How To Make Menopause Your B*tch Transcript

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Introduction and Esther Blumu2019s Background

Hi there, it's Dr. Jenn. Welcome back to the Breast Cancer Breakthroughs Summit. You are in for something really special because I have my friend Esther Blum here.

She is the author of Eat, Drink, and Be Gorgeous Cavewomen Don’t Get Fat and See ya later, Ovulator. So Esther brings with her a breath of knowledge for women on their life's journey.

And actually, at each stage in her life's journey, she has contributed such amazing content to help people to navigate that stage. And I am so delighted to have her here today to help us navigate this space.

So, Esther, welcome. Oh, my gosh. Thank you for having me here. You're like the best friend I've never met. I know we had to do this in person. One of.

I know. It's. Definitely have to do this in person one of these days there is so you know the the topic of hormone replacement is heated on any stage and in any room.

And nowhere is it more heated than in the breast cancer population. So having written books about each stage in our kind of hormonal lifespan, can you can you start by talking to us a little bit about why you wrote the books at each stage and catch us up to like what is like when you don't have any hormones?

Yeah, yeah. Well, you know, it was very organic. Each book I wrote was really the book that I wish someone wrote for me at that phase in my life. So Eat, Drink, and Be Gorgeous, I mean, this was my ode to my twenties.

I mean, Jenn, I had to personally research the hangover recovery section. So I was like a martini at work in one hand and a wheatgrass in the other. And I and I really wrote about the humans I was treating.

Now, I've always treated menopausal women in my practice, but they weren't the primary component of my practice until years later, when you know, Hello, I'm 53 now.

So obviously, you know, late thirties is when I really started getting heavy into perimenopause and menopause. Although I have a woman as young as 29 who I've treated and she went into full blown menopause.

Why Hormone Imbalance Is Showing Up Earlier

And I'm seeing women younger and younger go into perimenopause and even menopause. So why do you think that is? Because, you know, if a woman comes to her gynecologist in her twenties or thirties and stops and starts reporting menopausal symptoms, those people are quickly dismissed.

And those are the people that ten years down the line or five years down the line are going to turn up with the breast cancer diagnosis because they started to show the symptoms of hormone imbalance then.

Mm hmm, yes. So what happens is I believe a couple of things are happening. Number one, I do believe our receptor sites are clogged. I really do. For hormones.

I mean, think about it. We are swimming in plastics, right? There are so many estrogen disruptors that are mimicking the effect of estrogen in the body and the hormones can't reach their targeted receptor site.

So we want to think about I mean, jeez, as women, I love myself some makeup ladies, but I'm really careful with the quality of the products I'm using and making sure that they don't have endocrine disruptors in them.

And I mean, I just think about all the makeup I put on my face. How many chemicals, how many products ingredients are in just that. Plus our shampoo conditioner and then, you know, products plus our nails plus plus plus our sunscreen, our skin lotion, all the things.

So our receptor sites are clogged. We also are not always eating 100% organic. So that can absolutely disrupt our delicate endocrine balance. And then also, you know, women are put on birth control pills for very for, you know, easily 30 years of their life.

20 to 30 years. Absolutely. Without without giving it a thought. Without giving it a thought, without ever giving your hormone receptor sites a break there.

And then from there, they go to hormones and some women go to pellets, which again, talk about never giving your receptor sites a break. So I think it's a multifaceted environmental hormonal storm. Yeah.

And those first things that you talked about, the plastics and we didn't mention antibiotics, but antibiotics are in there and and the makeup and the shampoo and conditioner and all these things with the fragrance notes and the sunscreen and skin lotion and things with triclosan in them and the pesticides and herbicides and fungicides that come along with not eating organic foods.

These are in constant supply and as you said, they are acting on our hormone receptor sites. And they're not not only are they, are they acting, they're abnormally, but then we also have to clear all of those things.

And detoxification is a whole other side of things that we're not aware of. And when women come in complaining of these symptoms, whatever it is, heavy periods or mood swings or whatever it is, and they're put on birth control pills, there's really no investigation that happens first.

Correct? Exactly. And I was just at a for M and many of the physicians there were saying how speaking out against the dangers of oral contraceptive gives, because that oral synthetic estrogen and the synthetic progestins have a much greater risk of cancer.

And this is your zone of genius, not mine. But I'm just sharing the info. You know, much greater risk of cancer than bioidentical hormones, which are often applied.

Transdermal progesterone is oral if it's in your prime atrium. But topical estrogen and testosterone is A, given at a fifth of the dose of the birth control pill.

And B, the transdermal creams do not have the same risks and also a far lower risk of clotting and strokes with transdermal versus. Oral. And bioidentical versus synthetic.

So it's all those things. Yeah, yeah, it is all those things. And the other the other part about taking it orally is that it goes to the liver, whereas when you apply it topically, you're just directly absorbing it into the bloodstream.

Hormone Replacement, Delivery Methods, and Cancer Risk

So our liver is already charged with so much work, right? Because it basically has to detoxify every single thing that we that we put in in on us. That is correct.

And that is why I look at methylation pathways. I look at how your liver is moving your hormones through and I look at how your gut is moving hormones through.

And listen, I learned that you correct me, the statistic I heard at a forum was that one in eight women is genetically prone to developing cancer. Is that accurate?

Well, one in eight women will develop breast cancer over their lifetime. I mean, that statistic that we've known for ages, we're actually I believe that statistic is going to get worse or worse.

And and we're going to see it in younger ages. Yes. But we also learned that so much of it was environmental that like five to now tell me if I'm wrong, please.

5 to 10% was the percentage that was hormone dependent for cancers and the rest is natural. 5 to 10% is the percentage of women whose breast cancers can be attributed to a genetic known genetic mutation.

Okay. Okay. But I will argue that even in that population of women and we're talking about women that have like a broken mutation of rock, a one or two mutation, and in those women, those genes are actually protective genes.

Those are anti breast cancer genes. And people who have a mutation are born with a defective copy. And so they are not able to make the DNA repairs required to avoid breast cancer.

And so that's why those women are susceptible to developing breast cancers, ovarian cancers, you know, various other kinds of cancers. But the thing is, 100% of people with block mutations do not develop the disease.

So there's something else in play there, and that's the environment. And our environment is responsible for at least 80% of cancers at least. Yeah. Now, this is not to have people feel guilty.

It's not about blame or shame. I hope that people take that statistic and can feel empowered because what you can do with that information is create an environment that doesn't foster cancer.

And I hope that that was the message that you heard at a forum. Yes. Yeah. I mean, there's always, always cleaning up, cleaning up staph infections, cleaning up.

So if you have Lyme or COVID, if you have mold exposure, if you have mercury toxicity, just cleaning those up and cleaning up your detoxification pathways can do wonders.

And a big question I get often is, well, what happens if you have the genetic mutations and the snips if you are a MTF R mutation, can you still take hormones?

And the answer is yes if you are supporting your pathways. Well, yes. Before I went on, hormones, I was not a good methyl later at all and now I retest my methylation.

It's gotten way stronger over the years. Yeah. With some supplements and just a couple of small lifestyle tweaks, but not even just even supplements dramatically improved to agree or not.

I mean, it's like two pills a day that I'm taking that made a difference. Nothing crazy. Which were, by the way, a b-complex and a broccoli concentrate.

That's it. Big, but it's not rocket science. It's not nothing major. And and just. I yeah. Yeah, yeah. And, and, and the thing is that knowledge is power.

So to know that you struggle with methylation or to know that you have a slow conti g or you know. Yeah. In, in knowing those days, you can absolutely do things to empower those processes.

So like, I know someone if they have a slow serum t gene, I'm going to make sure that they have enough magnesium b6, b9, b12. Maybe they need some sam e to supplement.

So there are things that we can do to help people with that process. But again, knowledge is power and people need to know about it. That's right. Yeah.

And so tell us about your latest book. See you later. Abby later focuses on this menopausal state and almost everyone who is either you tend to breast cancer or cause you're already postpartum causal, which is where we see the vast majority of breast cancers being diagnosed in the woman who is already post-menopausal.

Or if you're pre-med, a causal either the treatments or you are in or you have surgery or something along those lines puts you into menopause because like we don't let anyone have hormones after breast cancer.

I'm not sure why, but that is the typical practice and women are really suffering. Yeah. Absolutely. Which is why. Some of the things that are happening.

Why did you write that book and tell us about the things sort of physiologically happening at that time? I wrote that book because I was so sick and tired and pissed off watching women get Gaslit day in and day out.

I mean, there's a little banner on the back of the book. It says Gas Free Zone, because I see that the medical system is not changing. Right. So changing for doctors is certainly not changing for dieticians.

It's all so antiquated. Nobody's updating their research. And I was like, rather than waiting for the system to change, which please, we will be old and gray by then, or young and gray, but either way, rather than waiting for the system to change, I'm gonna be.

Gray just so. I'm not. So long. Don't hold your breath for that by now. No, no. I do love my my brunet. But but I wanted to say to women, here are the tools.

Here's everything you need to advocate for yourself at the doctor's office. You don't have to be a menopause expert. But I through 100 studies in the back of the book and I broke down for women ways to ask for support at the doctor's office.

And I'm going to share them here now very, very simple. Okay. Number one, there is such compelling research to show the safety and efficacy of low dose bioidentical hormones like.

And so you can go a lot of doctors will say, you know, I'm not going to discuss hormones with you or you don't need hormones. I'm not ever going to test you.

Great. So you have to trajectory potential options at that point. Number one is you stay with your doctor and you negotiate it because you want to work with an insurance doctor.

You don't want to pay more than you need to out of pocket.

Genetics, Environment, and Methylation Support

And at that point, you say, I've read this, studies add menopause here, there in the back of this book, and I've read the studies on hormones and I've seen enough evidence to show that they're safe and effective and are going to enhance my quality of life.

Why don't you let me try them? For three months, the FDA has approved these hormones and I can get them at my pharmacy. Why don't you let me try for three months?

I'm really suffering. I'm not sleeping. My libido stinks. I have vaginal dryness, I've put on weight and my mood is terrible. I'm depressed and anxious and having brain fog.

Please partner with me. We partner with me to help me get better. I won't hold you liable. Just please help me. I would imagine as a doctor, it's hard to say no at that point, and I get that it can feel really uncomfortable to confront someone in a white coat.

So please bring your loud mouth, bestie, sister, aunt, cousin, mom with you for moral support, please take that step number one. Step two is you say, you know what?

I'm just I've had it with the system. I'm leaving. And you can call up a local compounding pharmacy in your state and say what? Doctors are running hormones through what doctors are prescribing hormones.

Through my compounding pharmacy, you can use Google Functional Medicine Doctor with your zip code, bioidentical hormone replacement therapy with your zip code, but do your due diligence.

A lot of practices are doing pellets or injections. You don't want to do that either because, A, there's no clinical studies. Zero on pellets. Yeah. Okay.

Number two, it never gives your hormone receptors a break and it's way higher of a dose than you need. And you never control the release. Yeah, I, I, I, I have found there are so many people using pellets.

I'm not I'm not sure why. I think I know why. Well, what a, it's moneymaking yet. B, a lot of people say I didn't get results on bioidentical hormones and I think it's because the receptor sites are clogged.

I need to clean those up. Yeah, yeah. And then your hormones will actually work. And when you're on bioidentical hormones, you need to take one day off a week, give your body a break.

Yup, yup. Or yeah, you can. You can do it that way. You can cycle them like like a birth control pill would be cycled, you know, when. Well back in the day before we put people on birth control pills continuously because we decided that like bleeding was bad.

But back in the day, you would take birth control pills for three weeks and then off for a week. And then, you know, we we stopped doing that because it was inconvenient for people to have a period. Right. Right.

Sometimes I just, like, don't understand my fellow physicians, but that's a topic for another day. I'm with you. But I agree with you that when we talk about these methods of hormone replacement, we need to be very cognizant and thoughtful about the delivery methods because they're not all the same.

They don't all have the same efficacy. They don't all have the same benefit, and some of them actually have detriments. So that, you know, when people talk about the risk of blood clots increasing with hormone replacement, that only applies to oral estrogen.

Yes, it does not apply to topical estrogen. And most doctors are not aware of that. They think that that all hormone replacement increases blood clot rate, blood clot risk.

And it's simply not true. That's correct. And I agree with you, with the pellets, it's very hard to to regulate the dosing and many of these women are highly, highly, highly overdosed with poets.

And that's a problem, too. It is. This is this is a Goldilocks place, right? We don't want to get too little because then you don't get the benefit. But we definitely don't want to get too much because we don't want to overstimulate and we don't want to over top survive.

We don't want to overburden the body because, you know, hormones are bioidentical or, you know, our endogenous hormones. This all has to be detoxified.

We do have to break this down. You do have to turn them from something that's fat soluble into something that is water soluble and get rid of them. And, you know, that's a part of it, too, that like people are walking out on hormone replacement and they're also not perfect.

So they don't realize that they're getting dosed in just one dose and dose and dose because that's how it will clear it from our body. So constipation is a huge problem in our society and we don't talk about it because it's not it's not nice to talk about poop, although I would imagine as a nutritionist, you have money.

Oh, yeah. My husband says I should have a mug that says Poop is my business. I mean, it's the first it's one of the benchmarks of success of of being a healthy person is pooping, by the way, not just once every 4 to 5 days, but 1 to 3 times a day.

Absolutely. So we do need to poop every day. We need to take out the trash every day.

Menopause, Advocacy, and Bioidentical Hormones

Look at that poop emoji. Oh, I am serious about that. I seriously need that next to like a big uterus and ovaries pillow as well. Yeah, my son calls me the vagina doctor.

I'm like, well, I'm not a doctor, but I'm a physician. Yes, that is true. Oh. I said, that's what I call my pelvic floor therapist. I call her my magician. Yes.

So let's let's talk a little bit about the gut, because it is so important when we talk about when we have this hormonal conversation. So how are you how how does that fit into the whole hormone balance picture for you?

So we have in our microbiome, we have a subset of bacteria called the estrogen, which is responsible for metabolizing estrogen and hormones that is its sole job.

So ironically, during perimenopause, late perimenopause with the decline in estrogen and progestin alone, comes also a decline in that gorgeous mucosal lining inside the small intestine.

So all of a sudden we're more bloated or having food sensitivity. Our hydrochloric acid production goes down. We're more prone to H. Pylori and bacterial overgrowth, some of which is inflammatory, more prone to SIBO and Candida.

So optimizing your gut health, balancing your microbiome, putting in digestive enzymes and hydrochloric acid in particular is important because it does act as a firewall to prevent bacterial overgrowth and healing up a leaky gut.

All of those can reestablish when you colonize and regrow the beneficial bacteria. And it's completely possible to do in a matter of months when you can really clean it up.

Then what happens is you do metabolize your estrogen properly. There is an enzyme you can check called beta as well, Kiran. It is. And if that is within normal limits, you are and you're pooping every day, that will really help you not be estrogen dominant in menopause, which you can be actually estrogen dominant in menopause.

Absolutely. Absolutely. And we and we do we do see that, especially in people who are overweight, especially in people who are over toxic because of all of those things that we talked about in the beginning.

Because even though your ovaries may not be producing estrogen, if you are, you know, drinking out of plastic, cooking in plastic, storing in plastic, using traditional skin products, self-care products, cleaning your home with traditional products.

You know, I say most people start off their day with a cup of coffee from a curate, which, like, they're, they're basically like drinking, you know, liquid plastic for breakfast.

Yes. I'm so glad you brought that up. Yes. It's like you could just get a gold filter that is reusable. You can brew coffee that way. Beautiful. Or a French press. Red press.

Anything, any glass, anything or metal that's chemically inert. And it's not going to leach into your food. And then drinking from a glass or a reusable thermos cup versus the Styrofoam or the paper cups, which still have, you know, forever chemicals lining that.

That's exactly right. Like the whole reason that your paper coffee cup doesn't break down is because it's lined in plastic. Lined them. Right, because if it weren't if it weren't, it would be like the Dixie Cups that we used to use as a kid.

And like, you know, you had to drink your water fast wax. It disintegrated for your eyes. Yeah, I'm talking about like

the old school Dixie Cups. They didn't have anything.

And like, literally, if you didn't drink your water fast, it was dripping out of the bottle because it was just paper, right. Which is technically what it should be. Yes.

So you talked about a bunch of things, a decrease in hydrochloric acid. Say more about that. Yeah. So stomach acid. Hydrochloric acid, right. We all we all need fire in our belly.

Most people are afraid of stomach acid. People get reflux in menopause or just because they're overweight or they're deficient in zinc or they're deficient in stomach acid.

Because if you have a pathogenic bacteria, something like H. Pylori, what it does is it tells your stomach to shut off the production of stomach acid so it can survive in a very alkaline environment.

Well, viruses and bacteria cannot survive in an acidic environment. So, number one, I do spend time getting people off their proton pump inhibitors or their Prilosec or Prevacid and.

Which just which we should say those drugs when they were approved, were approved to be used for 2 to 4 weeks, weeks.

Gut Health, Stomach Acid, and Hormone Metabolism

And actually, there are people on those proton pump inhibitors for years, years. So guess what happens? People you lose your bones, you don't absorb your minerals, you develop alcohol dimers.

There's like some very, very real side effects to the cancer. I'm carrying. Cancer. Yeah. Or how did I miss that? Yes, of course. So I heal people's gut, you know, quelling the inflammation, taking them off gluten and dairy when necessary.

Believe it or not, aloe in water is incredibly healing, giving them glutamine, powder and slippery elm and a lot of and okra and a lot of new salad. Goodness herbs which are going to reestablish that beautiful mucosal lining.

And then also giving things like zinc and gradually reintroducing stomach acid. Once I have cleaned out H. Pylori, which can also cause reflux or any dysbiosis or inflammatory overgrowth.

And once we repair that, the few people I have not been able to heal over this usually have a hiatal hernia. They may require surgery or chiropractic adjustments regularly.

So sometimes, yes, it is a structural issue, but unless there is a structural issue, it's absolutely reversible. And my favorite was I had a client who came to me.

She was single in New York City with her son, and he was like, Mom, you have seriously wicked halitosis. And she was like, How am I supposed to date and meet men?

I don't know what to do. So she came to me and she didn't. She was menopausal, but she didn't want to do hormones. So we cleaned up her gut, got rid of her h.

Pylori I had to treat her. I treated her with herbs and nutrients. So it did take some time, took a good 4 to 5 months to really fully eradicate it. But we kept retesting her.

We saw her levels come down, her halitosis improved. She also cut out wine, so her reflux went away. And she then when we finished working together, she had met the love of her life, who was an old friend.

She reconnected with him and like they were happily dating and that was that. So what we did though was really again, reestablish her stomach acid and kill off pathogenic bacteria.

That was she was that simple on a couple of diet changes and that was it. And I think that that is so important for people to understand that as we age, our stomach acid just naturally decreases.

Are we stop producing as much stomach acid and there are so many repercussions of that happening when your stomach is not acidic. And this is without the help of proton pump inhibitors and acid blockers and things like that.

Like we will just naturally make less acid and as a result we have less productive digestion. We won't absorb things like protein as well. We won't get to our minerals as well.

We won't break down food as well. And when you don't break down food, that's when you start to have these autoimmune situations and these allergic situation and things like that.

So it is so important to make sure that you have adequate stomach acid. You also talked a little bit about enzymes. Enzymes also help us to break down our food.

Are you regularly sup helping people with enzyme supplements? Portion? Yes, when they need it? Absolutely. And I would say 60 to 70% of the people I treat need it not only to treat, but also to prevent, because not everyone does have H pylori.

Sometimes they just have a deficiency in stomach acid which enables pro-inflammatory bacteria, you know, staff and staff and strap and I see e coli, I see GI RDA, you know, when we have proper fire in the belly, when our stomach is a cauldron of fire, it really eradicates that overgrowth.

And yes, I'll use some herbal microbiomes to clean them up. But long term prevention is just putting in digestive enzymes with hydrochloric acid. It's really simple.

You just take it with food. And like you said, I mean, you will break down and absorb your nutrients because and this is especially important because I see a lot of women in menopause and they say, I can't meet my protein needs.

I can't even tolerate red meat. I feel like I can't digest it. If you are not digesting red meat, you are deficient in stomach acid. And so it once you add it in or when you've lost your taste for meat, you're also deficiency.

I can't stand. It repels me. It's your body's way of saying I can't handle it right now. But once you put in stomach acid, often the taste and the cravings do return for me.

Yeah, absolutely. I couldn't agree more and we need to be more in-tune with those signals that our bodies are sending us. Because they're meaningful. They're meaningful.

They are. And and truth be told, I think that it is impossible to be healthy unless you have a healthy gut. It is really the center of everything. Obviously, it is where we get our nutrients and nourishment, but it's also the center of our immune system.

And 80% of our microbiome lives in our gut and 70% of our immune system lives in our gut. And they are in constant communication with one another. And they are lovers.

Yes, they are lovers. They are the whole thing. Yeah. Yeah. And we need to foster a really good relationship there. Right. And, and the way to do that is to make sure that your gut is in the right condition. Yes.

And it is impossible. In my experience, it is impossible to heal from breast cancer unless you have done this work and made sure that the gut is healthy and it's impossible to happen on balance without a healthy gut.

That's right. One of the coolest speakers I've heard speak on cancer is Donnie Yen. Do you know Donnie? You know. He started the Madeira Foundation and he trained I mean, I don't think he's practicing now.

He trained a whole slew of practitioners to treat patients with cancer. And he's worked very closely with NIH on this, where he does his treatments alongside chemo, he does natural medicine so people don't lose their hair, they don't have the side effects and they increase their longevity.

And his whole approach and I have a feeling it's yours, too, is he doesn't try and kill the cancer. He looks at your deficiencies and imbalances like gut health, like immune function, and optimizes and supports those and adrenal function and really makes the body resilient because we all have the genes for cancer.

It's whether or not they express themselves in environment genetics or the gun and environment pulls the trigger. So when you make yourself more resilient and by the way, it's the same for Long-Covid, for Lyme.

You know, some people will go after and really try and treat the COVID in the Lyme and you should. But after a while, right? Some co-infections become really hard to treat or some long COVID can be hard to treat if you're always in a kill off phase, especially so the goal is making the body resilient.

Yeah, you can't be caring all the time. You can't be killing all the time. And so and ultimately, I mean, when we think about it, because Lyme is everywhere, why do some people get sick and other people don't?

Because it's the state of their immune system and we are all exposed to all these chemicals. Right. Why do people some why do some people get breast cancer and others don't?

It's because we all have a bucket. Some people have a really big bucket. Some people have a really little bucket. Some people clear that bucket quickly.

Other people don't. And so in as much as we can do all of those things that you spoke about in as much as we can do things to build our health, to empower ourselves and our systems.

If you have a healthy immune system, you're not getting breast cancer. At the end of the day, breast health is health. And the same things that you're going to do to create healthy breast are going to create a healthy body.

And so like the person that you were referencing, I do not focus on the tumor. And so many people want to tell me, well, I have this I have, you know, I have an ERPR positive and I'm I'm one of the dominant and I'm this and I'm not and I have a HER2 positive tumor and I, I mean, just in the nicest possible way.

Like, I don't care about your team. I care about you. Yeah, I care about making you healthy. And when I make you healthy, disease goes away. Yeah. These things do not live in harmony with one another because the environment that fosters health doesn't house disease.

Disease does it doesn't benefit in that kind of situation. And so the things that you talked about today, building health, that is the key to hormone balance.

That is the key to reversing breast cancer. That is a key to having real health. Amen.

Breast Cancer Resilience and Closing Resources

And I love what you say to your patients because they're no longer handing over their health to their diagnosis. They're empowered and be like they're in Soma.

Okay, I do have a tumor. That is true. But I can change 200 other things and and not, you know, I can make cancer, my bitch. Just the way I treat women to make menopause.

Their bitch like doesn't have to be the end of your life. It can be the beginning of a whole new trajectory. And that's that's exactly what I hope for people, that this is not a punishment.

And I'm not saying it's a blessing, but it is an opportunity. It is an opportunity should you choose to to make it one

should you choose to take this moment, to take this opportunity to build your health, you can and will have better health after your diagnosis than you ever had before.

Amen. Thank you so much to people like you who make that possible, who allow people to see the potential of their bodies and the potential of their of their health.

And I thank you so much for being here today, for doing the work that you do and for really helping people to live their best lives. It's a privilege to be here with you, so thanks for having me, Dr. Jenn.

Keep writing books. Can I give your listeners a giveaway, please? We will love that. All right. Well, for all of you listening, I have a free gift. It is my Menopausal Metabolic Meal Plan and all you have to do is enter your email at estherblum.com/recipes.

And is awesome. We will make sure that everyone has the link to your website so that they can do that. And, and I'm sure it's fantastic because you're fantastic.

Thank you. And come hang with me on Instagram. I @gorgeousesther on Instagram. You got. It. You got it. It's Dr. Jenn. Bye for now.