THE MODEL HEALTH SHOW

EPISODE 620

The Truth About Menopause, Andropause, & Optimizing Hormone Health

With Guest Dr. Anna Cabeca

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SHAWN STEVENSON: Welcome to The Model Health Show, this is fitness and nutrition expert Shawn Stevenson. And I'm so grateful for you tuning into me today. One of our missions is to not only increase our lifespan, but to increase our health span. Most folks don't realize this not so fun fact, right now, our current generation is the first generation in recorded human history that's not going to outlive our predecessors. That's right. The human lifespan has now reversed. It's been increasing steadily, in recent centuries, it's just continued to go up but recently we've hit some kind of a breaking point to where that process has reversed. And of course, if we look around in our society, we can see epidemics of multiple chronic diseases and infectious diseases just running rampant in our society. Something has gone awry clearly, but yet the popular narrative can be that we are living longer. Look at all of our innovation, look at all of our advances in medicine, but the reality is not that we're necessarily living longer, more often, we are dying longer. We're stretching out the process of degradation in chronic disease by treating symptoms. That's what our current sick care system, our sick care model is really based on, which is the treatment of the symptoms of chronic diseases, but not necessarily addressing the root causes of those diseases.

And so, what our mission is, and in particular, in this episode, we're going to be looking at how do we increase, not just our lifespan, but our health span. So that we can age healthfully to maintain our levels of performance and health and vitality specifically through a season, a transitionary part of the human life, which is going through the process of menopause and andropause, this natural shifting of our hormones that takes place. Where we have a shockingly low level of education around this subject matter. And today we have on one of the foremost experts in this field to help us to navigate and understand these processes, because I'm going to tell you this right now, it's so often about what we're doing before we reach menopause, before we reach andropause is going to tell the tale of our outcomes. However, going through menopause, especially folks that are dealing with this and kind of transitioning into that space right now, this is going to be immensely valuable as well, but also post-andropause and menopause, you're going to be able to extract some really valuable insights if you're at that phase as well.

This is something for everybody. This should be mandatory education because all humans go through these processes. And yet there's so much uncertainty attached to this subject matter, and there's so much that's taboo. And so, we're really going to open up this conversation and I'm telling you're going to learn so much, and this is going to be a valuable part of your health equation moving forward. Now at its core, this subject matter has a lot to do with our hormones, and we're really going to dive in and deconstruct an entirely new angle on what our hormones actually are. But of course, our special guest is also going to share some really

powerful insights of specific foods and nutrients that are key in helping us to balance and regulate our hormone function. And one of the surprising ones, I was actually surprised, as she mentioned this one, was turmeric.

And turmeric has been utilized for thousands upon thousands of years in human nutrition. But today we have so many different studies coming out, affirming its remarkable benefits. One of them was a study published in the European Journal of Nutrition, it had uncovered that compounds in turmeric can actually down-regulate inflammatory cytokines and up-regulate the activity of Adiponectin and other satiety related hormones. So, Adiponectin is one of the most studied satiety related hormones, that again helps our bodies to maintain a feeling of satiety, that reduces our cravings and also has some roles in fat metabolism as well. In addition, turmeric has been found to improve insulin sensitivity and today you're going to find out how really important that is. Also, it's been found to reduce blood fats and to directly act upon our fat cells. Plus, research published in the journal of Ethnopharmacology points to turmeric's potential in reducing the severity of both anxiety and depression.

This is so remarkable that we can overlook it because this is something that's accessible for us, but this still boils down to quality. Always making sure that we're avoiding the nefarious things that can come along with these wonderful nutrition sources. And for me, one of my favorite things, because there are a lot of great curcumin supplements out there, that's just isolating one specific action of compounds in turmeric, which is great. Curcumin is wonderful at addressing inflammation, but there are over 300 bioactive compounds that are found in turmeric that I don't want people to miss out on.

And so, having ingredients that are clinically proven to help with the assimilation of the benefits of turmeric that we're looking for, this includes things like rosemary and ginger, these are going to be found in my favorite turmeric supplement, the turmeric Complex from Paleovalley. Go to paleovalley.com/model, you get 15% off their turmeric Complex and hopefully, you know, by now I absolutely love their Essential C formula as well. But turmeric Complex is one of the things that I have on a regular basis, huge fan of it. They do things the right way and this wonderful discount that they're providing is exclusively for our audience. It's 15% off when you go to paleovalley.com/model, use the code model and you're going to get 15% off your entire purchase. That's P-A-L-E-O-V-A-L-L-E-Y.com/model for 15% off. And now, let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled “Best Podcast Ever, Ever,” by mats 2113. “I've been searching for over a year for a podcast like this. I've listened to a nutrition podcast, but they've never blown me away. Other podcasts just give very surface level nutrition advice, but this podcast does it all. It talks about health, fitness, mental wellness, physical wellness, emotional wellness, supplementing, and molecular level science about what your body goes

through. I also just bought his book, Eat Smarter, and that has given me so much useful information I needed to read. Saying this podcast has changed my life is an understatement. Thank you, Shawn. You are changing the world."

SHAWN STEVENSON: That put a huge smile on my face. Thank you so much for sharing your voice over on Apple Podcast. Wow, that really hit my heart. Truly, truly do appreciate it. If you get to do so, please pop over to Apple Podcasts and leave a review for the Model Health Show. And on that note, let's get to our special guest and topic of the day. Our guest today is Dr. Anna Cabeca, and she's triple board-certified and a fellow of gynecology and obstetrics and an integrative medicine physician. In addition, she has training in anti-aging medicine and regenerative medicine. She has special certifications in functional medicine, sexual health, and bio-identical hormone replacement therapy. She's the author of the USA TODAY national bestseller, The Hormone Fix, and she's also the author of her latest bestselling book, MenuPause. She's been featured on all major television networks, and she's an in-demand teacher and trainer, and now she's here for all of us on the Model Health Show. Let's jump into this conversation with the amazing Dr. Anna Cabeca. Dr. Anna Cabeca, welcome to The Model Health Show.

DR. ANNA CABECA: It is great to be here with you, Shawn. Thanks for having me.

SHAWN STEVENSON: Of course, of course. We're going to talk about one of the most important subjects, one of my favorite subjects. We're going to talk about hormone health. And if you could, can you start off by sharing what hormones are exactly, and why do they matter?

DR. ANNA CABECA: Oh, yeah, absolutely. When we talk about hormones, they're chemical messengers. And really, we call them chemical messengers, and they are produced by our glands and even our fat in our own body, and they communicate with different parts and other hormones and other molecules throughout our system, but we've always labeled them as chemistry, right? Under chemistry, but they really are energetic molecules. They work at an energetic level that we haven't even really begun to understand. So, I think this is where a lot of confusion comes in when as patients, we're asking our doctors, and a patient will come in, "Dr. Anna, can you test... What's the best way to test my hormones?" And I'll tell them, "Well, blood, saliva, urine, sweat." I mean, there's so many ways that we can really look at testing, but they're energetic molecules, so until we can really test at the energetic level, we will be able to see how our hormones are flowing and fluctuating to make more sense when we're trying to evaluate them.

SHAWN STEVENSON: So essentially, we're just teaming with these hormones. It's hard to not find a place that we can test and find it.

DR. ANNA CABECA: Yes. I actually like to always think of the hormone hierarchy too, because when we think we have hundreds of hormones in our body, and then we have master hormones that really work to govern and control these other hormones, and then we have a supreme master hormone. And so, when I look at that, I say, you know, I spent so many time... So much of my adulthood studying our reproductive hormones, and they're just part of the pictures when we're talking about hormones, estrogen, progesterone, testosterone, DHA, even cortisol, and... You know what I mean? We look at all these other... There's so many hormones. Thyroid hormones. They're just hundreds of them, but... So, I consider them like, you look at a university setup, consider all those hormones, the bulk of them, the student body. And then you have your professors in the classroom, so these master hormones. And I call those predominantly insulin and cortisol. Those are the two big master hormones.

So, when those professors are good teachers, while all the students have their own missions and their own talents and their own giftings, right? Their own purpose, when they're under good control, there's order and no chaos. And then the dean of the university or the president of the university is oxytocin, the most powerful hormone of our body. That hormone of love, joy, and connection. And when the head hormone is in abundance in our body, everyone else's playing good together. And so, we look at it that way. Then let's go to the top and let's work on our hormones top down versus... Much of what we do is bottom up. But you have to do it both ways.

SHAWN STEVENSON: Yeah, that's such a powerful analogy. And looking at, what if those teachers are not that good?

DR. ANNA CABECA: Exactly.

SHAWN STEVENSON: You know, insulin and cortisol, specifically. It reminds me of my third-grade teacher, Mr. Ewing, and my art teacher, Mr. Dylan. True story. One day, it was art class, they rolled the television in the classroom, which is always a great event for a kid, and they put on 48 hours, R-rated moved, Nick Nolte, Eddie Murphy, and then they went and got high. True story. Third grade...

DR. ANNA CABECA: What? Chaos.

SHAWN STEVENSON: Yes.

DR. ANNA CABECA: Absolute chaos at the room.

SHAWN STEVENSON: So, what's going to happen with those children? The filtering down us little hormones. We're going to act up more than likely.

DR. ANNA CABECA: Absolutely.

SHAWN STEVENSON: Alright, so...

DR. ANNA CABECA: Oh my God, that is a terrible story, so I'm traumatized from that story.

SHAWN STEVENSON: I've got so many crazy stories like that, but...

DR. ANNA CABECA: But that's a perfect example. That is...

SHAWN STEVENSON: Yeah, so... And I love that you mentioned oxytocin is being, even in that kind of head of school position, we often don't think about that. Why is oxytocin so formidable?

DR. ANNA CABECA: I think because it's one of those very highly energetic molecules, right? It probably vibrates at one of the highest frequencies. It's the most alkalinizing hormone to our body versus like cortisol, the most acidifying hormone to our body. So, it has this high energy. I mean, it's the hormone of love, connection, the highest vibration. I would say gratitude, joy, laughter, right? And this affection, all of these, orgasm, of course, I'll keep listing all the way, you know, oxytocin raises our vibrations, but... Because oxytocin is hard to test, and again, I think that's like if I want to check your oxytocin level, I would have to quickly do a blood draw into a special tubing that I need to flash freeze and ship off rapidly to be tested at one of the two, as far as I know, there's still only two really good labs that test for oxytocin levels. So, there may be other ways to look at it, but I think that it's a challenge because it's so volatile but yet, we give women oxytocin in labor, Pitocin. Pitocin is oxytocin. So, it's stable in that way and can be supplemented with in some ways, but I think it's... There's so little understood about it because it's not an easily replaced hormone, and nor would we want to, we want to build it up naturally, but there are times when we can prescribe it or replace it.

SHAWN STEVENSON: Got it. So, one of the most remarkable things you've already shared is that our hormones, we tend to think about them in terms of just chemistry, but they're energetic, and truly, this is really getting to the root of what life is, what our bodies are, it's really energy and information. And so, there's this really remarkable energy exchange happening with our hormones, and if these governing hormones are doing well, the rest of the hormones are going to have this filter down effect and be working pretty good. But this gets us into the conversation that is very requested over the years, but we really haven't dug in on this, which is menopause and andropause, and there's so much unawareness about them. In fact, you shared in your book that only 20% of obstetricians and gynecologists receive formal training in menopausal medicine. And also, it's just like the folks that we're going to, for these services, for insight here, barely receive any training.

DR. ANNA CABECA: Right.

SHAWN STEVENSON: Can you share how and why you became so passionate about this particular part of medicine, personally.

DR. ANNA CABECA: There's an expression that your mess becomes your message. That is definitely true for me. At 39 years old, I was diagnosed with early menopause and in fertility, I'd failed the highest doses of fertility treatments, and then that piled on with the diagnose of early menopause for that I would never be able to have another child naturally again. And that led me on a journey around the world. As physicians, we give a diagnosis and that's a label, right? That's a label. You're diabetic, you have heart disease, you're menopausal, you're infertile. Right? And you sit with that like, oh, that's the end all be all, that is now who I am. And it's not true. And so, as a patient hearing that, so I heard both ways, thinking, Oh my gosh, well, that's it then, right? But yet there was this little seed of hope in me that was still there, 'cause I still... My husband and I at the time, we'd lost a child and we so wanted to have another child, but there was trauma, and grief and despair, and severe depression that I certainly was dealing with. And so, there was an immense amount of physical trauma that was part of this entire experience. So, it was one trauma after another trauma, after another trauma. And that led me... I took a sabbatical from my medical practice for a year and traveled around the world.

I went from the mountains of Peru to the volcanic soil of Indonesia, to Native American shaman to some of the leading scientists in Europe and New Zealand. And as a result of that journey, reversed my early menopause, naturally conceived the child I was told I would never be able to have at 41 years old. Her name's Ava Marie, I thank God for her. And that changed my mentality, it changed my practice. There is a saying that we... Trained at Emory University where I studied OBGYN. In the OR they say the eyes don't see what the mind don't know. If you don't know there could be a problem there, you're not going to see it. And so that's so true in life, so all of a sudden, my eyes were open to the incredible power, like, wait, so this is all reversible, this is reversible. When we get to the underlying cellular issues, when we get to the foundation and we've reset that foundation, all these other symptoms and syndromes that we like to label in medicine. We've got syndromes for everything, polycystic ovarian syndrome, menopausal syndrome, and the list goes on. So metabolic syndrome. So, if we get to the cellular, if we make a shift at that cellular level, mind, body and spirit can't do it without the three, mind, body and spirit, all of that resolves, and so I've been blessed to see miraculous healings over and over and over again.

SHAWN STEVENSON: Wow, just that one story you shared in the book that you went through menopause twice, and even just that headline is just like, how is this possible? And you just shared something really important, which is your experience, your mindset, your mental well-

being is going to influence the potential... The onset of menopause. So, this is obviously a huge controller of your hormone health.

DR. ANNA CABECA: Stress. And so, there's this consequence of stress, either post-traumatic stress or chronic everyday stress 'cause... As a scientist, I was a scientist before I went to med school, I did research and exercise physiology with US Navy, Navy divers, the Diving Medicine Department at Bethesda. And so, looking at like, okay, physiology, what's going on here with my physiology, like how is this happening? And understanding that with stress, of course, we have cortisol, and cortisol is going to be made at sacrifice of our reproductive hormones, estrogen, testosterone, progesterone. And so those are depleted during that time to make the life-saving hormone, cortisol. And so if you don't have your reproductive hormones, you're not going to be able to get pregnant, you know, you're not going to build muscle, you're going to have brain fog, you're going to feel weak and low energy, your mitochondrial function starts to be depleted, so all of those things are starting to take place when you're shifting to cortisol, and cortisol is also very acidifying, and I can tell you later how I figured that out, that was fun. So, cortisol is going to break down your muscle and bone at the sacrifice of everything else, you're going to make cortisol. And so that potent anti-inflammatory, it's a steroid hormone.

And so, the thing that I recognize, because there's the emotional trauma of post-traumatic stress and chronic everyday stress, and I write about this a little bit in MenuPause, but I go into detail in my story in my first book, The Hormone Fix. And when cortisol goes up, oxytocin goes down, and cortisol is up for a long time, the paraventricular nucleus in the brain will shut down cortisol production. So, all of a sudden you get this very dangerous state where cortisol is low, and oxytocin is low. That's the physiology of burnout, physiology of divorce, physiology of, "I love my husband, I don't feel love for him. I love my work, but I don't feel like going in anymore. I know I love my kids; I just don't feel like doing anything. I feel disconnected." That's the physiology of disconnect. So, you, again, have to re-energize the hormone oxytocin. You have to make that a priority all throughout your day to deal with the... To let go of the trauma, to let go of the past, to help reset your circadian cycle. And like I said, if insulin and cortisol aren't behaving, oxytocin is not behaving, everything else, infertility, early menopause, PMS, inflammation, cancer, all of our modern-day diseases are at higher prevalence.

SHAWN STEVENSON: Holy mackerel. So, you mentioned that cortisol can be acidifying, right? And that's probably a new idea for a lot of people. Can you talk about that?

DR. ANNA CABECA: Yeah. So, like, I had my second menopause at 48. So now I'm 56, definitely through menop... I'm officially post-menopausal, as of now, dropping my daughter off at high school for her first year. So, when I was 48, I started going through the hot flashes, the night sweats, the mood swings, and brain fog, memory loss. And when you're... Probably the biggest symptoms, brain fog, memory loss, that's pretty bad, 'cause I'm thinking of my daughters were

teenagers at the time. And when you've got brain fog, and you're a single mom, and you've got teenage girls at home, ooh, that is... They will take advantage of you.

SHAWN STEVENSON: Yeah, they...

DR. ANNA CABECA: We went in elementary and those teenage daughters. But the worst thing, probably the most distressing one, was the weight gain of 20 pounds without doing anything different. Shawn, at one time I was well over 240 pounds. Lost that weight with a lot of what I teach. And then this full-blown perimenopause and starting to gain that weight back, I'm like, "Oh my gosh, I'll be 300 pounds before these stops. What's going on?" And so that took me to the ketogenic lifestyle. So, I've used this, I've... My oldest daughter has seizures, so I was familiar with ketogenic diet for her, I used it in neurologic patients in my medical practice and my low carb for my candida patients. And so, I was like, "Okay, I'm cutting out all carbs, 'cause I can't have this weight gain. And I know it's good for the brain, and I felt like I hit a wall. I didn't like how I felt. And I said, "What is going on here?" So, I did one of the things that I used to do, and I used to always tell my patient to, "Check your urine pH." Your urine pH is a biomarker for your health.

We know the more alkaline your urine pH is, the less likelihood of many disease of inflammation, cancer, heart disease, metabolic syndrome, diabetes, etcetera, and it's like, "Okay, well, why is that?" Well, as I was checking my urine pH, initially it was as... The pH paper didn't change color. It was as low as the pH paper, red. So, who knows? I was like peeing acid it at the time. Who knows? It was like a pH of five according to the paper. But that's as low as it would read. So, I was like... That was a huge aha moment. So, then my body's inflamed. I need to add the minerals in. Now the keto world... 'cause that was way back in 2014 when I was doing this end of one research. And now the keto world is like, "Oh yes, you need your mineral salts," right? You talk about LMNT. You need... Get those in. I like... Just mix up your minerals, but for me, it was adding the greens, alkalinizing the greens, feed the gut microbiome, which is important for estrogen detoxification.

And so, I started adding all the greens back and I started to get more alkaline, but what I recognized is those mornings I would go walk on the beach or gratitude journal, my urine pH was more alkaline all day. And so going to physiology, when cortisol increases hydrogen ion secretion across the renal tubules of the kidney, acidifying your urine. So, cortisol was doing that. So, the opposite is true, oxytocin... And this is what... If you just test your urine pH, I'm telling you, it is game changing, the information it will give you, because you can do an acidifying... Terribly acidifying meal, but you're having fun or you have a great night of sex, a lot of oxytocin going, and you are going to be so alkaline that next day or when you wake up in the morning. So, oxytocin is the most alkalinizing. So that's why it's not just about diet, it's a

piece of the puzzle, but positivity, kindness, gratitude, that mindset, everything we can do to increase oxytocin and decrease cortisol improves our physiology.

SHAWN STEVENSON: Wow, this is a great warning. If you're over-stressed, you're going to be pissing acid.

DR. ANNA CABECA: Yes, exactly.

SHAWN STEVENSON: That's crazy. That is so crazy. Thank you so much for sharing that. In your book, you also report that specifically demonstrating how American women suffer greater menopausal symptoms than women in other places around the globe, and you ask the question, is our diet to blame? Why is this a potential reason here?

DR. ANNA CABECA: Yeah, I think I've always been fascinated with world travel. I've traveled extensively in my lifetime, and I love it, and I would witness other women of different cultures, what they were doing, and especially how the elder... The matriarchs of the family and the elders in the family were perceived. And so looked at also... You know, we know the Blue Zone research that looks at several things, including diet, but there's conflicting pieces in the diet, but yet I wanted to understand what were the foods that they relied on in menopause that helped alleviate their symptoms? 'cause food is medicine. And way back to the Turkish empire, the physicians to the king prepared their food, right?

They were their chefs, so food is medicine, so that's why I wanted to see what was going on and explore different foods from around the world, like the Middle East, I'm half Middle Eastern, and something like Tabbouleh, which is a parsley salad which, just a little aside, it really should be 99% parsley, not all that cracked wheat and all that other stuff in there, but I use the recipe in my book with brussel, chopped brussel sprouts, I'm sorry, broccoli sprouts in there to give it that crispy instead of the cracked wheat. But because parsley is a natural diuretic, it's a hormone balancer, it feeds the microbiome. It's so nutritious, it's a really... It's an important food staple, and so in looking at the different foods as medicine that other cultures have incorporated to give ourselves diversity in our diet, and the more diverse our diet is, the healthier our gut microbiome, the more resilient we are to stress and disease.

SHAWN STEVENSON: It just makes sense.

DR. ANNA CABECA: Makes sense.

SHAWN STEVENSON: It really does make sense. And you said that quote, this is a great quote from your book, "All health begins with nutrient-rich foods. All health begins with nutrient-rich foods." That's a powerful statement to make. But this is getting back to a really foundational

principle that, even when we're in this conversation about hormones, our hormones are made from the food that we eat. Of course, they're going to have influence. But I think one of the things that was not surprising, but for you to articulate it, the fact that American women suffer greater menopausal symptoms than other places around the world. It should be really eye-opening, like, what's going on here specifically that's causing this outcome? What is it?

DR. ANNA CABECA: Yeah, well, I think it's the concept of nutrient-rich food, devoid of endocrine disruptors and toxins. As much of the food... Like we are what we eat. What we eat ate, right, and what they were injected with, and what their food was sprayed with, etcetera. We're seeing that more and more. And because the US has really liberal policies for food contamination...

SHAWN STEVENSON: Liberal.

DR. ANNA CABECA: Or treatment.

SHAWN STEVENSON: That's a very delicate way to put it. Kind way to put it.

DR. ANNA CABECA: Well, compared to anywhere, right, exactly. Compared to anywhere else in Europe, what we allow in this country, is really atrocious, and we know that endocrine disruptors continue to get... Keep in our food chain. So being able to get whole foods, organic foods fresh as close to the source, is a part of what's necessary for good health and life and using things like herbs and spices and sprouted foods. And sprouting foods yourself is another potent way to act on a budget, get really good nutrients into your body. And then again, the meat we eat. I can't emphasize enough how important free-range organic, no antibiotic injected meat is, or hormone-injected meat is, because we are getting all of that and through... And dairy is a big one. We talked before we started about acne, and women's health, and dairy, eliminating dairy is one of the first things that I do for my clients who want to eliminate dairy and improve detoxification, so that you can have good healthy skin, because there's so much endocrine disruptors in dairy. Oh, my gosh, when I was at my boxing trainer the other morning, and he does it in his garage at his house in East Dallas, and his little daughter, she's seven.

She came like, came in, "Daddy, daddy," like she was crying. I was like, "Why is she crying? What's going on?" "So, she wants chocolate milk." And I was like, "Oh, she... " I was thinking, "My God," that my mind was like, "What's in chocolate milk that's making her so addicted to chocolate milk?" It's certainly the chocolate, the sugar, the milk, she's like, do kids cry for water, and...

Sparkling? Do they? Like how can we shift that mentality? But you see the addictions start early to something that's not good for us.

SHAWN STEVENSON: One of the great things about today, is that we have scientific method, and the ability to kind of extract and find out what is behind the scenes with our addiction to something like dairy. And dairy has casomorphins, right? And so, these literally fit into these kind of opiate receptors. And this particular study, I just looked this up in this actual moment right here. This is at real-time.

DR. ANNA CABECA: Real-time research.

SHAWN STEVENSON: Alright, so this particular study found that, and I'm just going to directly quote it, it states that, "Casomorphins is a more potent opioid than morphine itself and is responsible for most of the typical behavioral and cognitive symptoms of conditions like autism, for example." So, it's affecting our cognitive function. And as you know, autism rates have exploded in recent decades, and behavioral issues, and skin issues, and the list goes on and on, and we often don't attribute it to what we're eating, where again, we have this very drug-first culture trying to treat the symptom and not looking at something so kind of inconspicuous as dairy being a potential trigger.

DR. ANNA CABECA: Yeah, and again, the hormones that are in dairy, right? If we're injecting cows and treating them with hormones to increase their milk production, and antibiotics to keep them producing more as well, then we're ingesting that as well, so we're getting our daily dose of antibiotics. And not only what I've seen as a gynecologist, is the increase in symptomatic polycystic ovarian syndrome, right, because these girls are like, I was calling my... "You're my Amazonians, right? You're my Pocahontas. You're my Mulan, you're my... You're an Amazonian." Do you have Amazonian genetics? And like Native Americans, for instance, those are warrior genes, they're not diabetes genes and fat genes. We look at our epigenetics and think of, "Well, the genes, our genes were designed for your survival, and your endurance activities, and your leadership activities. Those are my PCOS girls. But what they're taught in America, is that "You've got acne, fat genes. You're going to have trouble getting pregnant" That's what they're taught. I'm like, "You are a warrior princess. Let's get off the dairy, let's balance you." I use my product, Mighty Maca Plus, I use that because it's detoxifying. We need to detox out those congested...

Cellular receptors, we need to detox the liver and we need to support her in doing that. And those, just those two things and then working, Okay, no dairy, ideally no gluten in her grains. Let's try to eliminate that too to de-congest the system, so you can absorb as many micronutrients as possible. And that, my clients will come back in six weeks. "I no longer have symptoms. My periods are regular. The PMS is gone, my skin cleared up." And if we're seeing that at the onset of puberty, we're also seeing it at the other side in perimenopause and menopause. We're seeing the conflict of hormones and endocrine disruptors and poor

nutrition to... And also, not just what we eat, but when we eat. So, we're seeing way too much of carbs in our American lifestyle and that's not conducive to menopausal body. It's not conducive to our menopausal hormonal milieu at that point, because as we age, we become more insulin resistant naturally, so that's why we have to shift to eat lower carb food and space it out. So, no more snacking and I know that's like, anti-American apparently, and I say that, but it's so critical for women's body and the menopause to use food as medicine to help her transition, to be the best second to enjoy the best second spring of her life.

SHAWN STEVENSON: Yeah. You're tying in so many different facets of medicine and nutrition into your book as well, even mentioning circadian medicine here with when we're eating and how that influences our hormones but it's so fascinating. You also mentioned pulling out dairy when you've got just... A point of clarification here, the dairy predominantly that we're consuming is very different from what our ancestors were having. And also, cultures that have that closer relationship and even the enzymes to be able to properly metabolize it, all that stuff. In our society, we'll just take something to try to buffer the pain that we might experience. Or sometimes it's not a digestive pain, it can be a manifestation on our skin, and we don't really put the pieces together to understand that. This is a very hormone dense substance. It's what it's made for it's to grow an animal and not to not to vilify it. It just has to be something that actually works for your body and also the quality needs to be of the utmost importance, especially if you're dealing with health issues.

DR. ANNA CABECA: But you mentioned something too, you mentioned potentially pulling out gluten too. And I mentioned Casomorphins, but there's also Gluteomorphins as well. Why do we tend to be so addicted? I would've people coming in when I was working as a nutritionist, people would come in and like, "Just don't take my bread. I'll do whatever you say, but just don't take my bread away." Before I've even said anything. It's just like... It's kind of like a little bit of a problem. It's like an addictive thing that can happen. It's so fascinating to see it and to see our behavior, but it's also really remarkable to see what happens when we start to, as Dr. Amen says, "Love food that loves us back." Versus having this relationship with abusive foods. Well, this is a great part to talk about some of the conventional treatments or symptoms of menopause. And again, this is something you really brought to the surface for folks in your book and also in your last book as well, because there's a standard of care. It's not uncommon, for example, for someone experiencing hot flashes to be prescribed an antidepressant, right?

DR. ANNA CABECA: Right. Exactly, and when that patient comes into our office and they're complaining of hot flashes, night sweats, there are antidepressant medications that are listed or as options for patients and that's the treatment versus getting to underlying reason. And this is, hot flashes and night sweats are one of the most aggravating symptoms that women experience next to weight gain in the menopause. And the thing is like in our modern... When I trained 30 years ago in OBGYN, it was... Well, menopause will usually last one to two to five

years. Right? Now, it's like 15 years and for some women I've worked with, they've had hot flashes for 20 years. And because we think there's an estrogen deficiency issue but what I found, because I learned this after the fact my clients started, they have hot flashes. They've had 'em for 20 years and they're gone in two weeks.

Well, because a unknown cause of hot flashes is insulin resistance. So, the more insulin resistant you are, the more you have those aggravated hot flashes over time. So that's a large majority of women that have these unrelenting hot flashes. So, you've shipped your diet to address the hot flashes, balance the hormones and when I balance hormones, I always start with, I like to say, I do hormone replenishment, not hormone replacement, because I don't want to replace what God's given you to produce, to work in your body. I want to support you through this transition, this difficult time, and maybe for the rest of your life, with a little extra support, but first I want your body to use what it's making and to make more of what it needs to make in the most natural way possible. So, I'm going to support your glandular function.

And I think this is a problem, I'm going to hit on andropause a second, because so many men are just given testosterone. And we know that testosterone, like unopposed testosterone, first of all, where is it going? It's going to go to dihydrotestosterone, or it will go to estrogen. But also, your given testosterone will also deplete or suppress your body's ability to make testosterone, hence the testicular shrinkage that they'll warn you about. And we can counteract that by administering Clomid and HCG. And so, we can counteract it, but it's more money and it's more time and it's more nuanced and not all physicians are trained that way. But if I'm replacing you and suppressing your body's natural ability to make it, what's going to happen? And this is what people don't know. Yes, like a sign of low testosterone can be depression, but if I replace your testosterone and then take it away from you, you stop it, that creates severe depression, that can be suicidal depression. And men aren't told that, they're not counseled. Physicians prescribing it who have been trained by some big testosterone replacement company, I'm not naming any, aren't told that if the client does... Comes in and goes... Doesn't come back, that's a medical risk factor for severe depression and suicidal depression.

And I think that's really important, especially when they're jacking it up, testosterone levels too high, versus replenishment. "Let me help you during this stage and support your body to make its own levels of testosterone more." So, I start top down. Pregnenolone, progesterone, DHEA, then maybe testosterone and estrogen. And I think the combination works great in the right patient using the right bioidentical hormones. That makes a really big difference for both men and women, that it... I don't want to ever suppress what our body, at least... I don't ever want to suppress what our body's able to make. And then where we are replacing it, we need to make sure that we're getting rid of it safely too.

SHAWN STEVENSON: Yeah. Just basically you're helping us to stack conditions in our favor for our body to sort things out and balance itself, which it's designed to do. Oftentimes, we're just kind of getting in the way of that natural process. I just realized something when you were talking just now, that... This is so fascinating. I had never really thought about this. You already mentioned how cortisol is such a powerful factor in all of this, and I just thought about that temperature-regulating place in our body really is taking place in the hypothalamus, right? And then we have the hypothalamic pituitary adrenal access, right? And so, it's inherently connected.

DR. ANNA CABECA: Adrenal gonadal access, yes.

SHAWN STEVENSON: Yeah, oh my gosh. And so, it just really makes sense when we're talking about something like hot flashes and the hypothalamus being placed under stress. And one of the big issues today in the data, and this was from Albert Einstein College of Medicine, really highlighting this epidemic of hypothalamic inflammation contributing to higher rates of insulin resistance and obesity, and obesity and insulin resistance creating more hypothalamic inflammation, which is this... Again, it's one of the many things it's doing, but it's helping to regulate your body temperature. Holy moly.

DR. ANNA CABECA: Right, right. That's a beautiful connection.

SHAWN STEVENSON: Oh my gosh, it really... So how often, when folks are going into their physician for treatment, they're dealing with this thing? You just said somebody's experienced this for 20 years?

DR. ANNA CABECA: 20 years.

SHAWN STEVENSON: It's crazy.

DR. ANNA CABECA: Crazy.

SHAWN STEVENSON: But even in a smaller instance where it's several years whereas... You even shared in your book that, in other countries, there are women who don't generally even experience a lot of the symptoms that women here in the United States and also kind of industrialized western type countries are experiencing, and the process is much more graceful and natural. But part of this issue, when you're going in to see your physician, they're not talking to you about insulin resistance. Instead, again, "Here's an anti-depressant to treat the symptom of the hot flashes." Oh my gosh.

DR. ANNA CABECA: Yup, and then we're... I think there's so much here. So, what I've been blessed to witness through cultures from around the world is, is that approach, is that more of a holistic approach, more of a natural approach, but also how do people live, and what are they being fed? What's their food like? When are they being fed? I just came back from Italy. And between 2:30 and 7:30, there's no one's going to serve you food. You're just not going to get... Especially in the countryside or whatever, the restaurants are closed. In other words, no snacking, no food for you. Do your work. Go play. Do whatever, right? And so, I think that's the intermittent... I would say intermittent fasting, no snacking. Those are key essentials to have insulin sensitivity to support healthy metabolism and healthy brain function. It all ties in.

So, when I mentioned my story, I had the brain fog and the weight gain and all that, and getting keto-green is what I call it, that's my trademark, is getting keto-green helped me certainly lose the weight, but it lifted the brain fog. Because ketosis... This is important, I want your audience to know this, our brain... Like, where did the brain fog go? Going into ketones, where does the brain fog go? But in women and men, estrogen metabolism in the brain... I mean, glucose metabolism in the brain is estrogen dependent. It's probably more progesterone dependent, but gluconeogenesis in the brain is dependent on our hormones. As our hormones transition and deplete, it's like our brain is suffocating for fuel. But we shift to ketosis, to using ketones for fuel, which is not hormone dependent, and the light bulbs back on. So that's why I say it's not just a good idea in menopause, it's mandatory. And when we do this, we have better brain function, cognition. When I was 48, there was no way I could write books. Now, I have three best-selling books. It blows my mind, but it's this brain function that I have that is from the lifestyle, the food that we eat, when we eat it, intermittent fasting, but we have to become more insulin sensitive.

And you said when you go into your doctor's office... There's four key markers, four key blood test markers I want all my patients to monitor and optimize, and that really gives us a good overall head to toe snapshot of how our body's doing, and one of them is the hemoglobin A1c. And many times, physicians are just watching that number increase, if they're checking it on a regular basis, until it gets flagged. But it's been going up for 10 years. So, we have the opportunity to intervene early on with diet and lifestyle, 'cause that's how we regulate insulin, so it's crazy.

SHAWN STEVENSON: It's no secret that processed food manufacturers have a team of scientists chemically constructing Frankenfoods that are incredibly addictive but also causative agents of degeneration and disease. It's one thing to tell yourself to stop eating these processed foods, it's another thing to our biology that can actually become addicted to some of these chemical and sweet elements. Well, researchers have recently discovered that there is a natural food element that's able to help our brains and our biology resist the urge to eat hyper-palatable fake processed foods. A study published in the peer review journal

Appetite found that chlorophyll can actually aid in weight loss and reduce the urge to eat hyper-palatable foods. What's really interesting is that it was also found to increase the release of glucagon-like peptide-1, which according to research published in the Journal of Endocrinology has a potential to trigger body fat redistribution. This means that it's sparking the release of visceral, AKA belly fat and increasing the ratio of subcutaneous fat, which appears to be more protective against metabolic diseases. Pretty cool stuff found in chlorophyll.

What are the most chlorophyll dense foods that you can find? Well, anything green is going to have chlorophyll, it's an indicator of the chlorophyll content, but specific foods like chlorella getting its name from chlorophyll is really taking things to another level. Chlorella is actually 50% protein by weight, its complete protein, one of the most protein-dense nutrient sources ever discovered. It also contains carotenoids like lutein and zeaxanthin that have been found to protect our vision from things like macular degeneration. And to top it off, a double-blind placebo control study published in Clinical and Experimental Hypertension found that chlorella was able to significantly reduce blood pressure of test subjects with hypertension by the end of the 12-week study period.

So being an actual source of treatment for people experiencing hypertension, something remarkable about it. Chlorella, combine that with spirulina, another nutrient-dense super algae, which is 71% protein by weight and spirulina, of course, is also another remarkable source of chlorophyll, along with being rich in B vitamins and copper and iron, list goes on and on in the micronutrient ratios. I get them combined together with other powerful super foods in the Organifi green juice formula. Go to organifi.com/model. That's O-R-G-A-N-I-F-I.com/model, you get 20% off their incredible green juice blend. Their red juice blend is amazing as well, my kids love it. Their goal is remarkable. Just everything that they carry. They're doing things the right way. Organic, low temperature processed to help to retain the nutrients, and they taste fantastic. Go to organifi.com/model for 20% off. Now, back to the show.

This, of course, it's captain obvious when you're saying it. But again, we have this standard of care and another one of the conventional treatments that I asked you about this, standard hormone therapy. Today obviously, it's just a standard of care, but you share in the book that it may help to subdue some symptoms, but it can possibly increase the risk of having a heart attack, stroke or even breast cancer.

DR. ANNA CABECA: Yeah. So that's based on research from the Women's Health Initiative study. 'Cause most hormone replacement, what that study looked at, looked at estrogen alone, but Premarin, it looked at a combination of estrogens pregnant mares' urine. So, we used Wyatt, theirs was the big funder for the study, and so they... I actually worked for them for a couple

of years before I went to med school, in the drug metabolism department. So, understand your chemistry. So anyway, Premarin and then the combination Prempro, which these are oral estrogens and oral progestins, a synthetic progestin, this hormone replacement that was being used was not bioidentical or body identical. That is now becoming a more popular term. It's not. So oral estrogens, the study showed the combination oral estrogen and the progestin, so the Prempro combination, increased all three of those things. Increased all three of those things, but the estrogen-alone arm didn't increase the risk of breast cancer, but it did increase the risk of stroke.

But we know from data that goes into the 1990s and early 2000s, so that was published in 2002, but we have data from the 1990s that shows that oral estrogen increases your inflammatory blood markers, and increases... We know that can increase your risk of stroke. So, increase is a marker that I have, another marker I'd like my clients to check in a hs-CRP, Highly sensitive C-reactive protein, or cardio C-reactive protein. So, looking at inflammation at a lower level. So oral estrogens tend to increase that. And so that increases your risk of stroke. So, if we can use transdermal, vaginal, and I like turkeys, there's other... I mean, there are certainly many ways that we can take hormones, but what's the safest way for the longest amount of time that we can be on them. And that's a very individual timeline too.

SHAWN STEVENSON: Yeah, it would take us considerable amount of attention to try to dial this stuff in for folks. And I love it because you're giving people the tools where they can start to do the most important work, which is that inner investigation and really listening to your body. But we end up getting into a situation where we're fighting within ourselves all the time, and then we're just seeking an instant solution, which a lot of this stuff, it creates a lot of obviously additional stress in our life, going through that process, and it can diminish our quality of life. So, we just want to feel better. And so, we'll pretty much do whatever is put in front of us sometimes, especially again, if we want to get out of pain if we want to get out of discomfort. But what you're really doing is you're creating such a level of empowerment, which is so cool. And I love that because you are a representation of it. You went through menopause twice. You're right. And so, you know what it looks like to have an early onset or stress-induced version of it, and then the more natural version of it, and how to navigate those waters and tell the story from the perspective of a physician in this field. It's incredible and we have access to this today.

DR. ANNA CABECA: Yeah.

SHAWN STEVENSON: Which is so cool. So, by the way, get a copy of MenuPause like yesterday. Get it for a friend in need. A friend in need is a friend indeed, isn't that how that works?

DR. ANNA CABECA: That's right. That's right.

SHAWN STEVENSON: So, I want to ask you about this as well because this is one of the great aspects you're tying in again, we mentioned circadian medicine, we're talking about hormones today, but you also talk about how our gut health plays into hormone health and menopause as well. You shared data from Harvard denoting how structured dietary changes made significant changes to gut bacteria in just three days.

DR. ANNA CABECA: Yeah.

SHAWN STEVENSON: How does this all tie together?

DR. ANNA CABECA: What's really interesting is that there's so much to this when it comes to what we know about microbiome. 'Cause when I was training, we were really interested in genetics, the genetics must determine the end all, be all of our health. But it's not true, it's the microbiome, which is a huge part of that... The epigenetics and how we're interacting with these trillions of organisms. And so, in working with healing a woman with hormone therapy, for instance, if I'm using transdermal hormone therapy or I'm trying to get her hormones straight, if her gut's messed up, there's no way I can... I've got to fix the gut to help her. And I was thinking about this when you were talking earlier, just a typical example in my medical practice when a patient would come in and have all these symptoms, the perimenopause symptoms, the brain fog, the night sweats, the weight gain, they fill out a questionnaire that I have and it's off the chart. And I would say, "Okay, I'm going to draw your blood work and I'm going to see you back in a few weeks to go over your results. But in the meantime, you have to do this, and essentially you follow this, and you follow the modified elimination diet, meal plan. Let's support your detoxification pathways."

And they come back in, I haven't prescribed a single thing yet, and they come back in, "Doctor, I'm 90% better. I feel better than I have in a decade," without any prescription. And that was empowering. It was empowering for me in my own journey. It's within me, right? I don't need this prescription, I don't need this drug, or necessarily I no longer have a need for these. That is empowerment. And I think women, through our medical systems, have given so much of our power away to birth control pills, to prescription drugs. I see clients on, and at young ages, on anti-depressant medications and suppressive therapies. And if we get to the root cause, then we can heal these things. So, in MenuPause, my... Because I've been working with women online now as well in the keto-green diet and lifestyle, which is more than what we eat, called the keto-green way, so it's a lifestyle too. But we get stuck sometimes, and that's why MenuPause has five different menu plans, because I got to address the gut.

So, the Keto-Green Extreme Plan is following an autoimmune protocol. So, it's no night shades, peppers, etcetera. So that is a six-day plan to say, "Okay, if you're not getting where we need

you let's take this next step." And then there's the plant-based plan, because so many people doing keto, they are not getting the plant foods that are necessary for gut microbial diversity, which goes back to that Harvard study. In three days with plant foods, and again they're low carbohydrate plant foods, that you can really increase good gut diversity, which increases your resilience in your immune system, which is what we want. And then the third plan is more carnivore, 'cause sometimes our gut is so messed up, we can't... Our digestive system is so messed up, we can't digest the plant food. So, we go carnivore for a little bit to boost up the protein, the amino acids, and to support your healing journey there. And then I did a cleanse plan, and then sometimes my clients have been carb-restricted for so long, we actually have to carb up. So, then there's the favorite plan for everyone, is the carb-up plan.

SHAWN STEVENSON: Yeah. So, first of all, the word that's coming up for me is like, "The audacity." How could you integrate all these different diet frameworks that tend to be at odds with each other into one book, right? And you're giving people real world options because each of these frameworks have a tremendous amount of science behind them. And many of the physicians who are the leading voices of each framework, they're seeing results with their patients, that's why they implement these strategies. But the thing is, each of these protocols is not the end all, be all, right? It's for that person right now and that is likely to change. What if you don't have another option in your tool belt and you just keep thinking, "This is the thing that helped me right now and it's no longer working. I just need to keep banging away at this thing that's not working."

DR. ANNA CABECA: Exactly.

SHAWN STEVENSON: And so, you're giving permission and also valid frameworks along with the food, along with the lifestyle, to help to support where you are right now on your journey. It's pretty cool.

DR. ANNA CABECA: Thank you.

SHAWN STEVENSON: And that's actually... I was going to ask you about that. I was going to ask you why you put these different meal plans into MenuPause and you just answered that so elegantly. So now we can talk a little bit about, what are some of the best foods specifically? You mentioned parsley surprisingly earlier but what are some of the best foods that we can eat to support our hormone health and just to help us to have a longer health span in general?

DR. ANNA CABECA: Yeah, definitely like meat. Grass-fed, free-range, that's a great option. We want protein, we need high quality protein and amino acids. So that's important. And again, we are what we eat ate, so recognizing that... Fish, so we always want to make sure that's important, that's a key aspect. And then healthy fats, like olive oil and avocado. We were talking

earlier, you can add avocado to most anything to make it creamier, so avocado ice cream, avocado... Add a little bit to your smoothies or my avocado chocolate mousse recipe. So avocado is a super food and I love it.

And then the greens, the microgreens that help with estrogen detoxification 'cause men and women are getting too much estrogen from what we eat, the hormone disruptors, impaired detoxification pathways for both men and women, I have to empower estrogen detoxification. So those... What foods that help are your cruciferous vegetables like the broccoli, cauliflower, cabbage and broccoli sprouts, alfalfa sprouts. Using sprouted food is so healthy, so looking at the power of sprouts for that estrogen detoxification, that's important. And I'm a foodie, I grew up... My mom was a baker, I have family that are chefs and sommeliers and I love food. So, I also wanted to incorporate recipes from around the world but I always think healthy fat, high quality protein and a good plate of low carbohydrate greens and then add some citrus and salt, a little bit extra oil and that is flavor bombs. And so, using herbs and spices are also really powerful, that's how we got them. Garlic is a medicinal food, turmeric is a medicinal food, these herbs and spices. So, I use those a lot in my plans and my recipes.

Macha, I'm a big fan of macha 'cause it was part of what helped me on my journey in recovering my early infertility, that was one piece of it. So, I think those are some of my favorite foods. And then just remembering with what we're eating, not to drink with your meal but between your meal so you're not diluting your digestive enzymes, so you get the benefit of all that you're eating during your meal.

SHAWN STEVENSON: Yeah, everything you just shared has been utilized for thousands upon thousands of years in human health and nutrition. It's just kind of integrated into the fabric of humanity and really what has made us associated with our genes all this time. And that's... I think it's always a really good kind of benchmark or a little bit of a light at the end of the tunnel to say, hey, you can rely on these foods that we've evolved with versus Cap'n Crunch.

DR. ANNA CABECA: Yeah.

SHAWN STEVENSON: And so, with that said, pointing back to when you mentioned animal protein and the importance of having dense sources of amino acids specifically because those... When we even talk about hormones, I love that you, of course, mentioned the energetic capacity, that chemical capacity, these are proteins at its truest sense. And so, if you're not giving your body the raw materials to make this stuff, guess what? We're going to have some problems; we might have some deficiencies. And also, just circling back, when you talked about estrogen and the brain fog, these are some other things that we don't really think about. These hormones are critical, even estrogen, we just relate it to being a sex hormone but it's important for your cognitive function...

DR. ANNA CABECA: Muscle...

SHAWN STEVENSON: Muscle, yeah.

DR. ANNA CABECA: If I hadn't lived the experiences I lived, I wouldn't have known. 'Cause it's not something we're taught in med school. There's not an abundance amount of research on lifestyle factors that improve your overall health, we are getting there, especially not in the menopausal woman. And so, I think it's this, again, the eyes don't see what the mind don't know, but now you know it, you can see it. Like why is fasting part of every religious culture? So, you have that heightened energy vibration and clarity. That's a ketogenic state. That's a ketotic state. So, you're using jet fuel to have that higher vibration, that higher connection to spirit. And I always think fasting out in nature with hikes, etcetera, balances your alkalinizer. So that's the combination that when you have both together, it's just a powerful physiology.

SHAWN STEVENSON: Let's talk about how obesity and carrying excess weight prior to menopause can lead to more severe symptoms when menopause hits.

DR. ANNA CABECA: Yeah, definitely that's part of the insulin resistant issue, plus fat makes estrogen, so you have estrogen dominance and insulin resistance at the same time, so more significant, typically problems with menstrual cycles, heavier bleeding, increased risk of endometrial cancer, so we see that as a gynecologist. Then the mood swings, the anxiety, the depression, those are... That's symptoms of estrogen dominance 'cause its progesterone insufficiency, and again, when you have more insulin resistant also, that's creating that increased number of hot flashes and blood sugar swings, and so will power is an issue, craving's an issue. And it makes it really hard to turn that trajectory and lose weight, so you have to do the combination of the food and the lifestyle to do that.

SHAWN STEVENSON: This would be a great PSA for us to really focus on getting ourselves healthier prior to the onset of menopause, just create some cultural shifts, of course, but you give great insights for that, the pre, the during and the post as well, but I want to loop in here, andropause, because a lot of the same things are going to be seen with andropause, first of all, could you share a little bit about what andropause is, and you mentioned something earlier about testosterone going to estrogen, so let's talk about that.

DR. ANNA CABECA: Yeah, so for guys and women, our hormones will fluctuate over our lifespan, so for both men and women, in our 20s, our DHEA levels start to decline. DHEA is a precursor to testosterone and estrogen production, so DHEA will make testosterone and estrogen, but then testosterone will also convert to estrogen, has that two-way conversion, and so as we're aging, testosterone levels will start to decline over time, so this decline over time is this

andropause when testosterone levels are low, we consider that ages 50, 60 for men. Typically, we're seeing... It used to say 60, but we're seeing it earlier, certainly, and seeing guys in their 40s with low testosterone, if not younger. So, this low testosterone, always think what's causing it to be low first. That's so important. Address the endocrine disruptors, get rid of those, improve detoxification, support the gut, support the adrenal gland, so your body is producing more of its own DHEA and then testosterone naturally. So, I think that's an important thing for guys to realize.

And always think of... And it's never too late. It's never too early and never too late. What I hate seeing in medical practice, 'cause I have consulted for hormone replacement clinics around the country in the past, and what I hate to see is when someone who's young is on hormone replacement, because it's suppressing their body's own natural production without ever... I mean, we may need to do it for a short time to support them through a crisis, but we have to address the underlying reason why is the testosterone low to begin with. You know, just like in women; why are we having these symptoms? Address the underlying issue, the... You know, address the estrogen dominance, and you feel amazing in just a few weeks. That's crazy, versus Prozac, birth control pills, surgery, which is the standard of care. So you go through all those things, and the next thing, your gynecologist is like, "Well, I've done everything I can. Here's a good divorce attorney and psychiatrist for you." Right?

So, with andropause, can I share a story? I think this is one of... You know, as I learned through my own health journey, I've been able to experiment, of course, on my family. My dad was 79 years old. My mom had passed away many years earlier due to heart disease; that's why I'm so passionate about women's health, especially during menopause. I saw her suffer unnecessarily with diabetes and cardiovascular disease, and by the time of her death, Shawn, she was on 11 medications, no two of which were ever studied together, which is pretty much... Around the board, there's, you know, very few studies that look at combination therapies.

Anyway, so Dad was 79 years old at this time, and he came to visit us. He went from Philadelphia to Georgia, where I was living. And they had to wheel him through the airport because he was short of breath walking, and... And to know my dad, Dad was born 1926, joined World War II at 17, was the Naval attaché, spoke four languages, could basically get anyone drunk and to talk about anything. That was my dad; he was a fun guy. And so, he... He was cranky and irritable and just sitting on the couch. I was like, Dad, "What's going on?" And he said, "Anna, you know, I just don't feel good." And I said, "Let me call your doctor." And so, I called his cardiologist, who I knew, and I said, "Dad's having... " You know, I listed off the symptoms. "This is what's going on." And he said, "You know, Anna, your dad's 79. He's lived a good life."

SHAWN STEVENSON: Wow.

DR. ANNA CABECA: And that was it. There was no additional comments, and I said, "Okay, so would you mind if I intervene? You know I'm a gynecologist; I can't hurt him too bad." And so, he said, "Sure," and I said, "Dad, are you done living?" And he said... I go, "Your cardiologist is done with you. Are you done?" He goes, "I'd like to see 80." And so, I said, "Okay." "'Cause, Anna, I don't feel good. I'll do whatever you say." In 30 days, this diabetic, 79-year-old man... You know, obese, big beer belly. He went from... He lost 30 pounds in 30 days. He went from injecting 120 units of insulin in his fat every day to 20 units of insulin every day, so from 120 to 20 in 30 days. I took him off of three medications, I put him on a micro-dose of testosterone, I put him on CoQ10 and a few other supplements, and not only did he live to see his 80th birthday, but we celebrated 91 good years with him. 91 good years. Smart brain function, smart... You know, just... And he traveled the world; he flew international... And he lived. He lived, and he was the oldest of four brothers, all who died before him. And by decades, he outlived the quality of life of his genetic pool. And so, I think that's what's empowering is that we need to know when we do the little things, when we address the underlying inflammation and metabolic disruption, balance the hormones, at any age naturally, right? We... You know, as much as possible, we affect the quality of life of generations.

SHAWN STEVENSON: Yeah. That's such a great story. Thank you for sharing that.

DR. ANNA CABECA: You're welcome.

SHAWN STEVENSON: And that's what's possible.

DR. ANNA CABECA: That's what's possible.

SHAWN STEVENSON: You know, that's the beauty. And I'm so grateful for you and for your work and for you putting this together. This is the beauty about today too, is making this accessible for people, you know? So, if you could, can you share where people can pick up your book, where they can follow you, get more information, just get into your world?

DR. ANNA CABECA: Yeah, definitely come visit me at dranna.com. That's my website, D-R-A-N-N-A.com. My books are MenuPause, Keto-Green 16, and The Hormone Fix, and they're available anywhere books are sold as well as on my website. And I'm @thegirlfrienddoctor, so I'm @thegirlfrienddoctor on Instagram, social media, Facebook, so definitely come connect with me there. It's where I get to check out lots of pictures of my granddaughter, so I'm on Instagram the most.

SHAWN STEVENSON: Awesome. So, take a screenshot, everybody, of this episode, and tag Dr. Anna as well, @thegirlfrienddoctor, and tag me as well; I'm @shawnmodel. And let's really get

this information out to more people. This is a big part of the equation of empowerment and education. And again, I just appreciate you so much for coming on.

DR. ANNA CABECA: Thank you for having me. It's really been an honor. Thank you.

SHAWN STEVENSON: Awesome. Dr. Anna Cabeca, everybody. Wow, this is such an important conversation, and something that, again, is very taboo in our culture. And what if we can start to educate people in advance and provide them with insights and tools and strategy to help them navigate this natural human process so that we can live life more fulfilled, more gracefully, and really enjoy? Again, our goal is to not just extend our lifespan, but to extend our health span. And this can become normalized, but it takes us to take action; of course, implementing these things within our own lives, but sharing this with our family, with our friends, with our community. This is our opportunity to make empowerment go viral. Please share this episode out with your friends and family. Again, you can take a screenshot of this episode and tag me; I'm @shawnmodel, and tag Dr. Anna Cabeca; she's @thegirlfrienddoctor on Instagram. Also, you can send this out and share it on Twitter and Facebook and LinkedIn; all the places, and of course, you can send this directly from the podcast app that you're listening on as well. We've got some epic masterclasses and incredible world-class teachers coming for you very, very soon, so make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.

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