless and that's a part of your organ you can't utilize. And in addition to that, it's depleting nutrients that run your detox pathways. So if that is going on alone, we can see things like acne, hair loss, weird rashes, blood sugar imbalances.

And then we layer on that inflammatory component now we've got adrenal issues. And, you know, one population...really I take issue in using birth control as a Band-Aid to every woman without a question of why. If you're a woman and you're like, "I don't really care about any of this, and I understand the information. And I'm choosing to be on the pill because I don't want to deal with my periods." That's 100% your choice, and as a physician it's my job to support you in that choice. However, you know, populations like women with PCOS, endometriosis, thyroid disease, they're often given the pill. So thyroid disease for example can present with irregular periods or periods that just don't quit. And the doctor will say, "Well, here's birth control pill, great, I fixed your period problem." Except now, this woman has a thyroid disease, it's progressing, you just delayed her diagnosis and for her getting proper treatment.

So to go back to the population I really take issue with giving the pill without discussion of any of these things is women with PCOS. You know, women with PCOS have hormone imbalance, so polycystic ovarian syndrome is PCOS. They will get hair on their chin, chest, and abdomen or lose hair on their head. Nobody likes any of that, they end up with acne, their periods are irregular, they're having fertility issues, these are all hormonal symptoms, however, it's rooted in insulin dysregulation, blood sugar imbalances, and inflammation.

So, you know, to me as a doctor I'm like, "Okay, hold on," so the root cause of PCOS and there's also a study starting to point to gut dysbiosis, so imbalance in the flora in your gut, the good gut bugs. So if a woman with PCOS is already having blood sugar issues, she already has inflammation, her microbiome may already be skewed, she's already at higher risk for stroke and heart attack, then why are we giving her a medication that

also causes, you know, increased risk for stroke, heart attack, and the development of diabetes. And this is a big thing that most doctors don't realize is that hormonal birth control actually can cause, you know, level of insulin resistance, similar to what we see in pregnancy, which is, you know, helping baby get enough blood sugar but, you know, that's a transient period of time.

And I really hate when I hear doctors make the argument of like, "Well, it's no more of a risk than if you're pregnant." And it's like, well, okay so you roll with that because I don't know anybody who's pregnant for 10 years, 20 years, 30 years, and these contraceptives were never designed nor studied to be given to women for decades on end. So, you know, I'm painting a picture here of being...you know this hormonal birth control being pretty bad and, you know, in truth like there are still days that I'm going into the research and my jaw is dropping by just the things that my doctor didn't tell me. And really, you know, I think that in this day and age, you know, we have access to information and we can access so many sources of information but we also have so much more data.

And when I say data, it's not just about the studies coming out, but it's the fact that, you know, this is a very unique time in history where we are actually seeing women who've been put on hormonal birth control for decades at a time. And so this is something why...I hypothesize why new millennial generation is actually rejecting hormonal birth control at the highest rate of any generation we've seen. And we truly believe it's because of the women who went before them, the women who did go on hormonal birth control. They saw these side effects, they saw what happened to them, and you know, they've chosen to do better. And it's really something that's part of my mission is like let's educate women so that they can do better.

And, you know, I also wanna say that we get dismissed in women's medicine like a whole lot and I say, "We as women, we see this all the time especially in pain." Period pain is no exception where we're often told symptoms are all in our head and things are not real. And the reality is, is that if you understand, you know, all the ways that hormonal birth control really impacts your health, like it's affecting every system in your body, it's pretty easy to see how breaking up with it, you know, deciding to Ditch the Pill, can come with a whole lot of other symptoms and trouble of its own.

Katie: Yeah, exactly. And I think one word you said was so key, you called the pill a medication which it is, but I don't think most people think of it that way, and if you take that to its logical end it's a medication that you're using to treat fertility and its intended use at least. And the problem is fertility is not a disease and certainly it can be managed, and I'm not saying we should all be pregnant all the time. And like you mentioned, most women are not even on it for that, they're taking it for acne or for cramps or for irregular periods, which is not exactly what it was designed for and it's not the medication that's fixing that problem, it's just masking it like you said. And I know I've seen friends kind of go through this horrible cascade where they start on the pill and then it leads to eventually all these other medications as well. Can you speak to that?

Jolene: Oh yeah, totally. And this is something that I think women also need to recognize that the introduction of the birth control pill was the first time that a pharmaceutical came on the market that could be given to someone who didn't have a diagnosis or a disease. So this is very revolutionary, now it's been absolutely

instrumental and revolutionary in moving women's rights forward. Absolutely, we graduate college at higher rates, but it is a medication and people forget this that it's absolutely a medication and it's something that is, you know, suppressing your hormones and is affecting every system. And like many medications, I mean, every medication has a side effect and with this medication in particular side effects can look like things like having, you know, gut issues. So now you're developing SIBO or IBS, you're getting these other...you know, another diagnosis.

And so your doctor then is putting...maybe you have GERD, so heartburn, you know, having reflux, very common when women are on hormonal birth control and that has to do with a whole cascade of how it actually affects your thyroid, affects your liver, affects your gallbladder, and the whole motility of the gut. And so then they might end up on a proton pump inhibitor, so now they're on a proton pump inhibitor and birth control, birth control depletes nutrients, proton pump inhibitors inhibit you from developing nutrients. Now, she's starting to have symptoms of depression, she has lack of motivation. Well, let me tell you, any woman who loses her testosterone will not be motivated, will be fatigued, and will not have a libido. I always joke, it's like the real way that birth control works is it takes your libido so hard that you end up not wanting to have sex.

So, you know, testosterone dips, nutrients get depleted, the brain starts getting affected now a woman has depression. Now she's being given an SSRI or, you know, another type of mood altering medication. So now she's on the birth control pill, proton pump inhibitor, mood altering medication, all of these things are impacting her thyroid. Now, she ends up with a diagnosis of hypothyroidism, she's put on a thyroid medication but, you know, the root cause is not being addressed to that. She is having issues absorbing that medication. The medication dose is going up and up, and up. Now that medication is pushing too hard on the adrenal gland, so she's feeling fatigued despite that and, you know, she's having trouble concentrating.

Now, we can see that her doctor is like, "Well, this might be ADHD, let's get you on some Ritalin." And it really is a slippery slope in that way. And I have seen patients where...so, you know, in my medical practice when women come to see me we do a timeline and this is really born out of a functional medicine philosophy. And, you know, very much it's going through the timeline, and try and figure out what was the triggering event, like, what was the moment...like basically, what was the straw that broke the camel's back? And so often when I go through these stories and this history with women, we find that yes indeed starting the birth control pill was the downfall of their health. And then we'll see medication after medication being brought in.

And, you know, I had a patient who came to see me who was put on...she had a sleep medication, she had anti-anxiety medications, she had an antidepressant after being put on hormonal birth control. And she had chronic gut issues as well, and it was something that she had seen several doctors. My average patient is seeing like 10 to 12 doctors before they get to me, and everybody kept, you know, trying to fix her gut or give her another medication. And I was like, "Okay, so how has all that been working for you?" And she is like, "Not very well, that's why I'm here." And we worked with her first. We spent a good three to four months prepping her body. We got her off the birth control, and the next thing that happened is she forgot to take her sleep medication. She just fell asleep on her own.

She actually first started forgetting about her anxiety medication because she wasn't having those symptoms, there wasn't that sign that clue for her to take it. And then she worked with her prescribing physician to taper off of that antidepressant. And when it was all said and done, she was off of every medication she felt amazing and, you know, she was able to conceive and have a baby. You know, it's something if you're like... So let me just say this, if you're a woman coming off the pill, and you're like, "I'm coming off to get pregnant." You're going to need to spend a good six months prepping your body for that. And I outline a lot of this information on my website and in my book. I have a whole chapter that's based on the libido and fertility, because it's such a big concern for women but nobody likes it when I say it.

But I'm like, "You're gonna have to spend a good six months because we need to shift your microbiome, we need to repair your gut. Your microbiome becomes baby's microbiome. We have to replenish your nutrient stores." I mean, I've had one baby you've had six, we know it's the most nutrient depleting time of your life is to be pregnant but even more importantly breastfeed, and so that's something that like I have long-term concerns for the women in my office of, like, you could roll into becoming pregnant. If you haven't replenished your nutrients and really fixed your gut and got your liver detoxed, like at the minimum, you know, got that detox capacity up, you're gonna be affected at pregnancy, your baby is going to be affected. And, you know, odds are, you're gonna end up with a diagnosis of osteoporosis in like 20 to 30 years depending on where you're at. Just from the nutrients that have been depleted through your life time. Does that all make sense? I know you had one specific question, and I just gave you like 20 different answers.

Katie: No, I love that. That makes perfect sense. And I think the part that's so scary to me to think about as a mom who will have teenage daughters before too long. Is that for so many girls this cascade that you just talked about is happening from essentially the time they start puberty. Because like you mentioned, this is not always prescribed as a contraceptive, girls are given it for acne or for really bad cramps which can be especially hard after a girl that starts her cycle. And instead of treating those things and actually looking at them as a human being and as a woman and finding out why are they having cramps, or why are they getting acne, and how can we address that? Like you said, we're masking the problem and then setting them up for this long term cascade.

I think it's really like tragic to see that happening over and over. And I wanna go a little deeper on something you just mentioned, which is that basically I think a lot of people think, "Oh, I can just stop taking the pill and all that's gonna go away, and I can just get pregnant right away and my body will just get back to normal." But it doesn't sound like that's actually what happens in your work with patients or necessarily even what the studies say, am I getting that right?

Jolene: You're totally right. And I wish I could say like just stop it and everything will be better. But the reality is, is that, you know, for however long you were shutting down that communication between your brain and your ovaries, like, it's gonna take time to reset that. And what I find is a small percentage of women actually get back to ovulating right away. And a reason for this is exactly what you just spoke to is that we're medicating young women, so here's the deal, menarche, the first time you ever have your period, that's

menarche. That is when your brain and your ovaries are just beginning to communicate. It is not abnormal to have irregular periods at that time of your life because your brain and your ovaries are figuring out their rhythm. But what is very interesting is there's been experts doing research showing that, you know, the strength and the really strength of that connection takes over a decade to develop.

So, ladies, let that sink in. You know, I'll also say this, like at age 14 you start your period, let's say, when your nervous system doesn't finish its maturation process until like age 25, and so your nervous system, your brain is controlling a lot of your endocrine system, your hormonal system. And so it's very important to keep that in mind that, like, if we come in and we intervene...and I think it's a great disservice not to ask why, women deserve to know why their body is presenting these symptoms. And I'm so passionate about that in my book. I actually have like how to...like what your period is telling you, what ACOG has deemed the fifth vital sign, so that you can troubleshoot what is going on and what these signs and symptoms really mean so that you don't feel your only solution is the birth control pill.

So I just like to really frame it to women that, like, "Look, if you did the pill like me for a decade, then reality is, is that you're probably going to have to spend a good 10 months minimum really loving up your body." Does that mean that, "Oh, you're not gonna feel good for 10 months?" No, but we're talking years, years of your life being medicated. Having your reproductive system suppressed, we can...you know, it's something where it's like, "Okay, of course it makes sense that's going to take some time." And, you know, what I see clinically is the majority of women struggle when they come off of hormonal birth control, something I've termed post-birth control syndrome.

And like all syndromes in medicine, so a lot of people are familiar with irritable bowel syndrome that can be diarrhea, constipation, alternating diarrhea, constipation. And there's actually all these subsets of IBS now. But you can have post-birth control syndrome and it can be a handful of symptoms. So maybe you're having an androgen rebound after you come off of pills. So testosterone now goes high, you are having acne, oily skin, and hair loss, so that might be the way you present. Or, maybe your period goes missing all together something known as post-pill amenorrhea, an amenorrhea just means you've lost your period which, you know, we know from the research can be up to three months.

Well, let me say it this way actually is that in the research they say if you were a regular menstruating female, so let's just use 28 days, if you are ever 28 days then you started the pill, when you come off we expect it could take you 3 months to get your cycle back. If your period was irregular when you started and we can expect it can take six months to come back. Now, medicine waits until six months to investigate it in women who had irregular periods. You know, my practice I'm like, "Nope, come month three..." well, if you're in my office we're investigating right away but if your period's been gone for three months or more, we need to investigate that right away. Like, why...there is no watch and wait that's gonna be magic here, and why would we just let a woman continue on? Then maybe like I said it could be thyroid disease. It could be PCOS. It could be pill-induced PCOS which is a phenomenon where you present like you have PCOS, but when you start digging into the lab work, you do not have PCOS but you can develop that after coming off of hormonal birth control.

And then we can see other symptoms as well, so women can have the digestive symptoms coming up, they can have weird skin symptoms, rashes, being really reactionary to foods or food sensitivities developing. This is where it gets really confusing for doctors and doctors also wanna put it in a compartment. You're having gut symptoms that's a gut problem, send you to the gastroenterologist. Like, you're having hair loss problems, okay, that's a dermatology problem, go send you over there. And the reality is, is that your body does not care how medicine wants to classify things. Your body does not care if medicine is like, "Great." You have a rheumatologist, an endocrinologist, and a gastroenterologist, your body is your body, and it's all connected. I love these specialists, I think that they're great to have, but I think it's also something important to recognize is that, well, they might be really good with one system that means they might be missing a lot of what's going on in other systems in your body. You know, to your point about, you know, these things coming back like after you just come off birth control, one thing that like may not come back and this is the heart breaker is your libido.

And in fact there's been research studies and we certainly need more that have shown that the hormonal birth control, now, it has a big impact on your liver as I've already said in a lot of ways, but it also alters your liver function at the genetic level so that it raises sex hormone-binding globulin. So this is exactly what it sounds like, it binds sex hormones and it grabs on to excess estrogen and testosterone which protects you when you're taking that synthetic estrogen. But it's also gonna grab on your testosterone, which is why it gets used for PCOS a lot is because these women have excess androgen so higher levels of testosterone. But the problem is, is that when you bind that all up then you can drop a woman's libido. And the research has been...you know, they're speculating that that doesn't just come back, you know, just because you stop the pill, and in fact, the speculation has been that it may never return to a normal state. Because they've actually studied these women and found that their sex hormone-binding globulin never drops to a state, the level of women who were never on hormonal birth control.

Now, what I will say to that is that, you know, we've been working on this for a long time developing protocols, learning a lot from my patients and you can get those levels down and you can get your libido back. It's something I outline in my book and you can also go to [drbrighten.com/pbcstdiet](http://drbrighten.com/pbcstdiet), which is, you know, the liver supporting diet. It's like how to birth control detox on or off of it. So that you can start loving up that liver and get your libido back. And I have to bring this out because women especially like in my practice I get to have these one on one conversations where they're like, "No, no, no I just wanna fix my hormones Dr. Brighten, why are we talking about my liver and my gut?" And I always say, "If you don't start there, you stand no chance at fixing your sex hormones." And these binding proteins are some serious business.

And, you know, I've heard doctors dismiss this. I've had doctors online write to me, and be like, "What you're talking about that's just not a real thing with these binding protein." And I'm like, "Okay, do you know how they conduct these clinical trials?" When they are testing a woman and the outcome of these hormones they test these binding-proteins, they know if she's lying...if she's not taking the hormone then her thyroid binding globulin, her sex hormone binding globulin, her cortisol binding globulin is not up. So, did you just hear that? I'm talking about hormonal birth control causes you to bind estrogen, testosterone, cortisol, and thyroid, like

that's a really big deal. And this is how the researchers know that you're actually taking it because this happens in every single woman.

Katie: Wow. That is staggering. Yeah, I didn't even understand the degree to which that was true but that really is shocking.

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Katie: And even if we step back and ignore like the definite medical bias against women in medicine, I know that most studies they try to avoid studies on women because hormones make everything tricky and can make like the interactions of different medications variable at different times of the month. But if we ignore that we've like created this culture where like a period in a cycle are looked at as a bad thing, like they are a negative thing, all the marketing about feminine products are all about how negative your period is. But if you take a step back from that mindset too, I feel like the disservice is we're ignoring some of the easiest health data we have access to, and it's like free lab test every month.

So you touched on this earlier, but our cycle, unlike men, they're pretty like level all the time, our cycle changes...I mean our hormones change daily throughout the month. And if we're aware of that and we're tracking it, it can actually be really valuable insight into our health long-term. So I know for me I've been tracking my cycle for about 13 years and that was one of my early signs that something was going on my thyroid is my cycle changed, and my body temperature was changing. And these things I was paying attention to were changing. And if we just medicate our cycle versus pay attention to it, we lose that data that is like free lab testing every month. But I'm curious from the medical side, if you can explain maybe some of the other things we can learn from our cycle.

Jolene: Yes. So you know we've had these conversations. I am really big on women leveraging their data, and here's the deal, like you are walking around with data in your body that no lab test or physical exam from your doctor can really get access to, right? We can't...we know hormones fluctuate throughout the entire day, throughout your entire cycle and you certainly should be testing them. I think getting testing is one of the best ways to really understand where you are at. And because we can't...you know, we also wanna see your metabolites, so what are you doing with these hormones but, you know, we can't follow you around just drawing your blood all day every day, that's ridiculous. And so the American College of Gynecology and Obstetrics, or Obstetrics and Gynecology, flipping those ones, they deemed in 2015, they said, you know, the menstrual cycle, the period that's really the fifth vital sign, so vital signs, what are those?

That's the way for your doctor to know that you're healthy and you're not going to die, like your temperature, your blood pressure, how are you breathing, like are you rapidly breathing, are you shallow breathing, these things provide really great insight, and so your cycle is part of that as well. So to me like if we know that this is such important data why are we medicating that away, just like you said, that was one of your first signs to understand that your thyroid was being affected. And truly thyroid disease I will say, you know, by the time we diagnose it, it's already been brewing, like so many things, it's already been brewing for a while there. And, you know, with that it's really paying attention to your body and knowing what's wrong and what's not normal for you I think is really important.

So when patients come into my office, I hand them a journal right away. So they've got to be a partner in the relationship and I explain to them, like I need you tracking your data because I need to understand what's happening throughout your menstrual cycle. And I can tell so much about what's happening with your hormones. So in terms of data, what data point should you be tracking? Well, number one, every doctor should be asking...I was gonna say, if they don't ask this you should walk out, is, when was your last menstrual period? So LMPs, what we call it in medicine, so what day did it start, we wanna know that every month. Now, if day one is the first day you have a flow, but I tell my patients like, look, if you're spotting, having brown discharge, I want you to record that as well.

And the other thing too is that sometimes it starts with spotting then the woman's like, "Oh, this isn't really my period." Then that evening the flow starts like that was your day one. So, but knowing that are you spotting, does it start with brown discharge, like, if you're having brown discharge or brownish black discharge, that's oxidized blood that might be that your progesterone was too low or your uterine

contractions were inefficient, like that's important data to have. So, first day of your period, cycle day one to the next cycle day one, that's what we wanna count.

So we go day...on average we always use 28 days just so you know, it's like a third of women have 28-day cycle. So most important thing is your cycles are regular, so if it's 26 days, you know, it's 35 days but it's regular for you, then that's what's normal for you. If it's like sometimes it's 25 days, sometimes it's 45 days, sometimes you go 3 months, that's not normal. So that's good information to track as well. So day one, and then when you count up the last day of your cycle that's gonna be the total day, so that's day 28 and then the next day, day one starts again. So we wanna know when did your period start, what's the length of your cycle, and then how long do you bleed for?

And this is really important data to have as well. So are you bleeding for less than three days, you may not have enough estrogen. Are you bleeding for more than seven days, like you might be iron deficiency, like have iron deficiency anemia, you might have thyroid disease, you might have, you know, some kind of uterine growth going on. So there are reasons for these symptoms to come up. And then we also wanna know like, when does your libido spike? So typically libido comes out...so this is a very important thing for women to understand. You should not be in the mood every single day out of the month, now a male partner may be because his hormones aren't as cool as our hormones. I have two boys in my life, I love them, but women have superpowers with their hormones.

And so, you know, you're most going to be in the mood leading up to ovulation, that's a good thing to pay attention to. It's also a time when women typically like that have testosterone driven acne, they might see some acne developing. I'm in the mood, I'm also feeling like really on my game, and really motivated, but I have some acne as well. That's all pointing towards testosterone. And then, when do you ovulate? It's not day 14 for all of us so, you know, in medicine, just in communication, right? We use these kind of generalizations and averages to be able to communicate, and have a common ground for communication. But just know that there's nothing wrong with you, if you don't have a 28-day cycle you don't ovulate on day 14. Some women ovulate as early as day 10, some ovulate later like day 18, day 20, so we wanna be tracking the symptoms leading up to that.

Do you have fertile cervical mucus? You can check the position of your cervix, not a lot of women like to do that one because cervical...I mean, it's just way easier to be like, is there goop in my panties? Yes, which I also say...why I use that term goop is because so many of my patients who have been medicated with hormonal birth control since they started their period, you know, they get to my office and here they are in their 30s now. Like I have 30-year-olds and 40-year-olds that call my office freaking out and they're like, "Oh my gosh, there's goop in my underwear. Something's wrong I think I have an infection." And I always am like, "Congratulations, you ovulated." And they're like, "How have I never seen this in my life?" I'm like, "Because you haven't been ovulating." Like it's, you know, a very normal thing to have occur and it's not something to be ashamed of, nothing about what your body does should you ever feel shame about.

And if you ever are working with a provider that makes you feel ashamed, don't yell at them. Instead just feel, like, "Okay, so you're making me feel ashamed of a very natural process." Because odds are, that's something about their own issues and nothing about you. And I think that we're seeing more of this conversation shift, but it needs to... I'm an impatient person in this regard where I'm, like, we need to stop shaming women for things that are totally natural.

Now the other thing you wanna track in your cycle is that as you go into the two weeks leading up to your period. So after ovulation then we want to be looking at what kind of symptoms you have come up, and if we're gonna have PMS, most women it's going to be anywhere from three to seven days before their period. So are you moody, do you like scream at people, because that happens if you don't have enough progesterone that's not you, that is definitely not you, that's your progesterone. You know, are you breaking out? Do you have acne, are you super fatigued, are you having cravings like crazy, are your breasts so sore you can't walk down stairs. You know, these kinds of symptoms, tell us a lot about what is going on in your body. And it's never your body betraying you, it is 100% your body saying, "I need some help here, let's work together on this so that we can heal and resolve these things."

And then as you get to the end of your cycle your hormones are going to drop, so they should drop, this is normal, that's what triggers the bleed, so that's what triggers the endometrial, or the lining of your uterus to shed. And that is also a very common time to see hormonal headaches. And that can tell us a lot about the shifts of estrogen and how it's affecting you, also before ovulation is a common time to see headaches as well. Because you spike your estrogen and your luteinizing hormone in order to trigger ovulation, and so your body might be overshooting things.

So just to explain the whole menstrual cycle in medicine, we break it into three phases. And we've got the initial follicular phase, we've got the ovulation phase, which is only about a day, so you're not pregnant, you're not pregnant the whole cycle ladies. And then we've got the luteal phase, which is the second half of the cycle. Now in the follicular phase, like sometimes, you'll hear people talking about how there's four different phases and that like your menstrual cycle is a week of its own a whole different phase. But, you know, I caution women, I'm using that language because it's always my goal that you can have a conversation with your doctor to get the right kind of help, but if you tell your doctor like, you know, that in my menstrual phase and then when I went into my follicular phase they're gonna be very confused. I mean it's all the follicular phase, and the reason is, is because the menstrual cycle included in the follicular phase is really because even though you are probably still bleeding on day three, you are ramping up your estrogen and your follicle stimulating hormone.

And the aim of that phase is to get an egg matured and ready to ovulate. Then we go into ovulation, LH, and estradiol or estrogen is going to spike, and you're gonna release an egg that's about a 24-hour event, and then you're going to roll into the luteal phase. And why ovulation is so important whether or not you wanna have a baby is that when you ovulate what's left behind is the corpus luteum and that is gonna secrete your progesterone, and estrogen is your main diva in the follicular phase, and then progesterone is your main diva in the luteal phase. But it's really that lack of ovulation or other things that can lead to estrogen dominance

that can make, you know, PMS and periods so unbearable that drive women to wanting to get on a medication.

And that's why I'm really passionate about educating women what they can learn from their menstrual cycle and how to leverage that data. Because, you know, most of the time for a lot of the period problems that we have like making diet lifestyle shifts and bringing in the right kind of supplements can really solve a lot of those issues. And then, you know, there is the other issues that can be, you know, due to like uterine polyps, endometriosis, PCOS where you're going to need a doctor, and you're going to need advanced support.

Katie: I think that's so important and I think I'd love if you could touch from a doctor's perspective on a few of those conditions really briefly just to give women hope that there are other things you can do that are actually effective, because I think so many women turn to birth control as a way to alleviate those symptoms because, let's face it, things like endometriosis and PCOS and irregular periods are really uncomfortable things and at least the pill is offered to them as a potential solution for that. So can you just touch on how do you address things like an irregular period, PCOS and endometriosis when someone comes to your clinic?

Jolene: Yeah. So, you know, it doesn't really matter what condition you have, really none. Blood sugar balance all the way. So that is one thing that I will say is that, you know, a really healthy diet goes a long way. What do I mean when I say a really healthy diet? I mean, eating plenty of vegetables, getting fibrous vegetables and leafy greens, cruciferous vegetables, those are going to aid in liver detox, they're gonna feed the good microbiota in the gut which play...they play a huge role in our hormonal health, and then tending to blood sugar issues. So, you know, PCOS, certainly something that can be driven by, you know, blood sugar imbalance, and you're kind of predisposed to that. But you know, some women can present with PCOS like symptoms, because there are...they've got poor blood sugar management so their adrenal glands are kicking out all this DHEA, which then gets converted into testosterone. And so they look like they have PCOS when reality comes down to their blood sugar.

And so no matter what your condition and I'll just say, like I know it's not the sexy fun stuff to be like, "You gotta eat right," but you do. And I think instead, we should be reframing it as like, you've got a lot of power in what you put at the end of your fork. So minimizing toxin exposure is a big one and I think a really good great place to start is choosing organic as often as possible. Environmental Working Group, they have the Clean Fifteen, Dirty Dozen, so if you've got to do it on a budget, I think that's an excellent resource to use. So, you know, limiting those environmental toxins, why do we need to do that as a woman? Because they hate on your hormones. So they mimic your hormones actually, and they can be, you know, stimulating and triggering different conditions in women. And as women we're really susceptible because we've got all these receptors for estrogen set up in the body and these what are called xenoestrogens, these environmental toxins can grab on to those receptors.

So food is always the foundation of what I start with, you know. My background is in nutritional biochemistry, so I'm a super big nerd who knows the science of how food is absolutely and 100% medicine. So, you know, with that eating a low inflammatory diet, so rich in omega-3s, including your leafy green vegetables, and then

making sure that you're eating fat and protein with your meals so that you can balance your blood sugar. Now, you know, and then eat regular meals, for sure, don't be just skipping meals, if that doesn't work for your body. And why I say that is because like, you know, if your adrenals are just taxed and totally, you know, you've got HPA dysregulation. So basically, brain and adrenal glands, they're not wanting to talk so well to each other and your misfiring cortisol, you know, you might not be in a good position to be doing intermittent fasting or doing, you know, you and I have talked before in person about doing water fasts and I...these I mean, there's great science behind all of that. I practice intermittent fasting, it really does have tremendous benefits, but it just depends on where you are at.

And so if you're having major hormonal chaos, then you probably do better to be eating regular meals and that doesn't mean that like you are somebody that has to be eating every two to three hours, that's not necessarily the case, but it's more like how do you structure your meals on that. And I also want to speak to like, if you're a woman with PCOS, you have different needs in terms of that. So, you know, women with PCOS might not do so well just to start her day with protein alone because the effects on insulin. And so this is where I think working with a provider that can really test and dial in where you're at can have tremendous benefit.

So when it comes to... So, you know, when you say like, okay, we've got PCOS, endometriosis, you've been diagnosed, so you have a diagnosis, but if you have irregular periods, you might not have a diagnosis. So, you know, check what's going on, you got to do lab testing, you know, depending on, you know, if you have your period and able to get a lab test on day three, you can test follicle stimulating hormone and estradiol to understand how ovaries and brain are communicating. And then you can count from when you estimate ovulation to be. If it's a 28-day cycle, we usually say day 19 through 22, or you can count from your ovulation about five to seven days out and test your progesterone. I typically like to do progesterone and estrogen the same time so you can see if there is estrogen dominance going on or taking place. And if you're having irregular periods, check your thyroid. Oh my gosh, like so many women have thyroid disorders. And it's something...this is like one of those...one of many things in women's medicine where we're like always told our labs are normal. And I just laugh, I'm like, "Yeah, the lab reference range that was set on a sick elderly population is normal for a 30 something year old. Like tell me something, tell me something true here."

So you need a full panel. You need TSH, free T3, free T4, and CPO and thyroglobulin antibodies at the minimum. So those are like the minimum screening panel to really understand what is going on there. And I also think looking at your adrenal glands, and looking at what is your cortisol rhythm throughout the day, not just, you know, conventional medicine like to do an ACTH, which is a brain hormone, the brain signals to the adrenal glands, and then they also test how the adrenal glands respond with cortisol at that and then it's usually at 8:00 am in the morning.

Jolene: Now, with endometriosis, women really need to have a healthcare team around them. So, we need a whole lot more research in endometriosis. I think every woman with endo knows this to be true and every doctor who works with women with this condition know it as well and it's a very underserved population. But with endometriosis it's looking more and more everyday like it's an autoimmune disease with a, you know, environmental toxin component to it.

And so when I work with women with endometriosis, depending on the progression of the disease, we make sure we have a top surgeon on board because if the adhesions have progressed to the point where it's causing severe pain, then surgery is gonna be something that's likely going to need to be a treatment. But we're also working with Mayan abdominal massage practitioners. We're making sure that we're addressing the full systems. So looking at the full system of the gut, detox capacity, what's growing in the gut, and then looking at the mind-body aspect of it as well.

So endometriosis, you can heal from it. And I have patients with endometriosis after, you know, it takes time, it has taken years of working with me who are medication-free and symptom-free which is pretty remarkable given that diagnosis most women are told that it's going to be impossible. But I just really want to speak to the fact that you're going to need a healthcare team in that because it's never going to be enough with endometriosis to work with just one provider. And I think another provider that's really important in endometriosis or for any woman who feels that she is debilitated or at the mercy of her condition or her hormone symptoms, is in having a good psychologist, talk therapist, counselor, somebody that can help you process the emotions around that. It's an area that's often overlooked in women's medicine and I think it's an absolutely essential piece of healing your body.

Katie: That's such a great point. And I know that we have flown through our time, I think we'll have to do more episodes in the future because you have so much knowledge. But I also know that we have like come down hard on birth control and I'd love to end with practical wisdom for people who maybe are on birth control or have ever been on birth control and are just now hearing some of this information. Obviously, your book is an amazing place to start and that will be in the show notes, but can we just kind of start to wrap up with that message of practicality and what can woman do if they're just now learning this?

Jolene: Yes. So number one is get yourself on a good prenatal or a multivitamin. No, a prenatal will not make you pregnant, I always get that question, they start with, "Will I get pregnant? you sure?" Well, if you're having unprotected sex, possibly, but the reason is you've got to replenish those nutrients. So that's number one. I am a really big advocate for like if women got to do the pill then let's take care of them and meet them where they're at. So replenishing nutrients, definite thing.

Taking care of your liver. So if you stay on hormonal birth control, I recommend doing a liver detox every three to four months while you're on it and that might sound like a lot but it really isn't when you sit back and think, "Okay, this is gonna be two weeks." I outlined this all in my book but I also have like a quick start guide for that which is Dr. Brighten/PBCS diet, post-birth control syndrome diet, and it's a way of eating plus physician grade supplements that can really help replenish nutrient stores, but also support that liver detox capacity because a lot of the side effects and symptoms that women experience with hormonal birth control, they can be really, I don't want to say they can be reversed completely while you're on it because it's kind of an uphill battle, but you really can mitigate some of those side effects by really taking care of your liver. I mean it is a master organ in your body.

And then other things that you can start doing is incorporating anti-inflammatory, so eating coldwater fish like getting those Omega 3 fatty acids, including turmeric in your diet. Of course, you can supplement with both of things as well. I'm a fan of doing both, bringing on the foods and then also adding the supplements on it. Because if you're on birth control and it's having all these effects then what I've seen is that you're going to need supplements on top of the diet and lifestyle changes. Because the reality is that any medication that depletes nutrients you can't out diet it. You can't eat enough to replenish those nutrient stores. As we are understanding more and more all the time is that we don't have the same nutrients in our food that we once did. So our food supply, some of those nutrients are being depleted because of farming practices which is why the farmers are really important part of healthcare conversations.

So those are a couple of things that you can get started with and then safeguarding your circadian rhythm. So I talk a lot about moon cycles and like how we are in tune. We sync with the moon, how to get in sync with the moon. And what does it all come down to? As women, our hormones are very susceptible to light exposure. Light pollution is not being talked about enough, in my opinion. We need a lot more awareness around light pollution because we live in a time where most cities...in most cities in United States, people cannot see the stars. And I grew up in the mountains, so that one just breaks my heart and pisses me off because there is no need for that business, but when you're exposed to all of this artificial light, that actually disrupts many hormones including your melatonin. It can disrupt ovulation and it's something that I'm like safeguard your circadian rhythm.

When you're two hours before bed, avoid light exposure as much as possible. Get amber glasses, go by candlelight. Your babies sleep better if you go by candlelight in the evening, and this is what I learned firsthand. And then sleeping in a completely dark room. When you wake up, wake up to sunlight, not screen light. Don't pick up your phone. I know you want to pick up your phone. I want you to check me out on Instagram but don't. Don't do that. Instead, go to the window and expose yourself to light because if you can safeguard the circadian rhythm, it's one way to be training the brain and the rhythm of your body so that when you come off of hormonal birth control you're much more successful. And if you're thinking about coming off of it, I tell women, so number one is if you're thinking about coming off of it and you don't want to be pregnant, best have a backup method.

So make sure you know what you're going to use before you come off. Have a conversation with your doctor if it's gonna be a medical device or some other kind of contraceptive, and at the same time prep your body. If you had severe symptoms that drove you onto hormonal birth control, give yourself a good three to four months of really taking care of your body to be able to transition off, mitigate those symptoms of post-birth control syndrome. And then certainly, if you are on hormonal birth control you want to learn about what it's doing in your body, how to take a deep dive into taking care of it, you want to transition off, or you've come off and you're struggling with post-birth control syndrome, that's what my book, "Ditch the Pill" is aimed at supporting and I held nothing back to the point that like I actually texted a mutual friend of ours, Dr. Izabella Wentz, when I submitted my manuscript, and I was like, "I gave everything away and I feel so naked right now." And she's like, "That's a good thing. It's a good thing you gave everything away." I'm like, "Yeah, but it's like that moment where you just put it all out there and now you're like it's all out into the world, there it is, like what's gonna happen next?"

So there's a lot of information in there and it's something I'm really proud of because women's medicine needs to change. It needed to change like yesterday and what I did in this book is I took that medicine and I put it in the women's hands, so women who need it most. Because it's really my perspective that for each woman who heals her own body and changes her life, like that is one more step to changing medicine.

Katie: I agree completely and I think that's what I love so much about your message is that all goes back to putting those tools in women's hands and educating them and doing what medicine has not done throughout history which is to treat women as cognizant human beings who are equal to men and understanding and we can understand this and to give us the tools to really take ownership of that. Because at the end of the day doctors are amazing and they can be great but they're only a partner in our health and we still have to take the responsibility ourselves day in and day out and actually make those changes. And I love that you encourage that and give women the tools to do that in your message. So thank you much, Jolene, for all of your work and for spending your most valuable asset which is your time with us today. I love your work. I love all that you do and I know you have post on many of the topics we talked about, so those will be linked in the show notes at [wellnessmama.fm](http://wellnessmama.fm), but where else can people find you if they want to stay in touch?

Jolene: So you can find me at [drbrighten.com](http://drbrighten.com), but I also hang out on Facebook and Instagram. So you can find me on Facebook at Dr. Brighten and on Instagram is where I drop like major knowledge bombs daily and that's [@drjolenebrighten](https://www.instagram.com/drjolenebrighten). And so just know my name is tricky, it's just full of all the e's, just pull all the e's in there, you'll be good.

Katie: Awesome. Thanks so much, Jolene.

Jolene: Thank you so much. I really appreciate your audience, your message, and it's such an honor to be sharing and be a part of your community.

Katie: It's an honor always to have you here and thanks to all of you for listening and I hope to see you again on the next episode of the Wellness Mama podcast.

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