Introduction and Esther Bloom's work

Yeah, right. So we'll just do it and we will cut it. Hey everybody, I'm Dr. Rimka and I am super excited. I have Esther Bloom with me and, and have to admit.

I haven't read your book yet, but actually I'm going to end up giving some books away when I release this. So when you're watching, make sure you read the caption and look at the little contest.

Cause I'll give you some of her books. See you later. I have you. Later has the title alone is genius. She goes by gorgeous Esther on the Instagram. And that's where I started following her after seeing, um, it was Carrie, Uh, you know, Harry Jones, the Dutch, yeah.

Yeah. Who trained me a Dutch forever interviewing you. That's how I was like, Ooh, who is she? And I just love your messaging about aging. Well, like embracing it, women I'm 50, and it's like this definite difference and change.

And, I feel like I am the best I've ever been, to be honest. I, was a little bit nervous about it because it sounds like Oh, wow, that sounds old, right?

But I'm like, I feel and function better at 50 than I did at 30 for sure. You know, so there's that, but I do find in practice I have to fight so much for women as they age to learn to take control of their health, to be sovereign in their healthcare journey.

And I've been stunned for about maybe 15 or 20 years, finding out, I'm gonna say it, how bad OB-GYNs are at their job. Like when women tell me, oh, they won't run my hormones or anything.

I said, what do you mean? You're having hot flashes, you don't sleep, your depressed, and you've gained 25 pounds and your 52. Your gynecologist won' run a hormone panel on your sex hormones.

Then what they do? I kind of looked at it and go, then what's their job? Isn't that their jobs? You know what I mean? And it turns out they don't do that.

And that's why I can see that women are confused and lost. I love your messaging. So I want you to come on here and say anything that you want to tell all the women about your message, your book, and I'll make sure that all your information's in the captions so everybody can follow her.

She's good stuff. Well, first of all, yeah, to your point, it's medical negligence at this point because I'm a freaking integrative dietician.

Finding the right hormone doctor

And guess what? Nobody taught me. I mean, yes, Kerry Jones taught. Me I have mentors at the Dutch, I've run probably a thousand Dutch tests by now. After graduation is kind of when we learned all this.

Yeah. Yeah, exactly. I worked in hospitals the first five years, but I was in cardiology. It wasn't like I within, you know, functional medicine or hormones when I left the hospital to go into functional But if I'm a dietician and I am publishing 20 pages of studies in the back of my book that I have found and you are physicians and are telling me you're too busy, you don't have time, they didn't teach this to you in medical school, shame on you because that's how I started learning about hormones.

I mean, I start treating menopausal women when I was in my 20s. What did I know about menopus? I hadn't lived through it. right? And so, but women were coming to me and I was like, well, frick, I better help these women and i

better frickin figure it out.

I mean, the diet part was easy. To me, it was understanding supplements and hormones that began my deep dive and running all of these tests. So if you're a doctor, I have a lot of reels on, you know, just find a new doctor.

One of the top reals that's pinned to my feed is how to find the doctor that will help you with hormones. Let's just start there. Number one. That's what I tell people.

They say, what should I ask? What should they ask me? They're either a patient or they're in a course or something like that. Can you tell me which labs to ask my doctor for?

Well, let's start here. Yes, to do that. For that doctor, you need to run out of the office. Yeah. Like, honestly, I don't because they're not going to know if they don t know how to that, they'r certainly not gonna know what to balance it, optimize it.

they're not going to know what to do. So we need to go to somebody that this is what they do day in and day out, and this their expertise. But you're going have to get rid of your $15 copay mentality when it comes to this.

That's a big thing I have explain, unfortunately. I would love to hear what your advice is. Definitely just find a new doctor. Educate the one you have.

And understand that the payment you make upfront is that short-term investment is going to yield a huge ROI and where you get on hormones you balance and then you're out and you may have to tweak down the line, but like you can blunt the effects of menopause.

I'll talk about the Women's Health Initiative study, how it scared the crap out of women and hormones. But let's just dial in finding a doctor first. So first, there's ifm.org.

That's the Institute for Functional Medicine dot org. You can find, but you've got to do digging and look at you put in your zip code and you will find a bunch of functional medicine doctors.

You've gotta make sure they have hormone training. Look on their websites, call their offices, say, do you provide bio identical hormones? Are you open to patches and creams versus pellets?

Because pellet's to me are the devil incarnate. There's no research stays done on pelletes. And some women say it's really interesting. I'd like to, you know, because I have I use both.

Yes. I'm only testosterone. So it's a little different. And I tell people it is not the optimal. It is my least favorite choice. Yes, you know, and, some women need it because they don't respond.

They don t respond to creams, right? So I do like, it s an interesting thing, kind of the battle, I think this is where people get confused too. Now I m not afraid.

That's what you have to say. Make sure you're using bioidentical. Yes. And pallets or creams or patches or this and like, oh my gosh, right. Unfortunately, and then there's like battles, but once the pellets are in, you can't get them out and it can be a rocky ride for three or four months.

So I do agree. It is my favorite form. But I do know people who do very well on them. Exactly. And I Do have women in my practice who Do very Well and swear by them and then other women who just do horrible.

I've seen it too. They're very sensitive and now we can't do anything about it until they dissolve. That's right. So that's r go to ifm dot org, you ca you can find a local compa and say what doctors are I never thought to tell pe Find a local compounding pharmacy.

And by the way, also, if doctors scoff at bioidentical hormones, I can give you a sheet this long of all the bio

identical hormones that are FDA approved that you can get at your pharmacy that our cost effective.

If cost is an issue, spend your money finding the right doctor. You can actually conserve financially on hormones if you need to, If you don't want to go to the compound route.

So there's so many different ways to do it. And it isn't even expensive. I think when we have to be, I. Think they're afraid of they think it's going to cost on average what I've seen in my practice when I referred, working with several physicians, Iran, Dutch panels and stuff, but I can't prescribe.

Right. So I get to a point like, OK, we need to find the partner, you know, and get it It's a hundred to 300 max I've ever seen a month that I'd ever see somebody spend like really like that's the average.

Yeah. Massage therapist who does with an autistic son does not make a lot of money and has to spend a lots of on him and his care for the rest of her life.

And she said, I will never in my life go without this. Now it was a total game changer that, and she's, you know, worth everything.

Bioidentical hormones and treatment options

I'm never going to feel that way again. So this is how it is, a non-negotiable, you know. Yes. And on the flip side, let's say you're like, no, I don't want to spend a lot of my end hormones.

You can get a bottle of permetrium at your, which is biological. progesterone for three dollars a bottle at your pharmacy. So whatever you decide, so you talk about those options with your doctor, right?

You talk. About your budget. You talked about your goals, your outcomes, and then you you try because there isn't always one direct path. It's rare that a woman starts.

uh, on hormones and stays on that same dose, especially if she starts during perimenopause, which by the way is the best time to start introducing hormones so that you, I say you smooth out the bumps, like you make the transition so much easier.

Even if you're on the pill, even if your on an IUD, you could start bringing in progesterone. If you are in late permenopausal, that second half of the cycle, the luteal phase, can be transformative, can offset your depression, your anxiety, you're insomnia, and the crime scene periods, all of it.

It's like the simplest, gentlest route, it's so safe. So can you talk about that? So safe, the best route is so save when I hear someone like, You guys not understand what this is.

And it's a happy. It's like, if you understood what progesterone did to your mood and your fabulous. You like that's why some women are just like That was the game changer, because they know how they have the pathway in the brain and it so much.

Gabba production. It feels so good. Sleep and they just don't understand. I'm like, well, let's just try a topical cream over the, because it's not, we don' need a prescription and you can just see, does that help?

You're like oh yeah, Well, there you go. Now eventually if they have to go with like a clean oral or something, fine as you get older or whatever. But if you work with, like you said, a good physician that knows what they're doing, this really is an art.

Hormones, are an art because as you're aging and changing, right? I mean, I still ovulate, Right? And I'm different every week. And every I week I am different and I've 50. So like, it's really in that, you know, perimenopausal change.

I kind of forget that. Like nothing's wrong with you, but we just have different spikes and surges. We're just a little bit more sensitive right now as the ovaries are like pumpkin, and getting a lil tired.

Only have so many more eggs and so much more things, You know? The females have to pick up and stuff. That it isn't art. And I want them to know that, that when you're working with a physician, it, isn' going to be the same.

Please don't think often that they screwed up. Oh, I had a bad, but that's okay. You need probably to get your labs done again. They have to look at what's happening because it is going.

To change. Um, and I have, to remind them of that. No different than a thyroid. I'm like, you shouldn't, if you take a replacement, You should be getting tested minimum every six months.

I'll let people say, Oh, I haven't had labs in four years. I said, you haven' had what? You've been taking the same hormone. You should be getting this done at least I like every three months, but okay.

Exactly. So any hormone and replacement modulation If you start sleeping better, losing weight, getting more sun, eating different, you could improve your own production.

Therefore your replacement needs to change, right? It's an art form. Yeah. Yes. And you can never out hormone your lifestyle choices. Like don't think that taking some progesterone to eat seven month is going to be transformative if you're drinking alcohol every night and like not managing your stress and not getting outside and working out.

I mean, obviously it's a piece of the pie. It is not the whole pie, And I do, chapter two in my book, I go over all the testing and the hormones, but yes, you should be followed up, especially like within six to eight weeks of starting, because a lot of women experience side effects, right?

A side effect of starring hormones is you can gain one to three pounds of water weight those first few months. You can have breast tenderness, You have different cycles or moodiness or irritability.

So you do need to check. And then if you're menopausal, You want to make sure you're checking to get your blood levels up to a certain amount to maintain your bone density and offset the risk of Alzheimer's and heart disease.

So, yes, your tissues do take, you know, three to really six months to fully saturate with hormones. And you do need it is it. Is bumpy at first. I'd be like, I mean, the first three months I went on progesterone, and I looked like Dolly Parton, like my boobs just totally swelled up.

It was like how and they really hurt and it felt like I was pregnant again, I was like, oh, and then I just like leveled up my detox in my liver. I put myself on protocols, put my own people on and it was, like boom, it just it cleaned it all up.

So you said that, you know, understanding a little bit of stuff doesn't mean necessarily it's a negative thing. It's as you're getting used to it, which again to me is to start it earlier.

Like as it starts, many of women, they're in their 40s. And I have some women now who are like 43 and they are full menopause. We haven't had, you know what I mean?

I'm like, wow, okay, this is where we're at, and so why wouldn't you do it then? Why are you waiting? Because you hit it. Bone density is a massive issue with losing these hormones.

Let's not even talk about collagen and beauty in your skin and your wrinkles, which women care about. I'd much rather you have hormone replacement than going in and botoxing and filling and surgery, right?

This is the way to do that. Brain health, mental health mood, it's unbelievable the impact this has. I've seen women, once they start doing it, they're like, oh my God, usually it is, I just feel like myself again.

Yes, they feel like myself. I have cognitive function, I can find my words again, i walk into a room and know what I walked in there for, versus having this real brain fog and these irritability and mood swings and having dementia symptoms or ADHD.

i've seen it misdiagnosed so many times. you don't need neurofeedback, you know, like it's not attention deficit, it is not anxiety. It's because you're feeling that, but it s from this.

So this is the real treatment you need, right? Yeah. That's the cause. Why don t we do that versus me trying, I mean, so I think it' really nice you said, because women need to kind of know that like, hey, i t's going to be a little bit different, which again, more reason to me to start and it's much easier and you are the younger you ar thing you know that women is they're not their doctors only prescribing estrogen and progesterone.

No one's talking about vaginal hormones and no one is talking testosterone. And I'm like, ladies, what do you think is going to contribute to your cognitive function, your ability to really keep those synapses?

That's the jam.

Vaginal estrogen, DHEA, and sexual health

I talk about it all the time. What I find is what's fascinating, the only ones who talk that I've found so far, they are the male gynecologists. because again, because they're thinking about testosterone, so the first thing they go, oh, it's probably testosterone.

It was a man on the phone with me that said, fix testosterone stomach, that's what you need, you don't need growth hormone. I'm like, are you sure? He's like let me run a lab.

Garrett, I am almost positive it is going to be your testosterone and I was like oh. And so it was men are the ones that I found and it interesting because a lot of women don' want to see a male gynecologist, right?

I don"t want see man. Like I"m not saying you have to, i'm just telling you in my experience, they're the ones that understand testosterone. And they know to test for it, they to look for, and they understand total burden free and what to do.

Many of the women just haven't come along to that yet. That's right. It's not FDA approved for women, it's still considered off-label use, which is not helping our cause at all.

I'm like, oh my God. To me, I started hormones in perimenopause and When I added it, I started estrogen and progesterone and was using vaginal estrogen, which all of that was like, oh my God, so awesome.

But then when I add in testosterone, and I was, like oh yeah, that just left, it was 85% and that immediately I just felt so much better cognitively and energetically.

confidence and swagger. I mean, women are like, how do you do that? Like, it's swag. It's slow. You know what I means? So talk about the vaginal estrogen.

Like when does a woman know she would need that or bring that up because. Yeah. Well, so, and vaginal estrogen. I know so many women who know that they love their husbands and none of them are having sex anymore.

And that's, that I actually asked the question, like, some people, it's mental health. and I look at their faces. Like, It's always a shock that i'm asking if they're having intercourse.

So you're you having, how often, when was the last time? And it was like a, I don't know, two years ago or I'm like okay. And can you even achieve an orgasm or like does it take an hour?

Oh no but it hurts and it's oh okay you know and their husbands are like oh god can, you can help with that because they miss their wives. They miss you, know the sexual energy and and so do the women.

But like I want to but I don't want you anymore. I love them but like suddenly yeah right and I think it s just they're losing, they re missing, I m like no this is unacceptable.

are in your relationship. So that's right. If you follow that a little bit, if you followed the work of Dr. Rachel Rubin, she's a urologist in Maryland.

You know, She says every woman over the age of 45 should should go on vaginal estrogen. Why is that? Because I'm not on it. Tell me why I should do it or what I don't feel like I need it so that maybe I do.

That's right. And not all women are dry or experience dryness or painful sex. But you again, it's prevention. It's a it maintenance of the collagen and elastin in the vaginal wall so that you don't have atrophy.

You don' have bladder prolapse, you do get UTIs. Even okay on a blood like my estrogens. Yes, yes, you can still use a little bit of it because and it also prevents clitoral atrophy, by the way, which is a big one.

So you want to use it more prevention. You really only have to do it twice a week. And it's a micro dose like the Framingham Nurses study looked at women using vaginal estrogen for 18 years.

Again, these are microdoses and there is no increase in blood circulating blood levels of estrogen at all. It's safe to use even if you have had a history of cancer.

it's safety is even If you don't have a uterus like it is ridiculously safe. And so it it really about prevention because once you start losing the collagen and elastin that's when you really have a lot of problems and pain and lack of lubrication and again that clitoral atrophy is very real like you can put vaginal estrogen on the cliteris you You know, you can use it externally and internally.

So it's really, really helpful. And if you let's say you still are like no freaking way would I use estrogen, You can us vaginal DHEA also. Now the difference is With vaginal estrogen, you use it two weeks straight and then twice a week thereafter.

With DHEA, You have to use for 12 weeks, straight, and, then, twice the week there after. But it has the same results as the vaginial DHA. And then if you still don't want to do it, there are laser treatments that you can use.

Also, the way we restore collagen and elastin to our faces with laser treatment, so you could do that vaginally, too. Again, I put this all in the book.

So the extreme of that, these vaginal rejuvenation surgeries that you see, not a surgery, just a one. But you know, that's a thing, right? Oh, yeah. Oh yeah, I was like, what do you do?

But the surgery does it right. It may improve structural integrity. Like one of my friends jokes, she was, like when I have sex with my husband, it's like throwing a hot dog down a hallway.

everything was so loose and open. So yes, a surgery can tighten things up, but it won't produce hydration and lubrication. You still have to have something up there to really get the lubrications.

Okay. I love that you said, because not people don't think about the vagina and collagen, you know, they're like, oh, right. It needs to be, yeah. That's a new thing.

My person would be like, yes. And when those walls get paper thin, you damn well, but I believe you're not going to have sex. It's going hurt. You're going have micro tears.

you know, it's really, really painful and no amount of masturbating is going bring that. That it will help. I mean,

masturbation and sex, that's like Kegels for the, right.

If it, like a facelift for, the vaginal walls. But again, still have to get the lubrication in there or you not even going want to masturbate. Everything's gonna hurt, So you want to make sure but in terms of clitoral atrophy one thing masturbation or vibrators is good for is is really sometimes women require a lot more stimulation later on when estrogen levels are low until you've brought your levels back up you may require, you know, a higher level of stimulation and for longer.

And so if you don't want your partner to get carpal tunnel in the process, then yes, so you can bring in sex toys, it can be in a vibrator and get the stimulation going.

Yeah, that's a really interesting one. I've been looking at them for the pelvic floor dysfunction and my older ladies, like 70 and stuff like that. Like, I don t think mystery vibe, but I really like I can't believe I'm reviewing sex.

I looked at them, I was like, wait, these look like sex toys, actually. They are strengthening, right? So they're like internal things and vibrators, and they have ways they come from him and her.

And I am like sexy-nating. and I cannot believe in my appointments. So here you go. Don't think of it as a sex toy. Why don't you guys try this? To help, just like you said, a lot of that is about the floor and helping her do that.

But then I didn't even think about it that way. The clitoris is a whole special organ most women don't even understand. When you try to explain to somebody, like I'm kind of going down that route of sexual health more in my career now, which I never, it seems odd, but it does, It's not.

Then I'll be like, oh. Yes. And healing, right? Cause if we have an organ that all it is provide an explosion of healing.

Pelvic floor therapy and prolapse prevention

An orgasm is an Explosion of Healing is what it really is. The Clitorus, that's all It does. Literally that is its job. You know, men don't have that.

There's no male counter power. Cause they got to pee with it and make a baby with. Not us. It's a whole separate organ, 6,000 nerve endings and a very long route into the vagina that people don' really understand what that is.

That's right. I know. P it looks like people who are listening, like it. Looks like a wishbone almost like very big. And it's got like, it goes really deep up into you.

Yeah. It's really wild. It so cool. And that's the other thing too, is if your pelvic floor is too weak to have an orgasm, you also need to get your pelvis floor checked out and get some pelvic-floor PT.

I'm a big, I call mine, my-vagician. Yeah, there are people that what they do. So I want women to know that, they've had a few babies or in C-sections and now they're kind of accidentally peeing on themselves and other things like, no, you can get help.

They're very good physical therapists and there's even biofeedback. There's a whole specialty. I'm a biotherapist and I was like, wow, that's their whole speciality.

Like there really is a lot of help for this, but your physician might not be telling you because they don't know about it. That's right, that's another area where I feel like GYNs failed.

I too needed to loosen my pelvic floor. Like I'm such a clincher, right? And I kept seeing my doctor, I am peeing all the time, and I have this nocturia, like I was up like seven times a night.

and so tired all the time and no, my GYN never said anything. And it was because I talked to a girlfriend who was like, wow, I'm having vulvodynia and I have pelvic floor dysfunction.

I was, like what? Let me go to that person. When I went to her urologist and he was oh my God, yeah, you're hypertonic. go get some pelvic floor PT. And like, people don't realize pelvic for PT, it's not only loosening up the trigger points internally, but it also strengthening your glutes.

It's doing your deadlifts. Its doing you're bridge, your hip bridges and really like there's a lot of exercises internally externally. So, you know, we really don' understand.

I didn't understand all the biomechanics of a pelvic floors. What even is a Pelvic Floor? all the muscles basically between the hips, right? Like under the bladder and that are supportive.

And we need to pay attention to it. Like, it's one of those things we don't think about. Yeah. My mother is 78, I think, something like that. Last year, the day before, things started falling out.

I'm getting the phone calls and said, wait, what's happening? I said it was prolapsing. Even though you study it in a book way back when, to know my own mother, like, oh gosh, this is actually real life.

Like things fall out of view. I'm like I not trying to have that happen. You know what I mean? And the time to get on things is now versus 75. And it's really about prevention and having a different understanding.

Yeah, I don't want surgery to pull my stuff and staple it to my, they're gonna do what to you? Okay, which needed to be done because you're suffering, but I'd rather work my best to prevent.

That's a great tip too. And I bet insurance therefore, because it was a referral inside your medical system. It covered a good chunk of it and then also vaginal.

Yeah. Then it calmed everything down. Vaginal estrogen is also an important part of treating the incontinence too, so it's all of that. Beautiful. Why don't you talk about why women, it is interesting when you said Well, if they don't, they're going to not use estrogen no matter what you could use DHA.

I'm like, let's talk about why there's such a fear. Yes. Hormone replacement. Oh man. Estrogen is the devil. Why do they think to stop? You know what I mean?

Like, yeah, about this. So that damn Women's Health Initiative study that came out in what was it? 2001, 2002 came up. This was this study design and it was a huge study.

I mean, 27,000 women were enrolled in the study, which is really one of the largest studies to date. and they gave women, I don't know what schmuck designed this study, but women 10 years post-menopause were the starting point.

So already have an increased risk of cardiovascular disease, Alzheimer's, stroke, you know, 10-years-out were given synthetic estrogen derived from the urine of pregnant horses, which is Premarin.

synthetic, not bioidentical, and given no opposing progesterone. Nature doesn't make hormones as soloist. Everything has a coupled pair. Calcium, magnesium, sodium, potassium, thyroid adrenals, they need to stop thinking this whole thing.

It's always a system. Yes, and antagonistically and balanced. And so you don't give progesterone without estrogen and or testosterone. So these women were put on it and the data was analyzed and analyzed, analyzed.

The researchers are like, oh, my God, it increases risk of heart attack and stroke. The increased risk was it was like it went up from four people out of every 10,000 to five people, out every ten thousand.

That is not statistically. It's not. So even using the worst, the fake synthetic where we know we have problems, not balancing it and picking people who are already sick, basically, that's all we that the only increase.

And they've made it so inflammatory as if it's something.

Why hormone therapy got a bad reputation

And if you look at the pamphlets, if Google the drug label for hormones, those warnings that it causes increases your risk of cancer, heart disease, and blood clots is still on the label.

The pamophlets haven't changed in doctors' offices. So all of that was debunked in 2018. The North American Menopause Society put up a new position paper and was like, oh, by the way, no, we looked at the data.

It's not statistically significant. This was a poorly designed study. Hormones are safe, effective, minimum use of 10 years, better with early intervention versus waiting.

Um, but even, and I get so many DMS on this, like what about the risk of blood clots? I'm like, talk to your doctor. Cause I am not a doctor and i'm not your.

I don't know why they're, it's not true. Yeah. It's debunked. And I mean, I kind of go with like that's. Not true, so it has been debulked, It is like the same as heart disease.

Can't stop them from repeating the. Same sense that isn't true? That's right. Like you had a higher risk. of a blood clot on the birth control pill. And none of you seem to really care about that.

That's right. Well, and that's the other thing is that bio-ideal hormones are given at a fifth of the dose of birth-control pills. Yeah. Can we look at your other lifestyle factors?

Like, are you exercising? Are you controlling your cortisol? Or are controlling weight? Are you smoking? What's your alcohol intake like? Look at your sleep and stress.

Look your joy in your life. And look at all those other factors. Stress is far more pro-inflammatory than some estrogen. I like that. You feel like it's one-fifth of the birth control pill.

People have put 12-year-old daughters on that like, it is nothing. destroying their mental I can't stand birth control pills I think it's one of the worst combinations that women's health that's ever been done actually.

Yes, and yet, yet. I mean, if you look at the politics and abortion, it I mean, I've had my parents say, yeah, but look at her. She's 14. she's been drinking and doing crazy things.

I don't need her to be pregnant. You know, it's just, you know what I'm saying? I know. But it is not helping the mental health problems. This is causing the problems in these girls.

It's a real conundrum. Yeah, It is a tough one. And letting people know as far as health. It's horrific. I know barrier methods, condoms all the way ladies, or I can't wait till boys have birth control, but God knows if they'll use it.

So I don't know. But yeah, so hormones are safe and effective. People should not be scared of them. And I've had women more than 10 years out of menopause go on hormones.

I've treated in my practice in their 70s. And they've been on hormones already 20 years. When they stop, the hot flashes immediately come back and the skin sags and wrinkles and all the symptoms come up.

There's no study yet to say it's safe and effective for long-term use, but there's absolutely possibility in the studies where they're saying it may be safe for a long term use.

Like just I can just look at the women in my practice and be like they're thriving. They're awesome. And these are women who are smart and successful and in their power and all the good things.

I never want to stop hormones. Yeah, I would never either. That's my basic suggestion when people say they, you know, like say if they were 70 and it's like, well, too late.

Well, obviously, we can't go back to and stop what happened. But do I think I will go on it? like I would absolutely, like you should look into it. I don't think it's too late because again, bone density, cognition, memory, mood, libido.

Like I think you still be living life and hormones are life force vitality. And I'm of the position, I get where people say, shouldn't we just age and let it happen if it supposed to happen?

There's actually some controversy if menopause is actually natural or not. Because if you look at some tribal cultures, These women aren't doing what we're doing.

They're getting pregnant a whole lot later in life than we are, they're living longer. It isn't the same. So I really think just like we were in a testosterone crisis with men and we look at the numbers and say, whoa, 20 year olds today have the testosterone levels of, you know, 60 year old, like this is a serious problem.

I think hormones are being depleted across the board and they are artificially lowered and lowered sooner than they would be lived in connection and like in a more natural state.

We live in cities. I mean, our clothing is plastic. Our cars are plastic, we're drinking chemicals, endocrine disruptors, you know, were poisoned by light.

You know what I'm mean? I don't think it's natural for these levels to drop. we base that information off running labs on a bunch of civilized, citified, sick people, basically.

I'm not sure that's a real good bar of what's optimal, right? That's right. Normal in this country is Homer Simpson. That doesn't mean it's the optimal.

And the lab values have not been updated in over 100 years. It's like that was then. This is now. We do need to change and really make those standards much tighter.

I mean, I look at, if you, you look insulin level, like the range, the quote unquote normal range for insulin is up to 18. And like everyone's insulin needs to be five or under.

Yeah. You know what I'm saying? Five, not up 18, their numbers are, they're going to let, They're trying to kill you with these numbers.

Diet, protein, and menopause weight management

They don't understand, but if you have a serious, serious problem. Yeah. And you better get on at this point, go on medication in addition to nutrients until you've gotten your lifestyle dialed in or in couple with.

I'm like, at is a serious problem and it is devastating you. And then I then let's go and then we back it off. That's what I like to do. Yes, I know. This is why I love you like all of your posts to are so spot on.

When you talked about like the wearable technology, I actually had to do a sleep study on myself last night. I've got to, do it for a few days to deal with my teeth stuff.

So like, okay, you got, I didn't sleep one second. Because I had that stupid thing on flashing lights on me all night, Oh my gosh. Like, this thing is ruining my sleep.

This dumb thing doing it. Right. But that's what people don't think. They think all this stuff is benign. It's not. And so just you and I sitting in front of a computer right now, we're depleting our hormones.

You know, artificially, and we're doing it so we can teach and educate and help people and make a living. And it

says, I get it. I like my house. So I don't really want to live with the cockroaches on the ground in Costa Rica either.

You what I mean? But there's a balance. Well, have to do things to artificically bring nature into my life. That's why I have red panels. that's Why I do some peptides and stuff because I'm combating how ridiculous I live.

that I get on airplanes and rate and fly up really high into the stack. That's not normal. You guys understand? I really shouldn't be up that high with that much radiation hitting me.

you pay a price for that. The physiological, biological price, right? And so you, so I think the hormones take the hit. And I that's the suffocation of, no, replacement is you should be replacing at this point because of the way modern technology and life is depleting this.

So just like you must exercise in a gym. You wouldn't, if you live with nature, you would never have to do that, right? Because your life would cause, building on the muscle, because you do hard work.

We don't do work and so we have join a Jim, Right? If your hormones from all the ways you're being poisoned and anything else and laugh lifestyle issues, You know, I mean, just look at even diet, 20, 30 years of low fat.

Oh, calorie. What did that do to women's hormones? That's why everybody has a problem and why? Everybody has low every, you know. It's we devastated ourselves.

Yeah. Yes, yes, Yes. But I'm glad you touched on diet real quick, because I, uh, diet also is something that's so empowering that you can have so much control over your menopause and not gain weight and still fit into your clothes.

And yes, I mean, your body, my waistline is definitely thicker, but I still fitting all my clothes and store a bikini. So it's a softness that I actually kind of like.

It's like I gained a little weight, and I brought it back. I was like, OK, there's little thing. But there is actually more of a feminine, softess about it that really embrace.

So talk a little bit about what you're telling me to tap big advice on the diet for women going to the big. Advice on. The diet. I have three mental laws for fat loss and this is also in see you later.

Obulator. so the first is you want to make sure that you really optimizing your protein and protein. You know people think you know 60 to 70 grams is enough.

That's really I always like roast my clients and I'm like you have the protein intake of a dialysis this patient, congratulations. And they're like, what are you talking about?

Like, honestly, like they'll have, you know, avocado toast for breakfast, because that's healthy, quote unquote, and then or oats. Oh, my God, don't get me started.

Okay, we started on Earth, right? All oat milk. Oat milk is the worst. Don't buy into people. Poison. It's just like literally, why don' you just drink Roundup?

Why don't you just drink Roundup? Lysol Round Up cocktail. Yeah. So yeah, and they'll have, you know, like, or they have one egg at breakfast and then, a little more at lunch and dinner is usually a proper meal.

We really have to start optimizing protein. It's going to boost your dopamine and serotonin. And it's gonna prevent cravings and that dreaded 3 p.m. crash when normally you're reaching for caffeine and chocolate and stimulants, it can optimize your sleep.

But most importantly, its got to optimize our body composition. So really, you know, 100 grams a day is the minimum. I really try and get women anywhere from 120 to 150 is really a goal.

Not everyone reaches it. not everyone. Reaches it every day. But if you can get there were stays done maybe seals and you know, for four days of rigorous workouts, very low calorie.

And as long as they maintained 100 grams of protein a day, they did not lose lean muscle mass. Now, these are men, not women, I get it, but The premises, you know, minimum of 100 grams of protein a day from, ideally from animals.

If you're going to have plant protein, 100g a Day, your carbs are going really tip the scale. Yeah, and it's really not enough because they're not getting enough leucine.

You know? They're Not getting Enough leuceine, that's right, which you need to build muscle. And the carbs go up and the calories go out, really. Yes.

We would have to eat two cups of quinoa to get the same protein in a four ounce chicken breast, and you'll have a lot more calories and even fat. For those who are watching you guys, four ounces is like not even my palm.

It's a very small amount of meat. When women say, I don't know, i'm having trouble getting all the protein. I'm like, why? I still am very confused on this.

Esther, I don't know if you- Yeah, well, a lot of women- Not a lotta food, actually. Well, A, women aren't moving enough to stimulate appetite. When you're lifting weights, you gotta stimulate your appetite better.

And they're also low HCL, low digestive fire, and so, lot a women are digesting meat well or feeling really bloated or really full. So it's, that's why I work on gut health with hormones.

But anyway, mental law number two, Track your food for three days on any app and make sure that your protein is higher than your carbs. So if you're getting 100 grams of protein, get 80 grams or 90 grams carbs, just regulate your insulin or a hundred, ideally a 120 grams a protein and a 100 of carbs just a simple.

thing and any diet, you k doesn't matter what you're carnivore, whatever. That's easy at night because that l you get from your sweet rice or your legumes if yo pair it with a protein and a fibrous veg but then have some carbs at night again because that little spike in insulin will tamp down your cortisol and help with that menopause related insomnia too and it helps with anxiety and helps the satiety and if you're going to have carbs you don't have to but if your going have a starch.

Well here's the thing in the Satiety studies when I tell people You know, I'm a carnivore and but I don't make everybody do all that. Right. But it's when you look at sensory specific satiety, not eating a lot of stuff.

So you eat one thing and you get less food that potatoes are the most satiating food and then red meat and fish.

Where to follow Esther and closing remarks

It's really interesting. Yeah, actually, you know, like, yeah, if it works for you, I mean, yes, so I don't want them to be dogmatic on a diet, either unless I'm dealing with Crohn's or something or all kinds of crazy reactions.

Yes. And even then I want it healed. I dont like the answer to B, You can't eat food. Right. You know what I means? For carbs, for what? I just don t do it because I am lazy.

I like it's just so easy to eat it, but if I want to have a potato i'll eat right so and I really like that, and so, like really a stick there's a reason steak and potatoes were like.

the American, you know, standard everybody steak and eggs and steak potatoes. Yeah. And everybody was satisfied and lean. Yes. Physical movement. You're right.

That's right because anyone can snort a line of chocolate chips, but no one's binging out on half a cow. Like you're

just your satiety centers will shut down.

Yeah. So speaking of shutting down. Yes, I know we got to go out and wrap this up. I put I'll make sure it's all in the caption. Best places to reach you.

You gorgeous Esther on Instagram. Get on my list at Esther Blum dot com. And if you want my happy hormone cocktail, go to Esther blum.com forward slash cocktail.

Awesome. We'll have everything in there in a caption you guys and I'm going to come up with some type of little contest and give away Your book, I'll buy some books and send it out.

I'm super excited to read it. Oh man, you know how we are learning though. We have so many books, like a stack. It's like mental, what I am trying to get through right now.

Are you on Audible? No, I'm not on Audible. This one's visual, because it's weird to sit and read out supplements. I know. Science is hard to hear, but for me, sometimes that's the best way I can get it done.

It's a consideration. Because this isn't my expertise, and but I have so many women in this position, And I'm having to learn more and more. And then I work with people like you who really take this on.

I do my little part until I kind of refer them out and help them find and I handle this part and then that person handles that part. We work together.

So I really appreciate what you're doing to educate women so they can be empowered to make good decisions because there's too much gaslighting in the healthcare system to begin with.

And I think women in particular take a lot of it. And it's time for that to stop and they need to have information and say, no, that's not what we're doing today.

So watch her, you know, re-reels and it is really very cute. I love how you have a very fun way of poking fun as well. You do a great job. Have a beautiful rest of the day.

Thank you so much.