How Leptin Resistance Impacts Menopause? Transcript

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Welcome and leptin introduction

Hi, everyone. Welcome back to Mastering the Menopause Summit. I am the Mastering the Menopause Transition Summit. We have had lots of transitions here this morning.

We've been having lots of tech issues, but we have worked it out and we're going to have a powerhouse half hour with my guest active India Gandhi. We are going to talk about everything. Lipton.

She's a double boarded by the American Board family medicine physician, as well as the American Board of Integrative and Holistic Physician. She's a leading expert on leptin.

And you might be thinking, what is leptin? It's something you need to know about. So I'm glad you're here. And we are going to dive in because we have 30 minutes to bring this very important topic to you.

And I didn't introduce myself, but you all know me by now. I'm Doctor Sharon Stills. I'm your host. Welcome to the Summit of India. It's so great that you're here.

Thank you, Doctor Stables for having me today. You're so welcome. And let's just dive in like leptin. What? Let's do it. What is it? Why do these ladies need to know about it?

So first of all, it's a hormone that is not talked about. And it's a hormone that is really actually important. It is produced by your fat cells and it communicates with your brain.

And what this does is it kind of let's everybody know if we need to eat more, if we need to eat less. It's also known as our satiety hormone. So leptin is so important because so many people, after many, many years of dieting, unfortunately, and the world that we live in, have, kind of impacted this metabolism hormone and have slowed down their metal metabolism and have caused weight loss resistance without realizing that they're doing it.

So it is really important. And, and I'm so glad that we're going to be just talking about it today.

Understanding weight loss resistance

Yes, yes. So weight loss resistance. So kind of tell because I'm sure there's a lot of ladies listening who are like, I'd like to lose that final 10 pounds or that 20 pounds or that 50 pounds or however many pounds and whatever I do, I can't do it.

It doesn't come off. It loves me so much, it doesn't want to leave. And so what is that resistance. You know, weight loss resistance happens for many reasons.

So, for example, a lot of times our metabolism changes as our weight changes, right? So a lot of things happen. So one thing that really is important to kind of discuss is, as we age our metabolism constantly changes to the different hormones.

Right. So leptin is impacted by so many different hormones. And we'll kind of talk a little bit about that a little bit later. But like blood sugars and insulin and as well as inflammation and other things.

But what really happens when it comes to weight loss is sometimes we come into weight loss stalls for weight loss plateaus. That means we've done everything that we're supposed to do.

You know, we've been told that we have to exercise, we have to eat right? And that will help us lose weight. But unfortunately, what ends up happening is, maybe we'll lose the first ten, 15 pounds and then we stall because our,

brain has also recalibrated right when we've lost weight, our caloric intake has changed, our metabolic rate has changed.

And sometimes we call we come into, like, a stall, and we're not able to lose any more weight when this happens. That's also weight loss resistance. And our job or my job is to kind of understand why are you having this weight loss resistance, and how is leptin playing a role in this?

Most of the time, leptin is impacted by this. And once we fix it and once we know how to stabilize leptin, you're able to drop the last 10 pounds or whatever it is.

Okay. So I'm sure people are the ladies listening. You're saying well how do I know if leptin my I bet a lot of women listening have never even had leptin discussed with them by their physician.

We talk about progesterone. We talk about estrogen. We talk about testosterone. So how do they approach their doctor? What do they have to ask for? Is it measured in the blood?

Yeah, it is definitely measured in the blood. So what's going on right now is the way to check it is through the blood. Now I have a little quiz that I want you guys all to take.

It's totally free. Go on my website doctor BDA MD, forward slash quiz, 11 questions and you'll kind of start understanding these symptoms. Be me. Some of the symptoms could be you're always craving sugar.

You're craving food. After every meal, you're never satisfied. Maybe you have fatigue. You're sluggish, you're tired. You're exhausted. Go through the questionnaire and kind of see could you be leptin resistant, leptin sensitive, or loved and clear?

The way to test for it is through the blood. However, most primary care doctors are not testing for it. And most endocrinologists are not, are not checking for it.

The reason is it's it's a newer hormone. It's it's it's not very well understood. And a lot of a conventional medicine doesn't know what to do with the information. Right.

Statistically are, are used. It's correlated, in a laboratory value with your, your BMI or your body mass index. And that's how it's usually result in.

But, you know, it's really important to kind of understand where it is. We like that number to be between 7 and 10, right? In a perfect world, we'd like that number to be seven to between 7 and 10.

However, that's not always the case. Right. And so when it's elevated, you're definitely leptin resistant. And you know, we have patients that start off with like in the 90s or 50s and, and our job is to get them done.

And we definitely do that. And that's one of the things I do differently is I like to track numbers and seeing the progression of how things work out.

So 7 to 10, because I run leptin on patients and the lab values are kind of confusing.

Testing leptin and interpreting results

And if you don't see it really high elevated, it's kind of like, well, with the BMI and is the BMI really accurate and do we want to so for the physicians listening, what kind of advice could you give them in ordering it.

Yeah. So you know when we were when I, when I first started checking it, I would just go by the BMI, I'd go by the BMI. And somebody with a leptin f 30 would say, oh, that's normal.

And I'd be like, oh, their leptin is normal. But then I started digging in and doing some research and I'm like, there's

no way that's normal. A leptin of 30 is not normal, even though based on their body mass index, the laboratory value says that's normal.

It is not normal. It really is. There. There really is. It really is important to get them as low as possible for their body weight. Right. And, and and BMI.

Let's talk about this for a second. I'm not a big fan of checking body mass index just because, you know, it's based on height and weight. It doesn't take into account, muscle mass.

It doesn't take into account, anything else like, fluid, body fluid, anything like that, like normal stuff. So it's, it's not even accurate to measure a body mass index these days.

Unfortunately. What do you recommend to instead? Is there something you use in lieu of a BMI? I mean, unfortunately, that is kind of what we do use is not my favorite, right.

It's also kind of paying attention to the body mass, in combination to like muscle. Right. And that's what's missing when it comes to body composition.

There are fantasy technology out there, unfortunately is expensive, and not all providers have that in their office. And it's not always, you know, it's that science still hasn't been perfected yet as well either, to make it more mainstream yet.

But what we do need to pay attention to is understand. Do you have leptin resistance? Is this number in the right range? Is it not for you? Right. Because all of us individual, but more importantly, once we realize that this number is up, what do we need to do to get it down and how we can move our metabolism in the right direction?

Okay. So so tell us. So someone's going to go. They're going to have their leptin. It's going to be above ten. And now what what are things they can do to get this down.

And how is that going to play into being able to lose that weight. They're looking to lose. So number one is from a functional medicine approach. Let's identify what can be triggering some of these issues.

Right. So chronic stress can be contributing to leptin resistance. Hormones like your thyroid blood sugar instability, your adrenals inflammation, gut issues, genetics.

So, so many different things that can be triggering this once you kind of identify, okay, you know what? For me, it is a fact that I am pre-diabetic. I have some insulin resistance identifying that then working closely with your functional medicine provider, aiming towards fixing the root cause of some of these other things, then slowly, decreases your leptin significantly.

So it's it's usually a combination is usually not one thing that I'll fix for leptin. It's usually not just let's just, decrease inflammation. It's let's decrease inflammation and let's balance your hormones or let's fix your gut health and, let's kind of see how the toxins are impacting your leptin.

So it's usually multi multi focused. And once we are able to figure out what the trigger for your specific leptin resistance is, identifying that and coming on with a specific treatment protocol for that.

But fighting inflammation is usually one of the biggest things I see. Of course. Yeah. Inflammation, chronic stress. It it always comes back to stress.

I say that all the time that it's the root cause of everything. Everything. Right. And if you're alive, you're stressed. So it's just about modulating your stress.

And so there's leptin resistance. Is there any other issue with leptin or is it. Yes. Yes. No. Leptin is so important because it impacts your triglycerides.

It actually can impact your blood pressure. And it can actually, be a reason why so many people are, osteoporotic.

What drives leptin resistance

So let's talk about this, especially in your menopausal population. We have I've been talking about leptin resistance mainly when your leptin is abnormal and high. Right.

We also have the other end of the spectrum where your leptin can be too low when your leptin is too low. This is very well documented and correlated with low estrogen.

Usually what happens when you're in a post-menopausal state and more importantly, what happens when, you have, osteoporosis. So there is definitely data to say you don't want your leptin to be too high, but you also don't want it to be under three.

If your leptin is under three, that's also causing some other issues. So we like inappropriate girlfriend leptin to beat between 3 and 7. So if it's low, what do you do about bringing it up?

So that's the other end, right? So we want to make sure if it's low, our job is to slowly increase it by going back to your diet. How can we optimize your diet?

Majority of the time, you're probably have a little bit of anxiety. You're probably not eating enough. Most most of the time people are doing intermittent fasting, and kind of slowed down their metabolism in a different way because, of things like that and specifically what what I really want to shed light on, especially in your population, is when you're going through menopause, hormones naturally decline with age.

That's just a natural progression. What is happening is as your hormones are decreasing, specifically estrogen, this is one of the triggers for osteoporosis osteopenia or brittle bones.

And there is direct correlation with that and leptin. When we start eating three meals a day, when we stop dieting and when we start actually eating a little bit more, we actually see improvement in leptin.

And specifically, as you know, I'm sure you're having oh, I'm sure you're gonna have someone talk about this. But as we start doing more strength training activities, we'll see that osteoporosis, improve. Yes.

We have great talk with Deborah Atkinson about. Yeah, exercise. And she gave us permission to exercise. Not as hard and not as often. It was awesome. Yeah. Oh, good.

Good I love that I saw that I was like, yes, this is what we ladies need to hear. So let's talk about like starving yourself and dieting. And should we be counting calories and what do we do to mess up our metabolism.

And if we have been on the chronic Yo-Yo diet, what can we do now to change that? So let's start off with this. Number one rule stop dieting, stop dieting, stop counting calories, stop adding more stress to your body.

I know we've been told if you want to lose weight, you have to exercise more and you have to eat less, right? Yes, that worked when you were 20. That doesn't work when you're 50.

Your metabolism has changed. There's so many different things that are weighing in on this. The biggest mistake we have all made, including myself, at different phases of life, we're not eating enough calories, we're not eating the right type of foods.

And it's not just about the calorie, Sharon, it's actually also about the macronutrients and the nutrients that we're getting. So, you know, 500 calories from, McDonald's cheeseburger is not the same as nutrient dense calories in, like, a salad with, with eggs and protein and, and nuts and hemp seeds and blah, blah, blah.

It's just different, you know what I mean? And so that is the first thing that I really want people to be aware of,

because when you start eating the right type of foods for your body, you're nourishing your cells.

You actually will lose weight. And it's effortless. You're not trying. So hard, and that's what your body is creating. Your body is craving nutrient dense foods.

So start feeding it that. Start actually eating and you'll seriously just that one trick. You're actually resetting your metabolism. So stop starving yourself. Seriously. Stop it.

Because it's really counterproductive. And a lot of times when I start telling people I actually want you to eat, they look at me with their eyes glaze, like you're telling me to do what?

Like, how am I going to lose weight? And you're like, I'm like, I promise, just let's change the conversation.

Low leptin, menopause, and bone health

Let's slowly reset your metabolism and actually learn to understand that not all carbs are bad and eating carbohydrates actually can help you. We've been told to starve ourselves and eat low carb, and that is messing up our thyroid.

That's messing up our metabolism. So do you have like a formula of how many carbs a day you should be eating? Is it different for everyone? It is different for everyone.

But honestly, let's let's talk about this. Generally most people, if they've been on the diet culture, they've been starving. That's it. Starving, caloric, calorie starving.

They're also been told that in order to lose weight, you have to be restrictive and do low carb. They've tried the intermittent fasting. They've tried the keto.

This is why intermittent fasting and worked for like a week or two. And then you had that weight lost. All right. Because your body now now realizes that you need less.

How do I put less calories to burn? Right. And so now you're before you could get away with eating 1400 calories. Not again. Eating a thousand calories.

And it's like, okay, well, does that mean I have to eat 800 calories or even 700 calories to lose weight? There's that. Miscommunication is often what we end up doing is actually feeding our body fuel, eating a little bit more carbohydrates.

You may gain a pound or two, but what that does is actually slowly reset your metabolism, right? What that actually does is start fixing that thyroid hormone that has been hurt for so long and slowly starts kind of ramping up your metabolism in the right way.

So I know we have a lot of women who probably have thyroid issues. So you're saying restricting carbohydrates actually can slow your thyroid down? Yes, yes.

Long term, especially specifically your T3 and free T3. This is what I'm specifically talking about. And this is where the problem is. Yeah, most people actually share.

And I'm sure you see this to majority of my patients that walk in all have symptoms of, constipation, dry skin, fatigue, hair loss, moodiness. And when I check their TSH, their TSH usually is like, you know, pretty normal, right?

And I mean normal. I'm talking about 1 to 2 range. I'm not talking about, you know, you know, below four range, whatever. But when I check their T3 and free T3, it's it's super low.

It's usually like 2.5 and, and they're and their T3 is like, you know, like 99. And so once we, once we understand,

hey, your body does need a little bit of T3 to function well.

And when you dig deeper you realize, oh, well, not only are you really stressed, you've been really stressed. That's one of the factors for this. But you've also been on a restrictive carbohydrate diet or a restrictive calorie diet because you're desperately trying to lose weight.

This is one of the reasons why your weight has just plateaued. So for someone listening who is has been in that restrictive mode like a lot of us, and is kind of scared, like, what did you see me that got to start eating food?

What could you just walk them through a little bit about like what carbs you like and how a how a day in eating could look like for them. Yeah. So I am a huge fan of something called carb cycling.

So carb cycling really does help. And it really is therapeutic. And that's, having days where you allow yourself to eat a little bit more carbs than normal and then alternating it with days of high carbs and then days of low carbs.

Right. And I'm just using that as an example. But we're also taking into consideration the amount of fat you're eating that day and the amount of protein you're eating, and also the amount of activity you're expending. Right.

So if you're if you've got an intense workout plan versus not having an intense workout plan, like this is going to be like a chill day today, maybe you're not going to be eating that many carbs because you're not going to be burning it off as much, right?

So it's it is very strategically, aligned with your physical activity as well. So carb cycling is definitely a good example of this. And again, it varies based on what your current weight is or the way we calculate it is based on your your current weight and what your weight loss goals are.

Right.

Why dieting and calorie restriction backfire

So it's not I can't I can't really generalize and say, you know what, everybody needs to have 200g of carbs a day because that may may not be what your body needs, but, what what I'm trying to what I want to get the point I want to get is, guys, it's okay to eat a little bit of carbs.

It's okay. Your body is craving it, and it's really important. And we all know carbs makes us happy. And we we do know that. And there's a reason why sometimes, you know, we don't do well on these other diets that are restrictive carbs, especially because we're females and we, our body and our hormones need it in a different way.

Healthy carbs are things like oatmeal, quinoa, brown rice, things that are not refined, things that are not processed. We want to eat it in the whole grain form as much as we can.

So like sweet potatoes. Sweet potatoes. Is that excellent. Yes. What am I, potatoes. What's your what's your viewpoint on white potatoes. Now. You know there is a, there is a time and place for white potatoes if you don't have any blood sugar instabilities I think it's okay to eat white potatoes.

I actually am a fan of cold white potatoes. If you have GI issues or gut issues because of the resistant starch. Even with sweet potatoes, I encourage people in a cold because of the resistant starch and that helps your microbiome.

So you know you've got to figure out what works for you. If you if you're able to get your hands on a continuous, glucose monitor, you can check, because some people actually have blood sugar spikes with sweet potatoes and not with my hands.

And so it really is individual like for me, I'm the opposite. My blood sugars will spike with white potatoes. As much as I love them, I know I can only have them like minimally.

I was asking for personal reasons. I like. I love a good white potato, so. Me too. I'm not gonna lie, I love them. You know what? If you're going to eat it, it's just it's just being mindful of what other carbohydrates you're eating at that meal or at that time or in that day to say, okay, and I like white potatoes and I'm going to have a blood sugar spike.

And I, I'm aware of that. And, but how can I manage the rest of my, my meals throughout the day? So I have two questions burning in my mind. The first is weight loss in general.

I remember growing up hearing 2 pounds a week is normal, and so is that true or do you have a different thought on that? Can you just explain how you should expect?

Yeah. You know, I'm still I'm still a fan of the slower the better. Let's not do rapid fast weight loss. 1 to 2 pounds is what I like, you know? Anything more than that, you're probably losing water.

Wait, you're probably not really losing weight, right? And so what you want to do is really just be slow and strategic, okay? And we're talking about leptin.

And there is the balancing hormone which I. Oh, I say ghrelin. I don't know if I say it correct. Correct. I always think of like I'm hungry. So could you just talk a little bit about that and do you is there a test for that or what.

What's your. Oh yeah. Unfortunately there's no test for it. So leptin is what our satiety hormone and ghrelin is our hunger hormone. They're we kind of are like sister hormones together.

And they kind of influence each other. So it is kind of important to kind of learn about or kind of discuss both. Ghrelin is basically, well, so leptin will tell us, like if, if we eat a meal, leptin will tell us if we're full, do we need to eat more or not?

Ghrelin kind of like is the opposite. Is is kind of like stimulates that hunger a little bit. So that's the just the difference between the two. There is no way right now at least to my knowledge, to check ghrelin like we'd like to test it.

And even though it's leptin it's still fairly new. Okay. Yeah. I didn't know of a way to test it. I was like maybe she has a secret. No I wish, I wish I did, I wish I did.

And then so just like for being hungry I always teach my patience which is easier to teach and sometimes harder to embody. But to stop eating when you're about 70% full, rather than eating till your stomach is busting in to really wait and see.

Do you need to eat more? So do you have any tips like that for what the listeners can get? You know, that is. That's so great. The number one thing kind of like you said is start getting intuitive with your body.

One of the things that I really encourage, kind of similar to, is mindful eating is eating slow, taking your time, smelling your food. Don't be like me and scarf everything in between.

Patience. Don't be like me. But yeah, you know, take your time, eat slow, and really just savor every moment and every morsel of every bite that you're eating.

That alone is changing your taste buds. That alone is changing your microbiome. And that alone is slowing down. Having that that communication between leptin in your brain is much better when you're eating fast, like like I usually do.

Carb cycling and better food choices

You're still hungry. You probably ate everything on your plate. You haven't even you don't even know what you ate. You just inhaled it and your body's, like, hasn't really processed what just happened and is like, I need more food.

Like you need to eat slow. You need to take your time. And and I love I love the fact that you said, like, if you feel

like you're full or you feel like you're not so full, maybe you stop at that time, wait a little bit, drink a little bit of water and see, do I want to eat?

Have a second helping or not? I I'm everyone knows I'm obsessed with mindfulness. I think it's the best medicine around. So I love that you brought that up. And what about is everyone supposed to be a size zero or a size two?

You tell me that because I feel like some women are just naturally a little bigger or a little. Yeah. You know, you have to also look back at, you know, your genetics, you also have to look at your body type.

We're not all the same. We're not all meant to be the same. We're not all meant to be size zero and and look like Kim Kardashian or whoever, whoever your role model is these days, I don't know, you know, our body types are all different, and you have to honor that.

Ultimately, the goal is to be what is to kind of reflect at a point in your life where you felt your best, you had the best energy, you felt healthy, you were active, you slept great, you had a higher libido.

Like, think about where you were at that weight. And that may be your weight goal, right? It's unrealistic to say, be 150 pound woman and want your weight to be 100 when you weighed 100 pounds when you were 12 years old.

Like, you know what I mean? Like, I want to be realistic of the last time you weighed a certain weight, because a lot of times people will come to me and I ask them, you know, you know, what their goal weight is, what their ideal weight is, and when the last time they weight it.

And sometimes you're like, well, actually the last time I weighed that was in high school and I'm like, do you really want to get back to your high school weight?

I mean, let's talk about that. So there's a lot, a lot of things to kind of think about. Yeah, I think that I mean, I think back to like when heavier women. Right.

They used to sell pills to make you gain weight, to be sexy. And so we let media dictates so much. How so I, I love what you just said about really thinking about how you feel and your libido and your energy.

And could it be okay to have a few extra pounds if you're feeling great? Because I know personally, sometimes real thin, skinny patients come in and they are not healthy.

No, no. And a lot of times their leptin is on the other end of the scale. They have osteoporosis. There's so many other there's so many other issues that happen when you're when you're not in a healthy weight, you know, for your body.

So it's not just about being skinny and fitting in the size zero jeans. It's about that healthy frame of mind. When were you healthy again? A good example is when were you healthy and your thyroid was optimal.

Maybe you weren't on medication at that point, you know, and your hormones are a little bit more balanced. Your hair wasn't falling out. You know, you get on the other end of the spectrum and your nutrients are all off.

So last question before we wind down here, is there anything that supplements women should be thinking about if they have leptin resistance, is there anything they could start doing now, or is it really looking at the toxins and all the other things, or is there like, oh, it is, it is definitely a combination, you know?

So one thing I will recommend is definitely take my quiz, definitely take the quiz. It's free. And and just kind of identify do these some of some of these symptoms, do they resonate with me.

Because if they do you may be unaware that you have a leptin resistance. The other thing is, I'm going to tell you this. Start eating, start eating and eat protein.

Don't be afraid of protein again. As females, I don't know where we've been taught that we should be afraid of protein. If we eat too much protein, we're going to look like a man or something.

I don't know where this this misconception came, but it's okay to eat protein and it's what our body and cells need. Stabilizes our blood sugar, keeps us full, really important and stopped snacking.

Mindful eating, realistic goals, and next steps

I'm a big snacker too, but it's like the worst thing you can do. It is the worst thing you can do. Eat three good solid meals. That's it. Forget the snacks, forgo the snacks.

Just eat three good meals, spaced them apart. And seriously, just that that these little tips alone, you're going to see your metabolism just start revving up in the right way.

And so as you balance these other things, when you retest your leptin, you'll see it start to come down. So should patients be fasting or for the leptin test or does it matter?

You know, I haven't seen any data. And if they should be fasting or not yet. So I usually, I usually, I usually personally don't encourage my patients to pass fast.

And if they do, I'm interpreting their labs accordingly because I'm checking a whole slew of other things at the same time. Even when we're talking about fasting, people can get in trouble with fasting.

So I always minimum fast that you're going to do is like a 12 hour fast, right? Okay. Because I always run my leptin with my own lipid panels and others.

So they're always fasting 12 hours on the other. So I was wondering if that has any effect. So wow. And your quiz sounds fantastic. And I think you also had a metabolism freak.

Yes, yes. You guys, I would love for you guys to just, download five Ways to Improve leptin. And, you can go on the site, I'll share it with Sharon and, and you guys get it for free, download it and just see all the things that you can do to start rubbing up your metabolism in the right direction.

Awesome. Well, thank you for giving us a different perspective and for, for reminding everyone that that just because you're getting tested, I think the take home message I want to give to everyone is just because your doctor is testing you or running labs, they might not be running all the correct labs, all the data that you need.

And so don't give up hope. And here's something new you can look at as you're working to rebalance your metabolism and get to a weight that's comfortable for you. Yes.

And and one thing that I really want to everyone to kind of be aware of is, you know, if you're not satisfied with the answers you're getting through conventional medicine or your primary care doctor or whatever, whoever keep asking questions, keep seeking help.

You know, there are people out there that are wanting to help you, that are knowledgeable, that have this information. And it it really does. Once you once you know what to do, once you're able to work with a practitioner that is able to identify the root causes of some of these things, it's like night and day difference.

Yeah. So we've got a theme here. It's all about the root cause. And so it's we'd love it for it to be so simple. But we do need to do the work. As we've been discussing on so many interviews, of looking at your toxicity, of balancing your hormones and making sure your adrenals and your thyroid and your stress and all of these.

Yeah. So as we're mastering our menopause transition, where we're going on a journey and there's no better journey to invest in than your own health and wellness.

So thank you for being here, everyone. Thank you for being here. Doctor of India, thank you so much. Your leptin, your leptin love. And we'll be back with another talk.

So be well everyone. Thank you.