Introduction to Dr. Anna Cabeca

– Welcome back to the Reverse Alzheimer's Summit. I'm your host, Dr. Heather Sanderson, and I'm so thrilled to have Dr. Anna Cabeca here with us today.

She and I are very much aligned on what's best for an aging female brain. Lots of greens, a ketogenic diet, and being very mindful of hormones and making sure we get the right nutrients to support optimal brain health.

Dr. Anna Cabeca is a DO and OB/GYN who's triple board-certified, and a fellow of gynecology and obstetrics, integrative medicine and anti-aging and regenerative medicine.

She has special certifications in functional medicine, sexual health, and bioidentical hormone replacement therapy. For the past 20 years, she has served over 10,000 women in her private practice, plus millions more through her books, online videos, and articles.

When her own health took a troubling turn during menopause, she sought out the wisdom of healers around the world. She learned that modern medicine and time-tested natural remedies are not at odds.

Working together, they create indisputable results for true wellbeing, using delicious healing foods and simple lifestyle changes, Dr. Anna reclaimed her health and her life, and now she can share that with you.

Fueled by her belief that every woman deserves to be empowered and in control of their health and life, she developed the keto-green lifestyle, which has helped thousands of women opt out of menopausal misery and experience a joyful transition to the next stage of their lives.

You can breeze through menopause and into your second spring feeling the best you ever have. I can't wait for you to share with our listeners what this looks like, welcome.

– Thank you so much. It is great to be here with you, Heather, and really I've enjoyed everything you're doing. And this summit is amazing. I mean women's health and brain health go hand in hand.

Menopause, Brain Fog, and Keto-Green Basics

Physical health, mental health, and yeah, I'm glad, and hormonal health and our menopausal brain and what that means for the rest of our lives. I'm thrilled to be here to talk with you about this.

– Well, we both know that women are affected by Alzheimer's so much more than men. Not only are they done diagnosed with Alzheimer's more frequently, but when a man in a woman's life has Alzheimer's, she's the caregiver, she ends up being that provider for that person.

So women kind of get it on both ends as the patient and as the caregiver. And caregivers also have higher risks of ending up with dementia. And so I really wanna dive into how we can fully support women and understand why is it that there's maybe this difference.

What are the hormonal changes that affect memory? – Yeah, and I think this is the really, it's really beautiful to understand this because when I was going through my own perimenopause hell I didn't understand this.

It's not taught, it's not well-explained. And it's really not well-understood. It's not well-understood. I'm really excited for more women, especially in women's health, go understanding their own transition through menopause, and it's gonna change, we are disrupting menopause, disrupting the standard of care, what people are being put through, just because with the best we have, we just don't know.

And so my experience at 48 was this brain fog, memory loss, eradibility, you know, like where's this monster coming from my patients would say, I wasn't the monster for my patient, but my patients would come in and say, "Dr. Anna, I have this monster within me.

"She's like raging sometimes. "And I don't know why I'm acting that way." Well, when I was 48, going through this hormonal hell, I understood that. And that's why what led me to write my first book, "The Hormone Fix." It takes more than hormones to fix our hormones.

And while menopause is mandatory, every one of us will go through it, and natural process, suffering is optional. Suffering is optional. We don't not have to suffer through this.

We have to transition, transform just like we did in puberty, right, just like we did in puberty. So this is a transition and a transformation into the second spring of our life.

How do we get a gorgeous second spring? We have to have good soil. We have to have a good foundation. We have to have good seeds, right? We have to have good care and nurturing.

And this is true especially in perimenopause menopause as for the rest of our life. It doesn't matter how old we are. I have women in their 80s starting anew with creating a healthy brain, body, libido.

I mean, it's amazing, like they're my inspiration. I'm like, "Wow, I helped you do that, thank you." Like, they're my, like, I wanna do what you're doing.

We're doing what you're telling us to do. I mean it's beautiful, it's a beautiful transition. And so, you know you asked about, why are women having so much difficulty in these hormonal changes, this neuroendocrine vulnerable time period that we go through between 35 and 55, is one of the key reasons.

And then again, it doesn't stop, it doesn't stop. But during this transition, it's really important to understand that for the rest of our lives the way our brain is designed, our brain will use glucose for fuel as a preference.

And circulating glucose levels. There's that maintenance level, but above and beyond the use of glucose for fuel in the brain and glucogenesis in the brain is hormone-dependent, is estrogen-dependent specifically, most likely progesterone-dependent.

Now, unless you're studying brain neurochemistry, you might not have ever learned that. Or unless you're suffering with brain fog, memory loss, and you used to have a perfect, darn perfect memory, and you're like, I can't remember my kids' names, let alone wanna have energy to do anything, right?

Let alone be calm and feel responsive versus reactive. And so that took me on this journey, 'cause that took me into the keto lifestyle. And that's where I came with my keto-green approach because keto alone is very a masculine.

Keto-green is a very feminine, very combined feminine-masculine. So really that yin yang of health beyond, perimenopause and beyond. And actually, I really, I have girls from age 14 to 33, my own daughters, and it's perfect for each of them as well.

And I'm 55 now with a 14 year old, so brain health and clarity is even more important. At that time I had 48, I had a teenage daughter in high school, one in middle school and a weak one in elementary school.

So that brain fog led to mass manipulation. So we can't afford that as women, right? (laughing) I mean, they were manipulating me, right? I'm like I don't remember you saying that or I don't remember what I said or whatever.

And so this glucogenesis factor is hormonally dependent, that's key, but use of ketones for fuel in the brain is not. – Got it, so if we can switch the fuel from sugar to fat, then we don't rely as much on the need to have plenty of estrogen and potentially progesterone around in the brain.

So as we're going through this transition of menopause, where there isn't as much estrogen and progesterone around, it might be easier, is what you're saying, for our brains to burn ketones for fuel.

And we'll get back that mental clarity, and that mental energy that we're lacking. – Yes, yeah, absolutely. – How exciting, okay? So what else is going on in terms of like mental health and memory and menopausal changes with our brains?

Personal Stories of Health Turnaround

And I am going to make it, I'm going to switch so that Dr. Anna can share her screen real quick so that everyone can see what she's pointing to. – Yeah, I definitely feel like a picture says a thousand words, and I wanna explain this because it's such an important area to understand, and I'm very visual in learning and in teaching.

So thank you for that. And one of the things is that this whole transition, like what makes it easy, what makes it complicated with this transition in menopause is certainly the hormones and where it relates to Alzheimer's, 'cause that's what we want, right?

I have a strong belief that we have certain of days to live out the many purposes of our lives, and the quality of those days is within our control. The quality of those days are within our control.

And having seen the ups and downs of being a caregiver of a father with diabetes, heart disease, consequences of diabetes and him going into brain fog, foggy brain areas, but able to, with what I'm gonna teach everyone here today and what you're teaching is snapped him out of it.

So maybe it'll help for me to share this story first, Heather, so people can come along with me and to understand where I'm coming from as a physician, because I always say I never wish any physician the journey I've been on to learn what I know, right?

(laughing) It's so true, my doctor bag is full from out of desperation, from it being emptied over and over again. And so my mom passed away. I was 16 coming home from school and my mom was 52 undergoing her first heart surgery.

The first day I'd come home to my mom not being at home, to an empty house. I'll never forget that day. And I just understood the gravity of her undergoing heart surgery being in a hospital, and recognizing the research that her clinical care was based on, was research performed on men.

There were no 50-year old women in any of those studies. And that was a big aha moment for me at 16. And that led me to be passionate about women's health.

And then I went into OB/GYN and my mom passed away in my first year of residency, undergoing her second hearts surgery, at the young age of 67. She passed away and I wasn't able to help her with the best of leading standard medical care that I could.

And my mom was my mentor in life and in death. And so then, a decade later, my dad's coming visiting us. He's 79 at this time and diabetes again for 20 years and on 120 units of insulin a day, on 11 medications and on, you know, just like struggling, feeling cranky and irritable.

He flew from Philadelphia, which is where our family home was, Philadelphia, and flew to Austin, Georgia, but he had to take the wheelchair and be pushed through the airport.

And my dad was World War II, he went into World War II, served 20 years in the Navy, and I applaud all veterans. And all of our active and retired military, I'm telling you, this is hard work.

And this is also where the brain comes in. Post-trauma on the brain can create this neuroendocrine vulnerability in both sexes, especially women. So my dad was 79 at this time, and he's, my mom had passed a decade earlier and

I was in private practice in St. Simon's Island, Georgia.

My son was a toddler and crawling around his ankles and my dad was irritable. He was kind of irritable and he sat on the couch and watched "Two And a Half Men" all day in and day out if anyone saw that show.

But you know, so laughter is medicine. So that's okay, but I said, "Dad, what's going on? "Why aren't you," you know, he goes, "You know Anna I just don't feel good." I mean, it was not like him to snap or to be forgetful.

And so I said, well, let me, do you want me to call your cardiologist? And so I called his cardiologist, who I knew very well from our hometown in Doylestown, Pennsylvania.

And I said, doctor, you know, dad's A, B and C and D. These are his finding. These are his blood test results, blah, blah, blah. And he says, you know, Anna, your dad's 79 years old, he's lived a good life.

And I could just hear in the back of my mind, like him washing his hands of my father. And I waited for him to say something else, and he didn't. And I said, "Oh, I understand.

"Well, do you mind if I intervene, "you know I'm a GYN from Emory." "So do you mind if I intervene?" He's like, you know, "Do whatever you think." And so I went to my father, this 79-year-old, retired naval (indistinct) and I said, "Dad are you done living "your doctor's done with you? (laughing) And he's like, "Well, I'd like to see 80 years old." (laughing) like okay.

He goes, "Anna I'll do whatever you say, "because I just don't feel good." And in 30 days this 79-year old man lost 30 pounds, I took him off three of his prescription medications to start, and he went from using 120 units of insulin a day to 20 units of insulin a day.

And not only like, I mean, that is key, like who talks about 79, you're gonna reduce insulin. You go into your doctor, well, let's increase it here, let's add another, glycemic aid or prescription or whatever.

You're not looking at reducing it in a 79-year-old man. But those years, I think I wish I had started a lot earlier because that effect on his kidneys had been profound for many years.

It ended up in the dialysis the last year of his life. But, you know, it was, I mean, so 79, so I've reduced his insulin 120 to 20 units a day. And not only was he off the couch, he was playing, laughing, beating us all in sudoku challenges, which our family will xerox, one sudoku page, and who does it fastest correct.

And he beating us all in that. And he was out on the tennis court with the kids. He was out on the tennis court with the kids at 79 years old, and not only, Heather, not only did he make 80 years old, he made 91 years old.

– Wow. – 91 good years. He outlived all of his four younger siblings, outlived them all, not just in the number of years, but by decades in the quality of his life.

And I wanna encourage everyone to hear that story, male, female, 70s, 80s, 20s, I want you to hear that because at any stage we can change our physiology, which affects our behavior, which affects our wellbeing, which sets the stage for the rest of our lives.

– Anna gives us back what's most important, right? Like you describe him enjoying his time with his grandkids versus being crabby and grumpy about them crawling around his ankles, right?

And you can just see these very diametrically opposed visions of what aging can look like. – Yeah. – And that's what's so exciting is creating this compelling future of like, "Yes, I can be out on the tennis courts, "whether that means with my friends "that I've had for decades, or it means new friends, "or it means my family, or it means work, "whatever's purposeful and meaningful for me.

"I have the choice to engage in it, "because I feel up to it." Right, and I think that's really the key of what's so

exciting about this. So what did you do exactly, what was he doing?

I think that there's one other little point I wanna make about insulin and that's that I think we think of sugar as being bad and that's what's doing all the damage, these glycosylated in products and the damage that's done in the microvasculature and in the brain.

And yet insulin itself, when we're not only raising blood sugar, but also raising insulin, insulin also sends signals that when we get too much of it, of course we need enough, but if we get too much of it, it's leading to more inflammation and more degradation.

And so just increasing the insulin level doesn't solve the problem. So I'm so glad you mentioned that, but now- – Never creates more burden on the kidneys.

– Exactly I can- – Accelerates their route to dialysis. – Just heartbreaking, which means you're in a dialysis center for three days a week for hours on end.

– Yeah and technically if you're over 70, I believe it is, your life, I think it's 70 or 80, but I think it's 70, your life expectancy once you start dialysis is six months.

So, and I looked at that research 'cause when we decided to put my dad on dialysis he was 90. And so I was like, "Oh my God," I was just like, at 90 he'd been diabetic for over, oh my gosh, how many years, 40 years?

– Wow. – 40, 50 years at that point. But he was 90 when he was, and so, but he made it a year and 1/2 after starting the dialysis and he was good, I mean, you know, I mean he still traveled.

He still, I mean, yeah, it was just really, really good, it was really good, and he died very peacefully. So- – Amazing to see what's possible. – What's possible.

It was possible when his cardiologist, right, who deals with younger and older. – Yeah, just said. – He's lived a good life and that's true. And that's what I hear over and over again.

And I think this is the really big thing, it's the quality of our days that matter. But it's also the quality of our relationships. What was dad doing?

And any time in the future, like over those next 11 years that I was blessed to have him in my life. Whenever he would start getting irritable or forgetful, it was like, okay, and you ask what did I do?

Keto-Green Eating and Meal Ideas

And I've certainly refined it over the years. And over the time working with my dad. I never was able to take away his scotch, it's okay. (laughing) 91 years old, he had a scotch that day.

So, but it was definitely a reduction for sure, in beer drinking and sugar of course, and maintaining stability and just letting him live his life too and have this world of viva at that, he'd worked so hard to get with all, with his children, with his grandchildren and just with his freedom, he had freedom, he lived on his own till his last year.

He lived on his own till his last year. And so, and that's what I want people to recognize. At 79 he would've needed full-time care at 79, but he had another, you know, 10, 11 years of freedom, freedom, absolute freedom.

– And you turned it around, what's the formula? – Okay, so this is what I teach and why I'm so passionate about now. I focus on menopausal women 'cause that is my niche.

This works for everyone, I'm telling you. So the concept between diabetes and Alzheimer's right, we call and you've addressed this in your summit clearly that Alzheimer's type 3 diabetes.

So I've turned it around in the way of my, what I call my keto-green approach. And I'll explain that in a minute. So, and I also turned it around by reducing the polyfoma.

You have to do that very carefully with physician's guidance and maybe a functional physician, a health coach, to really monitor some of the, and we've got so many better ways to monitor continuous glucose monitoring.

I recommend everyone do that for at least one month. You know, at least one month, maybe even one month every few months and just really see how is your body interacting?

It's gonna change based on your stress level and your epigenetics, and it's really fascinating. So continuous blood sugar monitoring that is. So anyway, so we've got so many better tools, but it would be this keto-green approach with intermittent fasting, no more snacking, healthy fats, cutting out sugars, but having healthy mic, healthy alkalinizers.

And as I continue to get through, to understand metabolic syndrome and understand mitochondrial dysfunction and understand, what is happening, especially with the hormonal changes as our body age.

One of the key biomarkers that I have people do is, is check urine and pH for alkalinity, to know that when we have a more alkaline urine pH, we have a more grounded physiology.

It's like being in nature versus being in a industrial city covered in smog. So how do we best operate obviously as by design and, but in nature. So that alkaline urine pH plus the work, have higher alkaline urine pH, with lower levels of uric acid and all of these important pieces to the puzzle.

But I definitely see that alkalinizing component of our nutrition plan, mentally and physically as part of our, you know, part of our. – So then tell me, so what are some of the things that make us more alkaline, what are some of the things that make us more acidic?

Like, can I just drink a bunch of alkaline water or is it more than that? – Yeah, it's much more than that, it's much more than that. So the whole, we know that plant, diversity in our plant foods create a healthier immune system and lower risk of all the metabolic diseases.

So the whole part of the alkalizing vegetables and herbs and spices are really to add that fiber prebiotic content as well, to support microbial diversity and especially when it comes to, as women's health frivolum.

And men, 'cause their increased rate of prostate cancer, right, so detoxifying estrogen healthfully, that's a really important factor. So that alkalinizing with dark green leafies, like B green, spinach, with herbs and spices like tumeric, curcumin, maca, I have my mighty maca plus formulation that has all these alkalinizing adaptogens, use super oxidants and that's that's beneficial.

And the other piece is, you know, the herbs and spices, food is medicine. And I always say that, learn that the ancient physicians to the kings and back into the Ottoman empires, where the physicians prepared their food, they were their chefs, they prepared their food.

And these herbs and spices came from, balancing the constitution of the royalty and of the, it's so fascinating to me. And then somehow we forget that and modern medicine, oh, you can just drive through, it's just about calories.

It's not about, you know what I mean, all that garbage that I learned growing up and being a student of health. And so it's fascinating to me, so that alkalinizing, but with healthy ketogenic foods, healthy fats, from quality sources as well as high quality protein, to continue to support our metabolism and our brain function and really restricting the carbs more and more, especially as I've been doing this now, since I created my Keto-Green plan in 2015, I've been doing this now for many years.

You know I know like that, I swing in between ketosis and not, and before I'm getting on podcast or before I'm presenting, I'm like high ketosis because I want that memory, that recall, and it's true, it's just, it's truth.

It's honoring our physiology by design and the fluctuations in our 20s, 30s you can eat anything and have perfect memory, not so true now. – I love it, you were totally ahead of the curve, right?

We didn't, I think personally, many of us were feeling this, right, when I get into ketosis, I feel mentally clear and we were hearing it in clinic from our patients.

Like when I get into keto, I feel clear. And yet there's been this refrain for so long, certainly in the 80s and 90s, that fat was bad and lots of fear around a ketogenic diet because some people would interpret that as like cheese and bacon and sausage for three meals a day.

And I think clarifying that you can have what we want. And in fact, the whole purpose here is a healthy ketogenic diet, a greens forward ketogenic diet.

And I just wanna plug like you were right, because now we see, I don't know if you saw the recent article out of Florida, but in six weeks they took, it's a feasibility study.

So a small trial, but in just six weeks, they took nine participants with measurable cognitive decline and they reversed it with a ketogenic diet, with a healthy ketogenic diet.

And so really impressive. And everybody who got into ketosis had reversal of their cognitive decline. So you were on it, you knew, and so that means that you have a lot more experience than most people who were kind of like on the edge, of like, "Okay, maybe it's a paleo diet "or maybe it's a Mediterranean diet." You're like, no, keto since 2015.

– Keto-green, keto-green, right, that's the thing. That is the difference, yeah, absolutely. There's keto dirty and keto clean, which is keto-green. And then also learning 'cause right, 2015 I started doing, putting menopausal women on this plan and now it's reached, hundreds of thousand of women in my first book, "The Hormone Fix." And then from there "Keto-Green 16," and now my next book coming out is, "MenuPause," (laughs).

– Love it. – I know "MenuPause." And it's the five different eating plans that each can break a plateau, listening to your body. Again, we get into a certain way of doing things and we just think that's the way.

But just the same thing with exercise routines, we have to change things up. We have to change things up. And that is really important to remember that variety.

And it's not a stuck way and it's just the same thing with some clients I've hadn't, even doing keto-green for a long time. It's like sometimes you need a feasting day.

Sometimes you need a fasting day. So, we have to change these things up and you have to test, don't guess. So getting into ketosis and checking urine pH levels, it's the combination is magic.

Really the combination is magic and that is honestly, the best place, if I could live in that zone, it's hard, it's stressed, takes you, right? Stress is gonna make you more creating acidic urine pH.

Cortisol creates an acidic urine pH by, increasing hydrogen ion secretion across the renal tubules of the kidney, we see that. So you can be eating perfectly and be acidic because mentally you're stressed, but you're the only one who can upset yourself.

So you have to learn these pauses, these controls, letting go of what no longer serves us. And that's also a chapter in, "MenuPause," too, is to let go off some of the things, pause things that no longer serve us, and practices that don't serve us, that don't benefit us.

That may be media promoted, but they're detrimental and toxic to our bodies and our minds, and that's what's really important. So the constant education, the constant learning, the constant exercising of our mind, it's a critical piece of healthy aging.

And we can't do that without healthy physiology and physicality. So it's a combination of things and that's an important piece that you certainly, physicians don't have time to address in their medical practices.

– So what is a typical meal on a "MenuPause" menu or a keto-green menu? – Yeah, so one of the things that I love is certainly keto-green smoothies. A lot of times people, and especially converting women from making their morning smoothie that typically had a lot of fruit or a banana or something in it, it's like cutting that stuff out.

And instead, maybe is akin and avocado and some celery, but protein, and I use my keto-green protein powder, which is a seed and vegan-based protein. You can do collagen peptides, I love using those two sometimes and different proteins, but you wanna make sure you've got zero grams of sugar, so, and healthy fats in there.

So adding that avocado or that MCT oil, something like that, can really benefit, so healthy fats, high quality protein, and some fiber. So some fiber and greens, and that's a really great way to have a keto-green smoothie.

And again, still be incredibly delicious, satisfying, and you're not gonna have cravings in an hour or two. And then another like keto-green plate. Like I love smoke salmon.

I love smoke salmon cause I can buy it and I can keep it in my fridge. And it's always there if I need it. But smoked salmon with capers, red onions served on a bed of arugula, drizzled with olive oil is that keto-green meal and you were not gonna be hungry in a few hours.

And like a keto-green saute, do it your own saute. So I'm a single mom with kids and I've been living in a small condo in Dallas for the last couple years.

Feasting, Flexibility, and Hormone Support

I finally decided I was gonna stay and I bought a house here, but you know, like cooking in one, all your food in one pan and having one pan to clean, like this is how I think, and these are how I create many of the recipes that are in my books, but you know, so like I would saute up some onions and B greens and saute that, drizzle it within gee, probably saute in gee or some olive oil and prepare them at the end, just put in chicken or some beef and saute that, cook that right there in the same pan, and yeah, one pan meals.

And I've love that, and that is a beautiful keto-green meal. You're adding healthy high quality protein from ideally, non GMO veggie, organic free range sources, your green leafies and spices and herbs.

Like I love sprouts, and I also recommend fermented vegetables as a crucial part for helping our hormonal balance and gut microbiome. And so that, I mean, that's like, that's a perfect meal right there.

– I love it, what we do in my house is we travel around the world so that we can, in our kitchen so that we can keep it fresh because I think some people say like, "Oh, are you having like turkey every night?

"Are you having ground beef every night?" Or like, are you, you know, there's great wigs to mix it up, right? You can do chicken thighs and then, and broccoli and then green beans and cauliflower.

There's so many things once you start thinking about it. But for a lot of people who aren't used to this, it feels restrictive. And so one of the ways to keep it exciting is to say, "Okay, we're gonna use Indian spices one night, "and Moroccan spices another night, "and Asian spices like ginger and maybe some coconut aminos "or some the rice vinegar, "something like that to make it taste different." Even though you're eating some of the same basic ingredients.

– Oh, I've loved that. – And then the other piece I, we do exactly the same thing in the fact, that's what we did last night for dinner. The one great big cast iron skillet, that's full of all of the greens and all of the protein that we're gonna have.

The other thing we do is roast it. So put it in the oven and then it's so much easier. It's like fast food essentially,

'cause you just put it in and you don't have to think about it.

And then this one thing to clean. Crockpots or the Instapot is another to like simplify. I know, I love, like, we, I'm gonna get hungry talking to you here.

– I know, I love it, but it's so good. And in my new book, "MenuPause," like after I wrote "Keto-Green 16," my goal was to do "MenuPause" around the world while pandemic had hit, right at the release of Keto-Green 16.

And so I didn't get to travel around the world, but I've already traveled around the world quite a bit. And so I love say that, but I do menopause. I have, topics on menopause around the world and how we use those foods to help with balancing hormonal symptoms.

And I think it's just a beautiful thing to integrate and a fun thing to do with your family. Another trick is these garden guidance cards. I don't know if you've seen these it in guidance.com, but it's like all kinds of vegetables in here.

You know some of the most common ones and some like red, for example, red sweet potatoes or you know, like the different, like purple onions or whatever it may be.

And you just draw a few cards and incorporate those foods into your vegetable mix for the the day. And I think that's a fun thing for the kids to do too, to get involved in, but plus, and I get stagnant sometime and I'm like, I'm going to the grocery store, let me choose three cards and see what I can create with it or incorporate those into casserole or something, yeah.

– Fun to like keep that inspiration. One of the questions we get a lot is, you're suggesting ketosis, am I gonna be in this forever? And you mentioned a little bit variety.

So tell me, what is your typical approach, how long does somebody get into ketosis for, what do they do next, how do they know if, you mentioned testing like, what's kind of the basic, somebody's going through menopause, what's the first six months look like?

– Yeah, and it's so good because as you think of the metabolic flexibility and one thing, and again, I won't ask anyone to do what I can't do myself, but again, I'm always learning and growing, but I always say 10% fasting, 80% keto-green and 10% feasting.

And sometimes maybe it's more 20% feasting depending on what season it is, et cetera. But the concept is, does my meal look keto-green? And so you're, for example, you're going out to dinner, you're ordering some steak and veggies maybe, and that's what you're having our fish and veggies.

And you just say, make sure there's no sugar in the sauce you're using and don't bring the bread to the table. And something like that is very, very easy to do.

And when you think about that combination, I mean it becomes easier and easier and then say, okay, well, maybe the next time we go out, we'll have like, and you can have a feasting meal, like a healthy gluten-free, dairy-free dessert or whatever your body tolerates, but recognizing that's just part of, it's just part of the ebb and flow of life, like using learning, what's working for you.

And I found it very interesting 'cause I was interviewed on one of the Kardash by like, I think it was people.com, but about one of the Kardashians doing keto and she would have pancakes on Sunday.

And I was like, well I'm in, they're calling it her cheat day, that's her cheat day, and asked me what I thought about that. And I said, well, first of all, I wouldn't consider it a cheat day.

I would consider it a feast day. She's getting results, she's looking amazing. She's feeling better and more amazing. And depending in that feast day, she will learn what she can feast on and what she can't feast on as time goes on.

And so prohibiting it, creates restriction fatigue, and often makes people feel like they're on the wagon, off the wagon, they've fallen off their failures and they, are just losers and can't do this and it doesn't work for them versus this is all, these are all opportunities to learn and grow and experience.

So if I decided like I was out last night on a date or a Friday night on a date, and we, restaurant hopped and ended up at this gorgeous little cafe, Madrid, here in Dallas.

And they had flowerless chocolate tort and flan on the dessert menu, and I was like, "Oh, this is like a perfect feasting opportunity." And I looked at it that way and I had to watch myself.

Well, I'm cheating on this. I had to change with the way I'm thinking, I'm feasting on this, this is fun. And where I love this restaurant and this food and it's good products.

So you know like to change your mentality around, we'll see how I feel tomorrow. But this is a treat, this is a feast. This is an experience, how will my body respond to this?

And then I learned from that experience and opportunity, I'm not a failure, I didn't sabotage myself. And I think changing the way we think about that is really important, especially as women.

– And I might also even change our results, right? You mentioned how having cortisol go up. If I'm beating myself up because I'm a failure and I did it wrong, and I fell off the wagon, well, now my cortisols going up.

And then now I might fall out of ketosis because of the cortisol, not even the flowerless chocolate cake. – [Anna] Right. – And so watching that, another piece that comes up is, my husband and I are doing ketosis and he seems to stay in ketosis, but I'm getting kicked out of ketosis.

Why is it different for the two of us? How do you coach women when they have that coming up? – Men have 10 times as much testosterone as women, right?

The anabolic steroid. Men have more circulating estrogen in the brain because testosterone conversion to estrogen in the post-menopause compared to postmenopausal woman.

So I think it's important to recognize that. Testosterone is an anabolic hormone. It builds up, it maintains bone mass, muscle mass, higher metabolic basal metabolic rates.

So they have a cushion there neurologically women, especially in menopause, we are like a pressure cooker with often the lid off, right? So it's all kinds of stuff with the decline in progesterone.

And again, for me, a menopausal and postmenopausal woman should be on progesterone, a bioidentical micronized topical progesterone is my preference. And as a first line therapy taking, I always say take one or two days off a week, three to five days off per month postmenopausally and it's important, and men too I've used bioidentical progesterone pregnenolone, and it made this an important factor for hormone stability, cognition, the neuro protection, and it enhances the results that we get postmenopausally, whatever we're doing, but certainly when we're on a keto plan.

– So let's dive into the hormone piece, 'cause I know you've been an expert in that for a long time and there throughout sort of this debate in the field about is that healthy, is that the best thing for people?

This big women's health initiative study was stopped early because it looked like all-cause mortality. Some people were dying more frequently when they were on hormones.

There's a ton of nuance in that. And I want people to understand, especially women who are at risk for dementia, either they have a family history, known genetic predisposition, or they're already starting to feel the symptoms.

Why is it, how do you take them through, sort of this cost benefit, risk benefit analysis of whether or not hormones

are going to be a good idea? – Yeah, well, I always say postmenopausally, I mean the benefits are for hormones and first of all, it's true.

I mean, I have traveled all over the world. I've seen many amazing women in their 80s, 90s and above that are just cognitively clear and are not on hormonal therapy.

And what are they doing? They're walking, they are in community, they are in nature. They're living in often rural unpolluted areas and they have a healthy attitude, healthy relationships, and maintain that.

So there's always the exception certainly, I would say when we are living in nature, we have nature as medicine, but when we are not, we need to bring nature in and this is where hormonal therapies can definitely help.

Our modern American lifestyle is very different. If I'm in Indonesia, in Newbie, and I'm hiking along the black volcanic trails, I'm not on any hormones or supplements at that point, right?

If I'm out camping in the woods and nature even here in East Texas or so, you know around Dallas, if I'm camping, 'cause we have a horse trailer and horses.

I mean, I don't need anything else, right? I don't need anything else, nature is medicine in those instances, you're out of the stress typically, unless you're watching a 14-year old barrel racer racing around barrel anyway.

But you know, those are good things. So I look at it as you know, I use, I've used and I've used in my patients. For now I've been in medicine, for over, like working in biomedical hormones and sexual health since the 1990s.

So in my own practice I use bioidentical progesterone, certainly perimenopause and beyond, either cyclically or in a continuous basis with a little interruptions and a transdermals, the balance creams, come my balance cream, it's progesterone and pregnenolone with tripeptide for healthy skin changes and collagen production.

Of course we want that if we're using a topical. And so that combination is powerful and using DHEA and testosterone. So topical DHEA used for the most important anatomy of our body and that's clitoris to anus.

So that's my jovial formulation. And I found, I've created these things Heather, because I needed something for myself and for my patients that would work, and that was high quality and didn't need a prescription.

And so that's where my formulas and one of the things, the products that I've created have come from because my doctor's bag was empty. And I found, and I created these, found these different ingredients to help me.

And certainly combining biodentical hormones in prescription was a part of that, that's less than the 10%, right? The 90% is keto-green way of living.

Hormones, Dementia Risk, and Brain Health

It's not just what we eat, when we eat, who we're eating with, how we're eating, how of how much are we chewing? What's our, there's so many factors to this.

What's our mindset at the time of our eating, did we bless our food or not? You know, I mean, these factors that affect our physiology. So that's part of why it's not a keto-green diet, it's a keto-green way.

And I think that's really so misunderstood in so much of standard medical practice. And in fact there's fear and anger when you suggest that. There is fear and anger when you suggest, "Look, it's not just in your powerful prescription pad," and there's backlash for that.

But bioidentical hormones have a role and bioidentical, not synthetic, and I don't care that they can be produced by pharma in a few different strength.

There's an art to medicine. Allow physicians to practice the art of medicine. Pharma is restricting us in so many ways and we really need to acknowledge that there's blessings, there's great pharma.

And then there's not. So biodentical progesterone in a topical form, a little bit goes a long way, is a great option. Also there is prescription biodentical progesterone.

A Prometrium has been around for decades now, and it's a biodentical progesterone form. And then using estrogen DHEA testosterone and in troche, in topical, I don't like to use oral hormones after age 55, especially oral estrogens because oral estrogens increase inflammatory markers and risk for blood clots.

So that is known a side effect of oral estrogens. And we have an alternative, the only time topical estrogens aren't working as well, is if we have gut issues, GI track issues.

If you have any GI track issues, the skin is a reflection of that and you will not absorb your hormones really well. And then sometimes we bypass that for a while, by doing either troches or subbuccal lozenge type hormonal therapy and vaginal hormonal therapy.

You can do some rectal therapy, it's not well studied. There's not many people lining up for those studies. So, but it's an option. – So there's lots of options, that I'm hearing is there's lots of options.

There's lots that can make it work for you. What about the breast cancer risk? A lot of patients have questions about that. Am I maybe reducing osteoporosis and reducing dementia risk, but am I increasing my chance of getting breast cancer?

– Well, I, you know, increase, this is where I think the antiestrogen talk is misogynistic, Heather. It really is, I mean this anti women, when we talk about estrogen, the focus is on estrogen, is it really?

Well, our studies think said estrogen alone did not increase your risk of breast cancer, so why is the drama still on that? And I wanna share a couple things, a couple images, and I know we're running close on time, but you know one of the things that increase your risk of breast cancer and diabetes and heart disease and dementia is hot flashes.

The more and longer time that you suffer with hot flashes, I'm relearning hot flashes, the higher your risk is for diabetes and dementia. And I think that's important to, and cardiovascular disease according to research.

So I think that's really important 'cause we know that if we're at risk for diabetes, we're at risk for dementia. If we're suffering with it, we're at risk.

And this is the slide I wanted to show you. So if you're listening, I'll explain it. But, and if you're able to see this slide. This is designed by me for dramatic effect of the hormones that are fluctuating in our reproductive lifespan.

So in our 20s, we have peak hormone levels, DHEA, for both men and women starts to decline in our 20s and progesterone starts to decline in a woman's 30s with declining ovarian production.

And we get into this period with declining progesterone from our mid 30s to mid 50s. This progesterone decreases about 75% from age 35 to 50. Estrogen decreases 35% from age 35 to 50.

The research on estrogen on the brain have been favorable, but we're ignoring biodentical progesterone on the brain. And the one reason is, biodentical progesterone I believe, it's difficult to fund those studies since it's not a patentable profitable intervention, but it is critically important.

And we know from research out of Emory with their project three trials, that looked at progesterone on traumatic brain injury. And when they used a biodentical form of progesterone, they had improvements and good clinical results, the synthetic forms, whoever did not.

So I think it's important to look at this. This period then becomes this timeframe of neuroendocrine vulnerability. So we get all the GYN symptoms, a regular bleeding, breakthrough bleeding, cramping, all of that, and you get the neurologic symptoms, the anxiety, the depression, the PMS, the mood swings, the brain fog, the loss of libido.

It just goes on from there. And as a physician working in this space, going through my own hell and journey, from age 39 with early menopause and infertility, able to reverse that at 41, and then plummeting again at 48 as a long story, I write about that in my, "The Hormone Fix." But you know, this was through my experience I recognized that these changes the power of the keto-green diet in this time period, because these are neurologic symptoms.

So as I practiced this in my, studied fine tuning hormones, studying, putting clients on detoxification, nutritional detoxification plans and early version of my keto-green plan and they would come by within the further six week follow up to review the labs, feeling 80, 90% better before I ever wrote anything on a prescription pad.

And that's so key, like my mom and dad, they were military, my mom's immigrant to this country and they didn't have access to physicians like me, right?

You don't have like thousands of dollars to spend for initial consultation. That's this hormone fix, it's that for everyone, it is that for everyone. And that's the difference.

It takes more than hormones to fix our hormones. And then neurologically, this was published in 2015 and it looked at glucose metabolism in the brain.

And this is what showed that when you have a decline in the perimenopause, your have decline in glucose metabolism in the brain with an increase of these neuroendocrine symptoms.

In other words, your brain is starving for fuel. Your brain is starving for fuel. And it's important to recognize this because we bypass this process by switching to ketones.

And that's what I was talking about earlier. And you know, diabetes, menopause and perimenopause, is a single risk of diabetes. So if you're in perimenopause and menopause, you're at higher risk of diabetes if you're not.

So, and it's the research showed that also increased in women who had their ovaries removed. Now, no one taught me this in residency or med school. And this wasn't part of my consent, informed consent process.

And of course, you know, you've talked about insulin resistance and how that relates to PCOS dementia and Alzheimer's. And that's where this keto-green approach becomes powerful because we're creating insulin sensitivity, we're reducing cortisol and we're balancing our hormonal physiology.

– Aside of it, you just, what you're describing is this testament to the foundations of health, right? The diet, the exercise, the sleep, taking really good care of ourselves, managing our stressors, that that is really foundational.

And there are so many people who can get all the help they need, just doing that without ever going to see a doctor, without ever spending any money on testing or hormone prescriptions or anything like that.

And so I just really appreciate that empowerment, right? It's like go read the books and understand how you can get the most out of this without the need to make it even more complicated and more expensive.

So I want everybody to be crystal clear about where they can find your books, where they can find out more about you, where they can get the support that you offer, and also the products that you mentioned, where they can find access to that.

– Yeah, thank you. And I would say like, I love you say, "Go get the book" and I would say, do it in community, like get a small group, your home group, your work group, your girlfriend, your book club, and do it together in community, because that makes a difference.

And right now, April 12th, my book, "MenuPause," is released and "MenuPause," is five different six-day plan. So they're fun to do together really good.

And you can get that anywhere books are sold. And I'm excited about that. And my website, dranna.com, D-R-A-N-N-A.com. Lots of free resources and information, and information on my product, "Mighty Maca" and (indistinct) balance are all there too.

And I was like, you know, like, ask me anything, you can tell or ask me anything, and I'm here to help. I've seen too many people struggle. I've lost both my parents in diabetes and heart disease on both sides of my family confirmed by genetics, right?

Genetic testing. And I've done the extensive genetic testing. I'm like, okay, I've got all these red flags, but I'm definitely healthier now than I was a decade ago.

And we can turn the hands of time back, so can live our passionate, juicy, wonderful, intimate lives. – How exciting! Dr. Anna, thank you so much for your dedication to this work, to your patients clearly to the cause of just making sure people are healthier out there.

What other tips do you have for people, any last insights that our listeners can take away? – Yeah, and one more thing too, and then connect with me on Instagram @thegirlfrienddoctor, 'cause I'm on there more often now than ever, because I've got a new grand baby and I can see my daughter's post on her.

And also that's where I keep track of my kids. So I'm on Instagram @thegirlfrienddoctor and my tip would be, it's really like, you know, step into the keto-green lifestyle, step into intermittent fasting, step into working with our natural design, our physiology.

And with that there's the most powerful health intervention that we can make is positive connection and love with other people. So it's this friendship, it's this nurturing, it's this connection that I always found to be my best medicine.

It's why I do what I do. – Oh, thank you again for your time. And I can't wait to get your new book, so exciting. (soothing music)