THE MODEL HEALTH SHOW

EPISODE 677

The Connection Between Hormone Health, Sexual Health, & Metabolism

With Guest Dr. Anna Cabeca

You are now listening to The Model Health Show with Shawn Stevenson. For more, visit themodelhealthshow.com.

SHAWN STEVENSON: Welcome to The Model Health Show. This fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in today. The human body has over 30 trillion cells. Now, have you ever thought about how all of these cells work together? How do they stay on the same page? How do they talk to each other? Because each cell is in essence an individual entity, but they're all working together under the common good of being you, and how the cells stay on the same page and how they talk to each other, how they communicate is via hormones. Hormones are essentially chemical direct messages, chemical DMs, sliding into the DMs, getting all of our cells, they're essentially chemical messengers that are sending metabolic DMs to each and every one of your cells to ensure that all the cells are working together under one common goal. Now, the problem is when those chemical DMs are sending the wrong type of signal at the wrong time and/or when they're sending too much of a signal or not enough, and so this is when we start to have abnormal hormonal communication or this phenomenon, when we say our hormones are quote, out of whack. And so, the health of our hormones are of the utmost importance.

Now, just a little bit of a side bar here, even if we're talking about hormones, it isn't something superficial, it isn't something that just magically appears and happens on their own, they're made from stuff, they're made from the food that you eat. Hormones at their core are essentially, made from protein building blocks, this is why getting in adequate amounts of the right types of amino acids are obviously important if we're talking about hormone health. That's just a little side bar and a preview of what we're going to be talking about today, because we're going to be talking about how our diet deeply impacts our hormone health, our sexual function, we're really going to dive in deep and talking about our sexual health in relationship to our lifestyle today and rapid rates of sexual dysfunction that are taking place right now, but please know that there are solutions. And if you're not experiencing something like that right now, just to create an insurance policy or a buffer against dysfunction later in life, and our special guest knows a thing or 10,000 about the subject matter, being a triple board-certified physician with specialties ranging from gynecology to integrative medicine to anti-aging medicine and more, she's absolutely brilliant and has a wealth of knowledge for all of us, so I'm really excited about this.

Now, one of the things before we get to our special guests that I want to talk about from the nutritional domain, if we're talking about cellular communication, we have to be aware that there's this really critical sodium potassium pump that's enabling essentially every single function that the body does, requires the action of the sodium potassium pumping, these are two essential electrolyte, these are minerals that carry an electric charge, they are critically important to everything about us. If we're deficient in these key electrolytes, stuff starts

breaking down very, very quickly. Another key electrolyte is magnesium, for example, is responsible for over 600 biochemical processes that we're aware of today, and it's just been growing every year, we found out more things that magnesium is critically involved in, critically responsible for. A lot of it has to do with our muscle function, with our cognitive function, with our brain health, but also being able to teeter back and forth with our parasympathetic and sympathetic nervous system, the sympathetic nervous system is a fight or flight nervous system, it's that get up and go, drive, that is pumping out cortisol and adrenaline, noradrenaline, and this kind of hyper-stress state that we need from time to time, we got to dip into that, but we also need to be able to go.

Not just zero to 100, but to go from 100 back to zero. How quickly can you get back in balance? How quickly can you calm down? When you're deficient in magnesium, it is remarkably difficult, and 56% of United States citizens are deficient in magnesium today, that's the latest estimates, it's a huge deficiency. And part of the reason that we're so deficient in magnesium as a society is the fact that it's involved in so much stuff, and involved in so much stuff involved with stress management, and we are chronically stressed today like no other time in human history, but not from imminent, kind of big picture fears of invasion or of food famine, we are dying by a thousand cuts, is that death by 1000 cuts scenario where we have all of these micro-stressors and some major stressors as well, but just contributing to this overall stress load, and we have to be more proactive in getting the nutrients that our body needs to help us to buffer and manage the stress because the stress isn't going anywhere, alright? We're living in a culture today where we are dealing with a lot of environmental stressors, the best thing that we can do is make our bodies more resilient, and this is why I'm such a huge proponent of supplementing with key electrolytes from intelligent sources.

We don't want electrolyte that are coming along with artificial colors and sugars and all of this crazy stuff that creates more dysfunction, we want high quality electrolytes in optimal ratios. The electrolyte set IUs are based on hundreds of thousands of data points from real people to find out what is that optimal ratio of sodium, potassium, and magnesium? And in this conversation about longevity and having real radiant health later in life, I want to be aware that, again, just in the same vein with magnesium, a double-blind placebo-controlled study published in the Journal of Alzheimer's disease found that improving magnesium levels in adult test subjects that were aged 50 to 70, could potentially reverse brain aging by over nine years. We're talking about making your brain almost a decade younger by optimizing your magnesium intake. Combine that with the power of high-quality sodium, a peer review study published in the European Heart Journal titled, Sodium Intake, Life Expectancy in all-cause mortality revealed, "Observation of sodium intake correlating positively with life expectancy and inversely with all-cause mortality."

These results were shocking to the researchers themselves because in the scientific community at large, sodium is believed to be this devastatingly terrible thing, but sodium is one of the most critical nutrients for human health and functionality. In fact, another study conducted by researchers at Harvard Medical School, this was published in The Journal Metabolism, found that low sodium intake directly increases insulin resistance in healthy people. We're going to talk about insulin today with our special guest, and you're going to understand that it's impacting so many different areas of our lives, it's not just about gaining fat and losing fat and diabetic kind of conversations, insulin is a major role player in so many different aspects of human health, and so optimal function of insulin, being insulin sensitive is dependent upon the activity of sodium, most of the sodium were taken in in our culture today is from ultra-processed foods, very, very low quality sources.

So about 70% of the sodium that the average American is taking is from ultra-processed foods, we move that stuff out of our diets, suddenly we're looking at a potential gap here in sodium. So, getting high quality sodium through fresh foods, and also high-quality salts is a great first step, but ultimately the very best combination of sodium, magnesium and potassium is going to be found through LMNT. Go to drinklmnt.com/model. I just had their electrolytes before the show today, it's one of my favorite things staple in my nutritional protocol. And right now, when you head over to drinklmnt.com/model, you're going to get a free bonus pack, a sample pack of their different flavors of electrolytes with any purchase. So, you get a free gift with any purchase right now when you head over to drinklmnt.com/model. Head over there, check them out. Now let's gets to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled, “my favorite health podcast” by holistic Dr. T. “I've been listening for years, this show is always packed with valuable research-based information, and Shawn is not only a wealth of information, but he's entertaining too.”

SHAWN STEVENSON: Lets go. Thank you so much for leaving that review over on Apple Podcast, I truly do appreciate that. And on that note, let’s get to our special guest and topic of the day. Dr. Anna Cabeca is a triple board-certified fellow of gynecology and obstetrics, integrated medicine and anti-aging and regenerative medicine. She holds special certifications in functional medicine, sexual health, and bio-identical hormone replacement therapy. She's been featured in a plethora of major media outlets, and she also has her own top-rated show called The Girlfriend Doctor Show, and she's back here on The Model Health Show to talk about hormones, sex and so much more. Let's dive into this conversation with the amazing Dr. Anna Cabeca. Welcome back. So good to see you again.

DR. ANNA CABECA: It's great to be here with you, thank you for having me.

SHAWN STEVENSON: I want to talk to you about weight gain. Now, obviously, you've been a practitioner for many, many years, you've helped a lot of people. Why is it that it seems to get more difficult to stay in a healthy weight range as we get older?

DR. ANNA CABECA: And especially in today's time, but I'll tell you that just from my own personal experience, I've been well over 240 pounds, and so had just terrible metabolism, both sides of my family predisposed to diabetes, actually both parents passed away due to complications of diabetes, and so I know this area really well, and of course, you look at how your parents age or health conditions they have, and you say to yourself, "That is never going to be me. I'm going to find a way." And I went into medicine to really understand how to prevent disease, there I was, practicing physician and kept gaining weight, gaining weight, not sleeping, doing OB, eating maybe one meal a day late at night when I was done at work and drinking coffee all through the day, it was very destructive to my metabolism, and then worked really hard to understand what was going on and to lose that weight... To lose that weight. And then mid-life, I started gaining like my patients would say, they'd come and say, "Dr. Anna, I've gained five, 10, 20 pounds without doing anything different." And you hear that a lot. And as a young physician, I was like, "Sure, sure you're not doing anything different? Let me see what's in your purse. Are you driving through on your way home or driving through for your meals or what's going on?"

When it happened to me, it was very humbling 'cause certainly, I took that to heart, and I always check thyroid and checked hormones and checked their food diary and things like that, but I didn't understand the metabolic changes that are happening as we ate, and you cannot do anything different and start gaining weight because on the hormonal level, the anabolic hormones are decreasing and your catabolic hormones are increasing, so cortisol is increasing, which naturally raises your blood sugar, insulin is increasing, and those are two of the big ones, and they're 13 weight control hormones that we really know of, and so you put all that together and it's a perfect storm, especially for women.

SHAWN STEVENSON: Oh, man. Okay, so how do we get a handle on this with potentially... Again, like this is... And you said it before you even go in there that it's especially today. Emphasis on that, why is it even more so today? Because even if we look at past generations, the weight gain issue hasn't been remotely as big as it is today.

DR. ANNA CABECA: Yeah, yeah, as extreme, and it is because of hormone disruptors and obesogens in our food chain, in our environment, in our skin care, and those are things that are disrupting. A study done... Oh gosh, it was early 2000, looked at umbilical cord blood and found, I think it was 267 chemicals, 192, which were known carcinogen, and umbilical cord blood, as an obstetrician always tell moms, your baby's in a safest place in the world when the baby's in your womb, but yet already in the womb is being exposed to harmful chemicals, and

that can last for generations, that can take three, four, five, six, seven generations to eliminate from, but we're getting constant exposure, so those obesogens are part of the problem, for sure.

SHAWN STEVENSON: There's even this category of these, "forever chemicals."

DR. ANNA CABECA: Yes.

SHAWN STEVENSON: That is in all kinds of packaging and stuff that our food is coming in, and like you just said, it could be difficult to avoid even in the womb now, we're getting infiltrated by this, but the cool thing is, by the way, the womb and the placenta, that whole thing is very protective, you just said it, safest place to be, at the same time, there's only so much that the human body can take, and we're creating a really toxic environment.

DR. ANNA CABECA: Yeah. So that awareness though, can empower us to do things like detoxing, cleansing, eliminating our future exposures, our current and future exposures, we can't do anything with what's done, but what can we do now to cleanse from those chemicals as much as possible? Some, we don't know how to get rid of yet, but we can eliminate future exposure as much as possible, so I think that's encouraging, and then plus is our hormone shifting, understand what we have to do, what we have to prioritize as a lifestyle in order to enhance our physiology, so that we can have, and I like to say the time after menopause for women, but and andropause for men, but the second spring of our lives, so how we enter into the second spring of our lives, which can be more beautiful, more powerful, more passionate than, I say that heady time of all our reproductive years.

SHAWN STEVENSON: That's inspiring to hear because of course, there's so much fear around that transition, and it's just all downhill from here, and to hear that we can access more joy, more happiness, potentially better health, but it really starts with what's going on with our hormones. So, you mentioned that we have this interesting change happening where more anabolic-regenerative hormones are decreasing as time goes on, one of the ones that jumps out to me, it's kind of the youth hormone is HGH, for example. And one of the buffers we could have there is of course, exercise, but then again, there's things with our lifestyle as well, big one is sleep.

DR. ANNA CABECA: Sleep. Exactly, so important and have to prioritize sleep. Sound deep sleep. I'm not sure about the duration of sleep, I think there's an individualization there, and it depends on the quality of sleep and the individual, but I think that sleep and exercise, I'm staying with my friend here in California, Lavinia, and she is just such an advocate for exercise. She goes, "Just start each day with exercise and you're going to have a better day." And it's

true, 'cause I know that improves our mood and that fitness and whatever it is for you, keeping fit, keeping flexible, that's rejuvenating.

SHAWN STEVENSON: Yeah, yeah, if you could, can you share a little bit... You just mentioned with sleep quality versus quantity in a sense, what are some of the things that... And again, you know this experientially, when making that transition, even around times of menopause, pre-menopause, perimenopause, sleep issues can obviously be a big deal, hot flashes, and things of like. What are some of the things that people can do to improve their sleep quality?

DR. ANNA CABECA: Yeah, definitely a good night sleep always starts with a good morning routine. So, starting your day off with exercise, ideally without caffeine being the first thing you do, and really starting your adrenals off well supported in the day, so I use an adaptogenic blend, it's my blend, Mighty Maca. So, I'll drink that in the morning, and lots of hydration in the morning, and so you set your day up for support and then have your coffee and breakfast. And then for your evening ritual, I think it's really important to establish a good evening ritual like we do for babies and I'm a grandma now, so it's very fresh 'cause my granddaughter lives with me and she's 1, and so getting her into her sleep routine, it's really specific. What are the cues that are going to start winding you down and get you to sleep? Maybe it's a hot shower followed by a cold plunge, or maybe it's after your evening meal, you're reading and meditation time, then there's things...

So, you're setting yourself up for a good night sleep and winding down naturally. Now, sometimes we need to supplement in perimenopause and menopause, I often use, again, adaptogens like Maca, and I also use progesterone, so bioidentical progesterone topically and a cream can help men and women to get that better night sleep, oral progesterone as well works even better for sleep, especially in menopause and beyond. So, you can do those things too, and other supplements optimizing as far as setting your sleep cycle, getting sunset, so your eyes are triggered, red light walking out, blue light, setting your room to 65 degrees and making it pitch black, so those are things that can definitely help with getting a good night sleep. At 3:00 AM waking though because of that cortisol surge or is... That's why it's so important to really stay steady on your diet.

Again, for me, it's like low carb type of living, or flexing in some carbs periodically. But that's the keto green lifestyle so that your blood sugar stays really stable. So, you're not going to get this crazy spike in the middle of the night. And with keep maintaining healthy blood sugar levels, your cortisol will be better managed. But still in that perimenopause, you get that 3 A.M spike. And so, supporting your adrenals before bed is, again, part of reducing that. And you can use supplements too for that.

SHAWN STEVENSON: You mentioned starting the day off with instead of running right for something that's kind of a nervous system stimulant, and it's also stimulant for our endocrine system as well. But you mentioned maca. So, can you talk about, first of all, what is maca? And why would this be something that we want to take?

DR. ANNA CABECA: Yeah, so I actually learned about maca from my own personal journey. So, when I was 39, I was an early menopause and infertile, and I was told I would never be able to have another baby. And so, I took a sabbatical for my practice and went to Peru, because I had a nurse from Peru, and I loved her very much and her family. So, we actually took a trip around the world, but we started in Peru. And everywhere they went, they said, you're infertile, drink maca. You're tired, drink maca. Then they would elbow my husband at the time and say it's the Peruvian Viagra. So, for sure, you know we're drinking some maca, right? I'm like, okay, but let me understand the science behind it. And maca stems, I mean, its origin is in Peru. It's in the high Andes of Peru, and it's where the ancient Incan warriors were reported to drink maca or to eat maca before they went to battle, because it gave them stamina and energy and this virility, right? And so, for centuries, it's part of the medicinal foods of Peru and helps with altitude sickness.

And so, as I dug into it, at first, I couldn't stand the taste of maca. So, I started adding it with other super foods. I'm like, if this is a super food, what other ones are native to Peru or this area in South America? And so, I started mixing it with other super foods. So, number one, it would taste better. And I was like, well, the combination see if the combinations would work even better. But I dug into the science behind maca. And so, behind the folklore, there's a tremendous amount of science and the structure of maca is really interesting. So, the native Peruvian maca, not Chinese maca, has very specific proteins and they're called macaines. So very unique proteins to maca. And it's also rich in arginine, which arginine, as you know, will increase nitric oxide, which increases blood flow, which is how Viagra works. So here was some science to prove it.

It's also high in histidine, which helps with orgasm. And so, I thought it was just fascinating as I got into it, but it's also been studied as adaptogenic and research on, like it can help all stages of sexual dysfunction. So, from desire to orgasm to just the innate primary and secondary response, sexual response. So that was all beautiful to hear that in both men and women and hot flashes. And so, it just has this adaptogenic, like a nature similar to resveratrol, turmeric, quercetin, all of those super foods, which have adaptogenic natures as well. So, I love it.

SHAWN STEVENSON: Oh my gosh. Here's the thing again, it's been utilized for thousands of years. And you just mentioned the adaptogenic aspect of this. What is that? It means it helps us to adapt to stress essentially. And so, since we're on the subject of sex, as we age again, that becomes like Viagra is one of the most profitable drugs out here. It's been like that for quite

some time. It started off in the domain of like cardiovascular benefit, but it was just like accidentally, you're pitching the tent over here when you're just trying to be able to go for a walk. And what a walk that is by the way. But to have this kind of thing that's been normalized in our culture where dysfunction is the norm. And if you tie that also to the cardiovascular degradation epidemic taking place, it's just like, it's no wonder that this is an issue later on in life. So, let's talk about this process, this experience for a lot of women, for example, of going through menopause and having sexual dysfunction and or reduction in sexual desire and pleasure and things like that. What can women do to help to kind of restore and support their bodies to, number one, be more attracted to having sex and also enjoying it more?

DR. ANNA CABECA: Yeah, there's so much to that question. And I think as I go back, I mean, I've been in medicine a long time. I mean, it started in the '80s and the '90s studying women's health and sexual health and as a practicing OB-GYN and recognizing like, what do we have for women in sexual health? We have nothing, like we had nothing. And I remember in 1999, drawing labs for a patient who had come to me, and this is a really, let me share this story. So, a 63-year-old woman who was silver haired, five feet, 10, 155 pounds, lean, and she came into my office in Southeast Georgia. She said, Dr. Anna, I knew you were coming. I had a breast cancer diagnosis or ductal carcinoma in situ of the breast diagnosed at Emory where you trained? I've been waiting to see you. And I'm a woman of the '60s.

My vagina's dry, it hurts to have sex. I have no desire. And I'd rather die than live this way, help me. And I was like, oh, I know, right? Like, okay, here I am a young OB-GYN thinking, well, let me look in my doctor's bag, okay? I'm trained at one of the best places in the world. And my doctor's bag was empty for her. With ductal carcinoma in situ, it's not breast cancer, but yet they treat it as if it is, no estrogen for you. Sorry, like we can't give you anything. That was the advice she had been given several times from several specialists. And so, she said, what about androgen therapy? And I studied it and I looked at the research because I was a researcher for the US Navy actually, before I went to med school. So, I dug into all the research and androgens, DHEA, testosterone appeared safe.

And she said, I am willing to consent with whatever you need to consent to do this. And so, I started her on a testosterone, and I started her on DHEA and I optimized. But when I did her lab, Shawn, this was so interesting, 1999, I drew her labs, testosterone, estrogen. Sex hormone binding globulin, I was digging in to see what was going on and then how can I safely manage her not to mention her, you know, her hemoglobin A1C and her inflammatory markers. But her testosterone came back zero and it was read as normal by the lab. Because at that point, zero, right, zero was normal at that time for a woman because the testosterone assays, we were doing in the '90s, early 2000s, were designed for men and weren't sensitive enough to pick up lower levels of testosterone in women. Isn't that crazy? So, and it was that zero's normal for a 63-year-old woman.

SHAWN STEVENSON: This was not that long ago.

DR. ANNA CABECA: Not that long ago and it took a long time for us to see some change and improvement in that. And at that time too, we were just hand calculating three testosterone levels. So, we've come a long way. But and I will tell you that woman, actually I've followed her for 20 years and at 83, she was doing well. She had written and published a book. She'd been skiing in Colorado and was just doing amazing, still lobbying on Capitol Hill. She's a researcher too. So, it was really good to see that. And her bone strength maintained. It didn't decline as you would expect to see someone very post-menopausal have osteoporosis or osteopenia and she hadn't. And so that was really encouraging. But at the time, we just didn't understand. We still are, we're at our infancy. But because of her, that really put me on this path to help women with sexual health.

And what can we do? What can we do naturally? How can I support them? How can we also recognize that we want to do everything that's safe so they're not at increased risk of breast cancer, but I want to help my breast cancer patients become resilient to any, you know, resilient and also have bodies that are inhospitable to cancer or recurrent cancer. So that's the goal with hormone balancing. And so, when it comes to sexual health, we want to look at how do we increase desire? How do we increase function? And that took me down a long path to understand. There are really three areas that interfere with our ability to, our sexual drive. Let's say, and those are issues of desire, issues of discomfort, because if you hurt every time, you do something, why would you want to, right? So, from vaginal dryness or perineal pain or pelvic pain. And the third is disconnect. So, if you have stress and you have relationship issues, you have trauma, you have PTSD, there's often disconnect. And so that's where there's war between our cortisol and our hormone oxytocin, the hormone of connection, but yet sex is a remedy for that. So got to circumvent that in certain ways.

SHAWN STEVENSON: How's way?

DR. ANNA CABECA: Right, okay. Okay, so there's a few things. If there's discomfort, there's pain, dryness issues, you've got to address the discomfort. So, for women specifically, that's my area of specialty, it's addressing vaginal dryness issues. And so, I use bioidentical hormones. I created a product called JOLVA, which is a cosmetic cream for the vulva that restores natural moisture. So that increases your natural lubrication, helps the pH of the vagina too. So, it's healthier and its natural secretions are better. So, there's more pleasure and less discomfort during intercourse. So that's number one. Also, if there's other areas of discomfort, if it's pelvic muscle spasms or anything, that needs to be addressed. Because again, I always tell guys, well, if you were playing baseball and every time you went up to bat and got hit by the ball would you want to keep playing baseball? Probably not.

SHAWN STEVENSON: That analogy, I'm a very visual person. So, as you were, now, what about this oxytocin gap?

DR. ANNA CABECA: So, the oxytocin gap. So, recognizing that also, because of my own personal story, post-traumatically disconnecting from my marriage, burning out from my profession, I was like, wait, I love my husband. I love my work. How am I so, I don't feel love for it anymore? And that's when I understood the consequence of cortisol. So, the cortisol oxytocin disconnects. So, when cortisol goes up, the hormone of connection, oxytocin, goes down. Because when you're in that fight, flight mode, or you have fear, it's not like you're going to go up to an enemy and hug them, right? It's designed for you just to be in that primal instinct. So, cortisol's up, oxytocin is low. But when oxytocin 's up, cortisol's low. When you're feeling loved, when you're feeling connected, when you're laughing you have less stress, less stress, less cortisol. So that's powerful.

But when cortisol's up, right, oxytocin's low, when cortisol's up for a long time, then the paraventricular nucleus in the brain, the area governing the release often of the adrenal hormones and cortisol is suppressed. So, cortisol gets suppressed. So now you're at the state where cortisol's low and oxytocin's low. If someone did a salivary test and you saw this low cortisol likely they're feeling disconnected and burnt out, right? It's very hard to measure oxytocin in the blood, but when you're at the stage, it feels like when you go into the grocery store and you see someone you grew up with and you're like, I don't see them, I don't know who they are, I'm pretending they don't see me. Or you don't go out to dinner, you don't do things that you used to love doing, painting, or playing or whatever it may be, and you feel like, and I know, I love my kids, I don't feel love for them, or I used to love, I had a urologist tell me. I used to love going into my office and seeing my patients until the paperwork took over.

Now I don't even want to go in any longer. That disconnect, that burnout from the things you love to do, that's what that feels like. So, anecdote to that is to focus on oxytocin, which is free for the most, and certainly we can supplement and prescribe oxytocin if needed, but by doing things that increase oxytocin. So, watching a funny movie like My Big Fat Greek Wedding, one of my favorites, for sure.

SHAWN STEVENSON: What about Talladega Nights? We talked about that before we got started.

DR. ANNA CABECA: How did you know, that's cringeworthy.

SHAWN STEVENSON: You're not a fan, but it is a classic, as you were.

DR. ANNA CABECA: Okay, so beyond funny movies, but think people that make you laugh, having conversations like we're having where you can feel at ease and be yourself and your authentic self and have fun. So, I always say, the theory of red wine theory is that a glass of red wine increases your longevity because of resveratrol. I'm like, is it the glass of red wine or is it the family sitting at the table with friends and you're drinking together, laughing together, you're in safe community? That more likely is bringing up oxytocin, the hormone of longevity. It's doing a lot more than resveratrol. Love resveratrol, but that is oxytocin is doing more. And of course, affection, kissing, hugging, orgasm, certainly, sexual health and pleasure, head massages, kids, people love head massage. You love to go to your hairdresser for a head massage and that increases oxytocin. Swinging on a playground, a swing set, that increases oxytocin.

You can't not swing and laugh. It's like that increases oxytocin. So, playing with a pet and having a pet increases longevity so that, and a healthy marriage increases longevity. And so having safe close connection community increases oxytocin, good friendships, community groups. And that's very common through all the blue zone is that thread of community.

SHAWN STEVENSON: We have access to all this stuff and it's free. That's so wonderful. But we also today, the former US Surgeon General, which I think he's back in the office, but his team had reached out to me a couple of years ago about his book and it was centered around this loneliness epidemic and a lot of the data. And it was just, I go and cross reference stuff and look through and it's just like this is a serious problem. It was looking at the way that he positioned it, which it's debatable, but it's definitely a part of the equation that it's our biggest health epidemic is loneliness. And so, when we're not engaging in these things and especially engaging with each other, but also, I wanted to talk about this too, because you could be with people and still feel lonely, right? So, this is, it's one of those things where we're kind of, it's like a vicious circle in a sense where we are lacking this thing that we can get by doing the thing, but without the thing it makes us not want to do the thing. If that makes sense, play that back, play that back.

DR. ANNA CABECA: Oh yeah, no, like that sense that I know I need to feel, I need to have good community to get more connection, but I don't feel it, right? I still feel alone in a room full of people and that I go back to the physiology, that cortisol oxytocin disconnect. So, you've got to manage that stress cortisol response because you can feel like, for me, it was like, oh, I've got this handled, right? I had PTSD under the surface. So that was constantly that revving engine. So, for many times when you're isolated, despite knowing that you have people that care about you, it's that trauma either from adverse childhood experiences, post-traumatic stress, and there's a wiring to that. So, you have to break that connection and the best meditation, EMDR, doing brain tap, doing things to break those nervous connections, that gamma nerve root signaling, that trained, say the ruts in the road, basically, and I'm sure Daniel

Amen talks about that too, those automatic negative thoughts that under the surface is continuing that cortisol feed, that revving engine.

And you can only take it for so long, but the anecdote, oxytocin, in addition to healing that, I mean, has so many health benefits, the things you do regularly to increase oxytocin, so pet therapy for veterans in nursing homes. So having a pet that starts to decrease, regulate cortisol, but increase oxytocin. So, you start to have this shift, this empowerment, and then you've got to reset the circadian rhythm. So that's part of the equation to get well.

SHAWN STEVENSON: Wow. So, in essence, there's this kind of inverse relationship with oxytocin and cortisol, and if both of them are low, then we are in kind of that state that you're describing.

DR. ANNA CABECA: That isolation, feeling of isolation.

SHAWN STEVENSON: And it's just... And this is what I love about your work too, is just taking people just step by step, one step at a time, add a little thing in, and also removing things that are blockages for this process. Now, when you mentioned with orgasm, having oxytocin be present, there's like a cocktail of other chemistry that takes place. Right. And I just got to thinking how a lot of that also relates to overall reproductive health and or sexual function connection. Like prolactin is another one. Because even if we talk about oxytocin, like Pitocin is used in the context of childbirth, for example. What about prolactin? Can we talk about that? Because with prolactin, for example, that has to do with milk production, as well. As again, it was just we are producing this stuff, men, and women actually in the context of getting together and doing freaky stuff.

DR. ANNA CABECA: Okay. Freaky stuff. There's visuals there. Okay. Okay. Tell me more about that.

SHAWN STEVENSON: And also, another thing that you mentioned earlier with these stress hormones as well, there are also good stressors. So, we'll release norepinephrine, for example, in the context of orgasm. So, it's just like cocktail of things that have all of these other benefits that don't just do one thing.

DR. ANNA CABECA: Right. And it's so powerful because you think about that. So just with sex in general, that connection, that intimacy and how oxytocin affects the male and female differently, that's a piece of it. And then the many ways that our body is designed to make oxytocin. So, there are oxytocin receptors all over our body. When you said with childbirth, and as an obstetrician we give Pitocin in labor to stimulate stronger, faster, harder contraction. But that oxytocin is that hormone of attachment. So that is so powerful, that hormone of

attachment, so that when we deliver this baby, we are now bonded to this baby. And they may look kind of wrinkly and whatever, hairy and all this stuff, but they're the most beautiful child you've ever seen in that moment. And you are bonded to that child for life, for sure.

So, there's that oxytocin connection piece that is designed for that evolution, evolutionary reasons to protect that child and to be able to provide for that child, to have all the desire to. When we take that childbirth experience away, we lose that natural oxytocin surge that is part of that experience. And certainly, sometimes we have to, when we do a scheduled cesarean section. But it's important to understand that that's where, again, breastfeeding will be really important. Because every time we breastfeed, we're increasing oxytocin and that hormone of connection, that bonding, and that's so beneficial for the woman and the baby. And also, we're increasing the prolactin. So, you have that milk letdown, and so that's very therapeutic as well. So that connection of hormones by design and then throughout life, the importance of sex to maintain the couple relationship, that keeps us connected when we have sex in relationship. When we take it out of the marriage, we become roommates. And it's one of the most... The sexless marriage is a very common reason for divorce, but how did it get there? What was the reason of loss of desire or discomfort or disconnect? Those are the three primary reasons we end up in a sexless marriage.

SHAWN STEVENSON: We've got a quick break coming up. We'll be right back. The importance of vitamin C cannot be overstated. The big issue today, is its simplicity, something so simple cannot be so effective, can it? Vitamin C is obviously a major part of our immune system function and how it does its work. And this is the key, is that it helps to reduce infection-oriented inflammation. A recent study cited in the journal, PharmaNutrition, investigated the impact of vitamin C in relation to the cytokine activity associated with COVID-19 and found that vitamin C is effective by inhibiting the production of a cytokine storm.

Several clinical studies are now affirming that timely administration of vitamin C can dramatically influence the outcome of COVID-19 infections, and this simply has not been talked about. But we're going to change that, now, it's important to also know that all vitamin C is not created equal. We've got synthetic forms of vitamin C and we've got botanical real-food based vitamin C. A study published in the journal of Cardiology, had 20 male smokers consume the number 1 source, the highest botanical source of vitamin C found in Camu-camu berry over the course of the 1-week study and it led to significantly lowered oxidative stress and inflammatory biomarkers. They were measuring this by utilizing C-reactive proteins. Now, here's the rub, the Camu-camu berry was not just put up against a placebo, it wasn't put up against nothing, it was put up against synthetic versions of vitamin C. Just an ordinary vitamin C tablet you might find as you're checking out at the cash register or at a gas station or something of the like. And here's what they found, the researchers saw no change in these

biomarkers reducing inflammation and oxidative stress in the placebo group. The placebo group again, was a synthetic version of vitamin C.

For the researchers, this indicated that the combination of other antioxidants from the Camu-Camu berries had a more powerful antioxidant effect than standard vitamin C products alone. This is why I utilize Camu-camu berry, combined with Amla berry, combined with Acerola cherry, the 3 highest botanical sources of vitamin C ever discovered. And my favorite vitamin C supplement of all time is Essential C Complex from Paleovalley. Go to paleovalley.com/model you're going to get 15% off their incredible Essential C formula. Go to P-A-L-E-O-V-A-L-L-E-Y.com/model, for that special 15% off right now. Vitamin C is of the at most importance but our sourcing matters more than ever, get the very, very best. Not the 3rd best, not the 5th best, not the 100th best, get the best vitamin C possible. That's going to be in the Essential C Complex from Paleovalley. Go to Paleovalley.com/model, and now, back to the show.

All right let's go back to loss of desire. Let's dig a little bit deeper on this one. How can we address that?

DR. ANNA CABECA: So, it's not uncommon to lose primary desire, different for men and women, but for women... Like for men, it's very visual. I think I want to have sex, I'm ready to have sex. For women, it's more of a secondary desire, and that means that once... And this I heard it from patients, or they started asking questions and when my patients have no libido or again, I just don't want to have sex with my husband, I don't... I've never initiate it, but I'm good once we get started, then I'm into it once we get started. And I heard that over and over again. And then read the Basson model of secondary sexual desire. So, what does that mean? It means okay to start caressing our hormones, oxytocin, dopamine start increasing. Now I'm turned on and then I'm into it.

Right? But how do we get more of that primary desire? So, there's two things, and I have a program, it's called sexual CPR because there's so much to this area, and it's in the first class is, "Help doctor, my sex drive has no pulse, right? It's dead." But the whole thing is, I mean, there's so much to this, but the first two secrets that men and women need to know about each other so that they want to have sex more is, a man needs to know that oxytocin on a woman increases her desire for connection and intimacy. So, I had a couple come into my medical practice and they were in their late 30s, 37, and they've been married about 10 years or so. And he said, she has great orgasms, she climaxes but she never wants to initiate sex. And she'd been my patient for a while. So, I knew her GYN history and everything. And she said, "Yeah, no, I mean, sex is great, but I just don't want to initiate it." So, I looked at him, I said, "What's the first thing you do after sex?" And he goes, "After sex, what's the first thing I do?" Can answer that in your head or out loud if you want, Shawn. But he said, "I roll over and go to sleep." And I said, "Of course, oxytocin makes you sleepy, relaxed, and you roll over and go to

sleep, you're done." Right? And for women, for the most part, it's that time where oxytocin's high and that's that connection, that intimacy. That's the time to give her two minutes, same amount of time it takes to brush your teeth or tie your shoes or whatever...

SHAWN STEVENSON: Or have that orgasm for some people.

DR. ANNA CABECA: Right? Two min, have another one, two minutes. Take that time to positive reinforcement, verbal caressing, talking, encouraging words, loving, bonding moment just for a couple minutes and let's see what happens. And they came back, and I think it was six weeks or eight weeks later, and she's like, she's initiating sex over half the time. She goes, it is so like, I look forward to it because I know I have that time. I get that positive reinforcement now. And so that connection was really like, that's the cherry on top for us. Not the climax, not the orgasm. It's that feeling that intimacy and connection for most of us in the relationship. That piece, if that piece is missing, that often it's secondary desire and there's no longer that primary desire. And then the second secret. So that's always the secret that I want men to know about women, to get them wanting to have more sex.

And the secret that I want women to know about men, and this is a question I asked many men, I interviewed some of the most chauvinistic man on the planet, I think, and I asked them, well, what is your turn on with sex? When you have sex with your wife or your partner, what turns you on the most? What's your ultimate like... What makes you... What's your ultimate goal? And every one of them said, her turn on, her pleasure was his pleasure, her turn on was his turn on, when she loved it, he loved it. And so that was it. And for women to realize that look, in order for you to feel that pleasure to be turned on, you've got to express what feels good to you. You can't just power through or check this box on your list. That's your time for pleasure. That's your time to bask in the love, the connection, the physical pleasure, and intimacy that your body is designed for and express what's turning you on. Because that's, honestly, he's not, I mean, for the most part he's just not there to do whatever, get his job done and be done with it. Your turn on is his turn on. That's his biggest turn on. And so, as women realize that, I mean, that was, that's powerful realization.

SHAWN STEVENSON: This is so good, so good. And it just, again, it makes so much sense, with the positive reinforcement, for example. And also, I think there's a lot of truth in that, even with the most chauvinistic fellas out there. Now since we're talking about this cascade of chemicals that we released during orgasm, I want to reference a classic treatise called Sleep Smarter. And in the book...

DR. ANNA CABECA: Who's the author?

SHAWN STEVENSON: Yo Mama. I'm sorry. I'm sorry. All right. Okay. I'm sorry. So, and this is my first book, and actually as of this recording, it is the anniversary actually of the release of Sleep Smarter. And it really helped to shift cultures back in 2015. This was the major published version of it. It's translated in like; I think 22 different languages now. So, it's pretty profound. But in it, there's a chapter called the Big O and how it impacts our sleep. And...

DR. ANNA CABECA: On page 69.

SHAWN STEVENSON: And it just so happened I didn't do that on purpose. A reader had let me know, and that's true story, dammit. And so, I talk about oxytocin a little bit, but you obviously flesh it out so much and so wonderful. But in particular with prolactin, prolactin is yes, of course linked to sexual satisfaction, but also deeply related to sleep. And animals injected with prolactin become tired immediately. This is of all the different chemical cascade, the one that tends to make you tired. If you think about that phenomenon, which you just mentioned rolling over and going to sleep, prolactin is that boy. Now in particular, now this was so fascinating to me. Researchers discovered that this whole... Even when we talk about going another round, it's because prolactin is up. When prolactin can come back down, that's when you can go back up in a sense.

And it's also important to note that men produce four times more prolactin when having an orgasm through intercourse compared to masturbation, which is really interesting as well. So, this might be that phenomenon where afterwards with your sexual partner, you roll over and go to sleep. Versus when you do it by yourself, you go get a bowl of cereal. For women, prolactin surges are deeply connected to the quality of orgasm and also subsequent sexual satisfaction. This was actually cited in the Journal of Sexual Medicine. So again, we've got this amazing intelligent pharmacy within our bodies, and with sex, well, we kind of get tunnel vision with this thing. This chemistry affects so many other areas of our lives. And I love that you... Because the title of one of your books is The Hormone Fix and addressing these things. Because what I'm really gathering is that so much of our experience is dependent upon our hormone function. And a lot of times, even when we say like, somebody's coming in to see you, my hormones are out of whack. We don't even know what that means. So, if we could, let's talk a little bit about our hormones themselves. What are they... What does this mean when we say, my hormones are out of whack? What am I actually saying?

DR. ANNA CABECA: Yeah, absolutely. And that's that feeling that you're not at home in your own body. When you start saying something like, my hormones are out of whack, you're just like, I'm not at home in my own body. Something is off. It's like, I need to go in for a tune-up. And it often is true. And in my book, The Hormone Fix, the biggest thing that I emphasize is that number one, it takes more than hormones to fix our hormones. It is the lifestyle changes that we make that will affect our hormones. And we're typically, we have hundreds of

hormones in our body. And in medicine as a gynecologist and obstetrician, I was trained to focus on the reproductive hormones. So, progesterone, estrogen, testosterone, maybe a little bit on DHEA as an adrenal hormone but was really focused on those hormones. But the master hormones to our reproductive... The more important hormones than our reproductive hormone are insulin and cortisol. And the most important hormone is oxytocin. So again, everything we can do to empower oxytocin, it's going to help all the other hormone. But insulin, becoming insulin sensitive, that's going to manage your progesterone levels better. Your testosterone will be better behaved when you're more insulin sensitive. And cortisol, when we're producing a lot of cortisol or we're out of whack with our cortisol, it's dysfunctional.

Then our progesterone levels are lower, our reproductive hormones are lower, estrogen and testosterone. So, when we can get insulin and cortisol in balance, we're addressing these other hormones. And that's diet and lifestyle. That's through the practices that everything we can do to increase balance, circadian rhythm, balanced cortisol levels to disconnect from the chronic revving engine, PTSD, chronic everyday stress cortisol pattern, to disconnect from that with meditation, lifestyle changes, Heart Math, EMDR, those strategies that we can use, gratitude journaling, prayer. Yeah. And again, everything that we can do to increase oxytocin with insulin. Sensitizing, it's part of the Keto-Green plan, the Keto-Green way that I write about with intermittent fasting, no more snacking, cutting out carbs, but having good, healthy quantities of protein, healthy quantities of fat.

Our hormones are derived from that, healthy quantities of fat, and good low carbohydrate, mineral-rich greens, and fermented food. So those are part of the combination that work to enhance our physiology. So, our physiology is affecting our behavior, and when our hormones are out of whack, we feel moody, mood swings, depression, anxiety, irritation, anger, all of these symptoms. And clients will tell me, "I yelled at my kids, and I would never have reacted that way. I was out of sorts. I hate myself for it." So now there's...

SHAWN STEVENSON: Right.

DR. ANNA CABECA: Now you got this negative cycle coming back and physiology is affecting your behavior. And the same is true when we are supplementing with hormones, those hormones we're supplementing with are going to affect your physiology, which is also going to affect your behavior. So, my criticism of many of the testosterone clinics is that they give so much testosterone, they now have dopamine-seeking behaviors, novelty-seeking behaviors, may have anger issues, or issues with affairs and thinking ways that they typically wouldn't think because now we've revved up their testosterone. So, it goes both ways.

SHAWN STEVENSON: Yeah. And I love it that you start us off with, what are the things we can do in our lifestyle and support all of this stuff. And with these hormones, we're talking about essentially these chemical messengers sending these metabolic DMs to get your body all on the same page. And this is why that whole phenomenon of feeling out of whack, that communication is off, and it can throw off everything. Just even one hormone I would imagine being wonky is going to screw up the entire system in a variety of ways.

DR. ANNA CABECA: Especially if it's inside our cortisol.

SHAWN STEVENSON: Yes, and that is exactly... I want to talk to you about this because this even leads back into our sexual health, if we're talking about insulin, it's truly a master hormone in many ways because if insulin's high due to high levels of blood glucose chronically, this can inspire aromatization, so like our testosterone that we're producing in particular with males, and that process essentially getting stolen and getting it converted into more estrogen because of chronically high insulin levels.

DR. ANNA CABECA: Yeah, and then moobs. Man boobs.

SHAWN STEVENSON: And moobs. Moobs are out here on the streets, they have... Instead of the bra, they have the Bro.

DR. ANNA CABECA: Oh really?

SHAWN STEVENSON: Nah, that was Kramer from Seinfeld, alright, but...

DR. ANNA CABECA: Oh.

SHAWN STEVENSON: Maybe. I don't know.

DR. ANNA CABECA: I have not seen that.

SHAWN STEVENSON: Shoutout to Seinfeld.

DR. ANNA CABECA: I got to do more people-watching here.

SHAWN STEVENSON: So, when we think about this and also with women, this might be leaning more towards this epidemic of PCOS as well with... Can you talk a little about that with... Because obviously, again, it's a big issue.

DR. ANNA CABECA: Yes, definitely. And it's certain genes, genetic profiles. And I have that genetic profile. Both my parents had diabetes and heart disease, it's in my genetics. When we do our DNA panel or genetic panel, can see that you've got the genetics or PCOS. And this is what I tell especially my young patients or any woman that comes in with PCOS, whether they're dealing with puberty, pubertal issues, all of a sudden gaining weight and acne, that's a PCOS genotype. And/or if they're having trouble with infertility or regular cycles and I diagnose insulin resistance or PCOS with or without insulin resistance, the big thing I want them to know, I want every woman to know is that you have... You don't have fat, obese, infertile genes. You have warrior princess genes. You have Amazonian genes. You have leadership genes.

You're going to build muscle faster than anyone. You're going to be able to fast longer than anyone. You have the survivor leadership gene. So that's the genetics you're designed to. That's the positive. So, let's empower the environment to enhance and honor these amazing survivor, leadership, warrior genetics that you have, or Pocahontas genes, depending... Whatever they may be. So, I want women to understand that, embrace that. Now, the flip side is we're going to make more uric acids. So, we know from Dr. Perlmutter's Drop Acid, we know that uric acid is evolutionary protective to be in a fasting state for long periods of time. So those... If we have that propensity and we're trying to do carnivore, we're eating a lot of red meats solely and we're not balancing out the alkalizers, not giving us time to intermittent fast and support our physiology, then we're going to be producing more uric acid and that's going to make us start gaining weight despite what we're eating.

And also, you may or may not experience symptoms of gout. It's pretty fascinating stuff. But those are like... That's with that PCOS genetics. So, when we work with... Keto-Green way is perfect for women with PCOS. Again, that's part of my genetic story and that's why this works so well for me. And it works so well for so many women, but especially through menopause. And the reason that it's really powerful physiologic shift, and I don't know if we covered this in our last interview that we had together, but the fact that our brain, the gluconeogenesis in the brain is estrogen-dependent, and so as we're going through perimenopause and menopause, specifically ages 35-55, that's when our hormone, progesterone levels are declining and that's a precursor to estrogen and testosterone.

So, what happens is the symptoms besides the GYN symptoms, like irregular cycles or breakthrough bleeding, heavy or more painful periods or PMS symptoms, we get the anxiety, the forgetfulness, the mood swings, the nervousness, maybe the palpitations, but those are symptoms that your brain is starving for fuel. Those are neurologic symptoms. So, we call that a period of neuro-endocrine vulnerability. But when you shift into ketosis, the use of ketones for fuel in the brain are not hormone dependent. So, all of a sudden, the mood swings go away, the brain fog lifts, you've got more energy, more clarity. That's 'cause your brain is no longer starving for fuel, you've bypassed that hormone-dependent process. And that's powerful.

I think that's... It's interesting, on the evolutionary standpoint, if we were made post-menopause to be able to fast longer, to have more wisdom, clarity, spiritual connection and being in ketosis when we're fasting, we're in a very high state of ketosis, that gets us there from an energetic vibrational level.

SHAWN STEVENSON: This is so good. It's so good.

DR. ANNA CABECA: It's good right?

SHAWN STEVENSON: Yeah.

DR. ANNA CABECA: Fascinating. The body's fascinating.

SHAWN STEVENSON: And we have... Again, this is something that we have access to in MenuPause. You walk people through various diet frameworks and it's really basing it on you as an individual. Because that's the thing too, what's going to work for you right now might change and to have the guidance of someone like yourself to walk people through and get people educated on how to utilize different fuels and help to really just kind of feel in your body again and in control of your body. So MenuPause is available, The Hormone Fix, amazing books, bestsellers, everybody should have them. If you are a woman or you know a woman, if you love a woman, make sure that you get a copy of these books. They're such a great thing because it's directing you back to yourself and putting the power in your hands.

Now, going back to one of the things you said at the very beginning of the episode, you mentioned the environment that we're in right now and the advent of these obesogens that we're exposed to in our environment now. It sounds like obesity is in the name of that thing, so are obesogens potentially gumming up or disrupting the function of our important hormones like oxytocin? Can you talk a little bit about that?

DR. ANNA CABECA: Yeah.

SHAWN STEVENSON: And also, you mentioned something about truffle hunters.

DR. ANNA CABECA: Oh, yeah, let's talk about food as medicine. So first, the concept of obesogen, so what that is, that is affecting our endocrine system that's affecting the receptor site, and whether it's damaging the receptor sites, decreasing the ability of our body's natural hormonal production, or creating inflammation, in those three ways, obesogens can make us fat, make us metabolically sluggish, make us... Our mitochondrial function declines. I mean, these are... So that's the concept involved with obesogens. And inflammation is tied right in

there. So, everything we can do to reduce inflammation. Actually, I was thinking about... 'Cause we were just down the street from you here at a Greek cafe, and it... I had a turmeric milk and I'll tell you it's so good.

And the first thing I do is take off the plastic lid and I look over at my daughters and they're drinking through the plastic. I'm like, "Haven't I taught you better? Take off the plastic lid." The chemicals from that plastic lid are endocrine disruptors, for sure. And so that's one way. And then I was talking about my truffle hunters and food as medicine. So, you know one of the best foods to increase oxytocin?

SHAWN STEVENSON: What is it?

DR. ANNA CABECA: Truffles.

SHAWN STEVENSON: Is that why they're probably so expensive?

DR. ANNA CABECA: Maybe. This is what I... I didn't even know this association till I was in Italy for my birthday last summer. Part of the group that we were in, we were part of this maverick group, and we went on a truffle hunt and the two guys that were hunting... It was with dogs, not pigs. And what the dogs do, the guys, the truffle hunters go out with these dogs, and they go into the woods, and they sniff out the truffle and they bring it to the truffle hunter and the truffle hunter is this super happy guy, like smiling ear to ear, just loving life. And so, I'm asking questions, I'm like, "Okay, so you've always wanted to do this?" "'Cause I love being out in nature," and I'm like, "Well, maybe that's why he's so happy." And then he's cutting up the truffle and eating the truffle, I'm like, "Oh, do truffles increase oxytocin? I wonder." So, I did the research. Actually, truffles increase anandamides.

SHAWN STEVENSON: Bliss chemical.

DR. ANNA CABECA: Bliss chemical. So closely tied in. And anandamides enhance oxytocin receptor sensitivity.

SHAWN STEVENSON: Holy guacamole. Wow.

DR. ANNA CABECA: Holy guacamole. Let's go have some truffles.

SHAWN STEVENSON: I love it, I love it.

DR. ANNA CABECA: Yes.

SHAWN STEVENSON: Truffles and chocolate as well. That's the same thing. I love talking with you. This is so awesome.

DR. ANNA CABECA: This has been great, thank you...

SHAWN STEVENSON: Can you let people know where they can get more into your universe? I know you have a Maca product as well and you mentioned it a little bit earlier. Can you let people know what that is and just where to follow you in all of this stuff?

DR. ANNA CABECA: Yes, thank you, thank you for that. I'm easy to find. I'm at dranna.com. That's my website, is dranna.com. And I'm @thegirlfrienddoctor on all the social media channels and I have The Girlfriend Doctor Podcast. We should be listening to Shawn in the near future. And so, I just love helping my clients. I have my Mighty Maca Plus adaptogenic blend product that's now in capsules for energize and for menopause support, two different versions. And I'm here to help. So, I love it. Thank you for having me.

SHAWN STEVENSON: Of course, yes, you are here to help, and I really do appreciate that. Dr. Anna Cabeca, everybody. Is it just me, or whenever the topic of sex comes up, I can't help but think about that Salt-N-Pepa song, Let's talk about sex. And even in that, it's trying to address a gap in the conversation and so many things that are taboo. And so, learning from the very best experts in the world on these subjects and getting educated and empowered about an aspect of human health that affects all of us. So, I'm so grateful of you tuning into this information and also sharing it with the people that you care about. You can share this out directly from the podcast app that you are listening on, and of course, you could take a screenshot and tag me on Instagram, I'm @shawnmodel, and of course, you could tag Dr. Cabeca as well and let her know what you thought about this.

And we've got some incredible world class guests, powerful master classes coming your way very, very soon, so make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.

And for more after the show, make sure to head over to themodelhealthshow.com. That's where you can find all of the show notes, you could find transcriptions, videos for each episode, and if you got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much. And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.