



Episode 452: Esther Blum on How to Navigate Menopause Without All the Negative Symptoms

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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. And this episode is all about menopause. It's something I don't have a lot of direct experience with yet, but I have heard from a lot of you who do, and I wanted to bring someone in who could give really direct practical resources in this area. I'm here with Esther Blum. She is an integrative dietitian and a high-performance coach. And more importantly, she's helped thousands of women permanently balance their hormones and lose stubborn fat by treating the root cause of their health struggles even during and after menopause.

I've had her on before. She's the best-selling author of "Cave Women Don't Get Fat," as well as "Eat, Drink, and Be Gorgeous," and other books as well. And she has a very busy virtual practice. And today, she's sharing some of her most used strategies with women, especially in the pre, and during, and post-menopause times. And she gives some really specific things that you probably have not heard before related to gut health and ways to navigate those hormone components. So very fascinating episode. If you are in any of those phases of life, I think you will learn a lot. And let's jump in. Esther, welcome back. Thanks for being here.

Esther: Oh my gosh, Katie. So great to see you. Thanks for having me.

Katie: I am really excited to chat because this is a topic that I have, of my own fault, really largely ignored talking about on this podcast. And it's just because I haven't had any personal experience with this yet. But I know that there are many people listening today who are in the phase of life of navigating either pre-menopause, menopause, or life after menopause. And I think, obviously, this is a thing that everyone will eventually go through, every woman will eventually go through. And it's important to talk about because from what I've learned of you while researching for this podcast, there's actually a lot we can do that makes it a lot easier seems like.

Esther: Yes. Yes, absolutely.

Katie: Okay. So I wanna start broad. And I know that this may be common sense to a lot of people but when we're talking about menopause, obviously, lots of changes are happening. Can you, kind of, give us an overview of all of the pieces that are happening at that point?

Esther: Yes, well, menopause is, by definition, when you have gone 12 months without a menstrual cycle. So, you know, some people will start and stop their periods. And every time you restart, you have to start the countdown clock. But during that time, you will notice physical changes. And the perimenopausal period of menopause, it can be a 10-year window all in. Some people go through super fast, you know, high-speed train moving through, other people, it's slower and more ups and downs. So, some of the signs and symptoms you may notice are an increase in irritability, much more irregular periods, right? They start getting shorter and closer together or you might skip a month sporadically here and there.

You may notice hot flashes. I say you may notice jokingly because, of course, you're gonna feel like, you know, you've just gone through a tropical country and it's 3:00 in the morning in your bedroom with probably five fans blowing on you. You'll also notice that you can feel more tired, you feel a lot more brain fog, and you develop insomnia. So, these are things that I treat often in my practice but the big change is the weight gain, of course. That's what really sends people over the edge because you can gain, you know, 10 pounds, what seems like overnight because your cortisol levels go off. So, you know, what I'm so excited to talk about is, like, how to navigate people through and make sure that their bodies are feeling as good as possible throughout all these changes.

Katie: Absolutely. It seems like this is an area where all those things you just described, a lot of women if they talk to their primary care doctor are told that that's just normal and there's not much they can do about it. And that resonates with me because that was what I heard when it came to thyroid health for a very long time is like, "Oh, these things are all normal," or when I was trying to figure out I had a thyroid problem and I was postpartum, like, "Oh, these things are all normal." But just, like, in the case of postpartum and in the case of thyroid issues, it's not normal to have these really severe symptoms. Like, of course, like you said, there will be

changes that you notice but, from my understanding, they don't have to be really, really severe and negatively life-altering. Like, there's ways to mitigate a lot of this.

And so let's start with weight gain because I think that one is at least probably very top of mind for anyone who's been through that and experienced it. And I know that's gonna lead to a lot of other topics related to the internal side of what's happening. But what is the reason for that overnight weight gain? You said there's a cortisol spike that comes with this?

Esther: Yes. And I just wanna circle back for a minute for your earlier point about how things are normal. When you are told that's normal, that just means that the doctor sees a lot of you in his or her practice. But normal is not optimal. We're not going for normal ever. And like you did with your thyroid, you were like, "I don't wanna be normal. I need to be optimized. I need to get my weight off." But with menopause, okay, the gut really has a big influence on our hormones. And I used to only do hormone testing on women going through menopause. And now I make sure I do gut testing too. You know, our intestinal tract, our small intestinal tract has really almost its own endocrine organ of good healthy bacteria in there. It's called the microbiome. And that has bacteria and fungi and viruses and just trillions of bacteria that really make up our human genome. But then we have what's called the estrobolome, and that's the collection of bacteria that metabolizes the body circulating estrogen levels.

So, if your gut health...And it's kind of cyclical, Katie, because your microbiome will change with a decline in estrogen and progesterone. Estrogen and progesterone are responsible for keeping that delicate bacterial balance in check. And, you know, that impacts our weight, our libido, and mood. But also, so we're not only making sure the gut metabolizes all the circulating estrogen in our system, but also it regulates our cortisol levels. And progesterone, in particular, if you are not making enough progesterone at night, you know, it impacts your ability to make a very calming neurotransmitter called GABA, which is why you can really suffer from insomnia, which then contributes to weight gain, right?

So we know low estrogen disrupts gut health. Low progesterone disrupts sleep. And the whole cortisol feedback mechanism is off. So we get an increase in gut permeability. We get bloating and constipation and reflux often because low estrogen slows down the transit time in our gut. That means food is moving through slower. So you feel, like, bloated but you're eating less. So you think, you know, "I'll cut back on my eating. I'll start to do some fasting," but the food doesn't necessarily pass through faster. And also lower estrogen means that we have less bile to break down our fat. And that also can contribute to a little bit of reflux. You can get IBS symptoms on top of this. And can you believe this storm that's happening to women and the whole mucosal lining of the gut changes? So, we wanna make sure that we're really not only addressing, you know, hormones, which, of course, are absolutely paramount but that we're also addressing gut health in the meantime because the more support you have going into menopause, and during and after, the better your roller coaster ride will be.

Katie: And it seems like there's a lot of variation between when women start menopause. So, I've heard of women starting very early. And, like, my mom, for instance, I don't think did until her late 50s. It seems like there's kind of a wide spectrum. Do we know why it can be such a range or what factors influence that? And if so, should we be trying not to have menopause happen early? Like, are there things we can do preventatively at that point?

Esther: Yeah. So the reason why, by the way, you know, there's controversy on the best time to go through menopause. But, you know, estrogen plays such an important role. Like, the research now shows that Alzheimer's disease, it actually starts 10 to 20 years before it happens. Well, we see Alzheimer's happening in our 70s, what happens 20 years before? Menopause. So estrogen is so protective of brain function, cardiovascular health, bone density. So, you know, I say, let it ride its course. Now, what can bring on early menopause? Trauma. I have seen many patients over the years who go through trauma and literally, their period just stops. Again, the gut-brain hormone adrenal connection can trigger it. A lot of people...you know, I don't know this, for sure, but I'm speculating based on what I see, the longer you're on the pill or Mirena, you know, that can also throw...or NuvaRing, that also really throws off menopause, to the point where some people go through menopause but don't even know it, which, I guess is a good thing, you're not symptomatic. But then it's harder to regulate your hormones when you've been suppressing the normal production of hormones for so long through chemical birth control.

So yeah, stress, I think lifestyle can impact your menopause as well, obesity versus smoking versus heavy drinking. But, you know, at the end of the day, it is good to just have healthy estrogen metabolism as much as possible. That's even more important than the timing. It's not only whether or not you make the estrogen, but it's how you are able to detoxify it in your body too.

Katie: Gotcha. Okay. And so there's obviously a huge hormonal component here as well, and you've mentioned estrogen and progesterone. I know that in some conventional circles, there's a lot of thought about hormone replacement during menopause. What are your thoughts on that? Because it seems like it's pretty controversial.

Esther: Yeah. Well, you know, I see it in practice and I can't think of a better way to go through menopause. And I would say stay on it. Well, first of all, I would say the best time to go on hormones is when your estrogen levels aren't surging as much but you can start it then if you work with a good doctor. But typically...And the estrogen surges are what cause those wicked hot flashes. It's kind of like your body's last hurrah. Like I always say, you go into menopause, it's like backing out of your period, you know. So, your body's as confused as when you went into menstruation in the first place.

So, you know, I've had wonderful, wonderful results using hormone replacement therapy. And I do it only with the guidance of the DUTCH and a prescribing physician. I'm really the advocate for my patients. I can't prescribe them hormones, but I can give them recommended dosages based on their DUTCH test. So, DUTCH test, just quick background, it's a dried urine test for comprehensive hormones. And that can tell us what your

production of all of your androgens are like. So, on average, many of my patients get a cocktail based on their DUTCH test. And there are many ways that you can administer hormones. This is not your mama's hormone replacement therapy, okay?

And I think the reason why it's controversial is that people aren't checking methylation pathways. They don't know how they're detoxing it. If you don't check your methylation pathways, then you can run into potential estrogen dominance. I do see many male patients, believe it or not, getting testosterone pellets, and that is aromatizing or converting to very high estrogen levels. So, it's not going down the right pathway. So, it's why you always test first. Make sure your pathways are optimized, then it's not so controversial.

Now, if you have a history of hormone-related cancers, of course, talk to your doctor. You may not be a candidate for it. But for those of you who are otherwise healthy, no real medical history, it's an amazing way to stave off the brain fog and the bone loss and loss of libido, which is a huge thing I treat. So, there's a few different ways I use and prescribe or recommend, I should say, hormones. One is with a patch. So estrogen works really well in a topical patch. And all of these can be prescribed as a bio-identical hormone by a compounding pharmacy. It tends to be a lot less side effect and wonderful potency. So estrogen, patches. Progesterone, I like to give orally and at bedtime for sleep. And testosterone can be a transdermal cream.

But then I also use that vaginally for...As you go through menopause, the vaginal walls tend to thin out due to declining estrogen or the vaginal canal becomes very dry. So, if you use internal suppositories, Estradiol and DHEA, that can actually moisten and hydrate the area, but also improve libido too because the loss of libido can be associated with painful sex, painful intercourse. And so, if you're having these symptoms and you feel embarrassed or ashamed, like, talk about this with your doctor because it's commonly seen in menopause. And so, you wanna be able to give your doctor the information to fix these problems for sure. But don't go buy a blood test alone. A blood test is great to check your FSH and LH levels and say, "Am I fully in menopause? Okay, great. Is it time to start prescriptive hormones?" But I've certainly started hormone therapy, at least with progesterone or DHEA, before someone's fully in menopause.

Katie: And in those cases, are you cycling the hormones, or is it a steady dose? Because I know, like, right now having a cycle, if I was gonna supplement any of those things, they would have me do it in rhythm with my cycle.

Esther: That's correct. So, if you're still getting your cycle, you would rhythm progesterone days 14 to 28 of your cycle. But, like, I have a client, for instance, who's been getting her period every two weeks since we took her IUD out. And now her periods are coming every two weeks. And so, we have started progesterone with her on day five as per her doctor's recommendations because, otherwise, she can't get it in. There's no window. So it's really individual. But if your cycles are semi-regular, then the last two weeks of your cycle. And then once your cycles disappear, you can take progesterone every night for sleep.

And here's the other thing I wanna say is that, you know, most people think that they can...There's a lot of influencers on there, I'm sure you see this too, Katie, who are like, "Oh, do seed cycling," which is when you eat different seeds for different fatty acids or, you know, take chaste tree to raise your progesterone. Once your body stops..Your hormones are produced in your adrenals and your ovaries or testes. Once that production declines, show's over, curtain closed, lights out. So that's when replacement is no longer optional. It's really mandatory if you wanna maintain your quality of life. And quality of life postmenopausal means, you know, you may have gained some weight but you can still fit in your pants. You're not irritable all the time. You're sleeping. Your brain is clear and focused. You are able to...and your sex life is good and you can achieve orgasms if you want to have sex at all, you know. So, it means, you know, restoring yourself. Your body's different, but you can absolutely still have an amazing quality of life. And that's what I choose to really fight to restore with my people, like, feel better.

Katie: So, in other words, like seed cycling and supplements, those are maybe more tools for when you have a cycle and you are having normal hormone production, just like some ups and downs or you're like supporting the body with food basically versus you're saying, once menopause hits, there's been this fundamental physiological change in your body. And so, at that point, it's worth going through, like, a stronger option?

Esther: That's right. And you can still use supplements in conjunction with that. I do have a lot of estrogen-dominant people as I mentioned. So we do have to do some detoxing, depending on their pathways, either with DIM or calcium D-glucarate, or some of them use topical creams, actually, to also bind and pull out excess estrogens floating around. So, I'm not saying no supplements, but I'm saying the supplements will not change the outcome of hormone production once you have stopped having a cycle.

Katie: So it's not a don't do it. It's a yes and.....

Esther: Yes and, they're partners in crime. And the supplements really, you know, to me also maintain quality of life, especially in the energy department. You know, so often post-menopausally, the cortisol can be quite low. So I like to give, you know, some licorice or adaptogenic herbs to help, you know, raise and sustain the cortisol curve much better until the body's in better balance.

Katie: That makes sense. And I would guess, like, some of the things that we see that can be helpful during the normal hormonal fluctuations during, like, monthly cycles can also have that same kind of benefit. Like, for instance, I do really well on certain choline types of supplements that can be hormone supportive. And, like, magnesium is life-changing for many women. That would still be very much true post-menopause. It's just, make sure you're doing the other things as well, basically?

Esther: Oh, yes, absolutely. Absolutely. Yeah, I can't live without my magnesium. I don't think I'd sleep without it. I really don't. It's so magical.

Katie: Yeah, absolutely. Okay. So I feel like you brought up this great point about the gut. I feel like this point gets ignored a lot. Like, I very rarely heard this as part of the menopause conversation. It seems to center almost exclusively on hormones. So I wanted to make sure we touched on the hormones but, like, what you educated about so well is that there's this tremendous gut connection and that by really giving attention to the gut, you actually can influence the hormonal pathways as well, but also really help mitigate some of these symptoms that can come along with menopause. So you gave us, kind of, the overview of why there can be gut changes. It seems like there's also then things we can do both probably ahead of time to support the body going into menopause and/or once it's there to really help mitigate, right?

Esther: Yes. So, again, I am gonna go back to testing, right, to see if you have dysbiosis going into menopause. So dysbiosis is an imbalance of unhealthy bacteria to healthy bacteria in the gut, just boiled down to a very simple point. And so, I love to do stool tests. I use a GI map to look at the presence of pathogens, bacteria, fungi, worms, protozoa, H. pylori. And often in the presence of any of those creatures, critters, and bugs, which we can get from eating unwashed salad, we can pass H. pylori back...Like, I joke H. pylori is a new STD because you can pass it back and forth through kissing or oral sex, which is crazy to me, but you can. So you wanna make sure you clear those bugs out, you weed those out because in the presence of any of those critters, your body will start to become very imbalanced and potentially develop a leaky gut. So what happens is your body is trying to create balance in order for your immune system to fight off what it perceives as foreign pathogens, right?

So in your small intestine, you can start to manufacture too much of the good bacteria. So, there aren't enough of the...There's too much healthy ones in some areas and not enough in others, and then you can become very low in stomach acid just from menopause. You know, the decline in estrogen and bile production really slows down the production of hydrochloric acid as well. So without enough hydrochloric acid in your stomach, again, you can get yeast overgrowth. You can get SIBO. H. pylori can take over. And about 50% of people have H. pylori on any given day. But if the immune system is strong and handles it, it's not a problem. But it gets to be problematic for a lot of people. And I see a lot of menopausal women who have reflux, who are on PPIs, proton pump inhibitors, thank you, or H2 blockers, like Prilosec, Zantac, you know, any of those, which contribute to very poor bone density long-term. You don't wanna be on those.

So, I also look at, on the GI map, something called beta-glucuronidase. And beta-glucuronidase really makes sure that the gut microbiome is healthy and that you are detoxing estrogen properly. If you lack beta-glucuronidase...or pardon me, if your levels are too high, you're going to keep recirculating estrogen in the gut. So it can't ever leave your body and it will leave you in a state of estrogen dominance. So, the good news is, like, I test people before and after treatment, and I see the estrogen levels come down along with the beta-glucuronidase. So it's a really nice marker of how your gut is physically removing estrogen and you remove it through poop and pee. So it's really important. And especially if you are constipated regularly, you're also not removing estrogen regularly enough.

So you've gotta keep all the pathways open. You've gotta keep a healthy gut. And I do recommend testing and treatment. I have yet to see anyone with a perfectly healthy gut. And so, you wanna make sure that you have good gut integrity, that there's a healthy mucosal lining, you don't have a leaky gut. And if you notice, for example, you've developed more food sensitivities during this time, like all of...Like, you could eat gluten and dairy your whole life, and then all of a sudden, now you can't. You're very sensitive to them. Once you kill off the foreign pathogens and you build up an acidic environment in your stomach with, like, some good hydrochloric acid, a really clean diet, low in sugar, processed foods, not a lot of booze or caffeine, you know, the foundational pieces of eating really well, that can enable your body's production of hydrochloric acid to come up a little bit because unhealthy bacteria really can't survive in an acidic environment. So kill them off.

I replenish digestive fire and I also give your good bacteria healthy food to eat, like fiber or prebiotics, as you tolerate them, and just some good gut fuel like zinc carnosine and glutamine. And we get people off their heartburn meds, too. That's another big thing I help people do. So, yeah, there's a lot...So it's so fascinating, right? Like, there's so many levels of treatment of all this and it can feel overwhelming but I'm sorry, you gotta work with a practitioner, not do this on your own. It's too difficult.

Katie: And I'm sure there's a very individualized component to this. But are there any common dietary suggestions that you would make? Because one factor I wonder about, and I'm gonna just project from my own hormone experience, is I see a lot of women who tried to go very, very low carb or keto or carnivore when they start gaining weight because they are afraid of the weight gain. But at least in my own personal experience, doing that for too long of a period of time actually was damaging hormonally. And so I've, like, learned to be much more comfortable with healthy carbs and making sure that those are all in balance. But I'm curious if that's different during menopause or if there's some, kind of, maybe overarching dietary guidelines that are a good starting point.

Esther: Yeah. So, when I wrote "Cavewomen Don't Get Fat," I looked at about 73 studies on intermittent fasting, which is another hot topic when women are experiencing menopausal weight gain right? Of those 73 studies, only 13 were done on women. And keto is not far off. And so, keto diet A, if you have Hashimoto's, so you know this, Katie, like, fasting and keto and very low carb diets do not work for you. You also need to pay attention to how you feel. Yes, in a perfect world, we'd all cut back on carbs during menopause but I believe, like you, in healthy carbs to really support adrenal thyroid function, the conversion of T4 to T3, it's really necessary. And psychologically, you know, I think good carbs are important before bed too because, A, they produce a very calm, sleepy environment in your brain and your gut.

But B, they'll help you fall and stay asleep. And good quality carbs, you know, root vegetables are just the bomb.com. So even if you're on a FODMAP diet, you can have, you know, white potatoes and some sweet potatoes. If you tolerate beans and legumes, great. Those are a very slow-release carb. They're a very high resistant starch. They take a long time to break down into sugar. By the way, potatoes chilled, potatoes are baked and chilled and eaten, like in potato salad, also much higher in resistant starch. I have no problem with low-sugar fruits like berries or apples or pears, those are fantastically good for you. And your blood sugar, avocado is really good for you as well, although lower in carbs. And, of course, nonstarchy vegetables, things

like zucchini, lettuce, peppers, eggplant, artichokes. And I do like, by the way, if you are estrogen dominant, you're gonna wanna have a lot of foods from the brassica family, brussel sprouts, cauliflower, broccoli, artichokes. All of those are really, really good for estrogen detox.

And that's what DIM is. It's diurnal methane and that comes from broccoli concentrates. Broccoli sprouts are another great source for you. So yes, I believe in good carbs. Some people tolerate white rice fine. If you're nervous about your blood sugar control and you wanna make sure you're in a fat-burning zone and you're not spiking too high with your insulin because when your cortisol is high, your insulin can definitely be off. And that's when you get the muffin top, right? So you can slap on a continuous glucose monitor. And a continuous glucose monitor, it fits on the...It's best on the lower part of your tricep, not the higher part. The insulin readings can be off but on the lower part of your tricep. And you take your phone, you download an app. The one I've used to recommend is Freestyle Libre, but use what works for you or get just to know the school glucose matter. But you hold up the phone to your monitor, ding, takes an instant reading. And then it tells you your zone.

And, you know, I did it recently for me and my sugars were actually too low, which just tells me my adrenals are not where they should be, and I was crashing badly after exercising a lot. But for most people, you know, they're getting very bad insulin spikes. And so, this is how you'll know too what your carb tolerance is like. So, the other thing you can do, and again, this is all in "Cavewomen Don't Get Fat" as well as I have people do, kind of, a carb detox for two weeks, Cavewoman detox, where your food comes from protein, vegetables, fats, and fruits, but no starches, just for two weeks. It gives you a good cleanout. And then after two weeks, you start introducing half a cup of a cooked starch per day, right, a root vegetable, a bean or legumes, some quinoa, some rice, and then, you know, slowly you ramp up and you figure out your carb tolerance.

Most people can tolerate at least a cup of starch per day to a cup-and-a-half. If you're very metabolically active, if you lift weights a lot, that should definitely be in a good zone for you, especially post-workout. But if you are not metabolically, you know, or physically that active, you're more sedentary, then, you know, your carbs could easily drop to 50 or 100 grams a day. But most people maintain...You know, the problem with all these diets too is nobody is maintaining them. Like, nobody can stick to keto for more than a couple of months or, you know, especially as women, it does tend to shut down your adrenal and thyroid function and your metabolism.

The other thing I should mention too, and this is not gonna be popular, is booze and caffeine because those can really trigger hot flashes. They can trigger nocturia or nighttime peeing. And worst of all, they trigger irritability. And if you're already raging, like, you don't wanna make it worse. So, what I recommend people do is make a switch. Green tea is fine, but even that caffeine can irritate people. And I have no financial affiliations. I just really love the Four Sigmatic Perform, it's cordyceps and cacao. And it's like the caffeine is almost nothing because I'm the most caffeine-sensitive person. Well, I can't drink it but I tolerate it well. And it just gives good mental focus, and good energy, and adrenal support. So just finding a substitute is really great. There's a lot of great non-caffeine drinks out there.

Katie: Yeah, I agree. I'll echo that. Even, I think, that's helpful advice to women who have any, kind of, like, hormone-related raging or anxiety during their cycle. I feel like cycling...Like, my tip is I cycle off of caffeine at least for a week a month, which also makes you more effective when you do drink it. So that's like one of my just go-to tips for people, in general. But it makes sense that especially during a time of such drastic change, give your body fewer inputs to deal with, make sure you're supporting it. And to your point on the carbs, it's not that you're advocating going very low, like, super low carb, it's just lower in comparison to the standard American diet, but still enough to hit that hormone threshold and be supportive.

And from my personal experience, I found out that activity level really does make a huge difference because I had always done great, just mainly, like a lot of protein, mostly green vegetables. And then I started really working out a lot after I lost weight and was doing Olympic-level sprints and lifting heavy weights almost every day. And I was trying to maintain super low carb, and my body said absolutely not. And I had to learn what my threshold was, to your point. And I've worn the monitors as well. And it really is helpful because now I know I can eat a sweet potato post-workout without a big spike at all, but my muscles and hormones are so much happier. So I can only imagine that when you're going through an even bigger hormonal change, it's so important to make sure that mindset of supporting versus depriving and focus on the nutrition versus the dieting, I think that can be a really important mindset shift for women at any age, but especially when there's hormone-related stuff going on.

Esther: Oh, absolutely. Absolutely. And it's really about empowerment. You wanna teach people what their bodies need and to not have fear around carbs. Carbs are not meant to be feared. They're meant to be used judiciously. You have to be smart. You've gotta light the right fires at the right time. I'm not gonna tell you to eat a pizza and then go right to bed, of course. But post-workout, I mean, I ran...It's funny, like you, like I trained for the New York City Marathon and totally bombed out, my legs just turned into tree trunks because I wasn't eating enough carbs. And I never had pasta during training. It was all like beans or sweet potatoes. But I really needed more, especially post-workout. And I really...Like, I would do my training so differently now if I was still running, but it makes a big difference. It really does. The carbs make a big difference post-workout too in your recovery.

Katie: And I think this is a good segue into the conversation about fitness and exercise, especially during menopause, I feel like, in general, so much of the fitness conversation is studied on and geared towards men. And no matter what age, there's an obvious hormonal difference between men and women. There's like a huge difference in testosterone, for one. I work out with a bunch of guys who are athletes, and it does not matter, literally, what I do, they will always be faster. There's just a huge genetic difference there. But with all of these hormonal changes also come a lot of exercise and body-related changes. And I've heard it said that it's much harder to build muscle as we age. But I've also read, it actually is very important, especially for women, to maintain muscle tone to protect our bones and for so many other reasons.

And I think there's so many misconceptions, like I said, in the fitness world, in general, about what women should be doing. And I had to learn it the hard way that for me at least, it was definitely not massive amounts of cardio, that my body responds so much better to strength training and very short bursts of rapid movement versus long extended cardio, especially when I was going through thyroid stuff. So I'm curious, what is the best way to navigate that during menopause when we know we do have these spikes in hormones and dips in hormones and all these changes?

Esther: It definitely boils down to exercising smarter and not harder, and being open to letting go of what's no longer serving you. So, many people have bought Pelotons during the pandemic thinking they were doing their bodies good. But a lot of my menopausal mamas actually felt 10 times worse. They felt really great the hour or two after, and by mid-afternoon, were totally crashing after a very hard ride. The adrenals just are pumping out a lot of cortisol during menopause and that puts you in a very sympathetic state. That's your fight or flight state. And if your digestion is poor already and compromised, you definitely wanna be much more parasympathetic. That's calmer and in a place of gentle rest and relaxation, and just expansion, physically, spiritually, emotionally.

So, you wanna make sure that you're not overdoing your exercise with long-duration cardio. Walking is great. Walking lowers cortisol or it can raise cortisol for cortisol if very low. So it's a really great equalizer. It's a wonderful fat burner. You don't need any equipment. You just put on your shoes and go. And I have plenty of clients who have lost weight just walking, not doing any high-intensity cardio. And lifting weights is so, so, so important. There is research to show that people can build muscle even in their 90s. Okay? And you have a couple of ways to do this. If you're new to lifting weights, first of all, take your Peloton and take the strength training classes. Do not do the bike classes. Or if you do the bike classes, you know, do a 10-minute class where you do 5 sprints and you're off your bike and then doing the weights. Okay? You can either start...if you're a newbie, you could start with light weights and do many, many reps and then gradually move to heavier weights with less reps. But the goal is...and you can use your body weight too. I mean, doing push-ups is very challenging. It's a more advanced move. Maybe you wanna start push-ups against a wall to start and then on your knees.

You know, so you do have to build up strength and make sure your form is good so you're not getting injured. But YouTube even has, like, really great beginner videos. If you type in "bodyweight workout for beginner 20 minutes," you will get, you know, 20, 30 videos that come up very easily that way. So, you do need to start with some resistance training to build muscle.

Yoga is also really great. I remember years ago seeing an article in "The Times" about how yoga even once a week reduces menopausal hot flashes and menopausal symptoms because it's so supportive of the thyroid and adrenal. And all those twists that you do also really get your digestion working properly. So, yoga is just another great way to balance out. So you wanna, you know, counteract the high-intensity cardio. If you still can't give up your running, maybe cut down...or Peloton classes, cut down the duration or the frequency to maybe once a week. But you will find your energy and your sleep are also way better when you're not doing all this high-intensity stuff. And your body can still benefit, for sure.

Katie: Yeah, I noticed a huge difference, obviously not in menopause, but just hormonally when I switched to those. And I felt so good and so powerful when I can lift, like, 300 pounds off the ground. There's great mindset that comes with that. I think the other half of that too goes back to the diet conversation and makes sure you're supporting your body. Like, you really have to make that mental shift to fueling and getting enough food when you're gonna add in that component because I think as women we, kind of, can get stuck in that dieting, being afraid of food. And for me, like, eating enough protein was a really big key as well. I had to actually make sure I was getting enough food once I started adding in the strength training, especially, because even though it's a shorter duration, your body is using so much more over time.

Like, when you build muscle, your body is using more energy over time, which is great because that helps us not gain weight. And so it's like, you know, muscle at rest is still burning more than fat at rest. And so I think that's like, women wanna do more cardio because it feels like they're doing more and they're gonna lose more weight but if you average out that long-term effect, you can gain so much more from that shorter duration.

Esther: Well, exactly. And if you start doing all this high-intensity cardio and haven't lost weight, then your proof is there that it's not working. So, like, why not let it go and try something new? You've nothing else to lose except your weight that you couldn't lose before. But to your point too, Katie, like, having all that extra protein throughout the day stabilizes your blood sugar and then you sleep better at night. So, you know, there's so many benefits. I think the hardest part in all this is just letting go what no longer serves us or understanding what works in your 20s and 30s doesn't work so well in your 40s and 50s. Your body keeps the score and your body leads. So if you listen, your body will tell you what's working and what to keep it happy.

Katie: And I love that you said that. That's a great book recommendation for any of you guys who haven't read it, "The Body Keeps the Score," especially if you have any, kind of, past trauma whatsoever. And I love that letting go of what doesn't serve you because it's a metaphor for so many aspects of life and I feel like a lesson many of us can learn.

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I also love that you brought up the parasympathetic/sympathetic key to this because it seems like anytime we're talking about hormones, and especially you mentioned cortisol, this is an important part to understand as well because if you're operating in a sympathetic state of stress all the time, it's gonna be very hard for all these things you've mentioned, your digestion, your hormones, your sleep, all of those things to line up well.

And I know that there's a lot we can do to support our body being able to shift into parasympathetic and to keep those levels healthier. I know things that have worked for me, things like breathwork, certain adaptogens have been helpful. And I'm also a huge advocate of the sauna just because we have one and, like, the heat plus the sweating, there's so many benefits there. But any tips for people, especially specific to menopause, for helping the body stay in a parasympathetic state more often?

Esther: I love everything you've mentioned, check, check, check. Fabulous. Doing trauma work...And Katie, you and I talked about this on our previous podcast together. The trauma work is really, really important because on the DUTCH test, I look at cortisol curves. And often, people with unresolved traumas have a cortisol curve with very dramatic spikes and very dramatic crashes. So, if your body still thinks you are not safe because your body hasn't moved past the trauma, even if your mind has consciously, your subconscious mind has not. And still, you're still your 6-year-old self, your 12-year-old self, or however old you were when the trauma happened. So, that's a very important thing to deal with because that is the undercurrent often to the sympathetic, parasympathetic balance.

Of course, getting away from technology, also really, really important. Studies show, you know, sleeping with a cell phone next to your head raises cortisol while you sleep. So I really make it a point, I'm not perfect, but most nights, I make it a point to turn my cell phone off by 7:45, 8:00 p.m. If you're not able to do this and you don't have this luxury, keep the cell phone at least 10 feet from your bed at night and keep, if you can, your routers out of your room, your blue lights out of your room. You can wear blue light blockers. Like, my prescription glasses have...you can see there's almost like a blue tint there. Those have blue light blockers in them. Get in nature...walk barefoot in nature as much as you can. That's very grounding. And that actually reverses a lot of the charges that your body...You can look at red blood cell analyses before and after being outside. So being at the beach is like the best way to walk barefoot. But walk around your grass or take your shoes off as much as possible. That really grounds your body too.

Katie: One of my favorite self-care practices that I love to tell people because it's free is as soon as you can after waking up, go outside, even if it's not a super sunny day, that light is so much more robust outside than indoors. And that triggers a whole hormone cascade that affects the cortisol component, which is like we've talked about, important here. And if you can do a barefoot, on the ground, maybe sipping some herbal tea, you can, like, stack all these healthy habits and get a good hormonal start to the day. And I know that sounds so simplistic, but really, like, I think when you do that regularly, that light component and the earthing component makes a huge impact, especially on hormones. And I think it's easy to wanna turn to the fancy supplements or the silver bullets or all the fancy equipment. But, like, if you're not starting with, like, hydration and getting sunlight in the morning and these basic things, they're free to start with those and then add the other stuff in.

Esther: Right. And no pill in the world is ever gonna replace natural light. Even if you have a happy light, it doesn't give you the spectrum that, you know, fresh, real sunlight does. And it just regulates your melatonin, your cortisol. It's amazing. So, I know. I thought of you many times actually when I was doing that this winter and I was, like, wearing my hat and my snow pants and, like, freezing, but just most days, unless it's pouring chucking rain, I really go out rain or, you know, cold, warm, whatever because it is so important for my psyche to just get out in nature and listen to the birds. And that's a form of meditation too is just listening to birds.

Katie: Absolutely. And walking, there's so many ways, it doesn't have to be complicated. If you guys are interested in hearing, like, the really deep science about the light component and sunlight and why we need it, I did a podcast with Ari Whitten a while back who is so brilliant and I highly recommend that one as well. As we get closer to the end of our time, though, I'm curious, are there any other, like, misconceptions or things that people don't really understand when it comes to menopause? Because I feel like we've unpacked so much and this has been awesome.

Esther: Oh, thank you. I think, again, just to reiterate, you know, once your body's done making hormones, it's done. And so, no amount of yoga or supplements or, you know, Reishi tea or whatever you wanna drink will ever bring that back. So, get on it, you can stay on it long-term. You get your blood levels checked, do a DUTCH test once a year. Just look at your methylation pathways, make sure they're okay. It's very safe and effective. You can have a compounding pharmacy, make it for you. And the longer you can stay on it, the better. It really is quite beneficial for you and you'll feel like yourself again. I mean, no one ever comes to me and says, "I wanna look older and wrinkled and be more exhausted and have brain fog," right? So, if you have a history of Alzheimer's, if you have a history of osteoporosis, or just if your libido is low and you're not sleeping and you're hot flashing, and, you know, you have all sorts of symptoms and side effects, you've got a bigger cortisol belly, get on hormones. It will help you and it's usually a one to three-month adjustment period, and then smooth sailing after that.

Katie: And I will make sure we link to you on all your various presences online so people can find you and keep learning more about that. I know you have resources for it as well. I've also been making notes. If you guys see

me looking to the side on the video, I'm making notes of all of this while we're talking so I can support in the show notes that will be at wellnessmama.fm. I also love to ask at the end of interviews 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?

Esther: "Daring Greatly" by Brené Brown has had, I would say, the largest impact on my life because it really helps me stop being a drama queen, quite honestly. I think there were pieces of me that would still gossip or just liked the attention or the feedback I would get around conflict. And I realized that was so unhealthy. And she really taught me the importance of going in around conflict and going deep and resolving things in myself before I came at them and spoke about them with anyone else, and to really curate the people in my life who were really important and spend time with. And I'm grateful. I mean, you know, I call them my fab four. I have four friends who are just my closest nearest and dearest and have been, you know, my bestie's been in my life since first grade. So, I'm very, very lucky that I have consistent, reliable people in my life.

Katie: Yeah. Oh, I love that book. And I think community makes such a big difference. as well. Like, we know the data from a health perspective, like, if we have good community and friendships and relationships around us, that makes a big difference for mental health but also, like, we actually see physiological differences when people have those solid relationships. So, that's a great, great point as well. Any other advice or resources you would point people toward if they're navigating any of these things that we've talked about?

Esther: Yes. Well, of course, I'm gonna advocate for my own books. I've got four out there. They're on my website, estherblum.com or you can search Amazon. I also have a Crush Your Cravings three-part video series with an e-book. Again, if you go to estherblum.com/cravings, you can absolutely pick those up.

For your people, Katie, I have reserved five consultation spots in my calendar for people who really want further support for themselves, are struggling with weight loss, menopause, gut issues, or just chronic health issues that no one else has been able to fix. So, for that, you go to estherblum.com/call, C-A-L-L. And, of course, this podcast is a really, really fabulous resource. Like, I've listened to it regularly. It's one of my go-tos. I also love Diana Rodgers. She is a dietitian who talks about regenerative agriculture, who's amazing. Oh my gosh, there's so many. Ashleigh VanHouten, also she's Muscle Maven. I love her podcast as well. Tim Ferriss is one I listen to regularly. There's so many. I mean, it's hard to choose. But those are, kind of, staples that I keep regularly. I'm constantly learning from professionals. Shout out too to Dr. Rocio. He has a gut health podcast, but it's very broad and wonderful. I really like that one too.

Katie: So to recap, maybe check out some podcasts while you guys are walking in the sunlight in the morning. Check all these healthy habits together. And I will link to all of the things you mentioned. So if you guys are going through any of this and wanna get in touch with us directly, you can. I know how busy you are and I appreciate so much for being here and sharing today. I love that we got to go in-depth on some of these topics. And hopefully, it's really helpful to a lot of people. So thank you.

Esther: Thanks for having me. It was really a joy and a pleasure.

Katie: And thanks as always to you guys for listening, for sharing your most valuable resources and assets, your time, and your energy with us. 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.

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