



**Episode 444: The Rain Barrel Effect, Inflammation,
Fasting and Hormones With Dr. Stephen Cabral**

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Katie: Hello, and welcome to the "Wellness Mama" podcast. I'm Katie from wellnessmama.com and wellnesse.com. That's Wellnesse with an E on the end, my new personal care line. And I'm here today with Dr. Stephen Cabral, who is a board-certified doctor of naturopathy and founder of the Cabral Wellness Institute. He has been through his own life-altering illness diagnosis and recovered, and now has a passion for helping other people do the same through naturopathic and functional medicine.

We go deep in this episode on a lot of topics, everything from autoimmunity and thyroid to genetic stuff, to why getting well is subtractive versus additive in many cases. The inflammation connection, why you shouldn't just squash inflammation, why body fat is 300% more toxic than your blood. The things he looks for is common root causes when he's helping his patients and so much more. We also talk about things like fasting, and weight loss, and some of the more controversial topics, and delve into hormones. This is a super-comprehensive, very, very informative episode. I learned a lot. I think it'll be a really great resource for you as well. So, without further ado, let's jump in.

Dr. Cabral, welcome to the podcast.

Dr. Cabral: It's great to be here. Thanks for having me on.

Katie: Well, you came highly recommended and requested by several of my listeners. And I'm excited to get to chat with you today. I think there's several different areas we're gonna go into that are gonna be really helpful to a lot of people listening. But I always love to get to know my guest a little bit first and to hear a little bit of the backstory. So I'd love to know just a little bit of your journey and what got you into your current specialty and area of research.

Dr. Cabral: Yeah, I think like a lot of people who go into the natural health-based fields, I started off as a really sick kid. And I would be every practitioner's worst nightmare, that's for sure. And so that's really where my journey began. I thought I was living a pretty normal everyday life until about 17 years old. And then all of a sudden, at least to me, I woke up one day and I had swollen glands all over my entire body, my tongue was swollen, my eyes were swollen shut, my body was inflamed. And that started two years of going from doctor to doctor, specialist to specialist. Every doctor just pushed me off to the next. And they really didn't find anything too wrong with me. The problem was is that my immune system was starting to shut down and they could see that through all the inflammation in my body. Well, again, after many more batteries of tests, it was finally discovered I had Addison's disease, type 2 diabetes, rheumatoid arthritis, myalgic encephalomyelitis, POTS, and many other autoimmune and other issues. And they just hadn't seen it. I mean, this is going back over 20 years ago now. And they didn't see it on the outside, and that's because they were just doing basic blood work.

And on my blood work, it's normal. And a lot of people in my practice right now, they have fairly normal blood work unless you start to do more in-depth testing. And so, that led me to just been put on a half a dozen to a dozen different medications, everything from acid blockers for my stomach because I had terrible digestive issues, to autoimmune issues, to being put on, I would say, again, another half dozen medications such as Cortef and others for Addison's disease and POTS. I'm happy to get into those if you'd like. But that's what eventually led me to saying, "There has to be another way." Even this is pre-internet. This is the late '90s. At least for me growing up in Medford, Massachusetts, there was no internet in my house. And so, it led me to books and it led me to other practitioners. And one practitioner led me to the next. Actually, it was a long journey. It was about 10 years to get well. But I'm very grateful for that time because it taught me not only a lot about health and medicine, but it taught me a lot about myself because I'm a completely different person than I was, I would say, when I was a teenager, in early 20s as well.

Katie: Yeah, I hear so many similarities of my own experience in your story. And I think many of us in this world, like you and like me got into it because we had our own health problems. And we might never have had the same passion and motivation if we didn't. And like you, I look back and I'm so grateful because I learned so much that I would never have learned otherwise. And like you, I had a similar experience where I was having all these strange symptoms and I would go to doctors, and they would tell me that I was within normal lab ranges or that my symptoms were just normal for postpartum or for being a mom, in general. And it took me

eight doctors and a lot of years to finally start getting answers. And I remember the frustration of thinking like...I kind of had this disillusionment of, like, doctors are supposed to be the ones who can give me answers.

And at the end of the day, I realized, I think like many people that we are each, first and foremost, our own primary healthcare provider. And while we hopefully do find amazing practitioners to partner with in our health, it was a good lesson in that the responsibility still lies with me and that I couldn't expect even the best of doctors to be more invested in my own health than I was. And so, I think there's so many lessons that come from that. Do you have any tips before we go deeper on some of these topics for people who maybe are in that situation right now and struggling to get a diagnosis and just feel like maybe they're not being heard or the test maybe they're not being run in a way that showing what's wrong?

Dr. Cabral: Yeah, it's a great question. And really, it comes down to, you're absolutely right, is that you have to take control of your own health. But this is part of the issue, though. And I'm actually very happy that I got sick in the late '90s versus now because had I done it now, I would have been able to go on Google and google all sorts of different things to my symptoms, and like, "Oh, I think I have this. I think I have this." And I mean, there have been a million different things that could have happened. So, I think one of the issues we have right now in our culture is that we go really wide, but there's this other saying in many different fields where you need to start to go deeper. And so, what we need to do is we need to actually begin to peel back the onion to a far greater degree. And so, when we look at let's say autoimmune issues, we say, "Okay, well, there might be something wrong with the immune system. It's gone haywire," when, again, we can talk about this later in the show if you'd like when you're immune is not going haywire. And yes, it's exaggerated. It's aggravated right now, but there's always a reason why.

So the first thing I would do when looking for a practitioner is just make sure that they do care, make sure that they actually do care about you as an individual, because a lot of the specialists and the people that I went to, it's not that they didn't care, it's just they didn't even have time. So, they would give me 15 minutes of their time and it was just like, if they couldn't figure it out, right then, well, then, you know, a lot of times believe or not, they told me it was in my head. And so, nobody deserves to be told that it's all in their head just because the practitioner or the doctor doesn't know at that moment in time. And again, it doesn't mean that I didn't go to brilliant doctors. I did. I went to brilliant doctors in Boston, Massachusetts, but they weren't able to look at medicine from a different standpoint. They looked at it from the lens that they viewed.

So, the truth is this, and a lot of people don't like to hear this is that your health if you're really sick, it is a bit of a journey. Now, the nice thing is you will get there. There's no doubt about that. But you're going to have to learn in the process. So, it's not even like you can get it right the very first time out of the gate. The best that you can do is begin to run deeper functional medicine, wellness-based tests that look at your digestive system, that look at food sensitivities, that look at your hormones, that'll give you a much better picture. And then you'll be able to give them more customized plan for you. But even at that, you're still going to have to tweak that and make individualized plans based on your unique needs as well. And so, that's why functional medicine and Integrative health is truly...it's a science, it's based on medicine, but it's also an art because it has to also be based on the individual.

Katie: Absolutely. And that's been my lesson, I feel like these last few years, especially is once I was able to start, kind of, dialing in my own health was realizing just how personalized that is and why doctors like you who understand that broad picture are so vital to recovery for a lot of people because there's often so many underlying things working together. It's not just a single pinpoint symptom cause relationship like that. And that's also why when people ask me like, "Oh, what did you do that finally helped you get Hashimoto's in remission or helped you lose the weight?" I have to tell him, "I finally figured out what worked for me. I can't just give you the checklist and it works the exact same for you. But I can point you in the direction of a lot of these resources that helps me figure out my own personalized version," because there is so much personalization. And I think that's a perfect segue into a concept that you have that I absolutely love that you call the rain barrel effect. And I've heard kind of different metaphors and versions of this, but I think you explain it so, so well. So, to start broad there, explain to us what the rain barrel effect is.

Dr. Cabral: So the rain barrel effect is what happened to me and many other people when we are growing up or it could be in our 20s, 30s, 40s, it's not one particular age. But when I was growing up, I used to wake up and I would drink Kool-Aid in the mornings instead of juice, not that juice is better for you. But I would drink Kool-Aid in the morning with all sorts of just processed sugar and dyes. And then I would have maybe a bowl of cereal, might be Frosted Flakes or on a good day, I might eat some Wheaties with some sugar on top. I'd go to school, I'd have some type of crackers or snack in the morning. At lunch, you know, I'd have a sandwich with some cold cuts and some cheese, a glass of milk with it. And all of this is perfectly normal. After I played sports after school, I would drink some type of iced tea with artificial sweeteners in it, artificial colors. And the day would just go on and on. And then, of course, my senior year, what was I doing? Well, I was trying to study for my SATs and do well in school, and have great relationships, and play sports. And all of this stress, and all of this poor eating, and working, and exercising, it began to fill up what's called your rain barrel.

And again, the rain barrel comes from when we look at it, we have gutters inside of our house, or many people do at least, and it runs down the side of your house and it collects into a barrel. And the barrel has a lid on it. Most people don't check on it, but the rain barrel is there. So the rain just doesn't come off the side of the house and destroy your lawn or patio, whatever it might be. But most of us are never checking on that barrel. And as it begins to fill up, well, what happens is we start to feel symptoms may be towards the top. There's a couple of drips here and there. But usually, we would never pay attention to our health until that rain barrel begins to overflow. And then when it overflows, well, what do we end up with? Well, then we end up with our genetic predispositions. You might have ended up with Hashimoto's.

I ended up with Addison's disease. My body would never lean towards Hashimoto's. But in my family, what do they have? Type 2 diabetes. Well, I got Addison's disease. We have rheumatoid arthritis. So we have in our genetics, all four of my grandparents and both of my parents got rheumatoid arthritis. When I was 17, especially 20-plus years ago, not a lot of people with rheumatoid arthritis. Now, unfortunately, we have a lot of kids with rheumatoid arthritis. But what does that mean? It does not mean this is the biggest thing that your genetics are your destiny because I no longer have Addison's disease. I no longer have type 2 diabetes, rheumatoid arthritis, fibromyalgia POTS, any of these things. I'm healthier now than I was when I was 16 years old, 14 years old, but yet I have the same genetics.

So, what we begin to realize is that everything fills up that rain barrels, toxins from the environment, pesticides, EMFs. That's why EMF affects some people to a greater degree because their rain barrel's already full. If you begin to empty that rain barrel, those EMFs and all the other chemical sensitivities, it's not gonna be as great. So, what my job is to actually teach people that a lot of the times we get well is not through an additive process, but actually a subtractive process. And that's where I began to learn these things overseas. A lot of my internships were done in Ayurvedic clinics and traditional Chinese medicine hospitals, where I realized that yes, we need all these great nutrients, we need all of this great medical science but we also have to understand that we need to undo a lot of what got us here today.

Katie: Yeah, I love that analogy so much and the idea that getting well is often as attractive practice versus an additive one. I think that there's so many metaphors for life that are tied up in that and applies to many things besides just health. But I do think society is much more inclined and more wired toward we need to add all of these things. And certainly, like marketing tells us that we need to add a whole lot of different things to our lives. And like you, I found that it often meant taking things away. Before we move on, you mentioned that you had things like Graves' disease and you now don't. And I think that's an important point to just highlight a little bit because people with autoimmune disease are often told that they cannot get rid of it. It's not curable. They're gonna suffer with this their whole lives. And so, can you just talk a little bit more about, I know both your own experience and then your clinical experience in ways that people can move beyond autoimmune disease?

Dr. Cabral: Yeah, absolutely. So, one of the biggest things that I began to see in Boston...I led a team of people in Boston so, of course, it's not just me. I have an amazing team, and now it's helping people all over the world. So this is not just a Massachusetts thing. This is working with people in Australia, Europe, you name it. So, what happens though is that we begin to believe we are our disease. And I like to let people know that there's no way you're going to be able to overcome this dis-ease of the body until you begin to disassociate with it. So, Katie, you're not Hashimoto's. I'm not Addison's disease or rheumatoid arthritis, or type 2 diabetes, any of those things. I'm me. You know, I'm Stephen. That's who I am, and I ended up with these particular diseases.

But then we need to break it down one more level. And this is a little strange at first when you hear it, but there's no such thing really as a disease. There isn't. There's a collection of symptoms. So, what do you have when you have Hashimoto's? Well, you're gonna have higher, most likely, TPO antibodies. You're most likely gonna have a higher thyroid-stimulating hormone. But okay, and you have large amounts of inflammation. You might have greater amounts of what's called Th1 immune cells. But why do you have those things? And by the way, Hashimoto's, well, that's someone's name that was given to this disease. So it's given to what? Well, it's given to a collection of symptoms.

So if we stopped thinking of it as a disease, but rather a collection of symptoms, and then we begin to understand that all symptoms have an underlying root cause and often a multitude of underlying root causes, then we can say, "Okay, we don't need to heal this disease. What we need to do is rebalance the body in an

underlying homeostatic way so that disease can't live in the body." And we know that disease can't live in a healthy body. So if you have Hashimoto's, what do you need to do? Well, there's, again, a multitude of things that you need to do, but really, for all diseases, I found there's never really more than 10 to 12.

So, for Hashimoto's, what are we going to do? We're gonna make sure you don't have parasites, or H. pylori, or candida overgrowth, or SIBO, and intestinal permeability. So that's step one because if you are pouring bacteria or protein particles and food sensitivities, any of these things into your bloodstream, well, yes, your immune system is gonna become overactive. And then what's gonna happen? Well, then the predisposing area, you know, my adrenal, your thyroid are going to suffer, or my joints. So, we start with understanding that there are underlying root causes that create the symptoms and disease in the body. Heavy metals, like mercury, or arsenic, or aluminum could be another. We're looking at potential viruses. So, all of these things could trigger the immune system to then cause this collection of symptoms we refer to as a disease.

So, the nice thing is this, I didn't have to overcome any of these diseases I was told I would never overcome. I was told that I most likely wouldn't be able to live a very long life because of all of the different immune imbalances I have. People who have Addison's disease do not live, unfortunately, a very long life. The nice thing is I no longer have Addison's disease. So, I can now go on to live a long life. So, what I try to tell people is, first we need to disassociate from your disease. Next is understand that your disease is simply a collection of symptoms. And then after that, we can say okay, "Symptoms come from an underlying root cause. What are the underlying root causes? Let's go about rebalancing those."

Katie: I love the idea of disassociating from the disease, and I think people do this even with things as simple as just carrying excess weight. Because you'll hear people say...well, often I think, internally, they'll say more like, "Oh, I'm fat." And no, you have excess body fat. You are not yourself that fat. And so, like, that mental thing, I often say that we are the sum of the questions we ask ourselves and the internal statements. And I think I love that you start with that, and get people to start separating those things so they don't identify as it because like you said, how can you let go of something if it's become part of your identity? Back to the idea of things being subtractive versus additive, I completely agree with that. What are some of the common things that you have people start to subtract when they're trying to figure out what's going on with their health?

Dr. Cabral: Well, the number one thing is your nutrition, your food, your digestion. So, that's hands down, that's the most important part of any protocol. Now, it might be that everything's fine. So that's okay. So as an integrative health practitioner, you just need to check that one off, like, okay, this person is doing well there. So we're good. But that's the first place to look. And that's because, you know, if we're talking about a serious imbalance in the body, and we can lead...You know, metabolism and waking is a serious issue with the body. I mean, there's no doubt about it. The reason is that if a person is overweight...I like to talk about this all the time because right now, you know, in our society, and I get it, and I understand, we want to make sure that we accept all different shapes and sizes.

And I've been the biggest proponent of that forever because I've studied Ayurvedic medicine for the past 20 years. And we have the endomorph body type and the kapha body type, we have the pitta body type, which is

the mesomorph, and we have the ectomorph, which is the vata. And they're all absolutely fantastic. And I find in my practice, again, we've worked out with a quarter of a million people, for everybody, the grass is always greener. There's no doubt about it. It's like, "Oh, I wish I had the hair of this person or the waist of this person or the calves of..." I mean, like, it goes on and on. But the truth is this is that we really wanna make sure that we're getting that person to a healthy body weight because if not, then we know that person's already chronically inflamed. Like, that's the big thing. And we know that body fat is about 300 times more toxic than your blood because your blood uses adipose tissue to store toxins, like heavy metals and hormones, etc.

So, you know, these are important things that we look at. And when we talk about the subtractive process, I'm gonna just bring it back to the gut for a moment, because a lot of times the weight gain or the autoimmune or the brain fog, or the skin rashes, the rosacea, the migraines, etc., these stem from the gut. So, that's why intermittent fasting is also so popular right now because when people don't eat, they feel better. But that's a problem because you need to eat in order to get your micronutrients, not just your macros. And timing does matter because the longer you fast, the more stress you put in your body. So, again, that's not necessarily bad, but we need to know when to fast and for how long. So, the real goal is that you should be able to eat real good whole food nutrition without the bloating, the gas, the skin rashes, the joint pain, the autoimmune issues.

So, the top four things that you need to look for are H. pylori, then you need to look for parasites, and Candida, and SIBO. And SIBO stands for small intestinal bacterial overgrowth. I personally had H. pylori, I had candida overgrowth that was so massive, it moved all the way from my small intestine up into my stomach and up into my esophagus. And I had SIBO, which is small intestinal bacterial overgrowth. So I had three out of the four. I would never have gotten better if I had not eliminated those and then sealed up my gut wall so it was no longer aggravating my immune system. Because every time I ate, I spilled proteins from these foods into my bloodstream essentially. I gunked up my lymphatic system.

So, again, I was chronically swollen and puffy and holding water weight. And then at the same time, I had massive amounts of allergies. And none of my allergists could figure out what was wrong with me because again, they never looked at a lot of these underlying root causes. So subtractive, remove the imbalanced gut bacteria, or yeast, or gut bugs, as we'll call them, and then you can begin to heal from there. And again, that's just one. Heavy metals could be another. Pesticides stored in the body, etc., could be more as well.

Katie: And you mentioned inflammation. And I've heard you talk in other interviews about how inflammation is not something to just be squelched in and of itself. Can you explain why?

Dr. Cabral: So, again, this is going against a little bit of natural health right here. But my only goal is to really share with people the struggles that I went through, so that hope...And everybody has to go through their own. So I can't take away all of your struggles, but I can at least hopefully subtract a few of them. And that's the goal. And I also...Now, I would never have spoken like this from the ages of 17 to about 26 years old. But those struggles are going to teach you so much about what you need to know about yourself, how strong you are, how resilient you are, and they're also gonna lead to massive amounts of perspective and gratitude later

in your life, which are two words I tried to live by. Perspective that things could be worse, gratitude of I'm so, you know, thankful for what I have here today.

And again, going back to inflammation, if I can say people one thing is that inflammation is not something to be squelched. Now, there's two parts to this. First, inflammation is not a disease. So, in conventional medicine, they use prednisone at one of the greatest levels or they might use ibuprofen, or NSAIDs, or any of these things to get rid of the joint pain or the headaches or whatever it is. But the issue is this. Let's say that someone does have chronic migraines or headaches, and they come every afternoon, and they come about 90 minutes after lunch, in natural health, we would say, okay, you're getting the headaches, yes, you could palliate that with some anti-inflammatories, but why don't we look at which meals, which foods seem to be giving you a headache, or histamine-related foods, or eye strain, or whatever it might be? We'll look into that as to what's causing the inflammation. Other people, joint pain.

So what I say is well, I used to get joint pain in my thumbs all the time when I was younger. And I would take anti-inflammatories when I was young because that's what I was prescribed. That's what I was told to do. Or I would have terrible allergies. But what I had to do is figure out when were those symptoms worse? When was inflammation worse? And I could begin to then look at the things I was doing in my life to cause that inflammation. So, in natural health, we use a lot of turmeric, or we use bromelain, or we use proteolytic enzymes. And those are great, don't get me wrong. So there's a difference here.

One, we wanna figure out the underlying root causes. Once we do that, okay, now we can understand...we can use symptoms to say we're getting better because the symptoms are less, the inflammation is less. Inflammation simply leads to your symptoms. Or we can say now we know what we need to work on. Okay. Now we can use the turmeric, the bromelain, the trypsin, and all those other great nutrients that can help to squelch the inflammation. So there's two ways of looking at it. I just don't want people to palliate away those symptoms that are your guide for whether you're truly getting better or not.

Katie: Yeah. I think that's a really important reframe to understand. And like you, I won't have probably been able to say it when I was in it, but I'm now so grateful for my health struggles and all the lessons they taught me that, in fact, I have the words "amor fati" tattooed on my wrist, which means love fate, or love what is, basically. And I know it's like a non-Mercury, non-toxic, non-heavy metal ink. I know tattoos still have their problems. But for me, that was an important reminder to have and see every day. Don't just be okay with everything, but embrace it because even when it seems difficult, there's often an underlying lesson. And to go back to the rain barrel effect, I think that's such a really good visual to have and understand, like, all these things that have been piled up. How do we start taking things back out of the rain barrel and getting rid of some of those toxins?

Dr. Cabral: Yeah, another way that I look at it too, so if people aren't kind of grasping the rain barrel of it overflowing and that's when you start the first symptoms of your disease and how you don't feel well, it's that, you know, think about a rowboat with holes in it. So you're in the rowboat, it's filling up with water, and then you're just constantly bailing as you're getting well. So the bailing out would be okay, I'm on an elimination

diet. But, you know, the real issue is you have candida overgrowth, you have SIBO. And so the elimination diet is, is helpful, but it doesn't really get rid of the overgrowth because once you start eating other foods again, well, it just kind of grows right back in turn. So, what we're looking to do is actually patch up the rowboat or bell of the barrel. So actually get down to a level where you're starting to get well.

And I'll just give people kind of one more tip here is that a lot of people...we put people on programs. In the first 21 days, you know, it's a much more involved...I wouldn't say it's hard, but it's a more involved elimination because we want people feeling better right away. There's no doubt about it. It doesn't mean that you overcome Hashimoto's in 21 days. There's no doubt about that. That does not happen. However, you can feel a monumental difference by being able to do certain things. And then that leads you to say, "Okay, it's working. Let me continue on." So, what we need to do, though, is just remember, you could be on a program and start to feel well in 21 days. But remember, you've just, kind of, gone below the surface on that rain barrel. You need to keep going in order to then be able to have a little leeway in life of missing a night's sleep when your kids are up, like my kids were up two nights ago not feeling well, or whatever it might be. And so you need to give yourself that or a flex meal like, okay, one of your favorite foods might be bread and pasta. Okay, well, it's not like you can never eat that again. You can. You just have to get yourself in that position first.

So, what I like to do is this. Whenever possible, we have something called the big five labs, and they're not unique to us. So, my job and my goal is I've been in practice now for over 20 years. So my goal is to open source what helped me get well many years ago, and simply paying it forward. I think many of us in this industry try to pay it forward. I teach thousands of practitioners around the world like, "Hey, this is what we do." And so we run something called the big five labs. It looks at your food sensitivities. It looks at bacterial overgrowth in your gut, H. pylori, parasites, candida overgrowth.

Okay. So now we looked at your gut, then we're going to look at hormones. We're gonna look at estrogen dominance. In women, it's one of the biggest things that no one ever talks about. For women, it's like, there's a reason why you're retaining water, you're feeling bloated at least the last five days or seven days of your cycle during the luteal phase. We look at testosterone. We look at DHEA. We look at cortisol, not just the morning, but throughout the whole day. We look at thyroid again, not just TSH but TPO, free T4, free T3, vitamin D, insulin, hemoglobin A1c, then we look at your minerals in your body, your vitamins in your body, and we also look at heavy metals.

So, once we've done that, we've really been able to assess, at a much deeper level, what's going on with your body at a root causal level. And some people, sure, they might be a little low on these vitamins. Okay. That's easy to fix. That's a deficiency. But what are the top toxicities? That's what we're looking for that might be a greater issue. And those toxicities could be anything from well high oxalate load or again, like I said, high mold, high candida. And these are things that are unique to the individual. Now, the nice thing is there's only about a dozen main topics, and then hundreds within that, that we have to be able to find and then we can begin to empty that rain barrel.

Katie: That makes sense. And I love that you brought up the hormone piece because I think this is one that people have a lot of questions about. I know I still have some questions about this, especially the estrogen component. And I hear from a lot of readers and listeners who are maybe especially hitting the premenopausal or menopausal age and wanting to know what they can do to help with some of those hormone-related things that come along with that and/or from the anti-aging perspective, keep their hormones in a good range. Are there good starting points for people in that situation?

Dr. Cabral: Yeah. So if we look at it, we essentially have, let's say, pre-menopausal, and let's say that's all the way up to, let's say late 30s. And then we can look at peri-menopausal and we can look at post-menopausal. And the biggest issues that we see pre-menopausal are HPA axis dysfunction which dysregulates female hormones. And that's the number one thing. So, what happens though is that because we put our...I have two young daughters, they're 6 and 8 years old, and I know that, you know, we try our best, right, to make a great life for them and all these things, not shelter them, but make their life great. But eventually, they're going to become teenagers and they're gonna have their own struggles and all these things.

And what can happen is that if we don't have that right frame of mind, we begin to produce large amounts of stress hormones. And that is our norepinephrine and our cortisol. There are others but we'll just say that. And then what happens from there is the greater amount of stress hormones we produce, it's not a big deal when it's every once in a while, a big workout or a test, or whatever it is. It's when it's chronic. And when it's chronic, what happens is that DHEA begins to fall, progesterone begins to fall. And estrogen, we always think of estrogen as too high a lot of the time, but it's not that. I've read tens of thousands of labs on hormones. And I can tell you, for sure, 9 out of 10 women are normal estrogen, but they're low progesterone. So they have all of the symptoms of high estrogen, though, but yet they're normal estrogen.

So if you were to go your typical PCP...and again, I'm not putting down conventional medicine, but this is not their job, this is not what they do. They do acute-based disease and they're the best in the world at that. But when it comes to a chronic health issue, they're just not equipped just to do that. Like, I'm not equipped to do surgery. That's just not my profession. But when we look at this, we say "Oh, there's low progesterone during the luteal phase," which is why we run this hormone test on days 19, 20, or 21 of a woman's cycle, or if they're missing their cycle, which many women are because of PCOS and fertility issues or amenorrhea, whatever it might be, we run it during the time of most symptoms.

And we find okay, progesterone is about a third of what it should be. Is it within range? Well, yeah, it's within range, but it's out of range into where it should be in order to balance estrogen. So now what do we have? Well, we have the oily skin. We have some of the potential thinning of the hair on the head. We have adult acne. We have weight gain, but again, it's more like water retention. The body starts to hold more water. It gets puffier. We've got lower mood. We have irritability. Sometimes we get cramping and bloating, again, especially the last five to seven days of the cycle. And this is typically caused by HPA axis, which is just the hypothalamus-pituitary-adrenal.

That just means stress from your brain, whether real or perceived, is causing a malfunction...it's not a malfunction, but it's caused the adrenals to produce more hormone than they should but the brain's telling them to produce that. Again, nothing's wrong with the adrenals. It's the brain telling the adrenals what to do. And because of that, again, estrogen is perfectly normal, but progesterone is what ends up being sacrificed. And so, that was kind of a lot. So I'll stop there for a moment and I think I'm gonna go into peri-menopause and post-menopause if you'd like.

Katie: Yeah, I think the progesterone piece is really important. And I'm curious what kind of guidelines you can give people for getting that tested and, kind of, knowing what the range should be and then also for helping correct that if they are low. Of course, I'll link to your practice in the show notes as well. And it makes me think of when I was going through my own diagnosis, I had my vitamin D tested several times and was told it was normal. And then when I finally looked at my labs, it was in the 20s, which they considered within the range of normal, but it is much less than optimal for most people. So, like, what would be some guidelines you can give on progesterone and how can people start getting that in range? Because I certainly had that experience of when I got my progesterone in a good range feeling, like, incredible just from that alone?

Dr. Cabral: And it's a complete game-changer for both mind and body. So just like you said, it's also for the mind because how your body feels, your physiology affects your psychology, and vice versa. So, we have a lab called the stress hormones mood and metabolism lab. And what it does is it goes through all your hormones, the estrogen, progesterone, estrogen-progesterone ratio, testosterone DHEA, cortisol throughout the day, that's all saliva-based. So basically, you're literally just spitting into a tube of saliva when you wake up, another one before lunch, another one before dinner, and then another one before bed, to make sure that your cortisol is not high at night because a lot of women with Hashimoto's...Our practice is about 75% women, so that's...I just, kind of, keep saying women, but for men as well.

When your cortisol is high at night, that's called the dysfunctional diurnal rhythm. Your cortisol is supposed to be dropping by its lowest at 9:30 p.m. And if that's not happening, well, then you're gonna end up with thyroid issues most likely as well. And the problem is...and the reason for that is, I should say, is because thyroid actually begins to peak, believe it or not, like 3:00 or 4:00 in the morning, and cortisol begins to peak at 6:00 to 8:00 in the morning. So, everything is a delicate balance. We have to understand that the hormones are a delicate balance within the body. But our test is called the stress hormones mood and metabolism, but there's a lot of integrative health practitioners out there that you can find that do this work as well. So it's not just through us. We just simply have open sourced it in just, again, saying like, "Anybody in the world can run this lab. You don't need to ask your doctor."

Now, one caveat, just like you mentioned, blood work through your PCP is not the best way to run your labs, okay? It's the best...You should do that once a year with your doctor. So I'm not saying don't go to your doctor. Please do go to your doctor. Go to your PCP, have your annual blood work run. Just don't look at that for anything more than a disease-based diagnosis. Because your blood's a homeostatic fluid, which means that it's gonna rob and pull from other areas of your body in order to stay balanced. And so, it's only when your body's really imbalanced that it's out of range. And vitamin D in the 20s, even in the 30s is so low. I mean, optimal

vitamin D, we've seen is between 50 and 70. And again, during this pandemic, it's just now really come to fruition. You'll see a new study almost every week on vitamin D. And so you need to keep between 50 and 70.

Most of us don't maintain a year-round tan. So, we do need a supplement. I mean, that's just the way that it is. And if you're getting the tan, then great. And if not, then you can just use...Most people need about 35 IUs per pound of body weight. And vitamin D3...sorry, it's vitamin D3, we wanna make sure we're getting because that's the fully metabolized form, is easy to get. It's inexpensive. That's one thing that we can do to begin to optimize our metabolism as well, really hard to lose weight without optimized vitamin D. So, when we look at this, though, in order to correct the thyroid, which by the way is completely predicated on the adrenals.

So, a lot of people like to say the adrenals are predicated on the thyroid, yes, they work back and forth but it starts with the adrenals because the adrenals is part of our autonomic nervous system. So that's the peripheral nervous system, the central nervous system. It's when fight or flight is or rest and relax. And when you start to produce more norepinephrine, your body begins to shunt the body's ability to use T4. So basically from thyroid-stimulating hormone to T4. And when your body begins to produce cortisol, which basically, that's our natural anti-inflammatory, but it also has a glucocorticoid, which starts to break down our own stored sugar, it begins to block T4 to T3, or change it to reverse T3, or just shift it to reverse T3, which is an unusable thyroid hormone. So, if we're looking at correcting a lot of the metabolism issues, as well as the estrogen issues, and a lot of times they go hand in hand, we first have to start with actually calming the HPA axis.

Katie: Such a good explanation. Yeah. So many important points that I'm taking notes in the show notes for you guys. I love that you also have the approach that thyroid problems can be fixed, especially if you figure out the underlying cause and address that because I think so many people with thyroid issues are told that they are lifelong. Can you just talk a little bit more about thyroid-specific and starting points that you use for that?

Dr. Cabral: Yeah. That's my Boston accent coming out there for a second. So I've never met a person who cannot rebalance their body, and we'll talk thyroid specifically, unless they've had their thyroid removed. And some people have or they've had it essentially radiated. And that's too bad. I mean, but I understand. Again, coming from a conventional medicine standpoint, you're developing thyroid nodules and your thyroid is "not functioning." So they remove it with Graves' disease or, you know, sometimes with Hashimoto's. But really what we're talking about, again, is understanding that...Well, just for example, with yourself, when did you get diagnosed with Hashimoto's?

Katie: 2012, I believe.

Dr. Cabral: 2012. Okay. So, eight years ago, nine years ago or so, now, I don't know how old you are but let's just say for 20 years before that, you did not have Hashimoto's. And so, we have to understand is that you have the same genetics for your first 20 years of life. And so you have to ask yourself, "Well, if I had the same genetics for the first 20 years as I did then from 2012 on, well, why did I get Hashimoto's?" That's the question

with that. So that's what we begin to peel back the onion. And again, this is not straightforward work. And that's why when the conventional medicine system is set up for every person gets 15 minutes with their doctor, and half of that time is to type in electronic medical records, of course, you're not gonna be able to get to the bottom of it. So you do need to work through this, you know, with a practitioner or someone that can develop a protocol, whatever it might be.

But what we need to just say is, "Okay, well, why did I end up filling up my rain barrel and end up with this issue such as Hashimoto's?" And for the majority of people that I see in my practice, again, it's multifactorial, so we're looking at some type of cortisol dysregulation, and the majority of people that I see with not just Hashimoto's, but hypothyroidism, so low thyroid, what happened is they were chronically stressed for a period of time. Now, they can be chronically stressed from life, work, emotions, no doubt about it, but it could also be from other issues as well, such as viral-based infections like Epstein-Barr virus or herpes-based virus, mononucleosis. Lyme disease could be another one. So, there can be some type of infection, mold-based infections and it wore down their body.

Another one, which I see quite often is with gut-based issues, intestinal permeability is almost always certain with most autoimmune. Again, autoimmune disease is 90% correlated with intestinal permeability. It doesn't mean it's the only reason that causes autoimmune, but at least 90% of the people with autoimmune issues have intestinal permeability. And to get intestinal permeability, well, it might have been from antibiotics, from birth control, from drinking tap water with chlorine and fluoride in it, but it's also probably from small intestine bacterial overgrowth, candida overgrowth, etc. So we wanna look at that for sure and then we wanna look at, again, whatever that chronic stressor is because now it's most likely left the person with lower morning levels of cortisol.

So, well, you wake up groggy. You wake up with brain fog. You wake up feeling like your brain hasn't turned on for the first three, four hours of the day, and even with coffee a lot of the time. So, we have to understand is that lower levels of cortisol in the morning makes you feel like a zombie. I had Addison's disease. I know what that's like. That means your cortisol never turns on all day long and you're chronically inflamed because we like to look at cortisol as a bad thing in the world. But it's not. Too much cortisol is bad. Too little cortisol is also really bad because it acts as a natural anti-inflammatory. So I was chronically inflamed and couldn't get myself out of it because I wasn't producing any cortisol. So, we need the wave of cortisol. The wave of cortisol happens between 6:00 and 8:00 in the morning. That's when it's gonna peak and then it gradually declines the rest of the day.

Well, a lot of people with thyroid issues, they end up producing a spike of cortisol before bed, which throws off their serotonin production, which is that happy feel-good neurotransmitter. It throws off their melatonin because melatonin is a byproduct of serotonin as well and then vice versa. And any melatonin not used can go back to serotonin as well. And again, where is serotonin made? Well, it's predominately made in the gut. So if you have gut issues, then you're not producing the right neurotransmitters. So, we have to look there.

And then another large one, whenever you have an autoimmune issue is you absolutely wanna look for the big ones are called haloid groups for Hashimoto's. And it's fluoride, it's bromine, it's cadmium, it's aluminum. These are the things that actually, believe it or not, mimic iodine and displace iodine in the thyroid itself. And then, we'll use some terminology, it's a double whammy because if you have aluminum or metals in your body, it's going to aggravate your immune system as well, and then your body will go after whatever its Achilles heel is, again, for me, rheumatoid arthritis, my joints, or you could say any other one you want, but for someone with Hashimoto's would be their thyroid.

So, everyone has a weak point. It will come out if the environment allows it to. So how do you then get rid of all these autoimmune issues? Well, again, you can't look at it as a disease because you can't fix that but you can fix all the underlying health issues. And then once you do that, well, then there's no imbalance anymore in the immune system, so then the Hashimoto's can no longer take place.

Katie: Such a good overview of that. And I will put some of the specific notes in the show notes at wellnessmama.fm as well.

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Another area that often I feel like it's controversial in relation to this and, kind of, touching on what you said before about things being subtractive and people feeling better when they intermittent fast or when they fast, I think fasting, in general, is a controversial topic, especially for women. And at least from what I've read, there's certainly a lot of research and it does, in some ways seem to conflict as far as who should fast, how much fasting is safe, when it's not safe. And there are certainly people who think that fasting is never safe in any form for women and have pushed back on me when I have not been more forceful in podcast interviews with saying that. And like I said, I think the information is actually somewhat divided. And it could be a supporting case on either side. But I know you work with a lot of women and a lot of autoimmunity patients. So, I'm really curious your take on fasting and what place it has in the recovery process if any.

Dr. Cabral: Yeah, 100%. And it is a difficult question to answer. However, we can answer it with a lot of scientific validity. So, the nice thing is, and really what I like to go by is I have a lot of colleagues in the field and we run, you know, thousands and thousands of lab tests every single year. And so, what I found is this, is that most women do well with a...they can do well with a lower carbohydrate diet, which is technically a form of intermittent fasting, but we'll save that for another day because of how it affects blood sugar, etc. But they can do well with a lower carbohydrate diet. I know this wasn't your exact question, but I can absolutely get to that as well for about four to six weeks. So, a low carb or keto-based diet for about four to six weeks, and then not for every woman but for a lot of women, it begins to then lower metabolism. So what happens is now they can eat less calories.

And in the beginning, a lot of experts might say, "Well, that's great because now you only need to eat this many calories per day." But it's actually not. It's a real dead giveaway that your metabolism is starting to become more sluggish. And that metabolism is almost always invariably linked with your thyroid levels. And so, if you are not able to eat as many calories and gain weight or your body doesn't do as well with carbohydrates, again, in my opinion, and I would actually say it's it is backed up, at least in practice, but that's not a good thing. So I think that women can do really well on a lower carbohydrate diet for about 21 days. And I would say 28 days maximum.

And in terms of intermittent fasting, almost invariably, I see that, again, men get away with this and I can explain if we want a little bit later as to why, but women do not. Now, again, not every woman. Of course, I can't make that generalization. But most women do not do well past 12 to 14 hours on an intermittent fast. And I can back that up. But here's the nice thing is, I don't have to. That's why I never get into these long, drawn-out debates with anybody else because I just say, "Well, yeah, maybe you're right. I don't know. But here's how I can prove it. I can have this one person just run a lab. That's it." Like, literally, I can have them around the lab, or right at home, I can have them use a glucometer, or I can have them do all sorts of different things to look at how intermittent fasting is affecting their body in a positive or negative manner.

And what I found is this, if you have a more relaxed morning and you ease into the day, you do better with intermittent fasting. And this makes sense. Again, Ayurveda said this 6,000 years ago. But once you start to get stressed, your body has two main systems of energy and it's going to start to oxidize, it's gonna start to burn fat, it's gonna start burn sugar, but it doesn't do them exclusively. So your body is typically burning some sugar and burning some fat, in a greater amount when you're in more of an aerobic state, and less fat when you're

in an anaerobic state. So what happens is, the more stressed you get, well, the more stress hormones you produce. And we say cortisol, but cortisol is called a glucocorticoid. Glucose is part of that.

So, a corticoid, a stress hormone, that's breaking down stored glycogen in your liver, which is your carbohydrates, basically, your glucose that's been stored. Well, that glucose then goes into your bloodstream. So, believe it or not, you just ate whether you like it or not. Like, that's the funny thing is like you still ate because you got stressed, your body broke down stored sugar from a previous meal and it brought it in your bloodstream. So, does it really matter if you have some food or not? Well, technically you'd be better off because what would happen is you'd be better stabilizing your stress hormones because a well-balanced meal that contains fat, protein, and carbs would be able to keep you more satiated more relaxed. And the drop in blood sugar for a lot of people too when they're stressed, again, well it begins to break down proteins in your body through some gluconeogenesis or glycolysis where you're just breaking down sugars anyway.

So, even though it gets complicated, here's the thing, we don't have to worry too much about it. You want it...For most people, if they tend more towards gaining weight...so here's the thing, and it does get complicated, but it doesn't have to be. If you tend more towards losing weight, there's no way that you should be waiting hours after eating to have a meal, you should eat. And the reason is that you already know that you're more of the ectomorph, the vada body type, you're more sympathetic nervous system dominant. You're more of a glucose-based type. You burn sugar very easily. You don't gain weight that easily. Now, if you have a tendency more to gain more weight, you might wait an hour or two after waking, no doubt about it. Maybe you wake up at 6:00 in the morning, you don't have breakfast until 8:00 until you really start your day. And so what do you do? Well, you back that out until about 6:00 the night before. So now you've gone about 14 hours.

And I would say the biggest secret to intermittent fasting, which is...it's just not popular in our society, is that the best meal to skip is actually dinner. Nobody ever talks about this because the metabolism is equipped for eating food more during daylight than it is when it's dark at night. And you wanna stop eating three to four hours before bed to have optimum REM sleep and deep sleep. And you can just test this again with any biometrics tracker for your sleep. Eat right before bed one night, see what your REM and deep sleep is, then don't three to four hours before, and you're gonna see amazing differences. So, again, I like to tell people that it's...I would say it's not even a debate. Like, these things are hardwired into our body. It's how our body works. The more stressed you are, well, you need food in order to be able to combat that stress.

Katie: That was such a good overview. But I think you brought up some really important points. And to your point, when I was doing more fasting, even some water fasting, I was working with a doctor. I was getting labs done regularly. I was making sure my hormones were okay and I was listening to my body. And I think the other point, and this is a great segue that you mentioned about weight loss in general is, yeah, especially as women, we can reduce calories and reduce carbs, and then our body adapts to that. And then we have to reduce calories and reduce carbs again to keep up the process. And it's a race to the bottom. But we can't eat no calories. Like, there's not a logical ending point for that.

And so, I'm curious if you have specific tips for weight loss. Because what's interesting for me is in the last couple years, I've lost now almost 100 pounds, and I eat much more now than I did before, which I think is like counterintuitive to a lot of women. And I'm making sure to get food from all the food groups and also some days despite calories, some days I eat a little bit less, and listen to my body, and become metabolically adapted. So I'm curious if you have any tips, especially for women, because certainly weight loss is a struggle for a lot of people, and I feel like you have such a good viewpoint on these topics.

Dr. Cabral: And that's remarkable. By the way, I didn't know that. Congratulations. That's amazing. And losing 100 pounds is really the equivalent to overcoming an autoimmune issue or a real serious imbalance within the body. And so, that's really impressive, and because that does not happen by itself, you know, you really have to figure out a lot about your body. So, one thing I will state is this, is that just like you said, it's a race to the bottom and it's really difficult to recover. So, in the short term, you'll lose weight on keto. There's no doubt about it. And you'll lose weight on low carb. And one of the reasons is that when you eat carbohydrates, your body naturally retains some water, not in a bad way, but it actually fills up your muscle tissue, which is not a bad thing. Your muscle tissue is about 72% water. So, again, like, it's just within the muscle and that can give your body tone. So that's not a bad thing at all.

So, one thing I do wanna mention about fasting is that it's very interesting because women and men, but again, I'm talking mainly more about women...Men's bodies are just more adaptable to fasting because they never had to carry on life. So, biologically, they didn't have to develop another life within their body. So if a woman's body is asked to carry on life and then be able to sustain that life for about 10 months, right, 40 weeks, well, she needs to make sure that she's bringing this child into a safe place. And so, it does make sense. We try to explain this to women in our practice that if they don't have their cycle right now, that your body will be able to get you there. There's just no doubt about it. However, we have to make sure that your body understands it's in a safe place. And fasting is a form of stress in the body. Again, it can be a great hormetic stressor and it works on autophagy and cellular cleanup.

So, this is actually what we do for weight loss and wellness. We do a 21-day functional medicine detox. And I know there's a lot of words around detox and cleanses and all that. And I get it, it's just kind of like everything becomes an amazing marketing term once it becomes popular. But really what a functional medicine detox is, is it ramps up...it's called phase 1 and phase 2 liver detoxification. So it helps process phthalates, and parabens, and triclosan, and all these things that were exposed to the environment, gets it out of the body in a much faster way. It also allows your body fat to be oxidized easier because remember, every time you break down adipose tissue, as we spoke about earlier in the show, you're dumping all of its stored contents into your bloodstream. So, if you think about it, well, your body knows that there's stored toxins in there. So, as it breaks it down, is it going to be that willing to do that? Most likely not through its innate ability to know these things as well.

So here's what we do, a function medicine detox, and this might seem contradictory, but it's not. We actually do a two-day liquid fast, where the body is just ramping up, ramping up. Now, again, if you've been low carb, low calorie for a long time, you wanna give yourself about six weeks, eight weeks to rebuild and add more carbs back in. But then we're big believers, again, Ayurvedic medicine just taught this every season, every 12

weeks, you clean the body. What do you do? Well, you empty the rain barrel. Even 6,000 years ago when they didn't have 100,000 man-made chemicals in the environment, they still were doing this.

And then for fasting, for most women, again, we're doing 12 to 13, maybe 14 hours, that's it. Okay? We're doing breakfast, lunch, and dinner. We're doing three meals a day. And the reason we're doing three meals a day is we want the blood sugar to drop down back to normal between meals. And, you know, meals might be let's say 8:00 in the morning, 12:30 let's say, and let's say 5:30. And so blood sugar is coming down between meals. We gradually add carbohydrates back in because you can't just say, "Okay, I should be eating carbs. Now I'm gonna add 150 grams back in." Well, you can't do that because your body's become desensitized to them as well. It takes about three to four months for those red blood cells to turn over. And, again, so that's why this is a long-term approach but it's a permanent approach. Like, it's the permanent way to get well.

So, yes, but this is the way to do it. So that's why, again, you know, I can picture myself, you know, back when I was 17 trying to have patience and that was challenging for me, but I just want you to know that there is an end in sight. But what we do, though, is that once we get the body stabilized, okay, you can eat a cup of berries for breakfast. You can have a half a sweet potato, you know, at lunch, besides all your other great vegetables. So then what we're doing is we're actually saying, "Okay, every day about 12 hours, 13, maybe 14," but then what we're doing is this, we're doing once a week of an intermittent fast. And we're going from dinner on Sunday night, maybe they had a flex meal...I'm a big proponent of flex meal.

So you don't eat unhealthy but you wanna have a higher carbohydrate meal one night a week or one day a week. And that higher carbohydrate meal is gonna restore leptin levels. It's gonna restore ground levels. It's gonna tell your body you're not starving, okay, keep burning body fat, right, so you can do your exercises, because you can't exercise and go low carb, not for a female because now, again, recipe for disaster. Your body is in a starvation state and you're providing extra stress on it through exercise. And I'm a huge proponent of exercise. So, again, we want to do this thoughtfully. But we're doing a once-a-week fast from Sunday night dinner to Monday night dinner. And I do this myself for overall health. And I don't do it every Monday. I do it three out of four Mondays per month. I let myself decide if I'm gonna do it that Monday or not.

But what I'm doing is you can just drink your herbal teas, you can drink water throughout the day. It's just a calmer day. You can do it any day of the week that you want. But you're still having dinner with your family on Sunday night and Monday night. But that is a day of deeper autophagy, fat burning. You probably just had a flex meal of higher carbs, let's say Saturday. So if you do it on Monday, your body's like, "Oh, wait, we're used to getting food here. We're gonna keep burning body fat." And then you go back to normal eating the next day. You don't overeat, just go back to normal eating. You have a normal dinner that night. That works exceptionally well. And then every 12 weeks, we do our functional medicine detox. And after you've done your first 21 days, you just need to do a 7-day which incorporates a little bit of a longer intermittent fast. So, it's honestly the best of all worlds. And physiologically, it doesn't disrupt the hormones like everyday fasting does for 16 hours.

Katie: That's great advice. And I love that you brought up the spacing between meals, which I know is beneficial for the liver to let things equalize in between eating rather than eating all day, every day, and also how you said you fast regularly but not every single time. You mix it up there as well. I think the liver component could be its own whole podcast one day. So if you're up for round two, I think we can go deep on some of that internal organ stuff, especially liver. But I know we're running out of time for it today. So a question I love to ask for the end of interviews is if there is a book or a number of books that have had a profound impact on your life, and if so, what they are and why.

Dr. Cabral: So I met my mentor 27 years old, and although I had been to dozens of medical doctors and then dozens of natural health practitioners, she was the one who really pulled everything together. And what she did was she essentially helped me organize my mind into a system of medicine that she was fortunate enough to be able to study. So, she was a doctor of naturopathy like myself and she, though, blended Ayurvedic medicine into that. So, she attended Ayurvedic Institute of Functional Medicine, and she studied under Dr. Vasant Lad. And she wrote his textbooks, which is pretty amazing. So basically, she was a student of Dr. Lad, which is the first Ayurvedic doctor to come over here to the United States. And he wrote a bunch of Ayurvedic textbooks, which are amazing, by the way. So if you're a health practitioner, definitely worth reading.

However, he wrote a synopsis on Ayurveda, essentially, again, written by his students, and it's called "Ayurveda: The Science of Self-Healing." It's a nice intro to Ayurvedic medicine. Ayurvedic medicine is very in-depth. I don't recommend just kind of going, you know, all in right away. You can kind of absorb it. But you begin to learn about your body types and you begin to learn and really respect your own natural body that you were given. My body is always gonna run more towards, you know, that pitta-based mindset and more of the vata-based nervous system. So, I can see why I burnt out at a younger age. And now, although I love to work, and I love, you know, to be with my family, I love going all the time, I have to respect that my body is not a robust one that can go on four hours, five hours of sleep, not that anybody should. So the Ayurveda is a beautiful thing to begin to understand, to begin to listen to.

And I always talk about the mind as well. So I had to give one more book. I always talk about this one, Dr. Joseph Murphy, and it's called "The Power of the Subconscious Mind." And it's just understanding that we are where we are today because of essentially the beliefs that we've had, which have led to certain feelings that have led us to take certain actions, good or bad. And a lot of it's subconscious, of course, underneath the surface level, and we are the sum of all of our actions today. And, again, a lot of people that they might say, "No, that's not true," or, "Yes, maybe it is true." And it's really kind of where you're at in life. And the nice thing is that as you begin to become more self-aware and you begin to take different actions, again, like I don't wanna be held responsible for what I didn't know. But once I become aware, I can say, "Okay, I can begin to change things in my life." And if you begin to think of life in this way, you understand that you are in control of your life. We can't control everything, but we are in control of our life. And if you're in control of your life, well, you can certainly change your body, and you can begin to heal.

Katie: I love that. I will link to those in the show notes as well. And lastly, drawing from your own personal life and from your clinical experience, what would be your main health advice, or if you had to kind of apply the

80/20 principle, what are the things that you do consistently that you think have the biggest benefit for your health?

Dr. Cabral: So, what consistently gets me results? So, way back before, the way that I ultimately got well was definitely understanding the strain on the nervous system and my gut health. But now that I got well and the way that I would say honestly, I continue to feel better every year is that I do the functional medicine detox is the liver. And we kind of spoke about how important those internal organs are. But in Ayurveda, they said how the health of your liver goes, so does your life or so does your overall health because your liver is the ultimate filter of all the blood your body. So it filters all the blood in your body every 6 minutes, and it does that 24 hours a day. So, I felt that and what a function as detox does, it also incorporates in this longer fast. And as long as your body is healthy enough to do it, well, you can begin to then incorporate that. So, that's the number one thing that I've been doing. Now, it's been over 10 years, believe it or not. I used to use this into my practice. It used to be 11 different products, just with autoimmune people. And then I saw just amazing fringe benefits. And I said, "Well, people are losing weight in a healthy way. Well, we're gonna use this for metabolism," and it just starts to grow from there.

So, I would say that, and I try to live...My work is complicated. My life can be complicated but I try to keep my nutrition and my work and my workout simple. Meaning that I keep them in a rhythm and a routine. And if you can keep your body in a sense of rhythm and routine, it takes less of bandwidth from your mind and so it's less stressful. So I just try to have essentially the same types of meals every day like nothing gourmet, just the same types of things, not crazy workouts, but fun workouts, good workouts. And I just move through my day, almost like a rhythm, like a dance of a wave in the ocean. And if you do that, everything is going to come to you far more easily.

Katie: I love it. I think that's a perfect place to end. Dr. Cabral, thank you so much for your time. This was so comprehensive. I think hopefully gave a lot of people a lot of direction. And like I mentioned, I will link to a lot of these resources we've talked about and to you in the show notes at wellnessmama.fm so people can find you and get in touch if they want to work with you, specifically. But thank you for your time.

Dr. Cabral: Appreciate you having me on. Thank you very much.

Katie: And thank you guys, as always, for listening and for sharing your most valuable resources, your time, and your energy with us today. We're so grateful that you did, 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.