



Top Takeaways: #308 Top 5 Ways to Restore Hormone Function and Libido, Including The KETO Diet with Dr. Anna Cabeca

1. In a woman's mid 30s to mid 40s they have a sharp decline of progesterone which is a neuroprotective, or brain protective hormone, which can lead to trouble sleeping, irritability, anxiety, irregular menstruation and more.
2. Many times woman are prescribed a wide range of drugs that do not help the root of this decline, which is balancing hormones.
3. When woman come in to Dr. Cabeca's practice with premenopausal symptoms, she gives them a 25-day modified elimination diet and detox, checks their hormone levels, and starts them on some natural supplements.
4. When woman came back after 6 weeks a large majority of them feel 90% better.
5. If patients still have some issues, Dr. Cabeca prescribes them a little bit of bio identical progesterone cream.
6. For the most part, however, Dr. Cabeca's methods for balancing hormones and greatly reducing menopausal symptoms eliminates the need for taking any high amounts of bio identical hormones.
7. Many times underlying issues like stress, ptsd, heavy metals, or toxins are at the culprits for hormone imbalance.
8. Blood sugar control is essential in keeping hormones in balance, especially in creating insulin sensitivity, which can happen through getting into ketosis. Dr. Cabeca has a supplement called Keto-Greens that can support this.
9. There's 3 main steps that Dr. Cabeca recommends implementing on a regular basis to increase insulin sensitivity and to balance cortisol, which creates a stronger hormonal balance and reduction in inflammation. It's 25% about what we eat, and 75% lifestyle choices, and habits we make.
10. Dr. Cabeca has an organic Peruvian maca blend called Maca-Greens which is an incredible adaptogen, balancing the body, increasing sexual desire, decreasing hot flashes, and reducing stress hormones.
11. Dr. Cabeca makes a natural progesterone creme that has progesterone pregnenolone, organic essential oils and extracts to help with body balance, and a non aging ingredient Tripeptide-29.
12. Decline in libido is multifactorial which starts with recognizing that secondary desire is natural in women, especially over a relationship that's been two years. Second thing is

- hormonal decline. Third is hormone interference, like endocrine disruptors.
13. Dr. Cabeca has another product called Julva, which is an anti aging cream for the vulva, which also increases sensation and pleasure.
 14. Urinary pH is a great vital sign in the state of our health, where getting alkaline and getting into ketosis indicates a healthy mineral status and supports detox pathways.
 15. Dr. Cabeca's Keto Green Way involves intermittent fasting at least 13 to 15 hours between dinner and breakfast, finishing dinner preferably by 7:00 PM, and waiting 13 to 15, 16 hours until you break fast.
 16. It requires two to three meals a day, putting 75% of greens on your plate, some added nuts, seeds, oils, and healthier fats lower in carbohydrates.
 17. In Dr. Cabeca's book, *The Hormone Fix*, she has a 10-day Keto-Green detox quick start as well as a 21-day meal plan and menu plan, and chapters on testing on hormone disruptors that you would never even think about.
 18. It also contains a vaginal health chapter, and a couple of chapters on stress, trauma, PTSD, and how that affects our hormones, cortisol and oxytocin, and what we can do about it.
 19. You can find Dr. Cabeca's book at dranna.com/book
 20. To learn more about Dr. Cabeca, her products, programs, books and podcast, go to drannacabeca.com

Wendy Myers:

Hello, my name is Wendy Myers. Welcome to the Myers Detox Podcast, where we talk about all types of topics related to heavy metal detoxification, supplementation, detox protocols, and your most pressing health conditions and concerns.

Today's podcast, we're talking with Dr. Anna Cabeca. We're going to be talking about hormone health. What types of things interfere in your hormones, what you can do to naturally regain your hormone production in your body, the pros and cons of bioidentical hormones. We even talk about libido and how to improve your libido. And we also talk about the P-Shot and the O-Shot, which are stem cell injections in your sex organs, in your G-spot to improve your libido, and increase the strength of your orgasms. And we talk about so many different types of issues related to hormone health. And we also talk about the keto diet, and how that can improve your hormones, and your blood sugar, and help to lose weight during your perimenopausal and menopausal years, where it can clearly be more challenging because of imbalanced hormone. So, really juicy podcast today.

I know so many of you guys are struggling with symptoms related to heavy metal toxicity. And metals also poison your hormones. They poison enzymes that create hormones and convert hormones to different forms. So many of us have heavy metal toxicity. And so, I created a two-minute quiz to help you determine your relative levels of heavy metals in your body. And after you take the quiz, you get a free video series that will tell you the next steps to take, what to do based on your levels of heavy metals. So, go to heavymetalsquiz.com and take the quiz, it takes just a couple minutes. And you'll be glad that you did.

Our guest today, Dr. Anna Cabeca, she's an Emory university trained gynecologist and women's health expert, who was diagnosed with early menopause at age 38-years-old. Devastated, she went around the world looking for answers and healing, and found it.

She is now a triple board certified menopause and hormone expert. She's internationally acclaimed for her work in gynecology and obstetrics, integrative medicine, and anti-aging, and regenerative medicine. Dr. Cabeca has changed the lives of thousands of women across the globe, connecting to others through humor, honesty and passion. Her book, The Hormone Fix and other empowering transformation programs have helped women of all ages become their best selves again. Her successful line of All-Natural products features the alkaline super foods drink Mighty Maca Plus and the rejuvenating Julva cream. I think it's called Julva, actually is the pronunciation.

Recently, Dr. Cabeca was named 2018 Innovator of the Year by Mindshare Collaborative, the premier community for health and wellness influencers, and entrepreneurs, which I'm a member also. In 2017, the Age Management Medicine Group presented her with the prestigious Alan P. Mintz Award for clinical and excellence. You can learn more about Dr. Anna at dranna.com.

Dr. Cabeca, thanks so much for coming on the show.

Dr. Anna C.: Thanks for having me, Wendy. Great to be here with you.

Wendy Myers: So, you are the resident hormone expert, and you have written a book about how to control your hormones, and keto. So, what's going on? What's happening hormonally as women are getting older, and how does this usually show up?

Dr. Anna C.: Yeah. What's really fascinating is that the hormonal roller coaster of our lives, right, and it's something that as women we power through, and often really don't realize what's happening, and all the other factors that play into creating hormonal balance, where I go, well, this is just how it is to have PMS, or this is how it is to have perimenopause, and hot flashes. And this is what I should expect. And as women, we just power through.

And I think the big thing to understand is that, while menopause is mandatory, suffering is optional. When we did a survey of women understanding the symptoms like brain fog, fatigue, anxiety, irritability, non menstrual symptoms that very few recognize that they're hormonally related as well. And that's critical.

So as we're aging, in our mid 30s to mid 40s, we really start a sharp decline of progesterone, which is a neuroprotective brain protective hormone. So we tend to have difficulty sleeping, more anxiety, irritation, irregular cycles, certainly breakthrough bleeding every year than normal periods, all of that can be an option.

So, typically what happens during that time, so it's progesterone decline, some estrogen, DHEA declines as well. We end up at the gynecologist office, at my office, complaining of these symptoms. "Hey doc, I'm having worsening PMS, I'm irritable, I feel like I'm losing my edge, and losing my temper with my children. This isn't like me." And the standard option would be, "Well, here's a Prozac, okay? And here's a birth control pill. Let's just nip this in the butt right now, right?"

And then what happens continue on because they're not replacing hormones, they're just kind of suppressing our body's own natural production when we do that. And you know, we're not in a SSRI deficiency or serotonin uptake hormone deficiency.

And so, what we need to do then, next steps is, patient comes back in, "Doc, I'm having decreased sex drive. I'm still irritable, breakthrough bleeding, I'm uncomfortable, I don't like the way the medicine makes me feel." And so the next thing may be a hysterectomy, or ablation, and hysterectomy, and what comes later often it's continued problems, irritability, relationship discord, divorce, and psychiatry.

Wendy Myers: Yes.

Dr. Anna C.: So, I say that tongue-in-cheek, but honestly, I've seen this pattern over and over again. And so, through my own personal experience, and working with, you know, thousands and thousands of other patients recognize when we heal the underlying imbalance, those initial early signs of this hormonal imbalance or inflammatory type of situation going on, that we nip that in the butt right away, we have a smoother silk transition.

Wendy Myers: Yes.

Dr. Anna C.: And it's really powerful.

Wendy Myers: That happened to me too. One day I woke up, and I just thought, I don't recognize this person in the mirror. I just had a baby, it was about a year from having a baby year out. And I'm like, okay, the mommy brain, it should be gone by now, but it's not. And I was angry, I was having fits of rage, which I've never had experienced in my life, and not sleeping, not losing weight. I just woke up, kind of, mildly depressed and unmotivated, and I just thought, what is wrong with me? I went to my doctor, and found out I had the hormone levels of a menopausal woman at 37. And believe me, I was thrilled to hear that. And I wanted to-

Dr. Anna C.: Nerve-wracking.

Wendy Myers: Yeah, but then the doctor just said, they were a natural doctor, they said, "Take hormone replacement. So take HRT, and take estrogen. Here's a testosterone cream, a vulvar testosterone cream. Here's some progesterone, here's some natural estrogen, bioidentical estrogen." And I

thought, you know, that's not really was an option for me at that time. That's something I kind of envision later. And I know that's a great option for many women. I mean, it does extend bone health, prevents bone loss for years, the years that you're taking it because estrogen's bone productive. So what is your take on the bioidentical hormones?

Dr. Anna C.:

This is a great question, Wendy. And the big thing, if you were to come to my office with those symptoms, early on, I would have been the same thing, right, early on in my practice. But after my experience, and at age 38 I was diagnosed with early menopause, premature ovarian failure. I was told I would never have another child, maybe consider egg donation. I failed the highest doses of infertility treatments. I was devastated. We had lost our toddler son in a tragic accident. And the results were progressive, and incredibly damaging.

And so, that took me on this journey around the world, where I've met healers and serendipitously met some of the world's greatest scientists, natural healers, traditional philosophers, and medicine people. And it was just an amazing experience. And I brought this information back to my practice as I reversed early menopause, became pregnant at 41, had her. Now I'm 53 with an 11-year-old, God help me.

And so, I brought this into my practice. So what I started to do is, when a patient came in with the symptoms, the constellation of symptoms that we can experience, I would give them a 21-day modified elimination diet and detox, very similar to what I write about in my book, in my Keto-green way. And I would check their hormone levels, and maybe start them on some natural supplements like my Mighty Maca Plus, then Maca, the adaptogenic, the greens, the alcalizer, support the liver for detoxification. Put them on this diet program, and have them come back in six weeks for their results.

And as they came back, time and time, and time again, they would tell me, I am 90% better. I haven't felt this good in a decade. That was before prescribing anything, before prescribing anything. So that little 10% that I needed to now intervene with was maybe a little bioidentical progesterone cream, or maybe an additional supplement based on what they were dealing with, or something natural like magnesium and melatonin to help them get a better night's sleep, and let their body do what it needs to do.

And Wendy, as a result of that, I went from doing two to three surgeries pretty much every week, to two to three a year, two to three a year. That is the power of getting to the root cause and healing the body. And that is powerful. So in a case where, okay, your labs look menopausal, what's the underlying reason? Is it heavy metals? What is the endocrine disruptors that you're being exposed to? Is it stress? For me it was post-traumatic stress, post traumatic stress. And that was under the service for a long time.

And again, I go into that stress response in my book, because it's so powerful and it's something I want everyone to understand, because we can heal from it. We can heal from it and build our foundation stronger, even than it was before in so many ways. And so, that was part of my journey, and my discovery, and really this empowerment process.

Wendy Myers:

And that's exactly where I was when I got my diagnosis, so to speak, of the hormone levels of a menopausal woman. I thought, I'm not ready for bioidentical hormones. That might be the right choice for some women, and I'm not opposed to that. There's a time and a place. But for me, I had that thought, what caused this, and then what do I need to do to reverse it?

So I went on Dr. Google and wellness obviously, that brought me where you and I are right now. So, what I did was, I realized that heavy metals were, for me, were interfering in my hormones. Metals will poison what are called hydroxylase enzymes that prevent the conversion of, for instance, DHEA into testosterone, and prevent the production of certain hormones, and that interferes some things.

And then you also have a lot of these toxic estrogens, these Xenoestrogens in the plastics, in the beauty products, and in our perfumes and fragrances. And they're just countless hormone disrupting chemicals in our environment that you got to stop the influx of, and then detox out what you have, so optimizing liver function.

And so, there's a lot of different bullet points that you, kind of, need to hit. So those are two. And then you mentioned stress. So what are some other things? Say blood sugar control, which is a big issue.

Dr. Anna C.:

Yeah. Well, as a gynecologist, and I definitely believe in bioidentical hormones, I train, I train physicians on. I'll be in Nashville in a couple of weeks training pharmacists and physicians in bioidentical hormones. So there's the time and a place. I think the young using it without addressing the underlying issues is problematic.

Wendy Myers:

Yeah.

Dr. Anna C.:

You always have to get to the underlying issues. And that can be at any age because if we can restore our own natural ovulation we are healthier. You know, we are absolutely the same with men. Their own natural testosterone production and semen production, they are healthier, right? So it's nice that we have all these options, but we restoring our body's natural intelligence is beneficial. And when we need to only bioidentical hormones, no synthetic. So 100% with that. Now, I forgot your question, Wendy. What was-

Wendy Myers:

So blood sugar control around these tangents, yeah.

Wendy Myers: So, blood sugar control, if you don't have proper blood sugar control, which there's a lot of things that can undermine that, that can throw a wrench in your hormones. So what is your favorite way to control blood sugar?

Dr. Anna C.: So, honestly, it's the keto green way that I write about, because getting into ketosis helps with insulin sensitivity. And so, as a gynecologist, I wanted to believe that, as long as I was able to handle and manipulate estrogen, progesterone, and even testosterone IDHA, oh my gosh, that's awesome. Right? But it turns out the major hormones are cortisol, insulin, oxytocin. So cortisol for stress hormone, and living life, right? Insulin for blood sugar management. And oxytocin is our crowning hormone. And that is the hormone of love, bonding, connections, like why we're alive, and why we do what we do with passion, right? So, that is the crowning hormone.

But insulin control, creating insulin sensitivity is crucial to hormonal health, crucial to hormonal health. And the complexity of the interaction of these hormones is really profound. But what we need to do is create insulin sensitivity. So, there's a few steps that I recommend, three main steps that I recommend implementing on a regular basis to increase insulin sensitivity, and to balance cortisol. And when we can do that, we really have a stronger foundation, and hormonal balance, and reduction of inflammation. And that's key.

And it's 25% about what we eat, 75% is the lifestyle choices, habits that we make.

Wendy Myers: Yeah. And I love your Keto-Greens that you have. They're so delicious. And I love that you have Maca greens in them that you have. You have two.

Dr. Anna C.: I have Maca-greens and Keto-Greens.

Wendy Myers: Yeah, you have a keto alkalizing greens and then you have the Maca greens. And so, I love the Maca powder because that's a really neat adaptogenic substance or supplement that helps to, kind of, regulate your estrogen to a certain degree. Can you talk a little about that and adapt the genetic hormone supplements?

Dr. Anna C.: Yeah, absolutely. And I have now been so interested in it since my journey. That was way back in 2006 and 2007 that I was facing that diagnosis of infertility. And part of my journey, and I went around the world looking for answers, and actually just healing journey. And honest, to be truthful, just to keep the earth moving under my feet, just to keep going after what we'd been through, and had two of my girls with us, and it was this journey.

So one of the first places we went was Peru. And in Peru when you're in fertile, they say drink Maca when you're tired, drink Maca ... And then

they would elbow my husband at the time, and they would say it's the Peruvian Viagra, drink some Maca. And I was like, "Oh."

Wendy Myers: And you'd drink a gallon of it.

Dr. Anna C.: Yeah, right. And the problem with me is, I couldn't stand the taste of it, so I started mixing other things with it, but I was for sure drinking the Maca. And I later looked up all the scientific research and tried to understand what makes this so beautiful in Maca? And I use organic Peruvian Maca, organic kosher Peruvian Maca from Peru in my formulation that's combined with other superfoods. But one thing that I found is that Maca is rich in arginine, which increases nitric oxide, which is exactly how Viagra works.

Wendy Myers: Yes, it does.

Dr. Anna C.: So funny, right? So that, but plus it's an incredible adaptogen. And so, whether we're in overdrive or under dry, it balances us. It, kind of, comes in and greases our wheel, so to speak, and just really helps us smooth things out, feel calmer. And that's beautiful. The research in menopausal women has been pretty positive, far as increasing sexual desire function, decreasing hot flashes. My formula here all the time that it helps eliminate hot flashes.

So the other aspects of Maca is that it maybe genetic adaptogenic as well, just like resveratrol, we're finding our tumeric, that we're finding that has these really amazing capability to kind of help modulate our signaling systems in our body. So that's fascinating to me.

And as I used it in so many patients and clients and we find that can really help with hormonal regulation as well because the adrenals play such a heavy role in our fight and flight and our stress responses.

Wendy Myers: Yeah. And Maca will help with those two, correct?

Dr. Anna C.: Yeah, that's right.

Wendy Myers: Yeah, it will help with the stress hormones.

Dr. Anna C.: Yeah.

Wendy Myers: And then what about progesterone? And so this is a thing that if you're deficient in, it's totally safe to supplement with. What is your favorite way to supplement with progesterone?

Dr. Anna C.: Well, I created a Progesterone Pregnenolone Combination Cream. It's my pure balance cream. And I added some tripeptide, which is another anti-aging ingredient. But the transdermally is where I typically start. But sometimes we need prescription oral progesterone, because oral

progesterones are metabolized by the liver, a good 90% of them, and will increase the Allopregnanolone which will increase GABA in our body. And GABA is our relaxation neurotransmitter. And progesterone is crucially important. It is dropping off in our mid thirties to forties, and that's when we're experiencing that difficulty in sleep because progesterone helps with the good night's sleep, it helps with calm, like GABA increases that off feeling. I would say, think of the musical Mamma Mia! And the rock group Abba, and you're like, "Oh, this is great." That is GABA. So that's how I remember.

And as progesterone's declining and estrogen's declining what happens, we get at this, kind of ... Progesterone's important for neuroprotection in the brain. It's a neuroprotective hormone. So imagine here we are entering this period of neuroendocrine vulnerability, we're dropping our protective hormone significantly. And with that, the brain's ability to use glucose for fuel is also declining for many factors, but estrogen, maybe even progesterone play in here.

And so, this creates a period where we're susceptible to brain fog, anxiety, insomnia. Three common reasons that women come to their doctor during this time. And I didn't realize this until my second menopause. I pulled myself out of menopause, and then I hit it again at 48. And that's when I was experiencing the same thing. So many of my patients say, they experienced 5, 10, 20 pounds while not doing anything different. Now, early on, I'm like, "Sure, you're not, right? Sure. You're not doing anything different. Yeah. Not having an extra dessert or something."

And I was not doing anything different, really a humbling experience. And so, that metabolic stall hit. So getting into key, that's ... Again, our body, our hormones, our body's ability to use glucose and in our brain for fuel, it's all kind of happening together. And our metabolism, another hormone, adiponectin is also decreasing. So we get into this fat storage mode and decrease in metabolism, which is not a fun place to be, and not to mention, the brain fog, and memory loss, and all of those things. Then you have teenagers, and they're like master manipulators, you cannot afford any-

Wendy Myers: You like succumb.

Dr. Anna C.: -brain fog. Let's go away whenever you want. So, you can't live that way.

And so, that's where I really recognize the power of ketosis to help with that too. So to change the fuel source, from glucose to ketones. And to make an analogy for our listeners too is that, if you think of glucose as to gasoline as ketones are to jet fuel. I mean, in the perimenopause or menopause, we really want this, men and women, that key clarity, right? And when I talk about going keto, it's, it's not keto dirty, it's keto clean, right? keto-green, keto-clean. We want to have really healthy greens on

top of a pattern of life that enables our body to get more into ketosis, to get into this fat burning stage.

And with that, you know, we have neuroprotection from ketones, and that helps balance the loss of progesterone. And when we need to add just enough progesterone, not to further interfere with our own body's natural production, but just to supplement to bring it up, and we're still working on exact dosing, and how, when, and everything, it's really ... can be very individualized. So it's important to work with a practitioner when you're doing that.

Wendy Myers:

And so, tell us a little bit more about the cream that you created with the progesterone. And so, how does that work? How does somebody use that? Because this stuff is just amazing. You sent me a bottle of it, you sent me all of your supplements, and I love them so much. I think this cream is brilliant because there's a lot of garbage progesterone products in the market, and there's things that ... some products will have the oral supplements of like wild yam, or just ... I don't know. So what is some of the issues with some of the things in the market, and how does yours differ?

Dr. Anna C.:

So, I think the biggest thing, I'm a scientist, and I am big into control, and quality control, and testing. So before I bring anything into use, I've been testing it for a while, and I want to use naturally derived, natural, identical ingredients to what our body can use or is natural to us as possible. So for me, it's adding in progesterone pregnenolone, adding in some organic essential oils and extracts to help with body balance, and also the Tripeptide-29 because if we're going to put something on us, we want those anti-aging benefits too, like wrinkle reduction, and brown spot reduction and I'm all into that stuff.

But I also make it, you know, a little bit goes a long way, because I don't like to use a lot of creams. And it needs to just smell clean, no added fragrances, no preservatives. So it is safe to use. And sometimes you see a lot of products with synthetic ingredients, with some hormone disrupting chemicals as well. So you have to be really careful about what you're using. As well as I want consistency, I'm very specific. Actually had a batch come in or try, I always test it before we mass produce the first line, they had to redo a whole batch. It didn't meet my quality standards. Just like it has to be the right consistency. It has to feel good when you put it on too, and absorbed very quickly because we don't want residues around. We want it, you know, done.

Wendy Myers:

Yeah, it's so crazy. I've seen progesterone creams before that will have parabens in them, that already is a hormone disrupting chemicals.

Dr. Anna C.:

Exactly.

Wendy Myers:

It's just crazy what some of these manufacturers do. So it's great that you have this product. And then you don't really have to test for progesterone

anyways. I mean, can you talk about that? I think the majority of women over maybe 35 are going to be low. So this is something that would be totally safe to try even without testing, right.

Dr. Anna C.:

It's definitely something that you want to use cautiously in anything we do, just like what we eat, everything you do, you want it to be organic, natural as much as possible. With progesterone, it's a little tricky. So many women at mid 30s, early 40s are already deficient in progesterone, and it requires a simple blood test, and many people can order that on their own, or check the symptom questionnaire. And I do a hormones ... In my book, there's three different questionnaires and inventories that I like clients to take. So you can see, let's see, where am I at now? And these are very progesterone deficient symptoms. Let's try, first of all, let's detox the liver, let's get rid of heavy metals, let's clean up our diet, right? Let's remove any plastics, estrogenizers that we could be using. Let's clean that stuff up.

But if we're still not having a good night's sleep, we're symptomatic, adding in a bioidentical progesterone at night, if you're cycling, you want to do it to compliment your natural progesterone levels. So, that would be in your luteal phase, so mid cycle to the beginning of the next cycle approximately. And if you're menopausal, we know your progesterone is really low and you're symptomatic, try a little progesterone at night. And so, also use it around the temples. You can use it in the neckline, lower abdomen, anywhere you have thin skin, where you see veins that can absorb. The perineum, the pelvic floor, you can use the cream there too. And transdermally we're bypassing the liver, so we've added in an extra level of safety, plus we have a lot of safety profiles of progesterone.

What's confused the public is the progestin. This synthetic progestin is being called progesterone and saying it's problematic. The synthetic progestin is like Provera, Norethisterone, the progestin and birth control pills have a negative cardiac profile, don't work the same way as bioidentical progesterone. But when we switch to a transdermal bioidentical progesterone, we can experience very good physiologic results. But with anything, I like my clients to take a break in it periodically.

So, my menopausal clients, if you do a day 1 to 25 a month, or Monday through Friday, take the weekend off. That's a good place to start. Some women need it longer and some women don't. But the safety profile is really profound.

And from clinical experience, what I saw was a reduction in breast cyst, improvement in brain help, was a decreased need for surgery. And all of these symptoms that were decreasing their Joie de vivre, their quality of life were eliminated. And that's really powerful. But not to use a lot, not to use it like self-medicating, just with anything, we don't want to self medicate, but to complement. To compliment a healthy routine, a healthy

diet, a healthy regular detox regimen. Then we've got some safety built in there.

Wendy Myers: Yeah, because you can get too much of a good thing.

Dr. Anna C.: You can get too much.

Wendy Myers: You want a little but not a lot. And so, let's talk about libido.

Dr. Anna C.: Okay.

Wendy Myers: Libido is something a lot of women are struggling with, and it can really affect your relationships, it can affect your motivation to have sex with your partner. And they're really motivated for the most part, but a lot of times women aren't because you just don't have that feeling of wanting to be intimate, and it can really be damaging to our relationship, and frustrating, and whatnot. So, what's going on there? Why are people's libido low? What are some underlying root causes and what can we do to improve it?

Dr. Anna C.: Yeah. That's a great question. I dedicate my chapter in my book all on vaginal health and sexual health, because it's important for our overall health as a woman. And what happens, it's multifactorial. Sexual health and decline in libido is a multifactorial process, and it's important that we get to it. I have a whole class called, Help Doctor, My Sex drive Has No Pulse, and a program called Sexual CPR. You would love that, Wendy. So we're relaunching it this fall. But because it's such a critical area, and often patients would come in and time and time again and tell me, "Dr. Anna, I don't ever want to initiate sex. I don't feel like having sex. What's wrong with me?" And I say, "What happens once it starts?" "Well, once we get started, I'm all in."

And first thing to recognize is that secondary desire is natural in women, especially over a relationship that's been two years, that's part of it, recognizing secondary desire. Second thing is hormonal decline. Third is hormone interference, the endocrine disruptors, yet again, tampons, feminine hygiene products, laundry detergent, things that affect our sexual health.

Wendy Myers: Spraying yourself with perfume. Guess what, they're endocrine disruptors.

Dr. Anna C.: Endocrine disruptors. And we have to eliminate those so our body can utilize and receive what we need to naturally. Then our natural decline of the DHEA, and that also as well as the other hormones, but they're affecting sex drive, and libido, and vaginal dryness. As we get older, or we've been on birth control pills, we can experience thinning of the vulva and vaginal tissue, decrease in clitoral health, and vaginal dryness. So, when we restore this health, we can ... I tell clients first and foremost, if you have pain every time you do something, why would you want to do it, right? So, from vaginal discomfort, or the discharge, odor, urinary tract

infection after intercourse, why would you want to? And many women will say, "Well, I know my husband needs it, and just a power through for him."

Wendy Myers: It's your duty. I always thought of it as my duty. Even if I wasn't in the mood, I'm like I just want to keep him happy so he doesn't go look somewhere else. You know what I mean?

Dr. Anna C.: Right.

Wendy Myers: So that's not a good place to come from. But a lot of women find themselves doing that or not, just ignoring your partner because I just don't feel like it.

Dr. Anna C.: Yeah. And it's really important statement because the sexual intimacy pleasure is for us, and our partner ultimately wants us to have pleasure. He wants to know that what he is doing intimately is making you happy, is pleasing you, you're enjoying it. So, for us to just check the box on the to-do-list, it is not conducive to a healthy relationship.

Wendy Myers: Yeah, that's a good point.

Dr. Anna C.: We have to be receptive, I'm going to open up. Honey, touch me here, touch me there, do this, don't do that. You know what I mean? Can really be a good ... Even the best athletes have coaches, we have to work with them, as a couple and as a group necessarily as a couple to establish our intimate rhythm and lubrication is really important, foreplay is really important.

So, one of the things that I created from my own experience and for my patients was my second other product, which is Julva, which is an anti-aging cream for the vulva. Apply from the clitoris to the anus, keep that tissue healthy, but it can help with that sensation, increasing pleasure, you're all of a sudden awake again. Just like men experience erectile dysfunction and loss of sensitivity, women experience the same. And it's a very sensitive topic because we're not talking about it, right?

Now, there's Viagra commercials all over the place, but what's for women? Nothing's working, right? So, it was really important for me to create something natural, clean that could help support our body naturally, kind of, anti-age, and keep pleasure, keep intimacy, keep connection, comfortable, rewarding and orgasmic. And that's what we have the positive reinforcement that is huge, that is what we're in here for.

Wendy Myers: And isn't it the estrogen that helps keep all those tissues alive, and juicy, and plump, and whatnot? So, is Julva, kind of, estrogenic enhancing substances in there?

Dr. Anna C.: So, it's great that you brought this up, because typically, for vaginal dryness, you go into your doctor's office, and they write you an estrogen

prescription, vaginal estrogen of some sort. Well, estrogen works on the first layer of the mucosal layer. So, the vaginal mucosa is like the inside of our mouth, it's mucosa. So, estrogen will work on that layer. But testosterone, DHEA, progesterone, work on all three layers. We know definitely DHEA works on all three layers of the vaginal wall, so, from the mucosa, to the interstitial tissue, to the muscular layers.

And that's a huge finding, because we want to increase the elasticity and function, not just moisture. We want to increase the health overall of the vaginal area. So that's where the androgens come in. And studies with prescription testosterone, and prescription DHEA vaginally have shown great results in that effort.

So, with Julva, Julva has, it's a combination of things, I always tell clients, "You got to do your pelvic floor exercises, because we want to keep those muscles strong." And the ingredients Julva from the plant stem cells, I use plant stem cells from the Alpine Rose. Wendy, this is beautiful Rose that blossoms in the Swiss Alps amongst the harsh conditions. So, for me, that is definitive of femininity, right?

Wendy Myers: Yeah, we want it blooming down there, in the desert.

Dr. Anna C.: We want it blooming, exactly. No matter what. And so, the plant stem cells from the Alpine Rose are beautiful anti-aging. And I put in the DHEA, emu oil, and coconut oil, and Shea butter. So, all natural ingredients in a very smooth formula. And to help, from clitoris to anus, keep that tissue healthy. With age, I worry about around my eyes, around my mouth, right? Wrinkles here, there, everywhere. Pelvic floor, is even more important because that really affects the quality of our life. So, we want to keep that healthy and that definitely, definitely does help.

Wendy Myers: What do you think about the P-Shot? Which is doing STEM cell injections in your clitoris to ... I heard this at a conference. I went to the Bulletproof Conference, and Dave Asprey and his wife were talking about that, he got the P-Shot, she got the O-Shot, which is for women.

Dr. Anna C.: Right.

Wendy Myers: So, what do you think about those?

Dr. Anna C.: Well, actually, I train a physician back when on the G-Shot. So, now we have, they're able to use PRP or stem cells and do O-Shot essentially, injecting into the G-Shot, for in G-Spot for women, to help to renourish that area of focus. I think it is interesting. It is interesting and we had many good results with that. It's not foolproof, not universal, but I would say, 50 to 70% of really good response. And the same with the P-Shot, using stem cells, same concept, and mixed results as well, it's not foolproof but it is another angle. And I think we're looking now at peptides and other science to help with this because it's an issue.

And I always think, one thing that really helped clients with G-Shot injections, well, it's because I always educate the couple, is identifying where the G-Spot is. Identifying where it is using sensation, lubrication, communication to enhance sexual experience. And once clients had that area of sensate focus, they didn't need to keep getting the G-Shot, O-Shot, or whatever. So, this whole concept of really being so in touch physically, energetically, emotionally with each other, with good communication skills, that you enhance the sexual experience overall. And that's pretty positive reinforcement that you're going to want to come back to again and again.

But it goes beyond that for women. It's not just about the orgasm for us. After orgasm, after that oxytocin is flooding through our bloodstream, exploding in our brain, etc., and whether we climax or not, now this is really important, we don't have to climax the oxytocins everywhere. But when this happens, intimacy, the two ... I always teach husbands and partners. When I lecture, I say, "Guys, just after orgasm, after climax, she needs two minutes, two minutes, intimacy, communication, cuddling talk," because for us, oxytocin is a bonding time. This is where it's cements us together, this is where the relational aspects come in. That's the post reward for us. And for men, they want to roll over and go to sleep. So you got to wait two minutes.

Wendy Myers: Yeah, just two minutes guys, is not a lot to ask.

Dr. Anna C.: That's it. Yeah, amount of time it takes to brush your teeth. Just give me two minutes.

Wendy Myers: Yeah. And so, the P-Shot obviously and the O-Shot is very expensive. It's not in the realm for a lot of people. There's a lot of easier, cheaper, or quicker fixes. But that's something, kind of, interesting I just wanted to touch on it. I've considered doing it. I'm like, Dave and Dave Asprey and his wife did it, and they were like, "Yeah, it's amazing." I'm like "Two curdling orgasms." And I thought, wow, why not sign up for that? But it's expensive and it's a surgery. It's really not comfortable getting a shot in your G-Spot. It's something you have to heal from for sure.

Wendy Myers: So, let's talk a little more about the ketogenic diet. And let's talk about, kind of, what that looks like, and why it's so important for women in menopause, because, obviously, it's harder to lose weight. It gets harder as you get older. So, there is no better time than now to start thinking about blood sugar control, because a lot of people have genetics where they will develop metabolic syndrome, where they are pre-diabetic.

I certainly in my genes, I have all the metabolic syndrome genes to develop poor blood sugar control. So, I know that's coming. So, I know I have to take steps now, not wait until I have a prediabetes or diabetes diagnosis, but do something now to really keep my blood sugar under control because that high blood sugar causes so many other health issues, brain atrophy, killing brain cells, dementia, causes heart disease,

it causes cancers. That high blood sugar is a killer. So, we have to take measures to reduce carbohydrates in our diet. So, tell me a little bit more about your Keto-Green way.

Dr. Anna C.:

Absolutely. When I hit menopause the second time, and I was gaining that weight, I'm like, okay, I'm carb restricting completely, so going keto. And I noted, as I started to get more irritable, kind of, hit a wall, I noted that anytime I tried to put clients on a very carb restricted diet, whether it was for candida, or whether it was for seizure control, or whatever it may be, in the perimenopause, they would say, "You know what, I don't like how I feel on this, right?" And I was experiencing that myself. Well, I called it keto-crazy. I, kind of, coined that term. It's keto-crazy, but it's where you want to be, especially, again, those manipulative teenagers, not helping.

So, what I did was, I just started checking my urine back to the functional medicine. I'm like, well, my urine pH was as acidic as it could get. And I stopped, and I started adding the alkalizing greens back in, so kale soup, beet greens, curd, plenty of cruciferous vegetables, broccoli, cauliflower, and everything low carbohydrate that we know has hormone benefiting results. So, the low carbohydrate greens, started piling those in and adding that to a healthy clean keto diet. So, for example, a keto green breakfast would be smoked salmon with capers on a bed of greens, drizzled with olive oil and maybe some sliced red onion. So, that's a healthy fat, healthy protein, lots of greens and alkinizers.

So, what I noticed is my urine pH started getting more alkaline. I felt better, I felt calmer, I felt clearer. And as I got into ketosis now, while having an alkaline urinary pH, because I call that another vital sign, urine pH can be actually another vital sign telling us how are we doing as a guide. And the more acidic we are, the more inflamed we are, the higher stress we have. The more alkaline our urinary pH is around seven, 7, 7.5, we can assume we have a good healthy mineral status, and feel generally better and supporting in our detox pathways. That's key. Decrease inflammation, fight off acidity. That made such a difference. So getting alkaline, and getting into ketosis at the same time, that was what I call energized enlightenment. Such brain clarity. That was powerful. It's a powerful place to be. And that's where I encourage people.

So, what we do in my programs and in my book, I recommend this Keto-Green way of living. So, intermittent fasting at least 13 to 15 hours between dinner and breakfast, finishing dinner preferably by 7:00 PM, waiting 13 to 15, 16 hours until you break fast, and break fast keto-green in a healthy pattern, put 75% of greens on your plate, really those low carbohydrate greens, let it look as visual. For me, I'm visual versus macro percentages, that throws me off. So visually a healthy plate size with palm size amount of protein, and a quarter cup of healthy fats, whatever they may be, maybe some added nuts, seeds, oils, and adding those things in. And the healthier fats lower carbohydrates, you're not going to have cravings in between meals. And then two to three meals a day, no more

snacking because we want to increase insulin sensitivity and help with blood sugar control.

Now there may be people listening saying, "Oh my gosh, I have to eat every two to three hours because of, you know, I get hypoglycemic." Well, it's because you're having too many carbs at a meal, and not enough healthy fats and quality protein. When we shift that, and I don't care if you've been having hypoglycemic episodes for decades, you will not have hypoglycemic episodes. You'll be able to extend your fasting intervals, and intervals between eating, and you will have higher energy.

So, Keto-Green is a concept of not just what we eat, but it's also the lifestyle and habits. So when we eat, how are we eating. Are we eating rushed and stressed out? Not a good thing to do, right? And what's the quality of the food that we're eating, and what time are we eating? That affects our metabolism in so many ways.

Wendy Myers:

Yeah. And so, a lot of people think that women shouldn't ... or women can have problems with keto, or women can't handle a lot with the high fat diet in keto. What are your thoughts on that, and some kind of work around tips for women or even people that have trouble with fats.

Dr. Anna C.:

Yeah, yeah, great question. Now there are certain genotypes like APRI genotypes that may not do so well on a typical ketogenic diet. So the keto-green diet's bit different, right? A bit different. We're not just bacon and butter, steak and steak, it's a lot of ... Again, we want to put the greens and the fibers on because that supports the microbiome. So I have found amazing success with this approach.

So, if some ... I just lectured at KetoCon in Austin recently, and I got that questions. People came up to me after my lectures, like, "Oh, that makes so much sense because I always felt like I was hitting a wall doing keto." I wasn't losing weight, didn't feel good, had irritability, or just didn't feel like myself. I wondered what was happening." That alkalizing piece, that green piece makes the difference.

And again, not just about what we eat, we have to build in these lifestyle factors to stress management, is a huge part of that too. And so, if we're not metabolizing fat well or digesting fat well, or we don't have a gallbladder, I recommend enzyme support for that. So, digestive enzyme supports, hepatic biliary enzyme support that, that is definitely something that I would incorporate into someone's diet, who they feel like they're not eating enough fat.

Another problem, Wendy, is that many women are eating too much and too much fat. We don't really need that much. So if you're eating platefuls of bacon, or lots of, lots of meat, I mean, that's acidic, that's highly acidic, and it's really a challenge for a digestive track. That key with keto-green is that we get to a point where we're eating healthy amounts based on our activity level, lifestyle, body, habitats, age, etc., and not overdoing it, not

hungry. We can eat to be satisfied, not to be full, and to be relieved of cravings, which I had had for decades. It's liberating.

Wendy Myers:

Yes. So, a lot of people really, really need to take digestive enzymes. I'm a big fan of pancreatic enzymes, and light peas to help digest fats, ox bile to help digest fats, really, really can make a big difference for anyone that's having trouble with fat. But, yeah, the keto diet, there's different ways to do it. So, if you hear some of the big male keto proponents, they're eating MCT oil, and tons of coconut oil, and butter, again just pouring this all over their steak, and just talking about fat, fat, fat, that works for them, may not necessarily be what's going to work for you. So, you kind of have to tailor it to your body.

And I love that you use these pH urine test strips. I think that's brilliant. They're extremely sensitive to help to monitor your pH. And that will help you, kind of, determine the amount of meat or animal protein versus plant matter, that's alkalizing vegetables, to help do what's right for your body.

Dr. Anna C.:

Exactly, self-discovery. What works for someone else may not work for you. And we cannot compare men to women. Men make 10 times as much testosterone. And guess what, in the brain, they make six times as much estrogen. We rely on our ovaries, but men's been so cool when you get into the neuroscience of this stuff. But men have a lot more muscle, they have a higher metabolism. They can do this.

But what we see universally in a high meat conception is eventually lipid profile abnormality. So, it really needs to be individualized. And I have many men doing ... men coming right alongside their woman doing my Keto-Green program with just fabulous results, fabulous results.

I had a son and mom just recently do my program. And he's a 23-year-old male. He just came back from a year abroad in Europe, and he wanted to get back in shape. And she's perimenopausal, struggling with weight gain, and weight loss resistant, a brilliant anti-aging doctor. And so they both went on my program for 16 days. And he lost 12 pounds, she lost 8 pounds, and they felt like energetic, no cravings, and clear as can be. So the ages could come right alongside the ... Your family can come right alongside of you because this is healthy. This is by design, and [test them gas 00:49:41]. Test them gas.

Wendy Myers:

Absolutely. So, tell us about your book, and what types of things people will learn in your book and benefit from?

Dr. Anna C.:

Well, definitely, in my book I have a 10-day Keto-Green detox quick start. So, that's just a quick way. Let's get you into this right away and start adopting the principles. I also follow that with a 21-day meal plan and menu plan, and chapters on testing on hormone disruptors that you would never even think about could cause hormone disruptors, and also a vaginal health chapter, and a really a couple chapters that are so personal to me on stress, trauma, PTSD, and how that affects our

hormones, cortisol and oxytocin, and then what we can do about it. So, it is a holistic program addressing the key areas that we need to address to really claim optimal health.

Wendy Myers: Yeah, fantastic. And I know that so many women listening are just going to want to grab your book and eat it up, because hormones are really the cornerstone of our health. Women are so much more complex hormonally than men. It said that we have 300 different hormones in our body. It's not just estrogen, progesterone, and testosterone. There's lots of different types. So, we're very complex. Some are very complex emotionally also. But we really have to take care of our hormones, especially when you're getting into that perimenopause, and menopause. There's a lot of things that you can do. You don't just have to suffer.

Like for me, my periods stopped in March of 2019, whenever this is published, that's when it stopped. And I thought, okay, great. Here we go. This is the beginning of perimenopause. I'm going to be 47 in a couple of weeks. So, here we go. I can't wait for probably gaining 10 pounds. And in all the symptoms that I've been coaching my female clients about are coming for me. So, I know I have to take measures right now to address these things and address my hormones. It might be sliding a little bit. So, I'm really interested in this information as well that's applying to me now.

Dr. Anna C.: Okay. And the sooner the better, right? And they're never too late, and it's never too late. I have clients in their 70s doing my program. And so, it's really powerful. And I think the sooner that you can do it the better. And there is something, there's pearls in my book. If people have been doing keto, or they've been plant-based, or they're vegetarian, they're vegging, or whatever the situation, maybe they did menopause 20 years ago, or looking at it 20 years from now, there is something in here for everyone because we need a reset. We need a hormonal reset. We need to clean up our receptors. We need to empower our body to produce, utilize, and communicate hormonally in a way that is balancing for us to the best of our ability. Like what is balance really, right? What is balance?

So, it is powerful. But with that, again, you see my pictures online, and people go to dranna.com/book, and we'll give you a link, but I've been 80 pounds. I've been over 240 pounds. I had tremendous hair loss to the near back of my scalp. I mean, it's frightening pictures to look at. I'm like, man, I can't believe I share these.

Wendy Myers: Yeah.

Dr. Anna C.: Every time I look, I say, God has made me humble. Seriously.

Wendy Myers: Well, Dr. Anna, thanks so much for coming on, and sharing your journey with us, and your solutions, more importantly about to help other women, because I know there's so many people struggling out there, and that's why I do this. To give people answers, and help them fit those pieces of

the puzzle together they're not getting at their conventional medical doctor's office. So, thanks for joining us today on the podcast.

Dr. Anna C.: My pleasure. Thanks for having me.

Wendy Myers: And everyone. Thanks so much for tuning in every week to the Myers Detox Podcast, where we talk about, heavy metals, heavy metals supplements, detox solutions, and topics related to your most pressing health concerns like today about hormones. So, thanks for tuning every week. It's my pleasure to serve you. I'll talk to you guys next week.