Episode 602: Esther Blum on See Ya Later, Ovulator - Navigating Menopause Naturally
Child: Welcome to my Mommy’s podcast.

This episode is brought to you by Timeline Nutrition. We’ve all heard of probiotics and probably also prebiotics but have you heard of postbiotics? There are several major reasons these are important and thanks to emerging research, I’ve been experimenting with them. We know that maintaining muscle mass as we get older is critically important to longevity and enduring good health. In fact, it is one of the biggest predictors of longevity and one of the reasons I lift weights regularly and keep an eye on metrics like grip strength. Postbiotics are the active nutrients your body makes during digestion, and they are an emerging driver of this for a couple of reasons. One major reason is that certain postbiotics support mitophagy or the flushing out of old damaged mitochondria, which is really critical in the aging equation. The best compound I’ve found to support this is called Urolithin A and I was super intrigued when I found it. It’s derived from pomegranate but it’s very hard, practically impossible, to eat or drink enough pomegranate to get the scientifically proven therapeutic dose.

Urolithin A is one of the first postbiotics shown to have major health benefits and has become available to all of us. It upgrades your body's cellular power grid - giving your body the energy it needs to optimize. And clinical studies have shown that 500mg of Urolithin A alone significantly increases muscle strength and endurance with no other change in lifestyle. This is where a product called Mitopure from Timeline Nutrition comes in. They've created 3 ways to get your daily 500mg dose of Urolithin A in their product called Mitopure. They've got a delicious vanilla protein powder that combines muscle building protein with the cellular energy of Mitopure. They have a berry powder that easily mixes into smoothies or just about any drink. And finally soft gels for travel or you can use them everyday if you prefer. Personally, I love the starter pack that lets you try all three forms and see which one you like the most. Mitopure is the first product to offer a precise dose of Urolithin A to upgrade mitochondria function, increase cellular energy and improve muscle strength and endurance. Right now, Timeline is offering 10% off your first order of Mitopure. Go to timelinenu...
women to balance hormones, lose stubborn body fat, and treat the root cause of their health struggles, specifically to menopause and perimenopause, and that’s what we talk about in depth in this episode.

We talk about the average age of menopause and early signs to look for, why menopause can start really early for some women in today's world, the hormones to look at and get labs around as a baseline for mitigating menopause symptoms, as well as the gut testing that she does and why. We talk about supplements like chastetree, DIM, and calcium-D-glucarate for menopause, the foods that are helpful, including brightly colored fruits and vegetables, cruciferous vegetables, and especially enough protein. And then what to know about hormone replacement therapy, the ones she does and does not recommend, how cyclical progesterone in the second half of cycle can be helpful pre-menopause even, especially after a long period of birth control use, why lifting weights has such a big impact on hormone levels for women, the supplements that she recommends for many women. And then we talk about certain gut bacteria that help avoid weight gain during menopause, and how to support those gut bacteria. We talk about morning sunlight, strength training, eating protein, and how something as simple as a 10-minute walk after eating can actually lower glucose by 17%. She goes into her three, what she calls meno-laws for avoiding fat gain during menopause or any time, and why many women develop non-alcoholic fatty liver disease during menopause and how to avoid this, as well as much, much more.

She is so well-researched, always a wealth of information. And while this is not a topic I've gone through personally yet, I was excited to learn from her and be prepared for this whenever this does happen to me in the future. I know I learned a lot. I know you will too. So let's jump in with Esther Blum. Esther, welcome back.

Katie: Well, you are always a joy to chat with, and I'm excited to actually learn from you today on a topic that I get a lot of questions on social media about and don't have really much direct expertise with yet. And so, I'm really excited to provide this conversation as a resource and to learn from you personally. And so, to make sure we really just optimize our time, I'm gonna jump right in. And the topic we're gonna be tackling today is menopause. And I think there's so much probably misinformation and societal stigma that surrounds the topic of menopause to begin with, but it definitely, at least from what I've heard from the outside, seems to be something women kind of dread that seems to have lots of negative symptoms associated with it, and just, in general, isn't really looked at in a positive light. So, I'd love to start just kind of broad and walk us through, is it possible to go through menopause without all those negative things that society seems to expect?

Esther: It totally is. And this, to me, is the most exciting time, because so many women are using their platforms. I was on "The goop Podcast" talking to Gwyneth Paltrow, I've talked to Stacy London, I've talked to Judy Greer. There's like all... Naomi Watts and I, we're gonna do a platform as well. There's so many great opportunities to say let's step into our power at this point in time. We are middle-aged. I have definitely lost my filter and now I'm gonna tell you exactly what I'm thinking with love and a touch of badassery. But it's a great time. And yes, to answer your question, you can go through menopause without all those negative things that society seems to expect?

Esther: Hey, Katie, it's so awesome to be here again with you. Thank you for having me.

Katie: Hey, you are always a joy to chat with, and I'm excited to actually learn from you today on a topic that I get a lot of questions on social media about and don't have really much direct expertise with yet. And so, I'm really excited to provide this conversation as a resource and to learn from you personally. And so, to make sure we really just optimize our time, I'm gonna jump right in. And the topic we're gonna be tackling today is menopause. And I think there's so much probably misinformation and societal stigma that surrounds the topic of menopause to begin with, but it definitely, at least from what I've heard from the outside, seems to be something women kind of dread that seems to have lots of negative symptoms associated with it, and just, in general, isn't really looked at in a positive light. So, I'd love to start just kind of broad and walk us through, is it possible to go through menopause without all those negative things that society seems to expect?

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I am a woman who is in perimenopause, still gets cycles, but is on, like, the full course of bioidentical hormones because my doctor and I ran gut and hormone testing, we looked at my levels, my levels were low to the point where I was feeling really exhausted, and run down, and tired, and just having the brain fog, and having irritability and fatigue, and my sleep really wasn't doing well. And once we started adding in hormones, I was like, oh my God, I got my cortisol curve back. I sleep through the night. I don't hot flash. My moods have become more stable, although I still get menorage when my estrogen spikes. But you can absolutely do it. And
early intervention is really the key to all of it. The sooner you start paying attention to your diet, your supplements, your lifestyle, and bringing in hormones if necessary, or herbs, the better your trajectory will be.

Katie: Well, that's exciting to hear and I feel like each of those are topics I want to make sure we tackle, talking about diet, supplements, and lifestyle. I love, just as a side note, your comment about filter gone, I'm only 35, but I feel like I'm starting to get a touch of that. Or maybe just it's more of an adult, less tolerance for BS. And so, I find myself, I think you said it perfectly, with kindness, but being able to speak my mind a little bit more. I also haven't heard the term menorage, but I love that. But I have read a little bit about how this, like you mentioned, early intervention and potentially even with hormones, can be really, really helpful. So, I'd love to go a little deeper on that and understand at what age do women... can we start testing for that, looking at that, establishing a baseline, and maybe what hormones are you looking at when you do that?

Esther: Yeah, I feel like it's so interesting, Katie. I have treated women in my practice as young as 29 who have gone through menopause. Trauma, death of a parent, abuse, divorce, death, any of those can trigger early menopause. So, although a doctor will say, "You can't possibly be in perimenopause," or "This isn't your hormones," it can absolutely be your hormones. So, I recommend testing the minute you feel your hormones are off. Every woman knows her body, we know our bodies, right? So, that's, like, my number one superpower, aside from my sense of humor, of course, is listening to my clients when they say, "I think my hormones are off. I think my gut is off." And there's never a time where the test results don't track with the symptoms. So, but yes, mid-30s, early 40s, great time to start testing, and I do the DUTCH test and the GI map, and I can go into those, but those are great foundational tests to get a baseline. And then, once a year, kind of getting everything rechecked is really nice.

Once you know your baseline, it's key because as we go into perimenopause, which can happen anytime, mid-30s, primarily on average, the average age of menopause is 51, so perimenopause really starts in the 40s for a lot of women. And the first detectable sign and you'll know because you'll say, "Wow, I'm not sleeping so well," or, "Definitely before my period, I am definitely not sleeping well. I'm much more fatigued, I'm much more irritable, or I'm having anxiety." These are all symptoms of declining progesterone levels, at times, coupled with spikes in estrogen or relative estrogen dominance. You may not truly be estrogen-dominant, your estrogen levels may be within range, but relative to your progesterone and potentially your testosterone, you are estrogen-dominant or your estrogen can be going down at more pro-inflammatory pathway.

So, the first step I usually do if a woman is in perimenopause, but her hormone levels are still relatively robust, we can start with herbs like chaste tree, which helps really level up or make your progesterone production from your ovarian reserves much more robust, and that can take the edge off of your periods. Some women qualify for DIM or calcium-D glucarate, which also is a really nice way to support healthy estrogen detox pathways. Certainly, getting enough fiber in your diet from chia or flax is also really helpful at finding up those excess estrogen levels that are being produced. And then, of course, eating lots of cruciferous vegetables, broccoli, cauliflower, radishes, brussel sprouts, artichokes, those are also really, really beneficial at helping the liver metabolize estrogen well, which again, raging estrogen can also give you like breast tenderness and moodiness and heavy periods and clots. So, detoxing your estrogen and gently raising your progesterone levels can really, really balance that out when you're in perimenopause.

Katie: And it sounds like those could be also helpful recommendations for women who are experiencing a hormone imbalance in that area even before perimenopause. But it makes me curious, are those things maybe supplemental or lifestyle things that we can do in our 20s, 30s, and early 40s to help sort of delay early onset of menopause or until it's naturally supposed to happen? And also as a follow-up, I guess, to that, you mentioned I didn't know that menopause can happen as early as late 20s now for women. Are we seeing more
of that just like we're seeing more early puberty in girls because of a lot of these lifestyle factors that we're facing? Or is that typically more stress-induced?

Esther: Yeah. I don't know the answer to whether or not we're seeing more, but I do think it's worth exploring. And I'm so curious. I was just at a conference on long COVID, and Lyme, and stealth infections, and boy, I guess you know the V-A-X have a huge impact on women's cycles and hormones and even just getting COVID itself. I could tell you when I got COVID, my cycle was totally off, when I got the initial shot, my levels were totally off. So, we're seeing more and more emerging science that it really does alter hormonal status. I have some clients have told me their daughters, their cycles have not been normal since the booster, whatever. So, I think the science will be emerging for the next 20 years on what that's going to look like. But yes, it can happen at any age. So, if your doctor isn't listening to you or is just dismissive because what they've learned... Bear in mind, by the way, a lot of doctors are dismissive because menopause care is not even taught in medical school at all. Most doctors are telling women either well, like, "Well you've just got to endure this," and "That's just menopause, just ride it out, it'll get better." But that can last 10 years, perimenopause can last 10 years. So, no woman deserves to have to ride that out.

And other doctors will prescribe the pill or an IUD, which is only going to compound your symptoms further for two reasons. Number one is that both are designed to suppress ovulation. Often, in the mix, and this is true not for the hormone-based, the non-hormone-based IUD, but the hormone-based IUD and the birth control pill both suppress progesterone production, so you cannot ovulate. Well, if you give a woman in perimenopause with already declining progesterone, you put her on the pill, that's going to bottom out her hormones further. That's issue number one.

Issue number two that's not often talked about in perimenopause and menopause are the mental health changes that come along with declining progesterone and estrogen, which is anxiety, depression, and brain fog. And so, when you give someone synthetic birth control with progestogen versus a bioidentical progesterone, the progestogen doesn't give you any brain benefits. It doesn't hit up those calming neurotransmitters that bioidentical progesterone does.

So, instead of, in menopause, putting you on chemical hormones that are gonna suppress your progesterone, this is the time to actually start replenishing your progesterone. Now, I do have women I see on the birth control pill or on an IUD, and we actually supplement them with progesterone if they want to stay on birth control supplement with bioidentical hormones. We work with their doctor to do this obviously. But it's so important to have bioidentical hormones working for your brain biochemistry not against it.

Katie: That makes sense. And it's sad to hear that this isn't even really taught in medical school, and that these symptoms are minimized so much for women. And I think of my own experience with actually like in the past thyroid issues and being told similar things like, "Oh, those are just normal postpartum symptoms," or "All women go through this." And I felt like often I wasn't even being heard at all, and I became very much my own advocate, and I'm grateful for that journey. But it seems like, sadly, a common trend with women in medicine across the board, is that they're just not listened to. I know women weren't even included in scientific research until 1993, and, obviously, we have much more hormone variation in lots of ways than men do. So, we don't have the science in a lot of areas specific to women, which is a really sad disservice, I think.

You've mentioned things like progesterone and helpful things when it comes to hormone replacement therapy, and I'd love to go deeper on that topic because it's something I have only explored a little bit, but it seems like it could be really, really helpful for a lot of women. So, can you maybe give us a primer on when, how, and when hormone replacement therapy can be helpful?
Esther: Yes. So, I look at two types of tests in order to see if... It's a system of checks and balances, to see if you qualify and are a good candidate for hormones. So, the first is the DUTCH test. It's a dried urine test for comprehensive hormones. This is going to tell me...look at your downstream metabolites for estrogen, progesterone, and testosterone after they've gone through phase one and two detox in your liver. So, what this means is I can look at your levels and say, "Hey, are you in perimenopause? Are you in full menopause? And how is your liver detoxing these? What is your methylation pathways look like? And what is your cortisol curve like? What are your brain neurotransmitters looking like?" And so, it really tells me, ideally, how you're gonna respond to bringing hormones in and whether you are a candidate. The other test I do is a GI map, which is a stool test that looks at your microbiome, and it looks at your levels of healthy bacteria and rules out any pathogens or stealth infections.

But it also looks at an enzyme called beta-glucuronidase, which tells me if you're reabsorbing estrogen or not. If you got a lot of inflammation, it's elevated, I can tell you. And that's phase three of detox. I can tell you if your detox pathways are poor in your liver or your gut, you will be someone who starts hormones and says, these are direct quotes from clients and it's in my book also, and they say, "I felt like I was going crazy. I started hormones. I felt awful. I gained all this weight. I was irritable. I couldn't stop crying all the time." That is my suspicion is it's correlated with poor detoxification pathways. When you support those pathways with your diet, right? Cutting back on alcohol, by the way, when you'd start to take hormones is a must because alcohol will raise your circulating... every cocktail you drink will raise your circulating estrogen levels for four to six hours after you take it. So, you can get swollen boobs, achy boobs, feel really irritable, kind of bloated, maybe gain some weight. That fiber and cruciferous vegetables we talked about and a lot of stress management and just a really nutrient-dense diet. But yes, so back to what I was saying, having your detox pathways optimized, knowing if you're a candidate is a great start.

After that, there's so many amazing delivery systems for hormones. I have women coming to me with hysterectomies and their doctors will only put them on estrogen. For those women, like, vaginal progesterone is really helpful. You can give vaginal estrogen for vaginal dryness as well, and it stays pretty localized actually. Research studies have been done on women who are getting vaginal estrogen versus women who aren't, and the circulating estrogen levels are exactly the same in the blood. So, it doesn't impact your blood levels, but it's easily absorbed into the tissue and is a fantastic treatment for vaginal dryness and low libido. You can use estrogen in a cream. Some women use Biest cream. Some women use a troche, which is a dissolvable tablet, and you can combine that with testosterone in the morning, and then do, like, a progesterone troche at night. Some women use an estrogen patch and topical testosterone cream.

So, there's so many delivery systems that are bioidentical. The only delivery system I really don't recommend are pellets. I don't know, for those of you listening, if you know what hormone pellets are. But basically, it's an incision made in your butt, in your gluteus maximus and there is a little tunnel that's dug out and pellets are dropped in and you're closed up and then you have zero control over the levels of hormones that are released. I look at the DUTCH and blood tests of people on pellets, their levels are four times what they need to be. The women I've seen in practice have suffered terrible side effects, weight gain, irritability, and then, you just have to sit and wait four to six months for it to get out. Now, I know there's some of you listening that are gonna swear by your pellets, you love them, you feel amazing, go on with your bad self, just get your levels monitored. But I don't typically recommend pellets. There's also no studies done on pellets, so I'm much more conservative that way.

But there's lots of really good delivery systems. And if you are, let's just, if I can Katie, keep journeying on about insurance and coverage, because bioidenticals that are customized can be more out-of-pocket
financially than hormones covered under insurance. There are FDA-approved bio-identical estrogen patches, and you can take Prometrium orally, and you can get it covered under insurance. I remember when I was taking Prometrium before I was using a troche, it was $3 a bottle. So, it depends on your insurance, but you can definitely offset the cost that way if you don't want to get through a compounding pharmacy. The only thing that you cannot get covered FDA-approved is testosterone, it's not FDA-approved for women, even though doctors can prescribe the off-label all the time if you qualify. So, I was like, it's fascinating to learn all that's out there. There's a lot of options out there.

Katie: And I love that you are looking at the gut side too. I feel like that's the piece that maybe is often ignored when it comes to any of these hormone components, and it sounds like it can make a huge difference. Like I said, I haven't been through menopause yet, but I went through hormone testing after I had my last baby who's now six. And as you would imagine, six pregnancies can take a toll on your hormones. And I had some work to do to get everything back in range, which thankfully it is now. But just candidly, I'll speak to my experience, one of my doctors at that point suggested the pellets, and I felt like, I mean, I was in full rage for like a month, and I was like, wow, if this is how teenage boys feel, I have so much more empathy for them, but this is horrible. So, from my own firsthand experience, I agree with that recommendation, but it does make me wonder, it sounds like perhaps the best time to start even hormone replacement therapy is before the symptoms get really bad. So, is there a reason for women not to look at these things in like their mid-30s at my age and consider starting them? Or are there downsides to starting it too early?

Esther: I mean, typically, the women I see in practice, the most they need to do if they do bring in hormones is cyclical progesterone, like the last two weeks of their cycle. These are often for women that have been on the pill pretty much nonstop since teenage years, with the exception of pregnancy. Because there does come a time for some women who have been on birth control for so many years, and I'm talking girls who have been put on the pill at 13. I was put on a mini pill at age 16 because of irregular cycles. So, there comes a point where the body doesn't necessarily recover and has a harder time replenishing hormones. But on the whole, I really try to work first with herbs and natural remedies, and there's so many great herbs you can do. And also, eating a diet, like almost feeding a fertility-type diet.

My colleague, Amy Raupp, who is a fertility expert and acupuncturist, she's amazing, and she writes books on egg-quality diets and diets rich in essential fatty acids, coconut oil, and fish eggs. If you can get them in cold water, fatty fish and avocado and olives and butter and red meat and liver, organ meats, you can do a lot to really support your ovarian reserves and production of hormones. So, could you bring in hormones early? You could. Often, I test and don't guess, so it really depends on the individual. We really try to hold off on bringing hormones until they're necessary. But the minute they're necessary, yes, I like to bring them in. And this means usually on the average, mid-40s is a great time to start, even if it's just cyclical progesterone in the last two weeks of your cycle makes a huge difference.

Katie: And it makes sense that a diet that would support fertility would also support a more gentle menopause. And I love that you brought up the real whole food solutions to a lot of this. I think even if it ends up being a both/and, it seems like that is a great foundation that we can all put in place, is to make sure that our nutrition and supplements are really dialed in and solid. I know I saw a big difference in how I felt when I started consuming... I just cut up little pieces of raw liver and swallow them in the morning, some morning.

Esther: Yum. Delicious.

Katie: Yeah, I feel like I get an energy boost from that and it's better than coffee, but they're so, as we know, vitamin A and B vitamins and so much in liver that's helpful hormonally. I'm curious, is there any other,
whether it be diet, lifestyle or supplemental recommendations you would make that are almost universal? I know of course there's always the personalization and the testing, but for instance, I'm yet to hear from a woman who didn't benefit from taking magnesium for instance. So, I'm curious if there are any other things that we can take as a baseline just to really support that foundation, even if we do end up also needing hormonal replacement therapy at some point.

Esther: Yes, and before I get to that too, I just wanna mention the importance of lifting weights. Lifting weights has a dramatic effect on your hormone profile in a beneficial way, and, especially, testosterone. Women think they don't need testosterone, they're terrified, their hair's gonna fall out, they're gonna grow facial hair and they're going to look like Arnold Schwartzenegger with bangs and boobs. So, that's not the case. We just don't have the caloric intake or the testosterone production in our bodies to look that way. But lifting weights has a really favorable outcome. And I've seen this on perimenopausal and post-menopausal women. I've looked at their blood before and after they undertake a weightlift regime and the difference is remarkable and profound. Supplement-wise, yes, there's a lot you can do. A B-complex is really important for detoxifying hormones. I do love cruciferous concentrates. There's all sorts of cruciferous-based supplement products out there.

Certainly, watching your inflammation and feeding your gut are also really key. There's quercetin, there is fish oils, there is turmeric. Those are really anti-inflammatory foods. And, of course, a wide array of probiotic foods, prebiotic fibers, probiotic foods, sauerkraut, kimchi, miso paste, those are all really beneficial, kombucha. But also red foods have so many polyphenols. The pomegranates, the red apples, the red grapes, organic of course. But the polyphenols feed a really beneficial bacteria in the gut called Akkermansia. And in its absence, women can gain a lot of weight on Akkermansia. There is an Akkermansia-based probiotic out there on the market. But, of course, eating red foods, red polyphenols really supports that production of gut health because again, you want to detox your hormones in your liver and your gut. So, make sure you're pooping every day, gain lots of fiber, chia, and flax, lots of vegetables. I even take, like, a fiber supplement too with apple pectin in it. Apple pectin is really, really key for building gut health and a really solid bacterial colony in your microbiome.

Katie: I'm really glad you brought up the strength training side as well. I think maybe two of the most underestimated things, especially for women are, I always say, morning sunlight and strength training exercise, and they can be tough because unlike food where we might feel a difference when we eat something relatively soon after, I feel like sunlight and exercise are a more cumulative effect. And so we don't always have that immediate connection to reinforce the behavior. But at least for me, anecdotally, when I've tracked my hormones over a long period of time, getting morning sunlight outside as soon as possible after getting up makes a huge difference on my cortisol rhythm and my sleep patterns, which you mentioned that's an area that can be a struggle for some women during menopause. Same with really getting consistent about strength training. It's something I did sort of on and off for a lot of years, and then when I started getting really consistent, I saw big changes, especially when I supported that by actually eating enough protein, and also to your point, enough fiber.

I think many women, especially as appetite declines, can tend to undereat. I don't know if you see this in your patients, but undereat or eat the wrong amount of certain things and they're not getting enough protein and basic building blocks for their hormones in the variety of foods they're eating. So, just for me personally, I noticed the biggest change from those, and I feel like they don't get talked about enough for women. Men talk much more about strength training, and there's much more information geared towards men in that world. And then, also, I don't know if you've played with it at all, but I've seen data about things like metformin for
instance in helping with the blood sugar regulation of menopause. And I've experimented on my own, just with things like berberine and taking them at night actually to keep stable glucose throughout the night, which seems to enhance deep sleep. So, just curious your take on all of those things.

Esther: Well, I mean, it's been so cool to witness you, Katie. I mean how long have I known you now? Like 10 years at least. And to witness your whole physical transformation. I think when I had met you, you had just had another baby. It was probably like two or three at the time. And then, to have watched you really take on lifting weights and how it's changed your body composition, and the greatest gift you've given yourself is doing it in your 30s. Because when...you can absolutely build muscle in menopause, but it's a much longer game, and women gain about half a pound of muscle per month lifting heavy weights regularly, whereas men can gain one to two pounds per month. How's that for metabolically unfair? But you can do it and it's really, really important. And yes, I agree with you in the morning sunlight. Getting a dog is, like, the greatest way to regulate your circadian rhythm because you just got to walk them first thing in the morning. So, I'm sorry. And what was your other question about? What was the second half of your question?

Katie: It seems like insulin and glucose regulation are also a component of menopause especially, but I think for women and hormones in general, it's maybe a key that we're not talking about that much.

Esther: Yes. Okay. So, so cool. So, first of all, if you walk, if you eat a meal and then go for a walk after for even 10 minutes, you will lower your blood glucose by 17%. So, and I have done this, I've worn the glucose monitor, I eat my breakfast and go for a long walk, and I have a decent amount of carbs at breakfast. I have at least 30 to 40 grams because I'll walk and then do strength training 2 to 3 times a week. So, then see my dog getting back. And I would see my blood sugar drop down to 78 by the end of the workout. So, yes, movement and exercise is key for insulin sensitivity. I do use berberine in practice. Berberine is a beautiful supplement to take because it's double duty. I'm often using it as an antimicrobial to clear out yeast overgrowth or SIBO or bacterial overgrowth. And it does benefit your blood sugar tremendously. Metformin can be very strategic and targeted in getting off that really stubborn body fat and insulin resistance. However, it's not without side effects. I mean, diarrhea is a huge side effect of metformin. You can get time released, you can get it topically as a cream. But I kind of use it more last resort. I tackle, like you, the lifestyle pieces first, the walking to lower cortisol, weightlifting to build muscle, optimizing your protein intake.

There’s three meno laws I have for fat loss and diet. So, one is optimizing your protein intake. Most people say, I don't even know what that is or how to do it. Your goals are to eat, this is the current research, one gram per pound of your ideal body weight. So, let's say you’re 5-foot-4, your ideal body weight's 120, so you want to get at least 120 grams of protein. And if you divide that by seven, it works out to about just over a pound of protein a day, 16 ounces. You divide that into three meals, it's 5 ounces at a meal. So, 4 to 6 ounces at a meal is what I tell most women. Most women fall in that range.

Number two is to have your protein ratios or protein intake grams higher than your grams of carbs that you're eating every day. So, use any tracker you like, MyFitnessPal or Apple or Cronometer, whichever tracker you like. Then track your meals for three days.

Let's say you're getting 120 grams of protein minimum, then your carbs can fall around 100, 110, depending on your activity level. I have more carbs on the days I lift, and I have more carbs around my weightlifting workouts, but this is after years of experimenting and trying and seeing what worked for me. It may be different for you. But I have seen in clinical practice, this piece is not in a research study, this is just what I have observed after working over 27 years in this field. When a woman in menopause has a higher intake of protein than she does carbs, that's when the weight comes off. And when people say, I can't lose weight, I'm
eating so healthy, it's usually because those ratios are flipped. Carbs are higher than protein, and your body, with a decline in estrogen, progesterone, and testosterone, you're gonna see a decline in insulin sensitivity. So, flip the ratios, you'll stabilize your blood sugar and lose fat.

And my third meno law for fat loss is protein by day but really carbs by night, you are more insulin-sensitive. And I don't know if you saw this on your glucose monitor, you're more insulin sensitive in the evening. So, having a bomb of carbs at night, and I'm talking like 40 grams, a cup or cup and a half of sweet potato, quinoa, butternut squash, acorn squash, any of the legumes, three-quarter cup of legumes will stabilize your blood sugar. But also give you a little bump in insulin and that tamps down that cortisol so you can get a better night's sleep. A lot of women I see have very high nighttime cortisol and that's causing the insomnia. So, if you can offset and negate that with diet, you're really setting yourself up for success.

Katie: I love that tip, and a lot of the sleep experts I've had on this podcast echo that advice. Dr. Michael Breus, who's considered America's sleep doctor, said the same thing. If you're gonna eat carbs, the time for them is at night, not right before bed. I still think it's generally good advice to stop eating a couple of hours before bed, but to your point, that little bit of a spike at night can help with the cortisol insulin cascade that's happening during sleep.

This episode is brought to you by Timeline Nutrition. We’ve all heard of probiotics and probably also prebiotics but have you heard of postbiotics? There are several major reasons these are important and thanks to emerging research, I’ve been experimenting with them. We know that maintaining muscle mass as we get older is critically important to longevity and enduring good health. In fact, it is one of the biggest predictors of longevity and one of the reasons I lift weights regularly and keep an eye on metrics like grip strength. Postbiotics are the active nutrients your body makes during digestion, and they are an emerging driver of this for a couple of reasons. One major reason is that certain postbiotics support mitophagy or the flushing out of old damaged mitochondria, which is really critical in the aging equation. The best compound I’ve found to support this is called Urolithin A and I was super intrigued when I found it. It's derived from pomegranate but it's very hard, practically impossible, to eat or drink enough pomegranate to get the scientifically proven therapeutic dose.

Urolithin A is one of the first postbiotics shown to have major health benefits and has become available to all of us. It upgrades your body's cellular power grid - giving your body the energy it needs to optimize. And clinical studies have shown that 500mg of Urolithin A alone significantly increases muscle strength and endurance with no other change in lifestyle. This is where a product called Mitopure from Timeline Nutrition comes in. They've created 3 ways to get your daily 500mg dose of Urolithin A in their product called Mitopure. They've got a delicious vanilla protein powder that combines muscle building protein with the cellular energy of Mitopure. They have a berry powder that easily mixes into smoothies or just about any drink. And finally soft gels for travel or you can use them everyday if you prefer. Personally, I love the starter pack that lets you try all three forms and see which one you like the most. Mitopure is the first product to offer a precise dose of Urolithin A to upgrade mitochondria function, increase cellular energy and improve muscle strength and endurance. Right now, Timeline is offering 10% off your first order of Mitopure. Go to timelinenutrition.com/WELLNESSMAMA and use code WELLNESSMAMA to get 10% off your order.
This podcast is sponsored by Wellnesse... that’s wellness with an e on the end, my new personal care line of haircare, oral care and deodorant. Our newest product that I’m so excited about is our all-natural deodorant that works better than conventional alternatives, without the harmful chemicals or pore-clogging junk. Unlike many natural brands, it uses the right balance of natural odor blockers so that you get the protection you want without any irritation or itching. Formulated with only EWG safe ingredients and EWG and B-corp certified, it’s a safe, natural and effective solution for the whole family. Check out these and all of our amazing products at wellnesse.com.

And just also to echo one more time and support for strength training for women, because I think, like I said, it’s not encouraged for women enough. And as you mentioned, I’ve been on quite the journey of this the last three years, and I have lost 80 pounds and most of it was fat, and I have now put on a lot of muscle since then.

But I can say now having been in the gym four to five days a week doing pretty intense strength training workouts and having multiple lifts that are 2X body weight or more, women cannot get bulky. Like, I’m trying very hard to get stronger, and I’m not getting bulkier at all, I’m getting leaner. And so, I think just, I always wanna give that encouragement for women, of these things that are not talked about for women enough, of eat more protein. Think of it as nourishing your body, not depriving your body, and go lift really heavy things. I think the mental health benefits of those things as well, as you explained, so much of brain health is also in the gut. And I love that you really go deep on gut health, because we know most of those neurotransmitters actually originate in the gut. So, it makes total sense to me that at a time when women are experiencing sleep issues and more mental health struggles, that of course it makes sense to look at the gut, but I feel like a lot of practitioners miss that key. And so, I really love that you go so deep on that.

Esther: They do. I rarely meet practitioners that do the tests I do. And I think it's so simple. It's like that is the foundation of everything, why would that not be the place that you start? Really makes a huge difference. And yeah, I think it's so cool that you are lifting so much. It sounds like you need to bump up your calories a lot. If you do wanna build more mass, you may just need to really bump up your intake.

Katie: Yeah, for the first time in my life I'm tracking just to make sure I'm eating enough, which has been a total paradigm shift for me. But also as an encouragement for women, like one thing we have pretty clear data on is that the more lean muscle mass you have, the lower all-cause mortality risk on average. So, basically the weaker you are, the more likely you are to die. The stronger you are, the less likely you are to die, obviously with outliers and caveats. But I think if you keep that as a focus, it's also a positive point to move toward versus a negative thing you're trying to move away from. And so, I just kind of track my lifts for that reason.

And also, a trick I feel like most people don't know is grip strength is extremely correlated with longevity, and it's not something we think about or test very often, but you can get a really inexpensive grip strength tester at home. And this is a fun one I do with my kids, but it's just a good metric of also nervous system health. But I just wanna see general trends of my grip strength going up over time. And also being able to see the data of if my grip strength is really low one day, it likely means I'm not recovered, so I'm not gonna go super hard on a workout that day until my nervous system is ready. I feel like it's an at-home inexpensive metric we can use that also really strongly correlates to longevity.

Esther: Yes. I love that, Katie. And, you know, the interesting thing is too, this was the most surprising thing I learned about strength training in menopause, perimenopause, is when you're in your 30s like you are, lifting 4 to 5 times a week, totally doable. As we age, our recovery time...the need for recovery increases. So, two to three times a week is actually absolutely fine and effective for women in perimenopause and menopause,
that's kind of nice because you're like, "Wow, I don't have to kill myself so much." But you do really need to make those workouts count and not only, yes, building muscle is key for longevity also because the incidences of falls and fractures increase as we age. And that is the number one cause of mortality in people over the age of 65.

So, when you get a woman who has muscle mass, she's usually lower risk for falling, better bone density, better balance, better, as you mentioned, the nervous system is also really important for balance and strength as well. And weightlifting prevents type three diabetes, which is Alzheimer's. And it becomes especially important as we age and lowers circulating insulin, lowers risk of heart disease. It's basically nature's form of HRT when you think about it, because HRT has those benefits too, with preventing heart disease, Alzheimer's, and bone loss. So, when you do the two together, it's really, really powerful. Really incredible.

Katie: And you can probably confirm this for me or tell me if I'm off base on this, but I've read that pre-menopause, women have a typically lower risk of heart disease than men, but that after menopause, it adjusts closer to that of men. And there's a lot of theories as to why that is the case. But, to me, it seems like this is a focus we would want to keep top of mind as we go through that phase of life. I've also heard advice like giving blood post-menopause can be helpful to lower excess iron. I don't know if you have heard about that or support that, but any other strategies for just kind of keeping risk levels low there as women go through menopause?

Esther: Yes. So, what is a big contributing factor, and more and more research is coming out about this, to the correlation and the increase in heart disease? A, of course, it's decrease in estrogen is particularly cardioprotective as is testosterone. So, losing those and losing your insulin sensitivity and getting that muffin top, having your body shape from an hourglass into an apple, you're storing more visceral fat around your midsection, or I call it the meno pot. So, that can lead to an increased risk of heart disease. But also 30% to 36% of women develop non-alcoholic fatty liver disease in menopause. And we're still, we're not changing our lifestyle, we're still drinking a lot, and eating a lot of sugar, and not watching our carbs. This is the time to really clean it up and optimize. Get in the mindset of... Like one of the greatest shifts I've made over the years is really cutting out the booze. I do still have it now and then, but oh my gosh, not nearly what I used to.

Cleaning up your liver, lots of greens. Sorry, carnivore people, I still advocate greens. I do advocate antioxidant-rich foods. The rainbow colors, the darker the color of a food, the higher the nutrient status. So, wild blueberries are like one of nature's incredible superfoods. I'm digging pomegranate seeds this fall but cherries in the summer, and dark leafy green vegetables and orange foods like sweet potatoes. And kale is actually orange, but the chlorophyll in the leaves make it look green. So, there's so many incredible foods that you can eat.

And stress management, sleep also really is great for preventing fatty liver. In eastern medicine, the liver takes the heat with stress and anger. And so, really developing a meditation practice which by the way, for anybody who thinks you're not good at meditation, if you've ever spaced out on a drive or when you're in the shower, like you're actually meditating, or if you just breathe, you're actually meditating. All meditation is, is coming back to your breath. You could do guided meditations. I love Insight Timer, but there's a million apps out there. And, for me, I cannot do on my own but, guided, I'm really focused and good. So just doing some meditation before bed and like chilling out, really chilling out, doing less, not more is the key at this point, if possible.

Katie: Definitely another helpful reminder. And I know one of the symptoms that's most talked about when it comes to menopause is hot flashes, or at least I see these talked about it even in movies and memes and
shows, and I would guess all the things we've talked about probably help with the intensity of those. But I'm curious if there's anything else that if women are in that phase and experiencing that, I hear they're quite uncomfortable. Anything that can help in the short-term or the long-term with making that easier.

Esther: Yeah, well yes. I mean, sugar, caffeine, and booze are huge hot flash triggers. I would say people can decrease hot flashes, 30% to 40%, just cutting out those three things, makes a huge difference. Stabilizing your blood sugar also really, really important. Supplement-wise, vitamin E and raphontic rhubarb, these are in my book by the way. If you go to the protocols chapter of "See You Later, Ovulator", you can link to my full script account and it's, I have protocols in there for you. But those are beneficial at alleviating hot flashes. Maca also alleviate hot flashes in about 87% of women studied, which to me is a really nice clinical result.

And then, of course, hormones, hot flashes are elevated in the presence of low estrogen, so getting on some bioidentical hormones really alleviates hot flashes. And here's the crazy thing, I treat some women in my practice who are in their 70s and they cannot, to this day, if they stop or decrease their hormones, their hot flashes return. So, for a lot of women, once they go on hormones, they stay on hormones, and as long as you're getting monitored, you're working with a practitioner, you should be good to go long-term. But for a lot of women, they do go away after a time. Yeah.

Katie: Good to know. And just echoing some of the things you said, I've noticed, the more I've gotten kind of intuitively in touch with my body and what it needs, the more I've craved exactly some of those things you've talked about. Like recently, I've been in another bender of, like, wild blueberries, beets, dragon fruit, like all the brightly colored things. And I feel like our bodies tell us, it's just we have to learn how to listen very carefully. But I think of my mom who's in her 60s now and who relatively breezed through menopause, but her heritage is French and she does a lot of these things naturally where she always eats these brightly colored lunches and dinners with lots of vegetables, with different colors and has always prioritized protein, and she's really never struggled with a lot of these symptoms. So, it's helpful to me to see that play out in my family and just see firsthand how these things actually really, really do work.

Esther: Yeah.

Katie: And I think, also, another thing that's a common theme of this conversation is really you do wanna work with a practitioner, especially when it comes to hormones. You don't wanna be guessing and just randomly throwing things at your body and hoping that they work. You wanna have that data. So, for people who are in this phase or who wanna be proactive and start managing these things ahead of time, where can they find you and how can they find ways to work with you so that we don't all have to go through these negative experiences of menopause?

Esther: That's right. You can go to estherblum.com/menopause. This is going to give you access to my book, "See You Later, Ovulator", "My Happy Hormone Cocktail Guide," and a VIP ticket to my live event in February of 2023. And also, come hang out with me and play on Instagram. I'm @GorgeousEsther, always putting content up there. That's kind of where I live these days. And yeah, there is so much more Katie, like I really, this messaging and this conversation is only the beginning.

The tipping point, I mean, 6,000 women go through menopause every single day. So, that adds up to like 1.2 billion by 2030. So, you will see this podcast along with any others that you've done on menopause and hormones is kind of at the tipping point. We're really at a critical juncture where conversations around menopause awareness and activism is going to take place. So, for any of you listening who are saying, I don't have a good doctor, I don't know what to do, I do have tools in the book on how to find a good doctor, how to
advocate for yourself to really make your menopause experience a powerful and transformative one. So, you can absolutely get through menopause and come out the other side feeling like a freaking rock star.

Katie: I will put links to all of those things you just mentioned in the show notes for you guys listening while you're on the go. Those are all at wellnessmama.fm. And personally, I'm so excited that we're seeing more of this and that there are resources like you, and that we're talking about this as part of normal mainstream conversation now. Because I think it's really exciting to see this shift happening for women, especially of leaning into strength and supporting our bodies and nourishing them, versus maybe this message of deprivation or just masking symptoms that's happened for so long and really leaning into understanding our hormones as a superpower, rather than something that we're trying to fight.

And I think you do a beautiful job of giving a voice to that message and have so many great resources. So, you guys check out Esther's website, her book. I'll link to all of those so you can find them. And a couple of questions I love to ask for the end of interviews. The first being, if there is a book or number of books other than your own that have profoundly impacted your life, and if so, what they are and why.

Esther: I mean, at the risk of being redundant, because I think I may have said this on our other podcast, but of course, I love "Daring Greatly" by Brené Brown. I think that is just such a great book. "Outrageous Openness" by Tosha Silver, I keep on my bedside at all times. It's been there for at least 10 years. I love it. "The Game of Life and How to Play It" by Florence Scovel Shinn. Some of these are more spiritually-based books, but developing a spiritual practice has profoundly impacted my life. And I do love the book "Estrogen Matters" that is like, every woman should have that in her arsenal and bring it also to the doctor's office right next to mine of course. But it's a really, really great book. So, I feel like those are... I have like my sacred books behind me, but so, I have to think some more. And Ryan Holiday, oh my God, the one on the stoics, it's not ego... is it "Ego Is the Enemy"?

Katie: He has "Ego Is the Enemy" and "The Obstacle Is The Way", and then he has...

Esther: "The Obstacle Is The Way" that is like, oh my God, when I'm just in the gutter or going through a hard time or struggling with growth in my business or personally, I read that book, that just like re-grounds me again and again. It's so good.

Katie: Awesome. I will link to all of those as well. And another question actually just came to mind, so we're gonna circle back for a second, which is that I know it seems to be on the rise that more and more women are having hysterectomies or other procedures as they hit menopause. And it seems, to me at least, like these are on the rise much more than they have been in the past. And I'm curious, your take on this, is this necessary? Is it avoidable? Are there times when it's actually beneficial or how do you think of that for women who are being told you need a hysterectomy?

Esther: I feel like, and I'm so glad you asked this question because I've never actually noted this in any interview, but I feel like hysterectomies are the new C-sections, where doctors are just saying, "Well, just take it out. It's easier. Just take it out and you'll be done. Just take it out." And when I say take it out, I mean take out your uterus because you're having these ridiculously hemorrhagic periods, and they're like, "All your problems will be solved." All your problems won't be solved because then you can start experiencing all the hot flashes and all the menopausal symptoms that you won't have any heavy periods anymore, that problem will be solved, but you will be experiencing menopause at the turn of a dime. And so, all of a sudden, and you're not necessarily given the tools to do that, or your doctor puts you on one-size-fits-all, off-the-rack
hormone cocktail versus something couture that's custom tailored to you. So, it shouldn't be sold as solving all your problems.

There's absolutely other things that you can do. I have women all the time I treat in practice with hemorrhagic periods and fibroids. Offsetting that with progesterone can be incredible. You could do an ablation procedure which will at least control the bleeding and cut, again, these are last resorts, obviously. Do my diet program and supplements and get your gut fixed and your detox pathways first, support with progesterone if need be, and then, only then would you consider ablation as an alternative to a hysterectomy, which can stop the bleeding or slow it down dramatically. For some women, it doesn't even make a difference there either. But try everything you can do first. Hysterectomies may not be the end-all-be-all solution.

Katie: I'm glad we circled back and got to talk about that. That seems like a pretty extreme answer. And if there's an easier way to navigate, I'm glad those tools are available for women. So like I said, I'll make sure that all the ways women can find you are linked in the show notes. You guys definitely reach out to Esther if you are going through any of this or need a practitioner to work with directly. And last question, if you have any partying advice for all women listening today, it could be related to anything we've talked about or entirely unrelated.

Esther: There is never a woman who comes to me who isn't right about her body. When she knows, when all of you know something is off in your body, it is off in your body. So, listen to that voice, find a practitioner who listens to you, who, in my practice, we let your body lead. We let your body tell us what the heck is going on. If it likes something, it doesn't like something, your body is so ridiculously wise, it is the most finely tuned, intricately, beautifully-designed instrument on the planet. So honor it, listen to it. Like Katie said, like she's craving brightly colored fruits and vegetables. This time of year, I've been making soups and same thing, like just crushing it. I'm roasting tons of vegetables, so I always have them at the ready.

Listen to your body, what it needs, and find a practitioner who's gonna partner with you, who's gonna get you, listen to podcasts like this one because they can also really, really impact your life. And just know that your body is working for you every single day. Like your body wants to heal itself, so things aren't happening to you, they're happening for you. So yes, it can be hard to do a little detective work and understand what's going on, but I promise you, even if you work on your gut alone, you're gonna have far better outcomes than if you do nothing.

Katie: I love that. I think that's a perfect place to put a pin in it for today. I've said it till I was blue in the face on this podcast, but we are each our own primary healthcare provider. And at the end of the day, the best outcomes happen when we take that ownership and responsibility for our own journey and find practitioners who listen to us and are willing to be our advocates and our partners in that journey. And I love that there are people like you who really do listen and help people and go deep on these things rather than dismissing symptoms. So, Esther, I'm so grateful for your work and your friendship, and for your time today. Thank you for being here.

Esther: Thanks for having me, Katie. I am grateful as well.

Katie: And thanks as always to all of you for listening and sharing your most valuable assets, your time, your energy, and your attention with us today. We're both 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.