



Episode 234: The Keto Green Way to Optimize
Hormones & Libido With Dr. Anna Cabeca

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Katie: Hello, and welcome to "The Wellness Mama Podcast." I'm Katie from wellnessmama.com and I'm here today with Dr. Anna Cabeca, who is a triple board certified doctor and a fellow of gynecology and obstetrics, integrative medicine, and antiaging and regenerative medicine. To say she is qualified is an understatement. She has special certifications in functional medicine, sexual health, bioidentical hormone replacement therapy. She's also known for her work using natural alternatives and bringing traditional healing modalities for managing menopause successfully. She is the creator of the highly acclaimed virtual transformation programs: Women's Restorative Health, Sexual CPR, and Magic Menopause. Also the creator of alkaline superfood drink, Mighty Maca Plus, and the vulvar antiaging cream called Julva. She has been interviewed by all major television networks and been featured on pretty much every major website as well. She lives on St. Simons Island in Georgia with her four daughters, and her dog, Sandy. And I can't wait to jump into all of these topics because I get so many questions from you guys. Dr. Anna, welcome and thanks for being here.

Dr. Anna: Oh, it's pleasure to be here as always with you, Katie. Thanks for having me.

Katie: Of course. And I love so much about your work that you are obviously extremely qualified in the medical world. Being triple board certified is not an easy feat, and very few doctors even achieve that. But you also are so open to the research and the anecdotal side of the natural remedies as well. And I feel like so few doctors

can combine those things as seamlessly and effectively to actually get results especially with women. I love the work that you do. And I know that you've also recently been doing a lot of research and work and even written a book delving into more the keto diet side for women which is so timely because I get questions all the time about if keto is safe for women, if it needs to be done differently for women, and what it actually means. Because certainly, I think there's like 94 different versions of what people think are keto. So to start off, how do you define keto from your research and your experience with patients?

Dr. Anna: Yeah, I think that's...you're exactly right. There are so many different versions and it can be done in so many different ways. And this is one of the things, Katie, like so many of us know, have...at least we've tried more than one diet, right? And the reason is because 99% of diets fail. And we know that from the research, right? And so that's what's really frustrating. But what I really tried to hone down with my Keto Green Way and clarified in my book is how you uncover what really works for you because it's only about 25% about what we eat, 75% is a lifestyle. When are we eating? How are we eating? What's our mindset that we bring to it? What are we dealing with? What toxins are we exposed to? And all of those factors have to be teased out so we can really obtain optimal health. So for me, like the keto diet is really the emphasis on ketosis, getting our body to use ketones for fuel versus glucose on a regular basis as much as possible. And that's the key.

Katie: And what do you see, especially for women as far as any hormonal changes, and are they positive or negative? Because that's the most common critique I hear is, you know, women shouldn't do keto because of their hormones.

Dr. Anna: Right, right. And that's exactly what happened to me. And, you know, like we talk about, why am I triple board certified? I tell you, I do not discriminate on healing modalities if they work, right? And so that's what I'm trying to figure out. I've been trying to figure out. So when I tried keto in the past for me or my perimenopausal patients, they would always complain of irritability and moodiness, and, you know, significant mood swings. And I would say for myself, I called that going keto crazy, you know, and you cannot be that, not as a mom with kids, you know that very well, right? And all your listeners do. Like being a mom with kids, you've gotta be clear, no brain fog, no irritability, you have to be able to respond versus react. So getting your hormone physiology in check is important.

So I was perplexed because I knew the benefits of keto for brain health, for seizure disorders, Parkinson's, as well as weight loss, but it wasn't working for me or my patients. So I started testing the urine to figure out what do I need to do? Like what's happening? So because we know that alkaline urine is associated with, you know, better health, lower risk of metabolic syndrome, lower risk of heart disease, lower risk of cancer and also just kind of that center, that peaceful feeling. So I started testing and I was consistently acidic as well as my clients when they started trying to restrict carbs. So I flipped because of the hormone imbalance symptoms that they were getting not just our hormones: estrogen, progesterone, and testosterone, but our neurotransmitters: serotonin, dopamine, gabapentin. So all of those could...you know, were affected. And so by doing that, by incorporating more low carbohydrate alkalizing greens, hence my Keto Green Way, we were able to improve the urinary pH, get into ketosis then, and really experience clarity, hormone balance and weight loss if that's what we were seeking.

Katie: Yeah, I think that's an important key. I've seen too many versions of keto that look like a bacon and cheese diet, which is technically, you can get in ketosis, I guess, that way, but I feel like that's a dangerous thing when you're focusing on just hitting a metric of a certain number of grams of a macro like that. You're not actually looking at your body. And we all know now, thanks to recent research, our guts are so different, our genes are so different. So while that may work for some people, and it certainly seems to work better for some guys, I've talked to you, that may not always be the best for women. And especially I think, and I think you would agree, this sourcing on everything matters so much, especially for women and with hormones, but how do you look at the individual aspects of that diet differently? Like what would you recommend to a woman who was trying to, you know, balance her blood sugar, and balance her hormones, and get into ketosis without, you know, drinking coconut oil for breakfast?

Dr. Anna: Yeah, that's a great point. And I do believe this is where men and women are different, right? For sure, one of the other ways, but men can do ketogenic, and even the carnivore keto, but I don't recommend it, but they can do it. Women know, not so much. Again, so much of our physiology is driven by our hormones and also, you know, responding to what we're experiencing in our environment. So it's, again, what we found with doing even my Keto Green Way, it's also not just about what we eat that can make our urinary pH more acidic, it's more so if we're stressed out and we're like, you know, pedal to the metal, we're eating on the run and all of those things can...even if we're eating perfectly, we're gonna be having acidic urinary pH if we're not sleeping, if we're worried about something, all of those things can really affect us. Again, you know, there's so many issues that I really clarify in my book that you can just check off if you're not getting an alkaline urinary Ph. But that's what's different. You have to...every woman is different too, we know that, right? We can see that, but yet we think this, you know, one size fits all.

And so figuring out what works for each person is different. And I think that's where my philosophy has shifted, it's like you've gotta test, don't guess, you've gotta figure out what works for you versus what's working for your husband, what's working for your 20-year-old daughter, you know, it's going to be different. And so that stems from the portion sizes on your plate to the quality of the ingredients, and hands down, we want the highest quality organic ingredients as possible as well as, you know, free range, wild caught, all of those good things when we're using our food choices and that does make a difference. Two, when we're just looking at the food component, but for me, like if I was to say a keto green plate, what does that look like for a woman? You know, it's a good three-fourths of your plate in greens. Just think of, you know, sautéed spinach, or arugula, you know, some lovely alkalizing low carb veggies. We're in the south so, you know, collard greens, Swiss chard, all of those are excellent, you know, and then a healthy protein. So if it's breakfast, maybe, you know, it's an egg, one or two eggs depending on your size, your metabolism, and your body's needs and drizzled with olive oil and maybe sprinkled with some sesame seeds. So that's a typical keto green. We wanna think healthy fat, healthy protein, and low carb greens.

Katie: Yeah. And, I mean, I certainly I feel like that's...the greens are one thing that pretty much every health expert I've ever talked to, largely can agree on, short of, you know, carnivore diet in that we need greens. Like nobody's arguing about the fact that we need greens and sleep. So I love that that's a core part of it and if I'm remembering correctly, you can probably explain this better than I can. But especially for women, greens have a cool unique side effect, which is that they do something to bind to extra estrogen compounds or estrogen mimicking compounds in the body, at least from what I've read. Am I right on that?

Dr. Anna: Yeah, absolutely. The lignans fiber, you know, helps to bind and help detoxify estrogen. So that's beneficial.

Katie: Which makes sense and I know estrogen gets a bad rap and it's tied to things like belly fat so that can be great for women plus by volume, you're still eating plenty of foods, you feel really full, and you're getting so many micronutrients because greens are rich in so many amazing things. And I love your version of keto for that reason, because I think a lot of keto diets, it's easy to fall into the trap of not getting enough vegetables in general, and probably some people listening have had that experience where they've gotten into ketosis and they've been keto, but you kind of get that...I mean, you can almost feel that like acidic, like kind of icky feeling when you do that for too long. Because the body really does need vegetables and does need those micronutrients. And I love that you also talk about the other factors related to food. I'd love to go a little deeper on that, like the timing you mentioned, and your mental state, and, you know, not being on the run when you're eating. So what are some tips that you would give to women for making sure the food environment is optimized?

Dr. Anna: Yeah, that's a great...you know, I love talking about that, again, because it's not just about what we eat. But one thing too when we're approaching diets, we don't just wanna look well, right? We don't just wanna look well, we wanna feel well. And as we feel well and that's what I really work to incorporate into my program because feeling well gives us better willpower, right? When we're stressed, when our body is starving for the micronutrients because we've carbohydrate restricted too much and our body's starving, the willpower is physiologic. We're not gonna have the willpower, we're more likely to break our diet, break our rules, and go off program, and feel frustrated with ourselves and feel like a failure and it's not that at all. It's just that we disadvantaged our physiology. So we have to think, okay, well, I wanna feel well and the look well will come from that. We will look healthier, we will look fitter, we will want to exercise more, we will be able to say no to unhealthy food choices. And that all makes a difference. That's like the quality of life that, you know, at any stage of our life, but especially as we're getting older, we really wanna relish, right? We really wanna relish freedom, so that means we can't be bound any longer to food cravings, to poor habits, to anything that continues to defeat us.

So I just wanted to emphasize that because that's a huge part of what I really want women to discern, again, what works for them and versus what doesn't work for them. And the scale will follow suit. So that's why, you know, again, testing the urinary pH to get alkaline urinary pH really does help you figure out what's working for you and what's not working for you. And so when I think about just, again, approaching what we eat, we're looking at a keto green plate, but creating a healthy eating environment so be, you know, sitting down, feeling chill, saying grace or gratitude over your food before you eat. We know that improves our digestive enzymes and our digestive juices. So even just that little change of saying grace or giving gratitude for the food you're about to eat can reset your physiology.

Katie: That's so fascinating. And I know some people may be wondering and as a follow up to that, so when it comes to the alkalinity side, I think I'd love to hear you make the distinction between urine pH and blood pH. And I know there was a lot of buzz a while back about the acid alkaline diet which I never supported for various reasons. But like for instance, we know blood pH doesn't really change much, in fact, as a doctor, you could explain if it changes drastically, you're in trouble one way or the other. So can you explain what that

difference is and why urine pH is more a good indicator whereas you really wouldn't wanna mess with your blood pH?

Dr. Anna: Yeah, 100%. Our blood pH, we maintain our blood pH and homeostasis at approximately 7.4. And if it goes a little bit above or a little bit below, we're in a critical situation. So in order to maintain...and that's slightly alkaline, seven is neutral. Anything above seven is alkaline. So our blood pH is alkaline. You know, what's interesting too, Katie, is that our amniotic fluid is really, really alkaline. You know, it is nutrient rich, it's amazing, so the amniotic fluid, you know, the fluid that the baby swims in in our uterus is completely alkaline. Always think of that. It's just amazing how those, you know, little pH shifts indicate health or disease. So blood pH stays, maintains itself, and in order to maintain a healthy blood pH with all the chemical reactions that are going, the millions of chemical reactions that are going on in your body, it has to have appropriate minerals. You know, potassium, magnesium, sodium, chloride, and the list goes on. We need healthy membrane shifts in order to maintain that slightly alkaline blood pH. Where do you get those minerals if you're not getting them through the nourishment? You get them from your bone, from your skeleton, from your muscle, you know, our body will catabolize itself, you know, to maintain that blood pH so critically.

And we as a surgeon, when we're checking a client in the OR, and we wanna check for their oxygenation other than a pulse ox, if we're really concerned we have a critical situation, we check on arterial gas blood pH. So that's arterial, it's not even venous blood pH, we're talking arterial blood pH. So that's very active, high pressure, you know, that's circulating right from our heart. So we really look at that arterial blood gas and that's what we're looking at there. When we're looking at the urinary pH, really, okay, what's going on with our body? What's going on? What's the outcome of our nourishment and how is that flow, you know, how is that responding through our kidneys? And what we know is that the urine is a great...I mean, urine's not sterile, right? We know that within the urine, we have a lot of metabolites. I mean, we check urine for how well does our Krebs cycle work? How well is our mitochondria working? Why is it a surprise that our urine tells us so much? Are we healthy or are we unhealthy?

And research, many research papers have looked at urinary pH and associated it with, you know, a highly acidic urinary pH is significantly associated with osteoporosis. So if there's one thing that women can do to decrease the risk of osteoporosis, it's to check their urinary pH and make sure it's alkaline. Again, same thing, because if we're not supporting our body with the right nourishment, or we're using that nourishment up too fast from stress, from anxiety, from sleeplessness, and our body's in an inflamed state with high glucose, our microbiome is not well-balanced, right? We've got overgrowth, or we've been on antibiotics, or there's yeast, or something like that, that's gonna show up as, you know, with symptoms of a low urinary pH as well as all the inflammatory symptoms: moodiness, irritability, achy joints, hot flashes, mood swings. I mean, the list goes on.

So that's why I really wanna clarify, we're talking about urine pH, not blood pH. And the difference is that it's an indicator for each of us to discover very cheaply, like for pennies, and that's why I love it, discover what is working for us, food and experience-wise, and what's not. And also, I've had vegans and vegetarians have a hard time, some of them have a hard time getting urinary alkaline...an alkaline urinary pH because of stress, or because of toxins in their home, or because of mold, or because of actually juicing a lot and high blood sugars. So it's fascinating to figure that out. And once we switch that to alkaline urinary pH and get into ketosis at the same time, the combination, it's like that energized enlightenment, is what I like to call it. It's that feeling of

clarity, feeling of extra energy, feeling of, I mean, willpower. I mean, it's just willpower, determination. Joie de vivre, you get that peace that surpasses all understanding as it expresses in the Bible. And I think because we're using that jet fuel, ketones for fuel, and as well, we've calmed down layers of inflammation, we've provided the body with nourishment, and we've improved that alkalinity to our body, so we're not having to essentially rob Peter to pay Paul.

Katie: That was a perfect explanation. I love that. And I think the other distinction that's important that you could speak to so well is that you're not testing ketones in the urine, from what I understand either because that was, I know, a thing that was like, somewhat controversial a while back too is like, you know, ketones in the urine aren't accurate, but you're not looking at the ketones, you're looking at the alkalinity which is also much, as you mentioned, much less expensive to test.

Dr. Anna: Well, actually...

Katie: Do you find that difference, or maybe I'm wrong?

Dr. Anna: Oh, no, actually I do because I look at the ketones in the urine, too, because most of us unless we've been in ketosis for a long time. Now, again, blood pH is the gold standard. I check blood pH and, you know, periodically, but on a daily inexpensive basis, urinary ketones is great. Because if there's a Friday night, and I've had two glasses of wine, and maybe, you know, higher volume dinner or something with friends, I'm gonna be out of ketosis Saturday morning. So urinary pH...I mean, urinary ketones is very easy to test, inexpensive and like, okay, let me get back into ketosis, and then just confirm with blood pH testing. I mean, blood ketone testing. Again, so I find urinary ketones as a great first step, as a great guide when we're initially getting into ketosis to help us get there and it...you know, like they will be accurate for at least two months on a strict ketogenic type diet.

So at least what we measure with urinary ketones are the acetaldehyde versus beta-hydroxybutyrate, which we measure in the blood. So certainly, after an extended time period of keto adaptation, and I will tell you that I've not gone past two months. So urinary ketones have always been accurate, confirmed with blood ketones, especially when I'm not seeing ketones just to confirm. It's been a great way. And again, it's an economical way to kind of tailor and figure out. So I think both have its place and, again, it depends, but if someone's been in ketosis, then it's typically...if someone's been in ketosis for an extended time period, they will stop seeing urinary ketones.

Katie: That makes sense. Okay, so when the body adapts, that stops being as accurate and then you would need to look at like the blood at that point if you were still trying to measure. But until that point...

Dr. Anna: Absolutely. And even it seems like one day off after you've been keto adapted, you're back to measuring acetaldehyde in the urine again. It's fascinating.

Katie: That is fascinating because my main experience with measuring both blood and urine ketones is after periods of fasting, which I do, they certainly have health benefits as well. But I do it largely for the like mental and spiritual benefits at different times of the year, and I've seen my blood ketones get actually pretty high, and then I find that I'm actually able to get into ketosis more easily after that. It's like it helps the body adapt. Do you look at glucose at all as well, like blood glucose? Because that's something I've written about quite a bit as just as far as if you want a relatively inexpensive measure at home metric of your health, like you can take your fasting blood glucose, especially as we age and our hormones change, just to kind of keep that baseline and make sure it's not going up. But I'm curious if you test that or recommend testing that.

Dr. Anna: Yeah, I think glucose is a very...again, that's a great way to self-monitor. Now, one thing with you, I've had the same experience as you, Katie. So when I really wanna get into my, you know, ketosis or get keto alkaline very quickly, I'm going to first boost up all my alkalinizers and then fast. Because that will push me into ketosis. I'm gonna tell you it takes a day and a half. I'm 52, it can take a day and a half to get those ketones to show up sometimes. But then your body is working on burning that fat and so the ketones and you get the spiritual benefits, and you get the disciplines, and the practices that help you stay the course and so many other areas of your life. So I'm with you on that fasting and extended fasting to boost you, but not before, you know, getting healthy. An alkalinity is key for detoxification as well. Like checking to make sure we're getting enough nutrients that support phase one and phase two detoxifiers are really important.

So for someone who's been maybe on an unhealthy diet or eating out over 50% of the time, you probably wanna work on a healthy detox diet before you push getting into ketosis, because our toxins are stored in our fat, and we wanna do that safely. So that's also part of the reason why many women on a ketogenic diet for an extended period of time hit a wall and also, you know, hit a slump in their energy and otherwise, when they've been doing it without the support of the micronutrients that support phase one and phase two detoxification. I really emphasize that in my book as well. I think glucose is really key. There are actually four markers that I talk about in my book that I also believe that women...I mean, these are numbers we should know, like the numbers on our scale. Glucose is like a fifth marker. So knowing your glucose number, your fasting glucose number, I think that's really, really critical. But I think even then, we can go beyond that to really tailor our health and optimize it as part of our ongoing self-care. Really being the physician, being our own physician or the CEO of our own health. Which we have to do because we cannot expect insurance companies and, you know, the medical system to do it for us. That's our responsibility first and foremost.

Katie: Yeah, absolutely. I think that alone is such a key of just taking responsibility for our own health. And you mentioned that urine has always been an effective measure for you, because you haven't gone longer than two months in strict ketosis. I'm curious, do you recommend cycling on purpose or just like realizing there's times in life that you will want to enjoy food or enjoy life and not be in strict ketosis? Is there a benefit to women for having a day or two out of ketosis, eating some sweet potatoes, and then going back?

Dr. Anna: I think metabolic flexibility is really, really important. Now, we do not yet have the research to verify that in women. Most of the research in ketogenic diets have been done in men. You know, as far as I know, the only...like my program, my keto Magic Menopause program has been the only program looking at menopausal and postmenopausal women in a ketogenic diet long term and we've seen tremendous results decreasing fasting blood glucose, decreasing hemoglobin A1C, decreasing inflammatory markers, improving thyroid function. So we have seen this now over the past few couple years now, since 2015, in women through

my programs, so metabolic flexibility and something I do encourage in my group, because there's times for fasting, there's times for feasting, and then the rest of the time, I say, let's be keto green, right? So I intuitively feel through traditional societies, traditional wisdom, looking at the blue zones that feasting is part of it. Now, do we wanna feast on pizza? No, we don't wanna feast on pizza. We don't wanna feast on anything that makes us feel sick, but hey, for someone who's not gluten sensitive, not dairy sensitive, and maybe a 20-year-old athletic male, maybe they can do that. But I think that metabolic flexibility is hugely important.

Katie: Got it. And what about the thyroid? Because that's the other thing we often hear is, you know, eating too low carb for too long for women can be harmful for the thyroid. And you obviously, I'm sure test that in patients as an OB GYN. So what have you found? Does it have a negative impact on the thyroid? Or is that just largely speculation based on like, you know, being anything for too long or anything extreme seems to get a negative reaction from the conventional medicine?

Dr. Anna: Right. And I don't think it's...and I've looked at this research in and out and that's why I've looked at the lab works. Many of my clients get lab work. Again, they're the CEOs of their health and I encourage that to see what's happening with their thyroid. So what I've seen clinically at least with the Keto Green Way, again, making sure you're really focusing on getting an alkaline urinary pH as we work into ketosis. Again, we wanna create stability and harmony within our body. So we need to know, is what I'm doing working for me? So that self-discovery piece is hugely important. So in this instance, what we've seen: improved free T3, improved free T4, lower TSH. And so, that's ideal. And I have not seen what I've heard reported on strict ketogenic diets with increasing hypothyroidism at all or decreasing thyroid function. I have not seen that at all, and now I've had over 1,000 clients. But that's a perfect question.

I think we have to have low carb alkalinizers. We have to have healthy carbs in our diet. We have to get nutrients if we're not getting...I think it's better to say instead of low carb restricted is causing thyroid issue, maybe it's better to say micronutrient restricted or deficient diets cause hormonal imbalance, hence, thyroid issues, not to mention estrogen dominance, you know, chronic fatigue and, you know, inflammatory symptoms and the list goes on.

Katie: That's a great distinction. Yeah, I agree. I think the micronutrients are so important and they're often overlooked. We'll just wanna focus on macros all the time.

This podcast is brought to you by Ready, Set, Food! a new company revolutionizing food allergy prevention in children. We all know that this problem is on the rise, and in fact, most of us know someone who has a child with food allergies, or have had this experience ourselves. There are many theories for this and certainly many problems that need to be addressed like gut health and immune support. Ready, Set, Food! is taking the cutting edge research and science and using it in a practical way to help babies and children avoid food allergies in the first place. Here's how. The most up to date studies are showing that carefully calculated early exposure in the right amounts can stop many cases of food allergies. Ready, Set, Food! makes this easy with a simple system that can be added to breastmilk, formula or baby's first foods to give incremental and calculated exposure to the top allergens like peanuts, egg and milk. When used as directed, this can reduce the chance of childhood allergies by up to 80% and it is recommended and overseen by many of the nation's

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Katie: Another like, somewhat small follow up question related to that. I know a lot of listeners and readers especially those in the, you know, menopause type segment, really love being able to do smoothies or like green smoothies as part of their lifestyle. Is there a way to do that with the keto green side? Like can you use just, you know, actual greens, not just fruit juices and do a smoothie or do you recommend keeping it whole foods only?

Dr. Anna: A hundred percent keto green smoothie in the morning and that's how I start my day. I love to start my day that way, I encourage if there's one thing that our listeners today can do to really improve hormonal balance, it's start with a keto green smoothie. And so we need to think, okay, there are four components to that. We need healthy fat. So that could be, you know, a tablespoon of MCT oil, but it could be a quarter of an avocado plus it makes it tremendously creamy when we put avocado in our green smoothie and add in...so healthy fat, fresh greens, and especially micro greens like broccoli sprouts. I'd love to add a handful of those or a quarter to half a cup of those into my green smoothie in the morning. So we want fresh greens, kale, whenever you got in the fridge honestly. Have some celery in there, what you got in there, right? Just throw that into your smoothie. So fresh green, so healthy fats, fresh greens, and then some fiber, so a teaspoon to a tablespoon of chia seeds, and/or flaxseeds, perfect. Add in there. Again, for the lignans to bind and help your body detoxify estrogen.

And then the fourth is protein. So a healthy protein. It could be a tablespoon of almond butter, it can be a protein powder. I use my keto green protein shake that's now chocolate because I was missing that, but zero grams of sugar. So you really wanna look at what the protein source is, which mine is seeds, nuts and pea and rice, so it's a vegan protein source and zero grams of sugar. So you really wanna look at those for protein powder. So those four components, you can make a really beautiful smoothie, you can add in coconut milk, that's healthy fat, too, as well as a little protein. So that's another great thing to add in there. And just blend that up in the morning and you've got a really good keto green smoothie in the morning that really sets a healthy tone for your body for the rest of the day.

Katie: I love that. And that's perfect because women are so busy being on the go, even though you wanna obviously, you know, say your gratitude over it, take a deep breath. But it's great because you don't have to spend a long time making and you can work that in any morning routine. I'd love to switch gears a little bit,

because I know there's a big segment of my audience that is more in that perimenopausal or menopausal age, and it's something I obviously haven't experienced yet. So I don't have much personal experience to share. And I'm not a doctor so I can't share from client experience and you have, you know, all these patients that you've worked with to get through that. So I'd love for you to just explain so that we can speak to that segment of the audience. What happens with our hormones as we're aging and where are those like symptoms coming from, and what can we do at those phases to really help our body?

Dr. Anna: Yeah, thank you. And it's a big issue because there's so much misinformation in the media and there's so much fear about getting older. And I really want to dissolve that fear, I really wanna remove it completely. Because we really have to look at this just like the time period when we started our periods, a great amount of hormonal change but it heralded in another time, right? And the same thing now, when we're ending our periods, call this menopause, 12 days since the last period is technically your menopause. And that heralds into another level of enlightenment. I mean, another half of our life can be lived in the post menopause, assuming we get to 100 typically, right? But I just want to dissolve that fear, because the transformation, the rewiring that's going on in our brain is really for a higher level of enlightenment, a higher level of clarity, peace, understanding, and hopefully leaving a legacy that breeds that forward in our children and their children. So that's the first thing I wanna say about, you know, just normal transition times when we have these hormonal changes from when we start our periods to when if we have childbirth, and then to where we end our periods.

So let's take away the fear. And yes, it's normal, but we can do it a lot better than what we see happening because of so much disease and our, you know, inflammation, hormone imbalance in our society today. So hormones will naturally shift in our mid-30s as our ovaries start declining its production of fertile eggs. And so we have a lower level of progesterone. And that normal decline is expected in our mid-30s. So what we see with that, though, what we're seeing now is, you know, with that decline, we see some of the mood swings, irritability, hot flashes, breakthrough bleeding, irregular cycles, heavier than usual cycles, sometimes skipping a period. We can see all of those things during this time period. Now, I wanna say that, you know, typically, you can come to your doctor and they'll say, "Oh, well, here. Here, take some birth control pills, and your periods will be regular." And that's standard of care, if that's true, but what happens, the client continues to have the hormone imbalance symptoms that are underneath this issue because we've just put a Band-Aid on it. So there's irritability, there's PMS, mood swings.

Like, I always tell my clients, if you hate your husband, only two weeks out of the month, it's probably your hormones and not your husband. So what we have to fix that. But the standard of care's, here's an antidepressant, or here's the latest antidepressant because the last four have failed you. And then what happens then, the client comes back still with discomfort, heavy periods, breaking through on the birth control pill, feeling miserable. No sex drive, again, the birth control pill will decrease that too and what happens next? We'll hear, "Let me do an endometrial ablation or hysterectomy and since you're over 35, let's just take out your ovaries while you are there." So hence a person's often prescribed into surgical menopause.

Now, look, I'm a gynecologist. I was trained at Emory. I have done this, right? I have done this. And so when I started working through my patient's need, I was a National Health Service scholar, Katie, and that brought me here to Southeast Georgia, where I practiced for several years in Mackintosh County, which is a small shrimping village along with my main practice near the local hospital. And so I needed to find economical ways

to help women and not just them, but me because I was struggling too. Running a family, running two businesses, I mean, that's a lot of hormone imbalance. You know, that's a soup for...you know, it's a setup for hormone imbalance. So how did I find economical ways? And that was to empower the clients' lifestyle and starting using bioidentical hormones, and starting to use micronutrients, and adaptogens like Maca. And so with that, I went from doing two to three surgeries a week to two to three a year.

And not just that, patients felt better because sadly, what happens after the hysterectomy or the ovaries are removed, the client's still not feeling well, and then we have to say, "Well, you know, here's your referral to the psychiatrist." And because of all the relational discord, etc., and here's a, you know, divorce attorney I can recommend. You know, and I say that tongue in cheek, but it's actual. There's a lot of reality to that, sadly. But when we empower the body, we use micronutrients, we detox the body, we approach it from a functional medicine, like just say functional gynecology approach and we restore this hormone balance that I set forth in my book, "The Hormone Fix," all of those symptoms go away and we transition like it was easy, an easy transition without hot flashes. I've had clients who have hot flashes every hour, they will diminish, they will go away without surgery, without prescription meds because you've now discovered what works for you and what works against you, and you're able to stay the course because your physiology is balanced and all of a sudden, you've got willpower, and determination, and energy to do what you really want to do and what really serves you and takes care of you. So long answer for those normal hormonal changes, but it's really important to understand that we have a lot of power over this period of menopause.

Katie: That was beautiful, and it makes me think...I mean, it's so logical, but it makes me think too of my mom who I jokingly laugh, "Oh gosh, I'm not gonna go through menopause until I'm like late 50s." She was in her late 50s before she went through menopause, and it was like, no big deal. She really didn't have many hot flashes, she felt great. And her background, she's French, and so every meal like lunch and dinner, she starts with a huge salad because she loves it and it's got like nine different vegetables in it. And she just like loves protein, loves healthy fats, and she's never really cared for processed foods. So she probably is eating very much keto green, and she just breezed through it. And she also didn't go through it early, which I know we're hearing of just like girls going through early puberty. It seems like a lot of women are facing menopause earlier, too. Is that what you're seeing as well?

Dr. Anna: Yes, absolutely. Yep, 100% agree with that. And, again, processed foods, the antibiotics in our foods, the GMOs. The, you know, mycotoxins that we're finding out about are affecting us, affecting our fertility, affecting our hormones, and so many other things. But yeah, sounds like she eats very keto green, so I love that.

Katie: And what about another thing that seems to go hand in hand or maybe not even just with that, but just a lot of women I'm hearing from right now are really struggling with anxiety. And that seems to be, at least from the comments I'm getting, very much on the rise. Do you see that as connected to hormones, or do you think that they are, I mean, obviously, I'm sure multifaceted? But from the people that you've worked with, what are your theories on where the anxiety is coming from and what women can do to help reduce that?

Dr. Anna: Yeah. And it's more than anxiety too. I'm seeing increase in divorce and a discontent in relationships. And that's in our late 30s, 40s. We're starting to see that. Saw that a lot with anxiety, PMS, mood swings. And

like I said, again, if we hate our husband only two weeks out of the month, that's our hormones, not our husband. Of course, he has some blame in it. But, you know, we have to look at the whole picture. The same is true with anxiety. Anxiety, when we think of anxiety, we think of, you know, essentially the neurotransmitter, serotonin. So serotonin is very much an estrogen dependent neurotransmitter. So, add in, you know, hormone disruptors from phthalates, from drinking out of plastic bottles, from, you know, plastic wraps, from, you know, bringing in dry cleaning or touching paper receipts, any chemicals that affect our estrogen, our body's own natural production of hormones, is affecting our mood because it's so interrelated. And that's why we have to look at the big picture.

So when we see this increasing anxiety, discontent, you know, it goes beyond just everyday stress. We have to look at everyday toxins and clarify those when we detox, when we, again, check urinary alkaline, get alkaline urinary pH if you have anxiety because you will see an improvement as you persistently do things that contribute to a more alkaline urinary pH. Again, it's not just about what we eat, it's about how we think, how we live, how we respond or react to stress, and the list goes on. So cleaning that up, improving our internal physiology improves our neurotransmitters, improves the connections that our neurotransmitters are making throughout our body. Improves the neuroendocrine system, the hormones as they respond and are part of this intricate web-like network of hormones that work together.

So one of the things that when I have a client with anxiety, number one, you know, like a 21 day detox. Doing my 21 day keto green plan that's in my book, for instance, and look at that, and really tailor it to work for you. And that's one thing, but adding in improvements to your sleep is another. So magnesium at bedtime, and if we're over 35, progesterone. Progesterone is a neuroprotective hormone and I highly recommend it when we need it. Because, you know, we're not just living out in the Amazon. We're not living in nature. We're not living off, you know, fresh herbs and vegetables right from the earth, at least probably, you know, in the United States, at least 90% of us aren't and our body has to respond then to so many stressful demands which tax our hormones.

So when we are dealing with anxiety, we have to say, okay, well, what do I need to do to calm down my physiology and improve it? So magnesium, getting a good night's sleep, so maybe it's checking out the sunset at night, triggering your innate, you know, archaic responsive system to signal that it's time for sleep. Maybe we add melatonin and maybe we add bioidentical progesterone especially if we're around the perimenopause time period because we know that we're deficient in that hormone and its neuroprotective and it also helps contribute to the production of GABA, which is our relaxation and resting hormone as well, and so as progesterone is deficient and estrogen becomes deficient, not only is serotonin an issue, but GABA is an issue as well. And so we have to enhance that naturally. So giving the micronutrients, I like magnesium L3 and L8 because it crosses the blood brain barrier and then a bioidentical transdermal progesterone cream or have your doctor prescribe you bioidentical progesterone.

And again, when I learned to do that and did that with my patient, you know, beyond going from two to three surgeries a week to two to three a year, my clients felt better, felt happier. I'll never forget one of my clients, Zandy, age 37, she was really struggling and within six weeks, she came back, she goes, "Not only am I feeling better, but my daughter came up to me and said, 'Mommy, you're smiling again.'" Man, she did that without medication, right? She did that herself just with the same things, the same process that I put forth in my book, "The Hormone Fix," and so I really wanna emphasize that. We have a lot of control over this.

Katie: Wow. And I think something else that maybe goes hand in hand, and it definitely ties in with the notion of if you only hate your husband two weeks out of the month is when it comes to any kind of hormone fluctuations or when we're not supporting the body in a good way across the board, I feel like libido often suffers. But this is a topic that largely I don't hear women talking about that much. I feel like it's almost taboo for us to talk about that. But I know that you're not afraid to talk about it, and I know that many women are silently suffering with this. So as we start to wrap up, let's go deep on libido and how at any age, we can be supporting a healthy libido.

Dr. Anne: Yeah, and, you know, you're absolutely right. I do love talking about this because it was certainly something I struggled with being a busy mom and running a business and practice, and dealing with everyday stress, you know, as well as post-traumatic stress. But I've seen, you know, as I learned to ask the right questions, I would say 70% of my patient population were struggling with it too. And I started to hear the same things over and over as I started to ask the question. My patient would say, you know, "Dr. Anna, I never feel like I want to initiate sex. But once we get started, I'm okay." And that's the first thing women need to realize. Because that's called a secondary sexual response. And that is absolutely normal. That is how we're designed, so we can throw the Masters Johnson sex curve diagram out the window at this point, because we know that there's actually...we naturally have a secondary sexual response. That one worked for men, it does not work for women. And so once we get started, we have this increase in oxytocin, the most powerful hormone of love, bonding, and connection, and we get this increased and we're like, "Okay, then I'm into it," right? And I think I've heard that from so many women time and time again, and first of all, to recognize, okay, well, so I just have to be receptive.

Now, receptive is also a hormonal...receptivity is also hormonal, but often recognizing too, just know that once you get started and you're communicating what you like, and what you don't like, and what feels good, and what doesn't feel good, that you're going to enjoy it, and you'll be glad, you know, at the end. It's like going to the gym essentially, right? You never really wanna go there, but you're so glad when you're done. So think of sex the same way. Not really. But, you know, let's just use that as an example. And just to think that that's one thing. Is number one, we have a secondary sexual response versus primary, so the whole concept of loss of libido and, you know, my pet peeve is, Katie, is that, you know, not wanting to have sex with your husband is considered a diagnostic criteria, you know, an issue, a diagnostic code, we have actually a diagnostic code for loss of libido. So we've kind of looked deeper into that and say, "Okay, well, what's going on? What's normal and what's not normal?"

So if it's normal, that once we get started with foreplay, and we're enjoying ourselves and taking our time because it takes time to also inactivate the...I mean, reactivate those hormones that we get turned on then and we're into it. That's perfectly normal, that's not, you know, a loss of libido. Now, that's one aspect, but there are other issues that affect libido. So what I found with many clients is that, especially as we're getting older and we're experiencing vaginal dryness, loss of elasticity of the vagina and discomfort after sex, such as, you know, burning, vaginal burning or irritation, maybe urinary tract infection, yeast infection, odor after intercourse, or we had discomfort during intercourse that I would tell clients, "Look, if you have pain every time you do something, why would you wanna do that?" So you're naturally gonna lose libido from that perspective. And this is where many women would say, "You know, I know like I wanna have sex for my husband, but for him, but it's uncomfortable, it's whatever," and that's going down the wrong road because all he wants...I mean, the primary thing, he wants you to be happy, he wants you to have pleasure. And that's

typically the primary reason why...you know, the reason we're designed for intercourse, to increase intimacy, connection, and longevity in our relationships, let alone in our life. So we have to have pleasure with it. So to fix that, we have to heal the vaginal discomfort, heal the vaginal dryness, and we can do that now. We have natural ways to do that and these things do make a difference. So improving our internal physiology to balance our hormones and to increase our receptiveness so that we can increase our intimacy with the man we love, the person we love.

Katie: That's a great explanation and overview. Thank you. And I can't believe we've breezed through our time already, but a few questions I love to ask toward the end of an interview. I know that you yourself have written multiple books and I'll make sure they are all linked in the show notes and we can recap those in a minute. But other than your own, is there a book or number of books that have really impacted your life? And if so, what are they and why?

Dr. Anna: I love the book called "The Alchemist," by Paulo Coelho, a Brazilian writer. And I love that book because, you know, it reminds me so much about the journey of our life. Like, oftentimes, it's right there in front of us. But we have to essentially go around the world to find it. And I just think it's a simple quick read, I've given that book out, I've given probably 100 copies of that book out. And that is absolutely, you know, my one favorite book. And then on a daily basis, I have a daily devotional that's based on St. Ignatius philosophy called "The Daily Examine." And it's a small blue book, it's kind of a bridged version of that that I love to read on a daily basis. So those are probably two of my favorite books.

Katie: They're great suggestions. What are few areas that you feel are most misunderstood or not known about your specific area of expertise?

Dr. Anna: I definitely think that, you know, women's sexual health where it's such a touchy topic, there's very limited research and there's so much yet to be personalized about it. So as we get more into personalized medicine and personalization medicine, we really need to look at that sexual health for women, but also within a relationship, the physiology of relationships.

Katie: And lastly, if there's one single piece of advice that you could pass far and wide to other women, what would it be and why?

Dr. Anna: I would say just really never give up on yourself. You know, if you can see it, if you can believe it, if you can, you know, put a goal forth for yourself no matter what your age, you can achieve it. So I love the saying that says, "She believed she could, so she did." That's one of my mantras because not only did she believe it, but she took action, right? So not only do we have faith, we have faith with action, and that always produces results. And there's no age limit on that.

Katie: Absolutely. Dr. Anna, thanks so much for being here. This has been so much fun and I think so helpful for so many who are listening.

Dr. Anna: Thank you so much for having me.

Katie: And thanks to all of you for sharing your time with us today, and I hope that you will join me again on the next episode of "The Wellness Mama Podcast."

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.