Episode 06: How Birth Control Pills Cause a Hormone Cascade

Katie: Mary Lee, welcome back to the podcast. I’m so excited we’re talking again. In the last episode we talked in pretty general terms about the issues that you’ve seen firsthand in working as a pharmacist in the medical industry, but also in patients, and all of the root causes that we’re seeing for people in their health. One of the ones that you mentioned were that we have issues with hormones, and how pharmaceuticals can affect hormones and deplete hormones, and how nutrient deficiencies also play into that. In this episode, I would love to really delve deeper into the hormone topic, because I think a lot of people listening are struggling with a hormone imbalance of some kind, and maybe trying to figure out what that is, or how to find out what that is, and to really understand it for themselves.

It's a hot topic right now, hormone health. I feel like we're really starting to understand it more. But also the endocrine system is very complex, and it can be a confusing topic. It's also one that it seems like there's not really a single pill fix, because everything, like you said, is so interconnected, and changing one affects others. Can you give us kind of a general primer of how the body's hormone system functions, and how our hormones work together?

Mary Lee: Yes. Katie, it is not a one-pill fix. It's so complicated. We have volumes of books written on this topic. Really, to be honest, what I feel like is the more I know the
more I don't know. Just to kind of sum it up, imagine a triangle. You have to have a balance of these systems. In that triangle we've got to balance our adrenal gland with the thyroid gland and our ovaries. If one of those is out of whack, the other two are out of whack. Things that get it out of whack would be all the root causes that I spoke about earlier. So it's really important to maintain that balance.

Katie: That makes perfect sense, and how, like you said, they're all in a triangle together. If you shorten one, you're making the others longer, and you're pulling them all out of balance. I feel like, it's kind of, a lot of people know that they have a hormone imbalance, but it's not like chronic pain or arthritis, where you know what the cause is, and you feel it where it is. So it's a lot harder to try to figure out where it's coming from and maybe what's out of balance. I think a lot of doctors are starting to really learn more about this, thankfully. But is there, how can maybe someone who suspects that she has a hormone problem, but doesn't really know where it's coming from, what would be a way that she could figure out if it is a hormone imbalance and where it's coming from, so that she could start trying to address that.

Mary Lee: Well, first of all, you look at symptoms. But if you're not working with a practitioner that would even consider hormone imbalance a problem, then you would be prescribed a lot of medications unnecessarily. Some of these symptoms might include depression, PMS, insomnia, headaches, low libido, anxiety, bladder issues. Also, but not so obvious, increased blood pressure, increased cholesterol. Some people have joint pains. If you didn't know any difference, you would be prescribed medications for these symptoms.

There are actually three ways to test hormones, three reliable ways. The first one is serum. You would go to your practitioner's office and get blood drawn. Another way is an at-home saliva test. Another way is an at-home urine test. All these would be, I think, a good base to see where you are, and from that you would kind of connect your results from your labs with your symptoms and realize it's probably going to be a hormonal imbalance.

Katie: Yeah, that makes sense. In the past, when I was trying to figure out answers for my thyroid, and also even as far back as high school when I had acne, I would go to the doctor and they would always, they would kind of touch on, oh, it's a hormone thing, so you need to take the pill. Thankfully, I never ended up taking it.
I'm very grateful now. But I feel like that is the common answer. It's like, oh, it's a hormone thing, you need to be on the pill. Or, oh, it's acne, you need to be on the pill. Or, oh, whatever it is, you need to be on the pill. So many women are on it for these reasons or for all these different compilation of reasons. Does a birth control pill offer actual solutions for that, or does that further mess up the triangle.

Mary Lee: Totally messes up the triangle. Let me emphasize that. The birth control pill, along with synthetic hormones, they just mask symptoms. This is one of my passions, is educating people about the birth control pill and synthetic hormones. They are like putting a square peg in a round hole. The body doesn't recognize it. But the biggest thing about birth control pills is they cause so many nutrient depletions. We are put on the birth control pills at such an early age, as early as, I've seen women, really, excuse me, young girls, 3 years old, on the birth control pill. All it's doing is masking a symptom. Whether they had acne or heavy periods or just irregular moodiness, they will be put on the birth control pill.

But let me tell some of the nutrients that this birth control pill or synthetic hormones can cause. First of all, B vitamins. B vitamins are essential for good health. They make serotonin. That's our happy chemical. B vitamins, if you're low in B vitamins you can have fatigue, depression, insomnia, anxiety, issues with hair, skin, and nails, and even issues with your nerves because we need B vitamins to keep our nerves healthy.

Another big nutrient that these birth control pills deplete is magnesium. Magnesium is huge in the body. It's used in over 300 functions. It's essential. If you're low in magnesium, these symptoms you might experience: headaches, migraines, constipation, insomnia, increased blood pressure. You can have heart palpitations, fatigue, even bone loss, osteoporosis. Believe me, most people are low in magnesium to begin with, never mind adding a birth control pill, which is going to lower it even further. There's lots of potential prescriptions to be prescribed due to the birth control pill, if these depletions are not addressed.

Another big factor with the birth control pill, it depletes many trace minerals that support the thyroid. So now we've got somebody that's going to have thyroid issues probably because of the birth control pill. This is what I see over, and over, and over again, Katie. You'll see a young girl put on the birth control pill say at age 15, 16 years old, for whatever reason that's going to mask that symptom.
The pill starts depleting magnesium and B vitamins. It usually takes about a year or even shorter with some patients. But what will happen, these patients will get depressed. They'll go off to college, they come back, they're depressed. Not enough B vitamins. So some doctor will put them on an antidepressant.

Then, because of low magnesium, they might develop constipation. So now we can't poop. They also, because of low magnesium, start developing headaches and migraines. So now they're on a medication to treat the migraines, and even to prevent the migraines. So that's three more medications that we've just added. Also, I see these girls, as they get a little bit older, they have a sluggish thyroid because of the birth control pill. But that's not addressed. So what has happened? Now they've got to be treated for underactive thyroid. Now, because they're not making enough B vitamins to make the serotonin, they're depressed, as I said. You've got to have serotonin to make melatonin. Now these young girls, they're probably late 20s, can't sleep. What happens? They're put on Ambien, or a sleeping medication of some sort.

So we've got an antidepressant. We've got a headache medicine. We can't poop. We're depressed. We have low thyroid. We can't sleep. Now the antidepressant that they've been on for many years stops working. So a doctor will add another one, or even worse, even worse, they'll add an antipsychotic. You see, this is a cascade of doom. I really emphasize this with my patients that will listen to me, if you're going to be on a birth control pill, understand what this is doing. Something that will help, at least, first of all, you've got to really watch your diet. But you've got to add a good multivitamin. I would add a good probiotic, and I would add extra magnesium to address these symptoms due to the nutrient depletions from the birth control pill. I'm sure you can educate your listeners about other ways ...

Katie: To space pregnancies or whatever it may be, as an alternative. Because that's what I always find funny. That obviously is the reason that we have them in the first place, or that's what's said. But it seems like the majority of the time, people aren't even actually put on hormonal contraceptives for contraceptive purposes. They're often, they start off for all these other different health problems. Because there's this myth, it seems like, that birth control pills "balance hormones," because they make your cycle regular, and they make your period light, and they do all these things. They might help with acne. But like you've been talking about, they don't really address the root cause.
For us, like I know, I use something called the OvaCue. I'll make sure there's a link to it in the show notes. But it basically is something that can plug into your phone and be used as an app, or it's its own stand-alone system, that has a very scientific basis, and it measures hormone levels throughout the month, and tracks based on vaginal pH, saliva pH, and body temperature and some other factors, a woman's cycle, and lets her know when she's fertile and when she's not. So that's an alternative that's not hormone based, that's also been really fascinating, because I've learned so much about my body by actually seeing my hormones graphed out every month. Actually through using that, I found out that I double ovulated every month, which I didn't know, but it makes sense.

But I think you're so right. I think people buy into this idea that the birth control pill is going to help them balance hormones. Balancing hormones is an important thing. Like you just said, it contributes to everything for health. But I feel like, going back to the last episode, that you're robbing Peter to pay Paul. For lighter periods and a regular period, you're trading off depression and trouble sleeping and all these other problems. Do you feel like there are other ways to balance hormones besides the birth control pill that are more effective? What do you usually recommend to maybe a woman who has acne, or has hormone issues that she's trying to address?

Mary Lee: That's something I have just been shocked by these young girls think periods are bad. That they don't like them. I've even had an OB-GYN tell me, "Well, my girls don't want to bleed." I'm like, well, that's a normal thing. The reason that they don't like it, because they have heavy, clotty, long, crampy periods. Well, that's a hormonal imbalance there. What you need to do is ask, well, why do we have this. Well, that goes back to lifestyle. These girls are probably eating a lot of processed food with a lot of grains, a lot of sugar, fast foods. All that affects our hormones. How stressed are they? That affects our hormones.

We go back to the basics once again. Once again, Katie, the food comes in. Remember, the food we eat today is not the food we ate. This has all happened so quickly over the past 20, 25, even 30 years. This has come across that fast.

Katie: I find it amazing. Looking back, even, I can only speak to my own experience, but in high school and college I had acne, and I had horribly, horribly painful periods. I would usually end up taking ibuprofen or something, they got so bad every
month. Now with all the lifestyle changes and dietary changes we've made, I don't have cramps at all. It's a completely, been a 180 for me. I haven't used contraceptives to address it at all. It's just been purely lifestyle change.

But it makes so much sense that if you're artificially manipulating this hormone cascade, that's supposed to happen every month, or much less if you're stopping it all together, that you're going to mess up the body's natural cascade of sex hormones. Because, like you said, they're all interconnected with the thyroid, the adrenals, and the ovaries. Even within those you've got all these progesterone, and estrogen, and testosterone, and luteinizing hormone, and follicle stimulating hormone. When you're artificially controlling that, you're messing those up. I feel like a lot of people don't really understand how much that can make a difference.

Let's talk about progesterone, because that's a big, important hormone for women, especially women of childbearing age. I get a lot of commentors on the blog from women who have been through this exact thing that you just talked about. They were put on contraceptives as a teenager. They went through the whole cascade. They have the depression. They have the headaches. Now they're on all these medications for these. Then they want to come off the contraceptives because they want to get pregnant. But now they've got all these other underlying issues that they've got to address, and they've having trouble getting pregnant. One of the things involved there is progesterone, which is tied in to the fertility process. But what exactly is progesterone, and how might someone know if they have too little or too much? What are some ways besides contraceptives that someone could address that problem?

Mary Lee: I love progesterone. It is my favorite hormone, if you have to claim one. I love it because it is our calming hormone. It's a natural diuretic. It's a natural antidepressant. Estrogen, we call her Queen Bee. She runs the body. But progesterone comes in and calms estrogen down. Because if we don't calm estrogen down, we get into estrogen dominance, which creates all sorts of problems. Progesterone is very protective of the breasts and uterus. It is not the same as Provera. That is the prescription progestin. Progestins are not the same as natural progesterone. A lot of people get this confused, because you'll get negative feedback when you talk about progesterone, if a doctor doesn't separate it out. He assumes it's progestin, or Provera. Just for your listeners to
know, it is not the same. Progesterone is naturally produced in our body. That's what I'm speaking about.

If you have low progesterone, Katie, it can actually start declining in your mid to late 30s. Low progesterone will cause many symptoms, headaches, anxiety, infertility, acne, cramping. Some women gain weight about that time. We can lose our libido. We have mood swings and depression. PMS, that's a huge one. Low progesterone. Fuzzy thinking, even joint pain. It's a big issue. In the body, stress plays a big part here, because the body will make cortisol, which is our stress hormone, at the expense of progesterone. That's one of the reasons we're seeing earlier and earlier declines in hormones because of stress.

Katie: That makes so much sense. Based on that then, taking a contraceptive would not actually help increase the body's progesterone levels, because that would be a synthetic version. Am I understanding that?

Mary Lee: That is correct. It is a synthetic version of estrogen and progesterone.

Katie: Okay. From the reading I've done, it seems like you see a lot of estrogen dominance. It seems to be becoming more and more of a problem, or at least I'm seeing more and more research on it. That's obviously another hormone. You said estrogen is the queen bee. Can you talk about estrogen and how it works in the body, and also how it comes into play with progesterone. Because it does seem like, from the reading I've done and the books I've read, people tend to be low on progesterone and high on estrogen a lot of the time. Have you found that as well? What are some ways that someone could address that if they perhaps do have estrogen dominance?

Mary Lee: As I said earlier, and you said, estrogen is queen bee. We have estrogen receptors all over the body. It's actually used for over 400 functions in the body. First of all brain health, memory, concentration. This is huge. Women get foggy as they get older. Hearth health, estrogen is very protective of the heart. We know estrogen regulates body temperature. That's how we can get our hot flashes and night sweats. Estrogen is essential for good sleep. We know it hydrates the skin and keeps us juicy. Estrogen, you may not know this, helps to regulate blood pressure and cholesterol. We see a lot of woman as they age, they're blood pressure and cholesterol goes up. What happens? They're put on a
medication. Their hormone deficiency is not being addressed. Estrogen is also important for mood, libido, and of course, bone health.

So yes, we see a lot of estrogen dominance in ... You're seeing it younger and younger and younger. It, to me, in my opinion, all goes back to the lifestyle, the food, the stress. What are we doing to our bodies? Because this is a new thing. We did not used to see so much estrogen dominance. So just signs of estrogen dominance, you're going to have fluid retention, whether it's in your fingers, your rings you can't get off, or your ankles. Breast tenderness is a huge symptom of estrogen dominance. Nervous, anxiety, and irritability, that describes a lot of women I know. Estrogen dominance can of course, cause heavy, crampy periods, weight gain, mood swings. It can actually throw you into an underactive thyroid.

We can treat estrogen dominance, or the imbalance, first of all looking at lifestyle. What are you eating? What are you drinking? Are you sleeping? How stressed are you? We treat that. Then if you're perimenopausal or you're menopausal, and if you're a good candidate for it, then we can use bioidentical hormone therapy to replace what is low or deficient, or balance that which is out of balance.

Katie: That makes sense. Back to the idea of kind of the triangle. It does, getting, like if progesterone's low, will getting progesterone in the right level also help bring estrogen down to where it's supposed to be? Can changing one affect the other? I know that I've seen a lot of writing about people who use progesterone cream, natural progesterone creams, not the synthetics, but natural ones. Is that something that you've seen with patients as well?

Mary Lee: Yes, you can help balance it out that way. Estrogen, not to get too technical, but estrogen basically has two receptors, and alpha receptor, and a beta receptor. The alpha receptor causes growth stimulation, and that's good, to a point. You don't want that to be over stimulated. The beta receptors calm down the growth. Progesterone comes in, turns on the beta receptors, and calms everything down, so estrogen is kept in balance.

Katie: That makes sense. So if someone doesn't have enough progesterone, they're getting too much of that alpha side, and not enough ... kind of how everything in the body, the parasympathetic and the sympathetic. Everything ...
Mary Lee: Exactly.

Katie: That makes a lot of sense. I feel like the other hormone that women often ignore, and from what I'm seeing is actually very important, and we kind of ignore it at our own expense, is testosterone. A lot of women assume that that's just something that, men have testosterone. But really, women do to in smaller levels, of course. But it's very important from, at least what I've seen in the research, for keeping those other hormones in balance. Can you talk about the way that testosterone functions in a woman's body and how it's different than in men, but also how that comes into play with the estrogen and the progesterone, and do we support that in the same way with lifestyle mainly?

Mary Lee: Yes, I can talk about. Yes, women need testosterone. Guess what? Men need estrogen too. It's just at different percentages. Testosterone, as you know, we all think it's just for libido, but it's not. Testosterone gives us a sense of well being. We feel good. It helps to increase muscle mass and strength, decreases body fat. We need that along with the progesterone and estrogen to keep our bones strong. A lot of people don't know this, but we need testosterone for bladder health. There are testosterone receptors as well as estrogen receptors on the bladder, so we need it for that. Testosterone is great. It can get out of balance too. We go into the PCOS and all that. All that goes back to the lifestyle. Whether we're sleeping. What are we eating? Are we active? What are we drinking? How's our stress? If testosterone is too high, it's going to throw the other ones out of balance, too.

Katie: That makes sense. It also makes sense if, I know I've often heard that estrogen, too much estrogen can lead to weight gain, and testosterone helps to bring that down, which makes sense, because every 16-year-old boy that I know tends to not struggle with weight, and they have plenty of muscle, plenty of energy, and they sleep a lot. It makes perfect sense that they're all tied in like that.

You've mentioned a couple times that synthetic hormones are not the same as the naturally occurring ones in our body, which makes perfect sense. But can you explain a little bit more natural versus synthetic hormones, and when someone does have a true imbalance, is there a natural form that they can turn to to help that, or is lifestyle really the best option?
Mary Lee: Okay, so there's a huge difference between synthetic and natural hormones. Like I said, a lot of people just clump that all in together. A synthetic hormone, as I said earlier, is like putting a square peg in a round hole. Examples of synthetic hormones, birth control pills, Premarin, Activella. Let me just tell you a little bit about Premarin. Have you ever heard what Premarin is made out of?

Katie: I've heard, but I'd love to have you explain it, because I don't know that I can, being this pregnant and nauseous.

Mary Lee: Premarin is, listen to what I said, Pre-ma-rin, pregnant mare's urine. That estrogen is not our body's estrogen. Somehow, this is shocking, the pharmaceutical industry convinced medical doctors that it was better for a female's body to use pregnant mare's urine instead of their own estrogen. Think about that. Probably the same group convinced women that formula was better than breast feeding, years ago. That's what we're putting in our bodies, and we don't want to do that.

With bioidentical hormone replacement therapy, we are mimicking nature. We're using hormones that your body would recognize, because it is your body's hormones. That's the biggest difference. We give small, physiologic doses, not big, pharmacologic doses. There is not one size fits all. Everybody is individualized with their dosing.

Katie: That makes sense. For some women it may be as simple as reducing stress and getting enough sleep, and optimizing magnesium and B vitamin levels. But some women can benefit then probably in more of a short-term way from a small amount of natural hormone, to just help their own body start to create that again. Is that what you're saying?

Mary Lee: Yes. Yes. Especially the perimenopausal/menopausal years. We're living longer than we ever have. Hormones are preventive health. When I do hormone consultations with somebody, I always tell them, I'm not trying to make you feel 25. I want you to feel good where you are, get your symptoms minimized, and support heart, brain, bone health. That's for moving forward with your health.

Katie: Yeah, that makes sense. I think the Premarin industry is definitely a controversial one. I know there's been some recent controversy surrounding them, because they truly are, to put that in perspective for women, harvesting the urine of
horses. That's what you're putting in your body. If you can imagine, it's not a very pleasant experience for the horses either, and so a lot of people are up in arms about that. But that makes sense that the natural is always preferable whenever possible.

One of those other pillars of that original triangle that you talked about was thyroid. I know that this is a very hot topic for a lot of women. It was definitely an issue for me, and one that took me years to get addressed. Lifestyle talk about thyroid problems for a minute, specifically how thyroid problems can contribute to other hormone imbalances in the body, and how a woman might notice if she thinks she could be having a thyroid problem, and when it would be a good time to go talk to a doctor. Because that is one that seems like is harder to remedy with just lifestyle. There are women who do tend to actually need a thyroid prescription. But how would a woman know that, and how is that going to affect the rest of her hormones.

Mary Lee: Thyroid's huge. You may not know this, but in 2014 that was the number 1 drug prescribed, Levothyroxine. I'm sure it was probably pretty close in 2015. We just haven't heard yet. That is a big change I've seen in pharmacy. It was rare we dispensed a prescription for underactive thyroid, or even overactive thyroid. Once again, you step back and ask, why is this? This is new. The testing has not changed. Something has changed. There again, lifestyle, stress, food, other medications, hormone imbalances whether it's from your adrenal glands, or too much estrogen that can throw your thyroid out of whack.

There are so many symptoms of low thyroid. Some of the obvious ones are cold extremities, dry skin, low libido, scalp hair loss, or many people start losing the outer third of the eyebrow, weight gain, anxiety, headaches, that's a big one, high cholesterol, guess what, infertility, another one. There are a lot of symptoms. The problem with thyroid is the testing. Most doctors are only testing like a TSH and a T4. That is not enough, because if you fall within the normal of that, they're going to say, "Well, it's not thyroid. Let me give you an antidepressant instead. Let me give you something to treat your headaches instead." So you'll get a lot of unnecessary prescriptions once again. You have to expand the testing, look at it broader, and listen to the patient's symptoms. If they're within the normal range, but they're low normal, you need to be thinking about, "I need some thyroid medicine."
Now a lot of times with thyroid, I do, with my patients, I address, "I wonder why your thyroid's off?" A lot of times it's because of stress. If your adrenals are way overactive, your thyroid's going to slow down. It's a protective mechanism. If you're in estrogen dominance, that's going to throw your thyroid off. You don't want to necessarily just throw somebody on thyroid medicine. You want to treat the estrogen dominance first. Once again, we all get back to treating the root causes, asking why and treat the why.

Katie: That is so logical. You mentioned earlier with birth control pills and hormones how that can affect thyroid. It seems like that's also a very common prescription, is birth control pills. It makes sense in the last few decades that's become so much more common that we'd be seeing these thyroid problems as well, and especially with sleep and all these other factors that we're contributing to.

How would a woman ... So you're saying the testing ranges should be expanded a little bit. I've read that also and how, it makes sense that the current ranges we have are based on averages, but typically people who go in to get tested are people who suspect they have a thyroid problem, so the averages are almost based on the problem, sort of. I love that that's the approach that you take, is getting women to work with their doctors to address that, even if it's not necessarily medication at the beginning, but addressing all of those other symptoms and factors to try to get it in range without just going on an antidepressant, which sounds like it might also affect the thyroid eventually.

Mary Lee: It will. Yes, it will.

Katie: So it can pull everything out of balance.

Another topic that I think really related to hormones that really affects a lot of people listening, and that you and I have talked about a little bit, is preconception health, and preconception hormone balancing. Like I mentioned, I have a lot of even friends locally, and friends that I've talked to that do the whole hormone cascade. They get on the pill in hormones, and they're on all the other medications related to the symptoms of that. Then at some point in their 20s or early 30s they decide they want to have kids. So they just stop with the birth control. They're still on all these other medications. They probably still have underlying hormone imbalance, and then they have trouble getting pregnant, and
they may not necessarily be nourished because these medications are depleting their nutrients. Let's talk about how preconception health works, and maybe some of the factors that women can optimize to make sure their bodies are really ready for a pregnancy.

Mary Lee: Oh, Katie, I loved that you asked this, because I love preconception health. Being in the pharmacy, I've seen so many changes with newborns and children. This has been really sad. You wonder why these changes happen to these children. They have reflux. They have asthma. They have eczema or psoriasis. They have behavioral disorders. They have bowel disorders. Children, babies. You've got to ask why is this? I feel like it starts with preconception health. Because the health of you today, your body today, will affect your baby's health in the future. I work with a lot of girls at work, and I'm always saying to them, the younger ones, prepare your womb. Prepare your womb.

These are just some recommendations I suggest to them. I try to get them off the pill, number 1. Get your body regulated so you know what your hormones are doing. That's huge right there. Watch your food. We've got to stop the processed food. That affects everything in your body. Eat good fats. Good fats, real butter. We love butter. Coconut oil is fabulous, as you know. And olive oil. Get rid of all the other fats. They're inflammatory. We have got to change our meats. We cannot keep going to the grocery store and get these meats with antibiotics and hormones in it. That affects your health and your baby's health down the road. Eat clean meat. Lots of vegetables, and I'm not talking canned. I'm talking real vegetables, people. That's how we used to eat in the past. That's what we're supposed to eat. We have to eat that today.

If you're going to do dairy, try to get raw dairy. I know it's hard to find. Fermented foods are essential to gut health. Healthy gut, healthy body. You've heard me say that before. This is going to determine your baby's gut health, is your gut health. Let's drop the artificial sugars. Stop these Diet Cokes. Stop these diet foods. That affects your thyroid, your gut, and even your brain. Those are your foods. We want to get your gut healthy. As I said, your foods affect your gut. We have got to get on a good probiotic. Remember, as I said earlier, we have trains of bacteria in our gut. It is the mother of our body. It is how we stay healthy. We need a good probiotic every single day. We want to repopulate that gut with good bacteria. Because if you think about your history, if you've had an antibiotic, it is like a
shotgun going off in your gut. Not only is it killing the bad bacteria, but it's killing the good bacteria. If you don't repopulate your gut, you're going to get out of whack. Gut health is essential for your child's health.

You've told me about the movie Microbirth. I found that amazing. It was so simple as to why we're having issues with our babies these days. It is through the natural birthing process, the vaginal birth, that the baby starts to populate his gut with good bacteria. That's the first step. The second step is skin to skin. We're all clothed in gowns and don't want the baby to touch anybody, but we need skin to skin contact with that baby, because you're transferring good bacteria to that baby's gut. Then breastfeeding, essential for your child's gut health. So just that birthing process alone is going to help populate your child's gut with good bacteria, so he won't have these issues of asthma and skin issues and eczema and behavioral and gut issues.

Managing your stress, another way to prepare the womb. We have got to calm down. We cannot get so worked up and stay on all the time. It goes back to being still, sitting quietly, gathering yourself. I read this somewhere, and I say this every day to myself and to my consultations. Stillness is the language that God speaks, so you have to be still.

Watch your thyroid. Make sure your thyroid's optimal before you work on conceiving. Avoid antibiotics. Avoid the birth control pill. Avoid pain medicines such as the opioid-based prescriptions. Lots of things that we can do to prepare the womb. None of that was really hard. Our ancestors did it, no problem.

Katie: Exactly. I think that that alone makes such a drastic difference, because it makes sense, even going back to what you said before. We can't give what we don't have. If we don't nourish our own bodies, we can't give that to our babies. That process can take a little bit longer than just the 1 month it takes to get pregnant. I think that's such an important reminder to so many of us to nourish our bodies before, during, and after pregnancy especially.

Is there anything else related to hormone health that you want to make sure that women understand or know? Or do you feel like that those are going to be the big things, like the lifestyle factors that we just talked about, and diet, and sleep, and stress being the big ones.
Mary Lee: Yes, I do. I don't want people to think you just slap on hormones to get healthy. You need to be healthy first, and then if you have an imbalance, or deficient in 1 or more hormones, then you can use a bioidentical hormone therapy. But your whole answer is your lifestyle. You've got to start addressing that. That's how you take back control of your health, is by addressing your lifestyle, and your food, and your stress, and your sleep, and you should be a healthy female moving into the future.

Katie: Perfect. Again, that's what I love about your approach. You're not saying there's never a time and a place for medicine. But you're saying it needs to go hand in hand with lifestyle, and that it shouldn't be a long-term solution, but one just to help the body get back to homeostasis, which I love. I appreciate your time, again, in being here. I can't wait till our next episode, when we're going to tackle another kind of triangle, of the heart health, blood pressure, cholesterol, all that, and how that's all intertwined, because I know that's also a big topic for that. So look for that in the next episode. Thanks, Mary Lee, for being here.