Introduction to Dr. Anna Cabeca

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. summit. I am thrilled to have our next guest with us. And you are going to be equally as thrilled because this talk is really going to be life changing for you.

Today I have Doctor Anna Cabeca with us. She is a bestselling author. She wrote the Hormone Fix Keto Green 16, which I use all the time with my patients and menopause.

She is triple board certified, a fellow of gynecology and obstetrics, integrative Medicine, and anti-aging and Regenerative Medicine. She holds special certifications in functional medicine, sexual health, bioidentical hormone replacement.

And she is here today to talk to us about how you regain intimacy and sexuality after a breast cancer diagnosis. So, Dr. Cabeca welcome. I'm so happy to have you here.

Oh my goodness. It's great to be here with you. And it's such an important topic. Part of how I really got started down the integrative and, regenerative medicine pathway was because one of my first patients in medical practice, when I graduated, Emory, I was National Health Service Corps scholar.

So I ended in my repayment in rural Georgia, and a patient came to me. She was this 63 year old, silver haired, five foot 11, 153 pound female biotech.

Exactly. And she said, Doctor Anna, you know, I'm, it hurts to have sex. Dry. I had a DCIs diagnosis, so ductal carcinoma, ductal cancer in stem cell carcinoma in situ.

Ductal carcinoma in situ. That's why we Asians. And, well, we could have a whole conversation about how that diagnosis shouldn't even exist. But we'll save that for another day.

Right. And the fear that's associated with the diagnosis a diagnosis and her physicians at Emory and this is back in the 1990s, her physicians at Emory said, you can't have any estrogen.

Early Patient Story and Hormone Research

You know, basically this, you know, progressed to cancer and were treating it like a cancer patient. And she's like, doctor, and I'd rather die than live this way.

I'm a woman of the 60s. I love my husband. I can't have sex with him. I'd rather die. And I'm like, okay, shoot. You know, I'm fresh out of Emory thinking I might get.

I trained at the Ivory Tower of Medicine and, here, you know what what what what's in my doctor's bag? And, Jen, you know how it is. I looked at my doctor's bag, and there was nothing in there, basically.

And so I went to the research because I was a researcher before I went to medicine. Intimately and, biomedical researcher. So I dug into the research and I learned about testosterone and DHEA and vaginal estrogen and topical versus oral and the safety profiles in women who have had breast cancer or and the studies that were done, in models of breast cancer.

And I could say very safely with consenting her that this is what we want, you know, this is an option for her. And she said, I'm 1,000% in. I'll sign anything you want me to sign for consent.

And, that's how I got into using DHEA and testosterone and topical versus oral and bioidentical hormones versus synthetic hormone. So that our body identical as as our, as our board wants us to call it now.

Yeah. So let me let me ask you something, because this was in the beginning of your career, right? Yeah. So first of all, I'm a firm believer in that there are no accidents.

Right. And so that person was put in front of you in order to shape your career. But how has it shaped your career? Because, you know, most, most physicians would see a person in front of them with a history of breast cancer and listen to the rhetoric, which is that that is an absolute contraindication to any hormone support.

Yeah. Yeah. I mean, that's a really good question. I think it really came from my upbringing and, you know, the ability to question everything. But seeing my mom go through the standard medical model and, and being very sick and dying prematurely, like it was my commitment at her bedside as she passed away to not let this happen to any other woman, to understand why, what's the underlying reason, and to really question everything, everything about how we were doing things.

Because my mom was an immigrant to this country and two of her brothers were also they all died really prematurely. And from, you know what we say, diseases of the modern world, colon cancer, heart disease and diabetes.

And, compared to her siblings that, you know, outlived her in a war torn area of the world. So I started really questioning everything that I was being taught or started looking at.

What's the underlying reasons, what's the mechanism of action? What's the basic physiology behind this, behind this drug, behind this intervention? And, you know, and, and I, I made a few wrong turns along the way and got corrected a few times in my own health journey where I was in crisis and really had to reevaluate everything again that I learned.

So I think that I also think it's very hard to be your own physician. Yeah, it really is, because you usually put yourself as the very last priority, and you're not looking at it with the same clarity that someone else says, oh my gosh, we could talk about that.

Now I'm ready to go on a, trip to Mexico and have a reset, like practice what I preach. Yeah. Take some time and put your feet up and walk in the ocean.

Yeah. No, but that is. And that's a big part. Not too far in the ocean. You can walk in the ocean, but not too far. Not too far. Yeah, yeah. Everything, in perspective, but so, so true.

Right? It's so true. What leads us down this, this path and what's the next right step? And I was thinking, what's the next right step? Or, you know, I think that that's it for, one of the things to Jen, as I've seen, because I listen to my mom as she went through her health journey and things that were against her culture and against her practice that she was being told to do, and versus the, you know, the traditional route.

And, and, and so I started really understanding as I treated thousands of patients, thousands of women is that women have intuition. Tremendous. We as physicians, when we go to be a physician, we have tremendous amount of intuition and a sixth sense that guides us in this journey, that guides us to order the right test, that guides us with the time and space to do so, to really make the best intervention collaboratively with our patients, our intuition.

Listening to a woman's intuition. A woman knows you know. If she listens to her heart, to her spirit, she knows there's something, there's something going on there.

So yeah, we're doing that's not benefiting us. There's, you know, and I think there's there's a piece of that has to be in collaboration because our fears can mislead us.

But, I think that's one of the things I've learned along this way. Like that. My patient Doron, who had come into my

practice saying that I'd rather die than live this way, her intuition was like, you know, there's there's an answer here.

You can't just tell me I'm going to shrivel up and die, and that's it. I have to accept that and have no sex for the rest of my life. You can't just tell me that. That's going to be okay.

The better way.

Questioning Breast Cancer Dogma

And plus, when you have this diagnosis of breast cancer and I've treated many, I became a referral center because, again, southeast southeast Georgia, not many subspecialties, but I became referral man.

I saw women from all over the world with that diagnosis because no one was asking what caused your cancer. No one was looking at how do we create bodies resilient to cancer?

When I see patients come in for their first consult and I do a bloodwork and for example, their vitamin D level would be 11 or 13, like for me that feels that is malpractice.

That is just obscene. And I still see it today. Women who have had breast cancer are allowed to have, and you're not even checked or evaluated or monitoring their vitamin D levels, are there? They're not they're not checking them.

They're not you're not checking them and or doing surgery at the time when progesterone is the highest in our reproductive age, breast cancers. And so this is research that's been around for a really long time now.

And so you have to question, well, there's absolutely no timing of surgery around reproductive cycle. None. It doesn't happen. And I I'm I'm is guilty of it as anyone in that in the 17 years that I practiced and I was the first fellowship trained breast surgeon in Philadelphia, this was never discussed.

Never ever, ever, ever, ever wait till I didn't know you were in Philadelphia. I grew up in Doylestown. Oh, you're kidding me. That's so funny. Yeah, yeah, yeah, yeah, I lived here all my life.

I did her sinus college, did? Oh, in DC and at temple and. Yeah. Yeah. Oh I'm in. Wow. And Dallas, Texas. There you go. I love Dallas. Such a great place.

Okay. So you have this experience very early on in your career and you basically review the research because the research is out there. I have no idea why no one taps into it.

But quite frankly, we we trained with this dogma that estrogen causes breast cancer. So I would really like you, as a triple board certified physician and women's health expert and advocate.

Can you please respond to that statement? You know, and I think this is where, like I say, that that like that statement itself is misogynistic, right?

So anti-woman, that statement is like, oh, estrogens evil. It's it's it's really demonizing femininity in my opinion. So I call it misogynistic and and, and the reason is it's not the estrogen causing the breast cancer, it's the hormone disruptors.

It's the disruption to the estrogen detoxification pathways. It's the inflammation and elevated, you know, glucose or gluconeogenesis in our systems that result in breast cancer.

It's the toxicity. It's the hormone disruption. It's the, you know, I mean, there's so many things. And as because as I started thinking this again, I wasn't trained this way.

But as I started thinking through this patient after patient after patient had a patient who was, her name's Cindy.

She's she's not. She was. She is. She's doing amazing now.

But in her early 40s, 41 or 42, she was diagnosed with stage two, a breast cancer. And, and she underwent surgery and chemo and and the run. And when I saw her, several years, she was 47 when I saw her.

So several years after her diagnosis, she'd be done. She was completely finished with her chemo and etc., and she's just like, I'm just waiting for the next shoe to drop, basically, when's the next diagnosis?

And I said, well, let's see what caused. I mean, what did your doctor say? I was so naive. What did your doctor say caused your breast cancer? And like, they didn't say anything caused my breast cancer.

You know, you know, I was like, well, let's look into it. And, you know, you go back into from what? As I've learned and as I've trained and as I trust the world medicine training that I've had, it was, you know, like, let's go way back.

How was your how was your mom's pregnancy with you? Where did you grow up? And it turns out she grew up in rural Georgia and, on a farm and worked in a paper mill.

And so paper mills are really rich in formaldehyde, toxic chemicals. And for the entire year, she worked there, she had gastroenteritis, she had diarrhea, irritable bowel syndrome.

And it started she also had 20 years of birth control pills. Now birth control pills are not bioidentical by any means. They're hormone disruptors, 20 years of birth control and, and and she also had an abortion that she never came to terms with.

And so the if you look at world medicine, you think, okay, what are the hormone disruptors? And I learned from, healers around the world that the breast hold the energy of relationship.

So when I'm working with someone with breast cancer, I do inquire into relationships relationship history, any anything around that. And so so we you know, there were many things that worked together to that.

I wanted that I worked with her to address and in all of these levels and to understand and then vitamin D insufficiency pure, you know, pale white, blue eyed blond hair, used a lot of sunscreen and sun protectant because, you know, fear of wrinkles and skin cancer and sun damage, all of those things.

So we just started looking at all of these factors and I also did genetic, you know, I looked at her genetics, what were some of the pathways that contributed.

But in addition to that, looking at organic acids, looking at estrogen detoxification pathways, things like that. So you're looking at all of these pieces to the puzzle to say, okay, we can address these things.

Deal with each one. Recognize okay, this is may have been the perfect storm. Now here's what we do to create a body resilient to breast cancer. And I write you know, I write the pathway in my first book, The Hormone Facts and Key to Green 16.

There's a nutrition and lifestyle piece that really starts with detoxification improving the gut. And I always say it takes more than hormones to balance our hormones.

So that's a big piece of this combination. And you have my book right there, The Hormone Effect. Seriously, it's my magnum opus. I am I'm super proud of that book.

My green screen is in a I did a couple minutes of okay, I love it, I love it. So I think that looking at and now, gosh, I mean, she's a beautiful she's now in her 60s, mid to mid 60s and just doing amazing.

So the intervention, the book, the the food plan, the nutrition, the supplement plan, the hormone plan, that's all part of her regimen is there to sustain her and create a body resistant.

Right. Yeah. So it's so it's clearly so important to ask the why. Right. And and the why is there when you take the time and you go back and you look, you can find the drivers, but unfortunately, in the traditional medical system, not only are they not taking the time, but they're not even acknowledging that there could be etiologies they call breast cancer multifactorial.

And they kind of leave it at at that, that like ambiguous goo that no one knows what to do with. Right. I think you just started just thinking about that with with this.

It's never. Back to your original question. I went on a huge tangent, but it's never your body's own natural estrogen as the cause. It's. I mean, I've never found it.

Oh, well, you're you're just it's your estrogen that caused that. Yeah. And that's why we need to suppress all your estrogen. We need to decrease tumor growth.

But there are many ways to create a body resilient. And so like that's it's not by poisoning our system. No, no estrogen and one and when you started to talk about that you started to talk about hormone disruptors.

And I know that you spend a lot of your time and focus educating people about hormone disruptors. So for the benefit of people here who don't know or understand what that is, but do you dive deeper into hormone disruptors and help people to understand where they are, where they're encountering them?

And what what is happening inside of their body as a result of encountering hormone disruptors? Yeah, that is a really good question. And it is loaded.

I do dedicate a whole chapter to it in my book, The Hormone Facts. But that's not nearly enough. And you can have books and books. So hormone disruptors are basically that they disrupt your body's own natural hormone production or the receptors of your body, the receptor sites for your hormone.

So your body's ability to receive or, or function properly with those hormones. So they work in in both ways from production to reception of your hormones.

Understanding Hormone Disruptors

And they can actually damage receptor sites or inner lock into those receptor sites so that they, you don't even recognize your body's natural hormone production.

Things like plastics, pesticides, herbicides, glyphosate metals, lead, mercury molds. You know, specifically, I and I studied this, thinking I was go back through time, you know, but I'm a wannabe biblical scholar.

But, I always go back in time and say, where in history has this type of hormone disruption happened before? And I think of, you know, I mean, I think through, through time, there have been periods of culture where there is tremendous hormone disruption.

And what could have caused that, like, you know, petroleum chemicals, mold. So we actually I, I'm, I'm Jewish and we have a prayer that we say every Friday night of what we are and are not allowed to light the Chavez candles with the Shabbat candles.

And it goes to a variety of things, and it comes down to those things are toxic when they burn the hormone disruptors. And like our ancestors were brilliant, that they recognized that these things, when you burn them, make you sick, do not burn them.

This is what you need to burn. And they called it things like not clean but that. But you know, that's what it what they noticed that it burned dirty.

Right. And it's doing the same thing. And we're bodies so like parabens and things that they make scented candles

with. And the scent, the fragrance, perfumes, all of that dryer sheets, that's like a culmination of all of those things.

You're aerating plastic and fragrance and, and different volatile chemicals and all of these things. You know, you talked about it affecting the receptor because it kind of looks like estrogen, right?

So it sits on that estrogen receptor. But unlike estrogen, which sits on the receptor and then is able to dissociate and be metabolized, they are like shaped a little differently.

So they get locked on to that receptor and they get stopped there. And so and they're it's causing ill effects. And also I was under the impression that when we detoxify our estrogens we have three different pathways.

We have a safe protective pathway. The two pathway we have an intermediary pathway, the same pathway. And then we have a pathway that's actually quite dangerous.

And it was my impression that these, xeno estrogens, as we call them, they go down that that dangerous pathway, that that four pathway is that correct?

Hydroxy estrogen pathway. Yeah. So it's along the quinone pathway. And it's an incredibly toxic free radical formation that is incredibly toxic to our systems.

Yeah. So it's really that so we can measure that in women and urine and blood. We can look at the two 416 hydroxy methoxy estrogen pathways. And that should be done in every man every woman.

But especially if there's a risk or diagnosis of a cancer. Yeah. But that is never happening. And when I started my patients back to the medical oncologist and say, please show this to them, please show this to them.

For the purposes of knowing that you do not need to be on an aromatase inhibitor because you hardly have any endogenous hormone and hormones don't cause breast cancer.

But on top of it, like look, look at what your preferential pathways are and you're not methylated. And so I don't think we should be putting more into your system.

And they come back to me because they want to put them on tamoxifen or something. And I say like tamoxifen is not a good drug for you here. This is why they actually make recordings for medical oncologist.

And they come back and they're like, I if this were true, I would know about it. I don't, which blows my mind. Right. Because the literature is there.

And that's one of the reasons why I created my product line. Because, you know, certainly the my mighty mycoplasma, which was my first formulation, it's adaptogenic that was for my own health journey.

And then Java, which is topical bulbar cream, was for my breast cancer patients. I mean, I started doing this like way back in 1999 for my breast. You know, DCIs is not breast cancer, but for for this patient.

And from there, it just you know, it continued. And I continue to learn, but to create something that's available over the counter that you can take into your own hands because physicians aren't trained in this.

Yeah, physicians aren't trained in this. And we know topical estrogen is is topical DHEA. Topical testosterone can be very, very safe. Again, we want to understand what's going on and make sure we're doing everything else.

It takes more than hormones to fix our hormones. So it does it does body that's inhospitable to cancer. That's so. So while we're on that topic, can you start to address because it does take more than hormones to fix your hormones.

Right. And the, the like gut response, the gut reaction is to just for someone who is having a hormonal problem to

prescribe them synthetic hormones. Right?

Why Gut Health Balances Hormones

I mean, so many kids get put on birth control for difficult periods or acne or this or that, and they don't realize that not only is that not solving the problem, but it's actually creating problems down the road that I, I know you're seeing in the middle of that story, and I'm seeing at the end of that story, because the end of that story is there in my office because I have breast cancer, because the hormone issue that started when they were nine, ten, 11, 12, 13 only got worse over that time, not better.

Exactly, exactly. So like I would say, the, you know, like suppressing a woman's puberty is I mean, it just makes no sense. There's no nothing good can come out of that.

And nor should we suppress the woman's menopause. Like there's optimization. I say hormone replenishment. And again, it's multifactorial because either way it doesn't lead to a good outcome.

So you really want to optimize our body's own natural number one detoxification. Heal the gut. You healed the hormones. I mean that is pretty, well established and certainly clinical based.

I mean, you know, I love talking to you about this, Jen, because as a surgeon in gynecology, I mean, I used to do 2 to 3 surgeries a week when I learned this stuff.

When I worked with diet and nutrition supplements, I needed to do 2 to 3 major surgeries a year. So that's the difference. That's the difference in empowering the body to heal itself that we can really reduce, if not eliminate, most surgical interventions because the body is innately intelligent.

However, not, you know, not universally. There's always that exception, but I prefer to be the exception than the norm when hysterectomy is the norm, when removing ovaries is the norm, when breast cancer is becoming the norm.

This is this. You know, that's not a good. Yeah, but people like you are very unpopular with the hospitals. We're very unpopular. Yeah. You don't like to give us. Yeah.

You don't want to go to a hospital board and say I'm going to keep patients out of the hospital. Can I have privileges. Yeah. Yeah I don't like that. They definitely do not like that.

So can you talk a little bit about why healing the gut heals the hormones. Yeah. Because I think that that's a really difficult concept for most people to understand, because they don't connect the two at all to this is where I really want people to do their own little experiment because, you know, one of my first programs that I did, I've since retired it since I elevated into the hormone fix, but I called it women's restoration.

And I would say you know, healthy, you know, really a healthy mind for a healthy body. Nutrition is key. And digestion for a healthy help, good digestion for a healthy complexion.

Right. And so this is the experiment of doing the ten day Peter Green detox in my book, The Hormone Fix or any of my plans, that, you know, and and healing the gut in just ten days or, you know, following a clean detox, you will see your skin improve.

It will feel better. It will feel cleaner. It, you know, so you can just feel inflammation is lower. And it, you know, when it comes down to it, inflammation, adrenal dysfunction and hormone imbalance are the three causes to all diseases.

That is the devil's pitchfork that will take our gray faster than anything. And so addressing those issues. So healthy digestion for a glowing complexion, that's one thing.

And it's really nice to see. You can see the change. You can feel the change. And that's important for everyone to

understand. And working with patients I tell them I want you to do my detox.

At that point it was a 21 day detox. I'm like, okay, do my 21 day detox. And I've had resistance. And one of my young patients, she was in her 30s and she had PMS and anxiety issues.

And finally, after two years of coming to see me, she was like, okay, I'm and do it. I feel terrible. And she goes, oh my God, I didn't. I didn't realize how bad I was feeling until I started feeling good again.

And I'll never forget her comment and her just like her energy and her aura that was around her at that follow up visit, because she was like, she was lit up, she was energized.

She was loving life again, loving her family. And that's the power of healing the gut to balance our hormones. And as we've learned through our evolution, you know, I, where we had put so much on the genetic code and breaking the the genetic code realized, gosh, it's really you know, it's really not the whole thing.

It's the microbiome. It's the bacteria, in our throughout our body that is part of this hormone balancing physiology. It's this synergy, the symbiotic relationship that we have with our bacteria that keeps us healthy.

And that's a tremendous part of what's happening in our gut. And we know that we have the Strobel and the metabolome. So we have bacteria that help us with estrogen detoxification.

We have bacteria that help us with our metabolism or, you know, and so keeping that gut healthy is key. And we, you know, we know that way back to Hippocrates.

Healing begins in the gut. Yeah, that's exactly right. And so often we forget, right? We forget to go back there, we forget the basics. And, I think there's so much, being relied upon in modern medicine that we, we have completely strayed from what we really, truly know to be true, which is that we are brilliant machines.

Right? The body knows how to heal itself. We just have to give it what it needs and take away what it doesn't need. And we we've made it so complicated when oftentimes it's really simple.

It's getting back to basics. And that's a lot of what your book talks about, is like fixing your gut by eating real food and eating in a way that is evolutionarily correct.

And physiologically correct. So I would like you to talk a little bit about that because I again think it's hard for people to imagine that just by changing their diet, they can make such profound, improvements in their health and in their hormonal health.

Yeah. And, I think, I mean, I should say that should be our first step, right? Where it's often the last step for people. It's after the diagnosis. They start, you know, making changes or feeling motivated to make changes.

So I want people to recognize that whether you know any where you are on your journey, it's like the time and I would say that what I call keto green, the keto green way, it's a it's a nutrition and lifestyle plan that is not just a good idea.

And perimenopause and menopause, it's mandatory because as our body shifting as our hormone levels are shifting, our protective hormones, progesterone, testosterone, DHEA are our protective and those hormones start to decline.

And with that, and I want you to say that again, because those hormones are protective, those hormones are protective, those hormones are absolutely protective.

And and progesterone and I always call it the lid to our pressure cooker. So if you can remember those old pressure cookers and I remember my mom used to have it rubber banded on or whatever.

However, we clamped those pressure cookers on. I was always terrifying when that old pressure cooker was on to cook food, but you know, you never want to take the lid off until all the pressure's out, right?

But so, like progesterone, I consider progesterone the lid to our pressure cooker because our body I mean, our lives are, you know, a journey. And in perimenopause and menopause, it can feel like we're, you know, we're living in a pressure cooker while the progesterone is that starts to dip.

Boom, off goes your pressure cooker, off goes your lid. And there is mental issues, anxiety, mood swings.

Perimenopause, Progesterone, and Menopause

The monster in me came out. I can't believe I reacted that way. I love my family. I don't feel love for them. Why do I get so angry? I'm becoming a terrible person, you know, like I can't.

I can't go on living like this. I mean, all of those things. Yeah, it's real thoughts, either from myself or from patients I've taken. Yeah, yeah I've.

Yeah. And and it's I, I often say that like if estrogen is the on switch progesterone is the off switch. And if you can't turn it off you're like a hot mess.

That's great. Yeah I love that progesterone like when we say relates to our neurotransmitter Gaba which is that calm that peace that calms or for people to remember I think of the rock group ABBA and the musical Mamma mia!

And it's like oh that's a good feeling, right? It makes you feel good. Yeah. That's not progesterone. And that starts to decline in our 30s. But add stress at any age and you're losing that progesterone.

You're creating infertility. You're reducing the amount of natural reproductive hormones you have. The progesterone is neuroprotective. Jen I just had a client write to me.

She'd been she'd been following our program and was on bioidentical progesterone and, and then her general physician, her gyn said, you don't have a, you don't have a uterus, you don't need progesterone.

And so she stopped her progesterone. She goes and doctor and I'm feeling terrible again, you know, but my doctor says I don't need it. And that is such an old story.

The fact that we're still saying that in 2023, it just blows my mind. That just blows my mind. The reason that came about was because of the whole primer in Provera.

You know, when primary in in the 1950s started to be that miracle pill for women to make them nicer during menopause and more sexually receptive for their husbands and all that stuff.

Right. And then women started having endometrial cancer because unopposed estrogen, real, endogenous or exogenous or hormone disruptors causes endometrial cancer and so they said, okay, we'll bioidentical progesterone.

We can't patent that. This is why they are pharmaceutical, you know, with a whole patent of drugs. So we can't pattern a bioidentical, but we can, create something similar.

Close enough that's going to work against the endometrial lining. Unfortunately, that progestin increases your risk of breast cancer. So it decreases your risk of individual cancer.

So then they said, well, you know, it's you know, the if you don't have a uterus, you don't need this progestin. You just need the estrogen alone. So that's how that myth started.

But exactly with the ignorance that progesterone, we have progesterone receptors in our brain, in our bones, in our

breast, in our vagina, in our fascia, we get stiff as we get older aches and pains, maybe frozen shoulder or something like that.

I mean think progesterone that's progesterone drop off. Yeah. You know, I, I hate to make it about sex, but the truth is that most of this dogma is born out of men not understanding the female experience.

Yeah. And therefore making it unimportant and unnecessary. Right. So that whole progesterone story is about, well, if you don't have a uterus, then you don't need it in terms of the opposition of estrogen stimulation in the uterus.

But you know, thought is given to, well, I don't care about the fact that you can't sleep, doesn't care about the fact that you're snapping at everyone.

You know, it's just it's it's so narrow minded. Yeah. Because I think most of this dogma is from men who just simply do not understand the female experience.

And I'm not a feminist. No, I'm not. And there are there are certainly exceptions. And I always think, like, I'm thankful for the work of John Lee, MD, who did his work on you know what your doctor won't tell you about progesterone.

I'm thankful for the work of Doctor Christine Northrup, a pioneer and trailblazer in the field of bodies, wisdom, women's wisdom. And, you know, so many good, good people.

But I would also say that as an as an obstetrician and, and delivering maybe 500, you know, maybe a few hundred babies before I gave birth to my own. As good as a a male physician can be, he will never understand what it's like to go through childbirth.

Doesn't matter how many babies you deliver, you will never understand how it goes through. And I'm thankful for women now that are going, physicians that are going through menopause and are saying, oh my gosh, you know, if I'm what I would have been teaching, I would have been saying, is it working?

There's got to be a better way. And, because I went through early menopause at 39, that whole, you know, part of my whole story and then reversing it, I recognized, you know, as a God.

God forced me to recognize, you know, that there is a better way a lot earlier. And so I think it's I think we should start to see a change. But I still hear it.

I still hear it because you have social media and you have physicians, women physicians saying, oh, that's ridiculous. You know, you don't need progesterone if you don't have a uterus.

I'm like, go through menopause. And. Yeah, and just and and listen, there are also people like Susan Love who, you know, God bless her. And she's done a lot of wonderful things for a lot of people.

But her attitude is menopause is a blessing. And, oh, and menopause is not a blessing. It may not have been a horrible experience for her, but the symptoms and what's physiologically happening in the body are two separate things.

So even if you're not symptomatic, you're still accelerating heart disease. You're still accelerating bone loss. You are still, increasing the risks of Alzheimer's disease.

And we don't think about things like as many people die as a result of a fracture a year than as many women die as a result of a fracture a year, as do breast cancer.

Where's the conversation about that? Right. No one no one is walking around with I don't know what color ribbon it would be, but no one's walking around with the bone fracture ribbon saying, like, we have to put an end to this.

Oh, can we talk incontinence, vaginal dryness and discomfort with sex now too? Right. Because like also it is menopause is natural. A mandatory suffering is optional.

Yeah. And I want to look at menopause at 56 years old now I want to look at menopause as the second spring of my life. Right. Like that. Like the Japanese say it's the second spring.

So enhancing our second spring so that we can really thrive. Enjoy the love loves that we've created the family, the legacy that we created and continue to have passions and purpose.

Like it's not over. It's not over. But how do we optimize it and step into it? And I think, you know, like I just think, you know, I see, I, you know, I, I always say, you know, I'm open to learn.

Like, I will continually question what I, what I say and what I teach. And I'm also an observer and I can see, you know, I've been in medicine for 30 years.

I can see people who have aged healthily and who have not aged healthily and, you know, you just you with wisdom, with time. God grant me the wisdom with time and and to know, like to be able to make the right choices, right? Yeah.

But that is a lot based on humility, right? It's it's based on the assumption that you don't know everything and that you are a student of life and ever student of life.

So I think that that is a great time to transition to one of the things that you talk about all the time, which is mastering your most important hormone.

Yeah. So as we as we enter this spring of life, what is that hormone and what what should we be thinking about? Oh my gosh, I want everyone to write down the word oxy play oxy play oxy play.

Why write oxy play? And that is, the process to increase the most important hormone of our life. And that is the hormone oxytocin. Oxytocin is the hormone of longevity, of connection, of love.

It is an anti-aging hormone, is an alkaline rising hormone. It is a, it is a resilience hormone, a first line of defense hormone. And so, so oxytocin, not to be confused with oxycodone, which is a pain reliever.

Sometimes it gets confused. Oxytocin is that hormone that we naturally secrete when we have orgasm, when we are feeling loved and loving someone, when we are in childbirth and and having contractions, oxytocin is causing those contractions.

And that creates that bond with this baby that you deliver. And also creates a pain relieving effect and analgesic and, effect and, amnesic effect. So you forget the pain of childbirth.

So otherwise there would only be one child ever for any woman. So that pain of childbirth. And so that's the benefits of oxytocin throughout our age.

Oxytocin, Connection, and Healing After Trauma

It is like and I know this from the, from my own experience with trauma and PTSD and, and losing our child at a young age and traumatically going through grief and, and, you know, beyond explanation that the stress, PTSD, chronic everyday stress and traumatic stress creates that, physiologic imbalance between the stress hormone cortisol and the most important hormone of our body, oxytocin.

So when we go through an experience like that, that's why increases in divorce rate, you can say, well, it's because of the trauma, but it's also the physiology of trauma that you're disconnected from that person that you love the most.

And you're, you know, that depression, that isolation feelings, that's the I call the battle between oxytocin and cortisol. So empowering oxytocin on a regular basis is not only lifesaving, but it, you know, just creates an amazing, amazing physiology.

And it's so important. Regardless of what we've been through, it's important to have oxy play on a daily basis. So there's many ways we can increase oxytocin beyond orgasm and having a baby.

And it should be part of our daily, our daily practice. I love those words. I love those words. And, I think that, you know, we often dismiss that we, we get lost in daily life and we dismiss the importance of that hormonal health of that connection.

And we only really get that, that stimulus that from, from the connection. And if not, you know, we're we're kind of wandering around pointlessly and aimlessly and really, we were all put on this earth for a purpose.

And it doesn't have, you know, you don't have to save the world. You don't have to be a leader. You don't you don't have to be anything. You just have to live your purpose.

And in living your purpose, you know, you you really get all of that. And I think it's like the, you know, the sense that experiencing pleasure, being happy, feeling happy to tap into that regardless of our circumstances and our external environment, that's the ability that we have.

That's a powerful thing that's universal and in our human existence is the ability to be happy without understanding the peace that surpasses all understanding.

That is an internal environment that we have the ability to create each and every one of us. And I say this from a place where I've been to how I've been on the verge of suicide.

I've been really going out back to how, you know, to hell and back and so many times, in so many ways. But I say that with heart to understand that, you know, with this ability that we have to focus on all that is good and beautiful and worthy and, you know, lovely and to shift our physiology, it's life saving.

And it creates a better environment, not just for us, but for all those around us. And, and I love seeing that. And I really look at midlife transition as the ability to tap into that exponentially.

Yeah. And that is a choice, right? Daily choice. That is a choice that you make every single day. And so I think that we should and by circling back around to that, because the question of whether or not you can regain a life of intimacy, of love, of purpose after breast cancer, that that is a choice for people.

And I want them to know that that is a choice, that intimacy can exist after a breast cancer diagnosis. And it probably comes by working with someone like you or me that recognizes what is actually happening in the body.

So can you can you just address that a little bit for people? Yeah, absolutely. And and you know I there is always the next right step. You can just think okay well I feel overwhelmed.

You know Doctor Hannah and Doctor Simmons have spoken about so many things here today. And I just feel overwhelmed. I think about what is your next right one right step.

And that's one thing that just got me through so much is like, what is my one next right step? And I always say in the audience of one, for me, it's the audience, like, you know, just with God as my audience, no one else.

Not the girls, not the work, not the employees, not the expectations of other people and the audience of one. What is my one next right step for me today?

And I think that's where it starts. That's where it starts. And then being able to realize, okay, we're thinking outside the box because number one, we've been there.

Number two, we've seen it go wrong and we've seen it go right. And so having the ability to work with someone like that is really powerful. And I think too is putting it in your own hands.

And Jen will also give you, free trial links for our Jovan Mighty mocha to give people that as an extra tool, just naturally what's available naturally that they can choose to use or not use.

But we can give that give that to your audience to. We'll do that. That's so great. Thank you. I'm really grateful. Okay. So just to summarize today we talked about the importance of vitamin D.

And I really think it's curious that we talk about the increase of cancer. And it also happens to follow the timeline of the increase and kind of ubiquitous use of, sunscreen.

And as a result, we have really become a vitamin D deficient nation. And that is causing a whole host of problems.

Regaining Intimacy After Breast Cancer

Cancer included. Right? Because it hasn't it's not the the deadly the we don't get the deadly type of cancer from the sun. We get deadly cancer from not having sun.

Yeah, yeah. And in villain izing the sun, we have really created a lot of chronic illness in our society. So it's very important to know your vitamin D level and to optimize your vitamin D level.

I keep people between 60 and 100 nanograms per deciliter. What is your optimum range? Yeah. Yeah, definitely 50 to 100. So I think that same range. Yeah. Yeah.

Asking the why you got breast cancer and, and getting a satisfying answer, which means that someone has to take the time to look at you from a historical practice from a historical perspective.

You said, you know, you ask, were there any problems with your with your mother's pregnancy with you? Right. It starts from the moment of creation and goes from there.

And so someone really does need to take the time to look at you and to look at what you've been through, what you've been exposed to, because that really helps to answer the question and put the pieces together.

But just acknowledging that you have a tumor is not going to help you in the long run. Empowering to know the why or it is not the answers. It is and then looking around for hormone disruptors in your environment because it's so important.

And we learned what those hormone disruptors are doing to you and how they're disrupting your health and how they're contributing to cancer diagnoses.

And when you kill the gut, you heal your hormones. And so we did talk about your book and, and starting to see diet as an avenue to healing the gut and healing your hormones.

And I love what you said. Most people don't realize how bad, bad they are and how bad they're feeling until they feel good again. And we have normalized feeling bad, right?

You're supposed to be tired. You're supposed to be achy. You're supposed to be slower. And we've normalized all these things because in general, medical doctors don't know how to promote health, and so they just assume that aging should be, a negative process.

Right. And so it doesn't have to be that way. And if you're not feeling well, there's usually a reason why. And you should go seek healing the way that you deserve to feel the root of all illness, inflammation, adrenal dysfunction and hormone imbalance.

Like brilliant, brilliant. And so everyone should pick up Doctor Anna's book, The Keto Greenway The hormone fix. Yeah, yeah. And it it is like absolute required reading.

And it is it is a how to guide to optimal function. And really at the end of the day, that should be what we are all looking for, right? Because health is not the absence of disease.

Health is optimum function. And that's when you feel good again, right? When you're functioning optimally. And the importance of oxytocin and getting oxy play in every day.

And don't be overwhelmed by all of this because all you need to do is take one right step. Doctor Anna, thank you so much for being here today and for sharing your experience and for being so vulnerable and raw.

I, I learned a lot of things about you today that I didn't know, and I know that you are going to help thousands and thousands and thousands of people who are struggling with their own, trauma in their life.

So thank you so much for being vulnerable, for being here and for bravely doing the work that you do. It's so important. Well, thank you for having me.

And thank you for this opportunity to share this information and what you're doing. I know summits are hard, so everyone listening, share and pay attention, take notes and just thank you.

Thank you so much. Thanks. It's Doctor Jen. Bye for now. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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