LET’S “TALK” ABOUT WOMEN’S HEALTH

3 EXPERT TALK TRANSCRIPTS from HEALTHMEANS
CONTENTS

Enjoy learning from these expert talk transcripts pulled from the thousands of talks in our HealthMeans library!

If you’re already a member of HealthMeans, you can access the video interviews of these talks to the right.

(If you’re not yet a member, be sure to sign up to access these interviews!)

How to Eat like an Ageless Goddess
Mark Hyman, MD and Christiane Northrup, MD
Click here to watch this interview!

Resetting Your Hormones
Jonny bowden, PhD, CNS and Sara Gottfried, MD
Click here to watch this interview!

PMS, PCOS and Postpartum: A Woman’s Guide to Depression
Sean Croxton and Alisa Vitti
Click here to watch this interview!

We’re happy that you’re taking time to learn about living a healthier and happier life, and we hope you’ll make us a regular part of that journey!

From the entire HealthMeans team, thank you for downloading these transcripts -- we hope you learn a lot from them!
Dr. Hyman: Hi, this is Dr. Mark Hyman, welcome to the Fat Summit.

Dr. Northrup: Hey Dr. Mark Hyman, how great it is to be here.

Dr. Hyman: Hi Northrup - it’s so great. The Fat Summit’s where we separate fat from fiction, and I’m thrilled to have you here. For those of you who don’t know Northrup, she’s one of my idols. I read her book “Women’s Bodies, Women’s Wisdom” years ago, and it really informed a lot of my thinking about women’s health and that was great because I worked at Canyon Ranch for most of my patients from between 35 and 55...so, without your book, I don’t know if I would have made it through that.

And it was great and you’re an OB-GYN doc, you were former professor at the Maine Medical Center, you’re a New York Times bestselling author and your recent book “Goddesses Never Age” - just fabulous. And you’ve really been a pioneer in thinking about women’s health and that was great because I worked at Canyon Ranch for most of my patients from between 35 and 55...so, without your book, I don’t know if I would have made it through that.

And it was great and you’re an OB-GYN doc, you were former professor at the Maine Medical Center, you’re a New York Times bestselling author and your recent book “Goddesses Never Age” - just fabulous. And you’ve really been a pioneer in thinking about women’s health and that was great because I worked at Canyon Ranch for most of my patients from between 35 and 55...so, without your book, I don’t know if I would have made it through that.

Dr. Northrup: Well, like all women, no, not all women but a lot of women I went on my first weight loss diet at about 12 or 13 because I had a mother who was not anorexic or anything, but it’s clear to me now...you know how when your parents get older, you can actually hear what the message is everywhere we go now she talks about how heavy someone is whether they’re heavy, or they’re heavy and so I know that that was a subliminal message.

And when you reach puberty for men and women’s for boys and girls there’s usually a period of time, when you gain some fat in order for your growth spurt to happen. Now I don’t know if I ever had that growth spurt, but I do know there was a time when I knew the calorie count of every food known to humanity. Because back then, we literally told people to count calories. And I was off ten on weight loss diets for; I think it’s safe to say 40 years.

What’s interesting, and that’s just to maintain what I consider a normal weight, a normal weight. So and here’s how it works. You let it get away from you, and then it creeps up and then you’re back down and you didn’t...so it’s what we would call weight management but what things really got interesting, when I began to work with Michio Kushi of the macrobiotics group down in Boston and Michio, as some people know, was the founder of Erewhon Natural Foods, he was an absolute pioneer in the natural food movement.

East West Journal is now Natural Health, but I was featured on the cover of East West Journal. And the diet was brown rice, sea vegetables, regular root vegetables, and then the big old macrobiotic cookies. Now, what was interesting about those in that community many of the people smoked and drank alcohol but under cover of darkness - actually the smoking they did freely.

But it was all based on yin and yang and I also, Mark, as you know, saw a lot of people who heal cancer and all kinds of things with that diet. Because it was and is a whole food diet. Now after about seven years on that and bringing up my kids on that I had a daughter who said to me at age four...I once served Cor-
And that's what this low-fat, spectrum of insulin resistance. About insulin, isn't it? It's all about what I finally know, now, is it's all it wasn't all carbs and no fat. And it wasn't all fat and no carbs. But so I began to realize that there was something more to this. So, it wasn't all fat and no carbs. But it wasn't all carbs and no fat. And what I finally know, now, is it's all about insulin, isn't it? It's all about insulin and where you are on the spectrum of insulin resistance. And that's what this low-fat, dietary approach. We all remember Snackwell cookies, Susan Powter -“Stop the Insanity!” Let's eat a bathtub full of pasta.

Dr. Hyman: I used to eat huge amounts of pasta, yeah.

Dr. Northrup: Yeah, what that does over time is, your poor pancreas gets so tired because every time the blood sugar spikes from the carbs, you get the pancreatic cells, portion out insulin, and over time they get tired and they can't do it anymore. So they've stored so much fat as they possibly can, the rest just stays in your blood as high blood sugar and then you get pre-diabetes or diabetes or metabolic syndrome. That's the long and short of it. Now what I think, most people don't realize, is there is a continuum. So there are those people who can be on a high-carbohydrate, complex-carbohydrate diet - low fat - and lose weight. I'm not one of them.

Dr. Hyman: Yeah, no that's true. We're all genetically so unique and different. I see that in my patients are some people who need very high-fat diets to actually lose weight and others that are eating more carbs and actually do fine. So, I think it’s really individual. But within that context you need good fats, you need body protein, you need the good carbohydrates.

Dr. Northrup: And what is fat? Fat is the building block for your hormones.

Dr. Hyman: That's right, let's talk about that.

Dr. Northrup: All these women, right? Who would do the low-fat thing, like the big old low-fat muffin and get more and more and more depressed?

Dr. Hyman: Depressed, yeah. So, how does that work? How does fat affect your hormones?

Dr. Northrup: Well, you need fat to build a hormone because a hormone is built from cholesterol. That is the building block of a hormone. So what we've done as doctors - you and I didn't but the rest of them did - tell everyone they need a statin drug to get their cholesterol down; and then, as you know, the American Heart Association has kept lowering what we consider...

Dr. Hyman: The target.

Dr. Northrup: Okay, so I just learned this from a doc friend of mine out at Kaiser in Denver. She said the number that we're never telling people is the number needed for benefit - the number needed to treat. This here's what she told me about statins. 20 people need to be on statins for one person to get a benefit. 20!

Dr. Hyman: It`s actually worse than that, I think, Christiane.

Dr. Northrup: Is it worse?

Dr. Hyman: Yeah, I think the data is pretty, pretty frightening around statins and how they work; and I'm going to pull up some data because it's pretty scary and I just was looking at it the other day. So yeah, the whole “number needed to treat” thing is a big issue because it means that you have to treat a lot of people to get a benefit. If you're taking an antibiotic for a bladder infection, the number needed to treat is like one or two - maybe it's resistant to one antibiotic. But basically, it works every time. It works.

But for statins, there's this group called the NNT group and they have a website called theNNT.com, and you can look up all this data and all the research behind it. And what they found was that people who took statins for five years and had no pre-existing heart disease, they had no heart disease was documented, there were no lives saved at all.
And only 1 in 104 people who took the statins were helped by preventing a heart attack. Only 1 in a 104 people! And only 1 in 154 people were helped by preventing getting a stroke. So that means that you have to treat 154 people to not get a stroke in 1 person.

**Dr. Northrup:** And how many, then got harmed.

**Dr. Hyman:** That's it. Then even worse, 1 in 10 had muscle pain and damage. And 1 in 50 develops diabetes. So you're not even coming out ahead, in the end; you're actually creating more people with diabetes than you're saving from heart attack - so...

**Dr. Northrup:** What was the name of that website again?

**Dr. Hyman:** It's called theNNT.com. And it's, really, everybody should look at it. So even if you had a heart disease, so then the doctor, well you know, maybe you can make an argument for we can't really convince people to take it if you've never had heart disease, but everybody's recommending it for that. That's called primary prevention.

But for secondary prevention, which is if you've actually already had a heart at- tack or you have heart disease, well then they say it seems to have benefit.

Well, what is that benefit? Well, only 1 in 83 people who'd actually already had a heart attack didn't die. So that's only a 1.2% benefit. And only 1 in 39 was helped by preventing a fatal heart attack, which was about 2.6% benefit. And that's not a great drug. And you're getting all these people who are harmed. So 1 in 10 got muscle damage and pain, and 1 in 50 got diabetes. So it's really not that great of a drug. And when they talk about the benefit, it's an absolute risk reduction of 3% to 2%, which sounds bad. When they're talking about 30% re-duction, that's what they're talking about. It's just a 3% to 2% reduction. So it's all kind of a bunch of mumbo jumbo and statins can help certain people. I'm not saying they're bad drugs. They need to be used on the right person, at the right dose, for the right reasons. So what happens when people have low-fat di-ets or have statins that they and how does that affect their hormones?

**Dr. Northrup:** What happens is, they often become depressed and they'll no-tice the difference in their nails and in their hair, libido goes down. So it's like that awful thing where the woman has had breast cancer or ovarian cancer and then she's on all the drugs for that, and when she says, “But my quality of life sucks,” and then the doctor says, “Yeah, but you're alive.”

**Dr. Hyman:** You're alive, right.

**Dr. Northrup:** It's, “Are you kidding me?” And it's like, if someone believes they need a statin which they're convinced they need by mainstream medicine, then they just think this is the cost of not dying. But it’s ridiculous and it's inter-esting, Mark, that you've been saying this stuff about statins for a long time. I've been saying it, and it amazes me that so few people when they're actually with their doctor say, “I'm not going to take that.”

**Dr. Hyman:** Right, yeah, no - I know people; they scare the pants off them. I have this problem all the time. I talk to people; I show them the results; I ex-plain it all to them. They get off the statin, they go to the doctor, their choles- terol’s up, they get back on it, they come back to me. It’s like ping pong.

**Dr. Northrup:** I know.

**Dr. Hyman:** And then I try to explain to them. What's interesting is, we do a lot of testing of cholesterol, using particle size, and statins don't really affect that. So they'll lower the total cholesterol, and they'll lower the LDL cholesterol. They may or may not affect the triglycerides or HDL, but they never affect the particles. Which I thought is amazing, to me, because I thought it would; but what I see is that people are still eating carbs and sugar and their insulin re-sistance is high and they have very low HDL, high triglycerides, and they have these really dense amounts of small particles which are the ones that cause heart disease. So when you put people on high-fat diets, that all goes away. It's unbe- lievable.

**Dr. Northrup:** It's so true. This is one of the things, because I've been around for a while, I have my lipid profiles from over the years.

**Dr. Hyman:** Yeah, what did you find?

**Dr. Northrup:** Yeah, when I was 35 my HDL was 35; that is way too low.

**Dr. Hyman:** Yes, terrible.

**Dr. Northrup:** Now it's 75. And we were also teaching people, right, that there was nothing they could do about their HDL. It was just genetic and you were stuck with it. That's a bunch of bullshit.

**Dr. Hyman:** No, it's true. It's true. I've had guys who had heart attacks and they were 50 years old; and I put them on this approach of higher fat, good fats - ol-ive oil, avocados, coconut oil, even saturated fats - and their numbers got better off the medication, compared to when they were on it. So their numbers were better, actually, without taking the statin. By eating the right foods and their HDLs went up from, like, 35 to 55 or 60; and their triglycerides came up from 300 to 70 , and it's really astounding to see that. And I think there are a lot of people who have weight loss resistance because they haven't really dealt with this insulin issue and they're afraid of
fat. And so it’s confusing for people.

Dr. Northrup: Absolutely. Absolutely. So actually, you have to give it a shot. They have to try it. And they’ll see, first thing, what happens is we know that what you eat affects your blood sugar for the entire day. And I guess what I would say is what you’ve been saying for a long time. Get your fasting insulin tested, get your fasting blood sugar tested, and your two-hour postprandial; and remember that those things - in normal, regular labs across the country - the amounts that they tell you are normal are too high.

Dr. Hyman: Are too high. Right. If you were a Martian and landed in America, 70% of people would be overweight, which is how we get our reference ranges. We look at the population; we go, “What’s the average?” and we go, “That’s normal,” but it’s actually a sick population to start with.

Dr. Northrup: Yes, so it’s that difference between optimal and getting by. Same with the RDAs for nutrients, right?

Dr. Hyman: And I think for people who want to try out the higher fat diet and cut out the sugars and the refined flours, if they actually measure these particle size and their lipids and look at these numbers, it’s a great way to see how your body responds. And your body will tell you. It’s the smartest organism on the planet, and it will tell you what works and what doesn’t based on what you do with it. And you can listen to your doctor, but you’d rather listen to your body and find out what it’s telling you because that’s the key.

Dr. Northrup: And one of the tests that you taught me about was the NMR laboratory and those tests for particle size. And that’s really where you want to be. So I want everyone to know that you’re like me - we’ve been in this a long time and you see what’s coming - you can see the trend 10 years, sometimes 15, before it becomes mainstream. And the fact that women are still being put on statins for cholesterol greater than 200 total cholesterol means just about nothing. Nothing.

Dr. Hyman: Right, it’s true, it’s true. So let’s talk a little bit about dieting for women because I think it’s such a huge problem; and women go through the struggle of restricting themselves, depriving themselves, having a bad relation- ship with food. It becomes a big stress in their life; they’re disconnected from pleasure around food. And what I’m curious about is your experience as women have shifted their diets to be more inclusive of fat and getting rid of the sugars and carbs. What happens to that whole dynamic?

Dr. Northrup: There’s a huge revelation that suddenly they’re not starving. And feeling good. And their hair and their nails - it’s all good. Other things...

Dr. Hyman: It’s better than a facelift.

Dr. Northrup: Yeah, other things...you remember when Nick Perricone came out with the wrinkle cure?

Dr. Hyman: Yeah, sure, the wrinkle cure, yeah, of course, yeah.

Dr. Northrup: And so Nick had the three-day diet of Sockeye salmon - some wild caught Sockeye salmon - and melon and blueberries. And that was pretty much...and maybe some salad. And what happens to people is the inflammation in their body but where you can see it on your skin, instantly decreases. You look younger; you’re sleeping better because what we don’t realize is all of those inflammatory chemicals from the high blood sugar are irritable, create irritability in the brain, and you can’t sleep. So what’s the other thing that we need to do to look good? Sleep, right? But when you’re eating high carbohydrate foods or foods that become glucose quickly (anything that’s refined, anything that’s high fructose corn syrup), you’re going to get those inflammatory chemicals throughout your body. And you and I know that cellular inflammation is the root cause of all chronic degenerative disease. So women actually believe, “Oh well, I’m 50, so it’s now... it’s normal to have high blood pressure, it’s normal to be diabetic, have arthritis.” This is not a natural thing. You can get better, more flexible. I’ve gotten taller in the last few weeks.

Dr. Hyman: I love that.

Dr. Northrup: Yeah, so it doesn’t need to be this downhill slide. But you, re- ally, I love your...you’ve got to get together with the right kind of fats. But you’re right, even the saturated fat is okay. That’s taken a bad rap - saturated fat. But it’s okay.

Dr. Hyman: What’s your perspective on that? Because everybody’s like, “But- ter is going to kill you!” and butter’s back. And you’re having Bulletproof coffee and what’s happening? It’s all confusing right?

Dr. Northrup: It is. It is. But again you have to try it in your own body. It took me awhile to learn how to make Bulletproof coffee. Grass-fed butter and with my oils and all that - it’s pretty fabulous stuff, I have to say. At first, I just put the dollop of butter in the coffee.

Dr. Hyman: Oh, that doesn’t work, that doesn’t work. You got to watch the video. That’s true. It’s actually how I wrote my book. I would actually have one for breakfast, and my brain would just pop on. It was like turning a light switch on. I’d be super alert, focused. And I
have five jobs. I run my practice, I'm the director of the Cleveland Clinic of Functional Medicine, chairman of the Institute for Functional Medicine, I speak and teach all over, and I have a family.

And just try to do a lot of stuff. And I don't have two years to sit and write a book. I have two weeks, or I have a week here or a week there or a few days here, and when I sit down, I work. And I've found that when I started my day with fat, it was unbelievable; and I have a bagel in the morning or I have some- thing in the morning...

**Dr. Northrup:** NO, no. A bagel in the morning is you're eating the wallpaper at four. The pastry in the morning thing, or a bagel, it couldn't be worse. Your blood sugar goes up and then it plummets lower than when you woke up, and seriously, by four in the afternoon, you're starting your evening meal in front of the refrigerator. Which goes till midnight? I been there, done that. And then you add the stresses of daily life and...

**Dr. Hyman:** That's correct, that's correct.

**Dr. Northrup:** And you're having more fun and you're enjoying your food more and the struggle is over.

**Dr. Northrup:** What else is interesting is I've found some really amazing low- glycemic snacks that are so satisfying.

**Dr. Hyman:** Like what?

**Dr. Northrup:** Dates are my current...oh my God...and now I learned this from the medical medium, Anthony Williams. And he said fruit has...and he's got a whole chapter called, “Fear of Fruit” in his book...and he said that “It’s not what you think when it’s whole fruit, like organically grown fruit like ber- ries and apples and so on. They're very satisfying.” And so for the first time in my life, I can announce publicly, right here, I don't crave chocolate anymore.

**Dr. Hyman:** Amazing. By eating...

**Dr. Northrup:** Even though some nice dark chocolate is really good for you. But I don't crave it.

**Dr. Hyman:** That's amazing. Because you're eating more fruit.

**Dr. Northrup:** More fruit but also more fat.

**Dr. Hyman:** More fat. Yeah, the fat it's just amazing what it does, it's unbelievable.

**Dr. Northrup:** And so for me that's avocado, coconut oil, olive oil, that kind of thing.

**Dr. Hyman:** I interviewed Dr. Walter Willett and him and David [Ludwig] literally just published a study. It was the first big meta-analysis of randomized controlled trials on low-fat versus high-fat diets that lasted a year or longer. 53 studies, 68,000 people, and hands down, the high-fat diets won out for more weight loss and for better lipid profiles - which was not surprising to me, but I think it's going to be surprising to a lot of people.

**Dr. Northrup:** Well how long do you think that's going to take? Now, you know and I know from the time we get new data it takes 17 years to get the data to practice. It takes 17 years...

**Dr. Hyman:** Yeah, 17 years. If you're lucky, 17 years.

**Dr. Northrup:** So hopefully the very smart people who are watching us do not need to wait.

**Dr. Hyman:** No that's the whole point. The great thing about the Internet is that you get to democratize information. And so where could you before have sat and listened to 30 experts and scientists having a conversation about fat and actually hearing subtleties of the issues and learning about the research and hear- ing about the controversies. It's pretty amazing. I think it's disrupting every- thing.

**Dr. Northrup:** Yes, it's true, it's great fun.

**Dr. Hyman:** It's great, it's very fun. So talk to me more about the “Goddesses Never Age” book, because I think you probably embedded in there a lot of your wisdom that you've accumulated over the years. Tell us about what that means, what you're recommending to people, how they need to think about aging dif- ferently.

**Dr. Northrup:** Right, first of all, I've learned from the work of Dr. Mario Martinez, who started the Biocognitive Science Institute, that beliefs are actually more potent than our genes. I did an interview recently with Vogue because they wanted me to talk to the issue of 28-year-olds who were calling themselves old. I know, it's, “Oh my God.”
Dr. Hyman: Gosh, that make us ancient!

Dr. Northrup: What's so great about when we've gone to medical school and so on, we don't even get rolling until 30. The 30s, that's when you finally start being an adult. And it sets us up in a wonderful way because we don't have those portals that other people have. But what he points out is that portals are fraught with meaning. To age 65 is fraught with the meaning of retired, obso- lete. There's some data that New York policemen or policewoman are dead three years later after they retire. Because if you are called to be a cop - the meaning you give working is you're saving lives, you're doing emergencies, you're protecting and serving, and then you're out to pasture? So we have cul- tural portals that we learn. Martinez did a study of either 500 or 700 healthy centenarians all over the world, in every different culture. 500 of them mini- mum.

Dr. Hyman: That's a lot of old people.

Dr. Northrup: And they had the same thing in common, no matter where they were - Mongolia or France. Number one, I love this, they hated being around old people. And what they meant by that was people who are complaining about their illnesses all the time, people who are complaining about their age, people who are always looking back, never looking forward. It's interesting.

They don't go to doctors. The healthy centenarians, when you ask them when's the last time you went to a doctor, they say, "Well, my doctor's dead." And they practice the causes of health. Which are...

Dr. Hyman: That's good. That's a good way of putting it. Practice the causes of health. How do you cause health? That's a great concept.

Dr. Northrup: Causes of health. That's right - how do you cause health? They do rituals of pleasure. This is really important in the “Goddesses Never Age” book, is rituals of pleasure. So let's say you want a piece of chocolate cake. Now I'm going to New York soon, and there is a restaurant across the street from my hotel that happens to have the best chocolate cake that I've ever eaten in my whole life, ever.

Dr. Hyman: Oh my God. Oh my God, oh my God. It's that good.

Dr. Northrup: Now, remember, I'm not eating that every day, but when I think about it, I think I need to go there and just be with that again, but in a way...

Dr. Hyman: Be one with your cake.

Dr. Northrup: Be one with the cake through a ritual of pleasure - tasting every bite - because any woman who's been on a diet or who's been restricting fat and sugar forever will tell you she gets to the bottom of the carton of ice cream and she tasted just the first two bites. The rest was a food coma. So you need to be absolutely mindfully the way you eat. So there are whole treatises on this, that the way you eat something and you savor it, you don't want much, you really don't want much because you signal your body you've had enough.

Dr. Hyman: I was talking to Deepak Chopra about this the other day, because he just wrote this book called “Super Genes.” And talking about the super gene, which is your genes, your microbiome genes, which is 100 times the amount of genes. And then your epigenome, which is this whole collection of control fac- tors on your genes. So you've got this super gene and it actually listens to your thoughts. It actually registers information and changes which genes are turned on or off. Your gut flora genes, your own genes, your epigenome all are actually listening to your thoughts and feelings. So if you're all, “I'm going to eat this cake and I'm going to get fat and I'm going to be sick,” it's doing one thing. And if you're saying, “Oh my God, this is the best cake I've ever had; I'm hav- ing the most happy food orgasm I've ever had; I'm so happy!” then that changes everything, right?

Dr. Northrup: That changes everything. And since I don't crave it, and the truth is I don't care one way or another, except that it's so good I think it's im- portant to go there because...

Dr. Hyman: Pleasure is way underrated. Listen, if eating healthy was not fun or pleasurable, I wouldn't do it. Because I am a glutton for pleasure, and I love pleasure, and I love to do things that are fun and that taste good or feel good. I don't want to depriving myself or eating food that doesn't taste good. I'm the last guy that's going to do that.

Dr. Northrup: Yes, so what does pleasure do? It increases beta-endorphin, ser-otonin - everything pleasurable increases the nitric oxide elaboration by the ep- thelial lining of all the cells in our bodies. And because nitric oxide is the uber- neurotransmitter, it increases your level of all the stuff for which people are tak- ing all the Prozac, Zolof, Paxil.

Dr. Hyman: Viagra.

Dr. Northrup: Viagra. Yes, Viagra absolutely. That's the trick to Viagra is ni- tric oxide. One of the things, don't you love about Viagra and Cialis, there's a black box warning for unilateral blindness because when the blood goes south so fast, it literally can close off the retinal, little tiny arteries in the eyes, and you got to admit that's a funny side effect.

Dr. Hyman: As long as it's only one eye.
Dr. Northrup: You're so funny. But still, you know the pleasure can be virtual Viagra. It's virtual Viagra, and we know also a turned on woman is what turns on a man, assuming they're heterosexual.

Dr. Hyman: So what else can you share with us about the book and what you've found?

Dr. Northrup: First of all you and I both know (and because you're working at the Cleveland Clinic) the difference between chronological and biologic age. It's a massive difference. So you can have an 80-year-old going on 50, and there's a lot of 30-year-olds going on 80 just from the way they talk. So I teach people about the cultural portals.

Dr. Hyman: Don't believe in the beliefs that actually keep...

Dr. Northrup: Don't believe in them. Take a look at what you want to do is find the exception to the rule. Just find the exception. So, for instance, I have them look at Meryl Streep, Dame Judi Dench, Helen Mirren - let's look at So-phia Loren, got a new lipstick line.

Dr. Hyman: She must be in her 80s now, right?

Dr. Northrup: Right. And Mario Martinez says don't give your age. And I think that's a really good idea and here's why. We co-author each other's biol- ogy. So if I know that someone's 75 or 35 or whatever, I've already got a limit-ing belief about them that I learned from the culture. I've had women tell me that they've been told that they're too young to have a job; that they look like they can't do it. I remember when I was a young doctor, a woman said to me, "You're a doctor? You're such a little something." And I've had men write to me, "Should I lie on my dating profile? Because I'm really very young. Young bio- logically if I put down my chronologic age, what'll happen is the people who would be suitable for me are going to pass me over just because of that age." And he's right.

Dr. Hyman: I had an experience today. I'm in New York and I went for a run in Central Park, I went to Yoga, came back and I don't really have mirrors in my house. I got a little mirror in the bathroom; I don't like to look at myself in the mirror. But there're these mirrors in the hotel, and I took off my clothes to get a shower and, oh, I was like “Wow!” If I look below the neck, I think my body looks fitter, stronger, and leaner than it did 20 years ago when I was eating a low-fat diet and I was a little pudgy around the middle and I didn't have the muscular definition. It's unbelievable and I'm 55 years old, I'm saying, and maybe that's not a good thing but I was, wow, that's pretty unbelievable.

And I don't even work out that much. I'm busy - I run around the world. I've been in Abu Dhabi, and Cleveland, New York and California - all in the last week and it's a rough life, but I feel good. And I'm amazed at actually what happens when you put in the right information in your body and a little bit of exercise on top of that and your body - it's great. I had this one guy who came to my recent Public Television filming, and I've done a lot of that. And he was so great; he had done my program - he was 50% fat diet, right? And he had been a long dis- tance biker, so he was biking 200 miles in a day.

And he showed a picture of himself on his bike and he had this big, fat gut. And then showed a picture, an after picture, where he actually did the program of a higher fat diet, he lost 40 pounds. So all that exercise, 200 miles a day, wasn't helping him and he...

Dr. Northrup: I'm really glad you brought that up. You see women at the gym all the time. They're on the treadmill, they're dieting constantly, they never lose a pound. So this is another myth. Calories in, calories out burn more calories through exercise. It doesn't work if you don't have the diet right; it just doesn't work.

Dr. Hyman: It's true. Let's talk about the calorie myth because that's a big one. You were an expert calorie counter maybe...

Dr. Northrup: Oh I was.

Dr. Hyman: ...Olympic-level and then it wasn't working out that great. So what is the problem with calories and calorie counting? And are all calories the same?

Dr. Northrup: All calories are different and that is the biggest myth that con- tinues to be perpetrated on the public. That a calorie is a calorie is a calorie. It is not true. A fat calorie will be metabolized by the body entirely differently than one from white sugar. And that brings us to what's more important is the glyce- mic index. First of all, let me just say, if you count calories, here's what you're going to do. You will save up your calories for the chocolate brownie. So you'll just do it because that's the mindset of that. So you just...

Dr. Hyman: These are the points, right? The points in Weight Watchers, which was really independent of the quality of those calories.

Dr. Northrup: Exactly. Exactly. So the deal is we save up for a treat but here's the problem with the treat. The treat undermines your health, so you think, “I've been good all day so now I get to be bad.” It's insanity; its insanity. When you no longer count calories, this wonderful thing happens. You talk about the intel- ligence of the body. The body just naturally does what it's supposed to do and you eat according to your appetite and you get satiated in a normal way. We're not supposed to be going starving all the time. The bakery wafting out the Cin- nabon in the airport...
Dr. Hyman: Oh, that should be illegal.

Dr. Northrup: It should be illegal. Because, you get off the plane, what's happened, right?

Dr. Hyman: I have to fight that when I walk by that. I know about all this and I feel like I'm getting yanked over to the Cinnabon!

Dr. Northrup: Well because your cortisol and your epinephrine are up just from being in the airport and traveling all around like you're doing. So when those stress hormones are up, it actually creates this whole metabolism in your body where you want sugar. What happens to our patients on steroids? Prednisone and so on?

Dr. Hyman: They want sugar. Crave sugar. Can't stop eating sugar.

Dr. Northrup: They crave sugar constantly. Pop tarts. Even people who use a steroid inhaler will crave sugar. And it's from those stress hormones, and we know that those stress hormones, even endogenous cortisol, is an independent risk factor for osteoporosis. And it's because it's making you crave the sugar. Now, how do you arm yourself at an airport? Do you take big bags of almonds?

Dr. Hyman: I have a whole emergency food kit, and I have it with me at all the time. I probably have an entire days' food in my bag at all time. It's high den-sity, high-fat food. So it's macadamia nuts; it's packets of almond butter; it's packets of coconut butter; it's buffalo bison bars that are very high in fat and protein...and that'll get me through an emergency. So I don't have to be stuck in an airport or on an airplane and have pretzels and a Cinnabon or whatever.

It's challenging when you're traveling. There are some airports that are good. I'm never in a food emergency, and it's tough when you don't plan ahead and don't think about it because you have to eat and when your blood sugar drops and you've got to eat - and whatever's there, you're going to eat.

Dr. Northrup: Yeah, you are. And the other thing about women, we're the ones with the breasts, so we're the ones who are giving food to the families and all of that. So one thing I want to say to women is to feed yourself first. It's the oxy-gen thing coming down in the airport.

And never a bunch of different meals for different people in your family. We've become crazy about that. This is dinner. Hello, this is dinner.

Dr. Hyman: I always said there were only two things on the menu at my house when my kids were growing up. Take it or leave it.

Dr. Northrup: That's good. That's really very good.

Dr. Hyman: There was no menu, it wasn't a restaurant. This is what was for dinner. And there was no kids' menu. That's a whole crazy concept on top of that. And that whole calorie thing is interesting. If you were the Olympic world record holder in calorie counting, if you were off by 100 calories a day (and even the best experts can't be with 100 calories) - if you're off more than 100 calories a day, and eat more than an extra 100 calories over 30 years, you're going to gain 30 pounds. So you can't actually regulate your calories by thinking about it or planning. You have to do it by eating the right foods that naturally regulate how much you eat.

And that's what fat does; fat naturally regulates how much you eat. So I talk a lot in the book you can't really choose how much you eat because that's automatically governed by primitive signals. But you can choose what you eat. And if you eat the right foods that are real, whole, fresh foods - low-glycemic foods full of the right fats, lots of fiber, everything takes care of itself. You don't have to think about it and measure it and worry about it. And that's what's beautiful. Because when you eat sugared calories, the glycemic calories you talked about, they actually increase insulin which makes you hungry, it slows your metabo-lism, it actually makes you store belly fat. And so it's a vicious cycle, even if it's exactly the same calorie as a fat calorie.

Dr. Northrup: Exactly. And that's the thing. Also, are you finding that the time of day you eat matters? You remember all those studies where they'd show if you at the same amount of calories first thing in the morning you'd lose weight?

Dr. Hyman: Oh yeah, oh yeah. I call it the Sumo wrestler diet. I wrote about it in my book "UltraMetabolism" 10 years ago. Because I saw this in my patients. They would eat at night, they would not eat all day, they'd skip breakfast, maybe a salad for lunch, and then they would gorge and then they'd go to bed and they couldn't lose weight. And they felt bad. So - the Sumo wrestler, that's how they gain weight. They basically feed them right before they go to bed. In the morning they wake up, exercise, have lunch, and they take a nap. They wake up, exercise, big meal, go to sleep. And that's basically what they do to gain all the weight and it works. That's what the Americans have done is basi-cally end-load their calories in their day. And that drives this massive obesity epidemic.

Dr. Northrup: The other thing I want to talk about for a minute is grains.

Dr. Hyman: Oh yeah, let's do that.
Dr. Northrup: Okay, so here I was with Michio Kushi and everything was brown rice and whole grains and all of that. And then we found that’s a good way to fatten not only cattle but humans.

Dr. Hyman: Yeah, yeah. Tell me more about that. Because I think people get confused about that. Because the government’s telling us to eat whole grains. You see whole grain cereals, you see Rice Krispie treats with whole grains, and you see...

Dr. Northrup: And too, I did love it when Tom Brady came out against them. And that’s like, “Go, Tom!” I love the New England Patriots. I’m sorry, but...

Dr. Hyman: No, I work with Tom, he’s great. And I emailed him, I said, “Hey Tom, let’s work together. It’ll bring all the celebrities together, all the sports icons, and let’s take this on.” Because it’s time.

Dr. Northrup: It’s time.

Dr. Hyman: And he’s, “Yes.” And I’m okay, let’s do it.

Dr. Northrup: That’s good. And I know that the woman that he’s married to is all into it. She came to one of my lectures in Florida and they’re people who believe in health.

Dr. Hyman: They do, yeah.

Dr. Northrup: Yeah, so anyway, the grain thing. I think some quinoa is okay, the more ancient grains, Kamut and there’s another one, Teff. But we know that the wheat in the United States has really been messed with in a big way. Bill, what is his name? Bill Davis who wrote “Wheat Belly,” he shows you what the wheat used to look like in his PBS special. So these fields of waving grain, it was tall. Now it’s this dwarf GMO thing, and it’s got too much gluten and too much all kind of modified genetics in it.

And so I think there are countries that will not even import American wheat anymore.

Dr. Hyman: And in Europe they don’t allow GMO wheat. That’s why you can go to Italy and France and have wheat products. And my patients who actually have gluten sensitivities don’t seem to be bothered by them. It’s very interesting.

Dr. Northrup: So, therefore, in the United States, I would avoid anything made with wheat. Because here’s the problem, even organic wheat, it’s interesting as you get older, we seem to lose our tolerance for gluten in general. Not every-body, but...

Dr. Hyman: It’s true. It’s a big problem. But I think grains can be included in the diet but it shouldn’t be a staple. And I think there are some people who say look, the Chinese ate and the Japanese ate tons of rice and they were skinny. So why can’t we eat rice? Well, yeah, but they also didn’t have any processed food, they also lived in a very different environment, they had lots of exercise they did every day - just their normal activities - far more than we do. And they were able to tolerate more. But it’s not necessarily...

Dr. Northrup: But what’s happening to them now interestingly, as they move into the cities, same diet, they’re getting obese.

Dr. Hyman: It’s true, yeah. So I think grains are a challenge, and I, as part of the Eat Fat Get Thin Program, for the first three weeks I recommend people don’t eat any grains and actually don’t even eat beans because beans actually also can be irritating to some people. They all cause digestive problems, as we know for many, but they also contain mineral binders and they also have lectins that may be inflammatory. So we actually take people off it, just as a trial pe- riod, just to see what happens and it’s amazing.

We did this, Chris; we had a 68% reduction in all symptoms from all diseases in 21 days. That means migraines, joint pain, irritable bowel, reflux, acne, you name it. People got better because food is such a powerful drug and when [you] take out the things that are inflammatory, you take out the foods that drive increase in sugar and insulin, and you add the right foods, the right fats, nutrient dense food, the body really can repair in such a quick time. And that’s, I think, what’s the message of your book about aging, because it’s really showing that at any age you can reverse that trajectory and become biologically younger.

Dr. Northrup: Now the other thing you did is wrote that great book “The Daniel Plan” because there is a real difference when you, pardon the term, break bread in community. When you eat with others, the digestive process is much better.

Dr. Hyman: I call it the love diet.

Dr. Northrup: The love diet, yes. Now when Martinez did the study of the healthy centenarians, they all have a ritual of pleasure. Every day that ritual can be a glass of scotch or whiskey, it could be a cigar, and it can be some kind of sugar. But it’s done in ritual format, in community. It’s not like, “Oh, I’m sneaking the chocolate bar in the closet and I hope my husband won’t bust me.” It’s a very different biochemistry, and that’s important. I think you can eat more widely. Well we all know when you’re in love, right? When you’re literally newly in love, many people lose weight. Because they’re getting...

Dr. Hyman: Pleasure from something else.

Dr. Northrup: And that DMT brain. They’re getting so much feel good
Buenos Aires…for mental illness, there are tango medical institutes in it’s why it’s so helpful for…there you won’t even get the illness.

Dr. Northrup: That’s it. That is exactly it.

Dr. Hyman: Oh it’s so true. And it’s true. And what we did with “The Daniel Plan” is we got people to get healthy together, and they realize that getting healthy is a team sport. It’s super hard to do on your own, and Rick Warren might say, “Everybody needs a buddy.” So you gotta find a buddy out there to do this with. And be a partner with.

Dr. Northrup: That’s exactly right. Now one of the things I learned was Argentine tango. So this is two people moving as one and the learning curve is a little bit steep. But what happens when you…

Dr. Hyman: I tried it, it’s not so easy.

Dr. Northrup: It’s not easy. It’s not easy. It’s well worth it if you can…and YOU’re going all over the world - you could dance the tango everywhere. They have tango in Finland in the middle of the winter in these wonderful fiery palaces…

Anyhow, when you’re dancing like that, it’s as though you’re creating the bio-chemistry of love with everyone you’re dancing with - even strangers. Because a tango is about a three-minute love affair. And you don’t necessarily know the person and then you’re on to the next.

It’s why it’s so helpful for...there are tango medical institutes in Buenos Aires...for mental illness, for Parkinson’s. But again, you’re talking about Ul-traWellness; Deepak’s talking about super genes; we’re always looking at the illness. Let’s live this way and then you won’t even get the illness.

Dr. Hyman: It’s true. And I love the concept of causing health. Right? Because that’s a very unique way to...

Dr. Northrup: Isn’t it great?

Dr. Hyman: Yeah, we know we can cause disease by doing the wrong things but by doing the right things, we can actually cause health and it’s such an empowering concept.

Dr. Northrup: Isn’t it? Yeah, you’re going to have to meet Dr. Mario Martinez because his book, “The MindBody Code” is astounding. He’s the Vatican’s go-to person for stigmata.

Dr. Hyman: Really. Wow. Well, I plan on being at least 120, so hopefully, we can do this again in 50 years. So great. Was there anything else you wanted to share with us, Christiane?

Dr. Northrup: I just want to say, if you can, it’s a really good idea to buy organic food. Because the fertilizers and the pesticides and all that do get into the food, and I say eating organic food is like breast feeding from Mother Earth.

Dr. Hyman: That’s good. Well, that’s good. I think it’s important because a lot of toxins disrupt your hormones, which you’ve written a lot about. And they also contribute to obesity, diabetes, cancer, and even cognitive impairment, depression. So they’re highly active in our bodies. The challenge is it’s hard all-ways to get organic food. I’m on the board of the Environmental Working Group and they have a great guide called “The Dirty Dozen,” which are the dozen foods which are the most contaminated fruits and vegetables that you all-ways want to buy organic. And they have “The Clean 15”, which are the 15 fruits and vegetables that are the least contaminated that you can buy safely if they’re not organic, if you want to save some money. So I think it’s really a good trick. And how can people find out more about your work and what you’re doing and what are you up to next - what’s exciting for you?

Dr. Northrup: They can go to my website www.drnorthrup.com. I’ve got a nice Facebook community, and I’m over there every day. Instagram, Twitter and I’m currently writing a book called “Bringing Heaven to Earth: A Simple Guide to Making Your Life Work” and this is all the stuff that I really believe and have always believed but as a doctor was not exactly the kind of thing the board of registration in medicine is interested in hearing. But I’m far enough along now so I don’t care.

Dr. Hyman: Doesn’t matter what they say, right?

Dr. Northrup: Doesn’t matter anymore because it’s clear the future is with us and that’s kind of a dinosaur now.

Dr. Hyman: I think it’s true. I think you know the people who make change in the world are people who tell the truth. Even if it’s uncomfortable or scary and they all can’t help themselves. I can’t help myself; you can’t help yourself, right?

Dr. Northrup: I can’t, no.

Dr. Hyman: And when I got the job at Cleveland Clinic I’m, “You don’t want me here. I’m a troublemaker. I am going to say things that are disruptive, that are going to make people uncomfortable, that they’re not going to agree with. And I’m not going to edit myself because life’s too short and I don’t really need this job. But I’m willing to make a...
change if you’re willing to stand up and say ‘yeah, this is what we’re doing’.

**Dr. Northrup:** So how’s it going?

**Dr. Hyman:** It’s unbelievable. It’s unbelievable. People are coming out of the woodwork. Actually just met with a breast surgeon there who is studying the microbiome in the breast and breast cancer, which is actually bacteria in the breast tissue that may be linked to breast cancer. There’s a prostate guy who’s super into diet. He has an organic farm. He wants to do a study with me. And we’re doing a study on prostate cancer reversal through Functional Medicine. I’ve talked to one of the top cardiologists there who’s interested in looking at how we compare diets and look at health. Reversing diabetes through studies. We’re doing some amazing work. There are people who are, “This is voodoo,” but there are more people who are, “Gee, this is really interesting, let’s check it out.” And they’re the ones who are like, “Where have you been; what took you so long.” It’s just an interesting collection of people. We are swamped. There are 1,150 people on our waiting list now for new patient appointments - it’s unbelievable. We’re growing at a rapid rate - hiring doctors, staff and building a new space. They gave us the primo space in the main building and people are kind of upset about it. “Why did he get that?” I’m, “I don’t know, I didn’t ask for it.” But they’re realizing this is just the future.

**Dr. Northrup:** Well, that’s just exciting. That is so exciting. And you know you’re right. Finally, like your organic garden doc, he’s safe now. He can come out of the closet! You’re making it safe for all of these docs. Because you and I both know, most people go into medical school because they’re actual healers and they want to help.

**Dr. Hyman:** That’s right, that’s right. It’s true. I’ve come out of the closet and all of a sudden everybody can go, “Hey, me too, me too, me too.”

**Dr. Northrup:** So you’re going to take the first move.

**Dr. Hyman:** It’s amazing. This one guy emailed me today, he was the head of rheumatology and he was, “I want to do this; can we do this?

I’m so passionate about diet and the immune system and I’m an immunologist.” And I’m, “Yes, amazing because for years rheumatologists have been saying food has nothing to do with autoimmune disease.” I’m...it’s just unbelievable.

**Dr. Northrup:** Oh that’s so exciting.

**Dr. Hyman:** Thank you, Chris, that’s so great. Thank you, Chris, I love your work, your new book “Goddesses Never Age” is awesome - people should get it, read it, and also check out your website because there’s a treasure trove of information. You have your weekly newsletter that I get every week, and I really appreciate it and you’re always interviewing great people and doing great things and trying to bring a collection of great information to people who need it. So thank you so much for what you do and being such a leader in this field.

**Dr. Northrup:** Thank you, Mark, it’s been a pleasure. Thanks.

**Dr. Hyman:** Thanks.
Dr. Jonny: Hi, everybody! Welcome to The Fat Loss Summit for today! Today we are interviewing my dear friend Sara Gottfried who always just has so much great information and always from such a unique perspective. So get out your pads and pencils or digital apparatus. And get ready to take notes because I know you’re going to want to listen to this time and time again. So welcome, Sara Gottfried. So great to spend time with you, as always.

Dr. Gottfried: Hey, Jonny. It’s so good to be with you. And, yeah, I have a lot to say. I feel like I am…I’ve had every hormonal problem a person can have.

I’ve struggled with fat loss, and so I come from a place of just having been there.

Dr. Jonny: Yeah. No. It’s always great when somebody’s been on the journey themselves, and understands. So many of us I have found in the health professions it was either a second career, or it was an attempt to get themselves well from something that got them interested in what is that they do now. So that’s very understandable.

Let me start by asking you the question that I’ve asked just about everybody as an opener. And I think I know where you’re going to go with this, but I’m going to throw it out as an open-ended question. Why is weight loss so difficult for so many people?

Dr. Gottfried: Oh, where to start? Well, I think there’s a number of problems when it comes to losing weight that are not addressed by mainstream medicine. I think that hormones are kind of the first thing to come to mind as you might imagine. But I’m immersed in the genetics of weight loss right now. And I think a lot of people don’t realize how their genes are working against them when it comes to weight loss. Just as a quick example, I had a gene that makes me gain if I don’t get 8 hours of sleep every night. And I’m really pissed off about it.

Dr. Jonny: I would be, too.

Dr. Gottfried: Right. And I also have a genetic tendency through a number of different genes to be a stress case. And this tends to make cortisol higher in my body. It makes me have more trouble with weight loss. So this isn’t about me. I’m just kind of saying that there’s this universal experience of the ways that our bodies are hardwired to survive famines. There’s an evolutionary benefit to that. And now in our modern world that works against us.

Dr. Jonny: Really. By the way, people are wondering how you know this from your genetic profile. Where did you find this out, and where would be people go about finding this out if they wanted to?

Dr. Gottfried: Well, there’s a number of different labs that will do this kind of testing. I think the most affordable is to go with 23andMe. So they charge you $99.00 right now to do you genome. There’s some snips that they don’t test, but I think you can get a really good understanding of what’s going on. But we’re still at a place where it’s going to be the next to 10 to 20 years before mainstream medicine
really understands how to take your genome, and give you some actionable solutions.

Dr. Jonny: Which is what I was going to ask you next, because I think that you and I probably share the view that genes may load the gun, but environment pulls the trigger. And as we were talking offline about what we can do to actually turn these genes on and off, I think a lot of people who are listening have maybe a different view of genes, a little more fatalistic. Like, well, I've got a gene for breast cancer. That means I'm going to get it. Could you address that a little bit, and explain exactly why knowing about your genes make a difference in weight loss, and how there are so many actions that we can actually do to affect how those genes get expressed?

Dr. Gottfried: Yeah. I love how you framed it, Jonny. So for everyone listening Jonny just did a very wise skillful thing. He talked about kind of the both/and approach to genetics. So on the one hand, yes, I have all these genes that program me to be fat, and diabetic, and inflamed. But on the other hand, as you said genes load the gun. But it's actually your environment that pulls the trigger.

And that means in terms of ratios that about 10 percent of disease is related to your DNA. Ninety percent is your lifestyle, your environment that you have both externally and internally, and how it interacts with your genes. That's called epigenetics. So it gives you this incredible sacred opportunity to change things. So I want to go back to your question though, because I could talk for hours about epigenetics. It's a super fun conversation.

Dr. Jonny: And for people who are not clear on what that means it's something above – epi- – above the genes – that actually turns them one, switches them on, switches them off, and determines whether or not that gene gets what we call expressed. Is that a fair definition of epigenetics?

Dr. Gottfried: Perfect. Totally perfect.

Dr. Jonny: So we're looking to the lifestyle, things we can actually do if we have “bad genes” what do about it, and that's really the subject of epigenetics and what you're going to talk to us about right now.

Dr. Gottfried: You got it. Yeah. But another piece that's important, and some of it may be genetically determined is the way that people use food for the wrong purpose. And so in talking here about food addiction, about using food to comfort, to stress eat...And that's something that I used to do myself. It took me a decade to kind of heal that particular programming.

But I think that's another reason why people will go on a diet, they'll lose weight. And then 98 percent of people will revert. They'll gain weight. They'll go through this yo-yo dieting experience, and I think it's because some of these behavioral, psychological, and spiritual issues are not addressed. Now, there's a biological part as well, but I think it's important to have this more inclusive way of looking at the problem.

Dr. Jonny: You actually had something in The Hormone Reset Diet, a phrase that caught my eye, and that I wanted to ask you about. And it sounds like this is the right time to do it. You talk about cell-to-soul healing. Could you elaborate on that for us a little bit?

Dr. Gottfried: Yeah. Well, some of this comes from being a board certified gynecologist on one hand, and on the other hand being a yoga teacher. So I really feel like we need to hold the concept of health in a much broader way. And conventional medicine hasn't been so good at that right. You have a problem with your gut you go see the gastroenterologist. You have a problem with your blood you go see the hematologist.

And I think we don't think in this more interdependent way about health. And so if you take somebody, and you fix their micronutrient deficiencies. I'm low in copper, and that makes my thyroid slow down. So if we fix my copper I still might go out and binge on cupcakes. If we don't address in a more holistic way, the eating environment, then you're more likely to have problems with weight loss.

Dr. Jonny: So how would you address that? People come to you for this all the time. And everybody probably who's listening to this has a weight loss challenge, or they probably wouldn't be investing all the time to listen to all these wonderful experts talk about it. So when you have people like that what's the first thing that you do?

Dr. Gottfried: Well, I start with the hormones. And I feel like this is the low-hanging fruit, because it's often a driver of either weight gain, or weight loss resistance. And so there's seven hormones in particular that I address in the book that mentioned, The Hormone Rest Diet. And we can talk about those. You and I love talking about these hormones.

Dr. Jonny: Love talking about those. The seven resets, meatless, sugar-free, fruit-less, caffeine-free, dairy-free, toxin-free. I really do want to hear more about that. Because I thought you and I kind of agreed about meat, so I want to hear what the connection is to that. I think I know what it is, but I want you to
tell us. Before we talk about The Reset Diet, your first book, which was blockbuster, and which just was one of the best books of the decade, The Hormone Cure. How is the information in that different from, or gives birth to the reset diet? How are they related?

Dr. Gottfried: My first book, The Hormone Cure is about the top seven hormone imbalances that women face. Men face many of them too, but these are the most common ones that I see in women. What I wanted to do was to take my brain, and kind of the way that I approach someone who’s sitting across from me in the office the way that I approach their hormone issues, I wanted to lay it out, so that more people could be helped, and we could save the world one hormone at a time.

Dr. Jonny: One hormone at a time. I love that. I like that.

Dr. Gottfried: Yay. So the first book is really a reference manual. It’s a way to reset these hormones naturally using a functional medicine protocol. So by that I mean we’re addressing the root cause. We’re starting with lifestyle redesign, and if that doesn’t resolve your symptoms we move next to herbal therapies. If that doesn’t resolve your symptoms we move next to step three, which is bioidentical hormone therapy. So that’s the approach to The Hormone Cure.

And the interesting part when people read The Hormone Cure a lot of people said, okay, I’m so much better. I don’t yell at my kids. I want to have sex with my husband again, I’ve got the energy to exercise, but now I need more help losing weight. And that for me was kind of the piece that I didn’t talk about as much in The Hormone Cure, my own struggle with weight loss resistance, and the way that hormones play a role. And so I felt like I really need to have kind of a separate book on that topic. And I also, I had started 10 years ago in my office running these group detoxes where I would take people through a 21-day protocol to reset sudden hormones, so three days each. And that’s what over time became The Hormone Reset Diet.

Dr. Jonny: And so are the seven hormones you talk about in The Hormone Cure the same seven that addressed in the reset program?

Dr. Gottfried: No, they’re different. So the top seven hormone imbalances that women have include an issue with cortisol.

Dr. Jonny: The stress hormone.

Dr. Gottfried: High or low, or both within the same day. A problem with estrogen, either too high or two low, and even after menopause you can have a problem with having low estrogen, but then super low progesterone. So you can still have estrogen dominance even after menopause. Low progesterone is kind of a separate category. Issues with the thyroid, issues with testosterone, kind of up and down. So those are the seven that I focused on.

Now, the way that those contribute to weight is a little different when it comes to balancing them. For some people you balance their hormones and they drop ten pounds and everybody is happy. But there are some women who have more complicated relationships to insulin, to leptin. They need a little adjustment in terms of the food that they’re eating, and how it’s contributing to their estrogen dominance. So that’s where I really focused on a food first strategy with The Hormone Reset Diet.

Dr. Jonny: So you mentioned estrogen dominance. We’ve heard that term a few times. I’d love your unique perspective on this, and why it matters to people who are struggling with weight.

Dr. Gottfried: Oh yes. So there’s a lot of reasons to care about estrogen dominance. I think it’s a common reason for weight loss resistance. It can make you puffy, and just feel kind of inflamed. In women when you have too much estrogen relative to progesterone you can actually measure the ratio, what you feel is your breasts are bigger, your hips are bigger.

And for men similarly. You can have more estrogenic deposits at your breast tissue. You can have man cans, or man boobs, and also more estrogenic deposits kind of on your lower half, which most men do not want. Now, this can lead to difficulty with weight loss, but as a physician what I also care about is the increased risk of breast cancer, the increased risk of prostate cancer, the increased risk of endometrial cancer, diabetes, obesity. So there’s both the short term view, and also the long term view in terms of wanting to balance your estrogen.

Dr. Jonny: And you actually made a connection in The Hormone Reset Diet that I hadn’t really seen before. We certainly talked about insulin a lot, and the fat storage hormone, and how insulin gets dysregulated with a high carbohydrate diet. And we know about that. But you actually have an entire section on the interaction of insulin and estrogen, something that I am not as familiar with as I’d like to be.

So please tell us how these two important hormones that can be such an obstacle to people trying to lose body fat. How do they interact and talk to each other?

Dr. Gottfried: Yeah. I feel like this is an area that’s been attended to much less than some of the other
hormones. We've got so much data, as you know, Jonny on insulin, and insulin resistance when your cells become numb to insulin. We've got less information on estrogen dominance and then even less information about the combination of the two.

So the idea here is more broadly that many of these hormones cross-talk so it's not as simple as what I think sometimes comes through in the anti-aging community that you just want to top off every hormone and hope for the best.

Similarly, I think there's important crosstalk between cortisol, and insulin, the stress hormone and insulin. So we want to be paying attention to those. I feel like insulin in some ways is kind of the final common pathway for a lot trouble with weight loss.

**Dr. Jonny:** And can be influenced by all these other hormones as well.

**Dr. Gottfried:** Absolutely. And for people who are doing all the right things to get their insulin back into place, they're eating the right foods, they're getting the adequate fat, and they're eating the good fat. They're getting the exercise. They're dealing with stress. What I often see is that they're not paying attention to these other hormones that crosstalk with insulin. So it's an important place for intervention.

**Dr. Jonny:** Well, let's actually drill down into one of those interactions in particular, which is cortisol, the stress hormone. I know that a lot of people kind of have gotten the message, that you can control blood sugar and insulin by a lower carbohydrate intake, higher fiber, more fat, more protein, and that that's very effective for bringing insulin down. But there's a relationship between cortisol the stress hormone, and insulin, such that even continued levels of cortisol that are elevated can actually cause insulin resistance through a compensatory mechanism.

And I'm asking this for a reason, because I know that stress reduction is such an important part of your overall program. But I think if people understand how this stress hormone can actually impact body fat storage either through insulin, or through other mechanisms that they would understand that stress management isn't really optional.

**Dr. Gottfried:** Good. Yeah. I'm so glad that you're asking about this, because I think what you're doing is you're going upstream. And you're saying, okay, I know you know that you need to do stress reduction. And it's not like a one time thing. It's really a lifetime project. I think when you understand the why it can make a big difference, and maybe you and I could riff a little bit on the why so that we can really nail this for our listeners.

**Dr. Jonny:** Sure. Please do.

**Dr. Gottfried:** So let's go first to the low-carb diet, and it's interesting for me, because when I first started learning about low-carb, and I tried Atkins actually when I was getting married. So my husband and I had a lot of fun during our courtship, and engagement, and we put on some pounds, okay, like 15 pounds, 20 pounds.

**Dr. Jonny:** Really.

**Dr. Gottfried:** Yeah. We had a lot of fun. And that's what love is like. You're just, you're having a lot of fun.

**Dr. Jonny:** You just eat.

**Dr. Gottfried:** You're staying up late, and you eat, and you drink, and share a bottle of wine. Can't do that anymore. Anyway David my husband goes on Atkins. And he drops his 20 pounds. Like he looks so amazing. I go on Atkins for the same amount of time, about a month, and I maybe drop two pounds.

**Dr. Jonny:** Very interesting. And why is this in your opinion? Why does that happen?

**Dr. Gottfried:** Well, one of the things we know is that people who are very carb restricted sometimes can raise their cortisol. So your body can kind of see this as a stress response, and there's various reasons for that. In my case in retrospect I think part of what was going on was all the cheese I was eating was probably – I have a dairy intolerance. And that was probably leading to inflammation in my body, and raising my cortisol.

But there's other reasons for this, as well. And what we know is that Atkins, and even more modernly the ketogenic diet probably works much better for men, than it does for women.

**Dr. Jonny:** I've heard that from a number of female practitioners, and also from clients. I'm not sure. Maybe you can go into why that's true. But it does to be so that ketogenic diets, at the conferences whenever you hear about them they're always Jeff Volek and Eric Westman, and all these guys, and these athletes, and Stephen Phinney.

And they're all triathlons and special forces who present how the navy is testing out ketogenic diets. But I never see too many women who are successful on it. And I did wonder about. And since you brought it up why do you think that is?

**Dr. Gottfried:** Well, I think there's a number of reasons. I think
women are wired to be much more sensitive to the environment. And I think just restricting carbs, in some cases with a ketogenic diet you’re getting your carbs to less than grams a day. Other protocols have you getting down to about 50 grams, or 100 grams. And some of that depends on what will get you into ketosis. And here we’re talking about monitoring your –

**Dr. Jonny:** Blood levels.

**Dr. Gottfried:** – ketones with blood levels, not with urine. And this is one of the places where we don’t have a lot of evidence to show a gender difference. But what I see in my own practice, and in my own body is that my adrenal function, and my thyroid function gets worst when I’m on a ketogenic diet. So when I restrict my carbs too much it seems to cause problems. There’s something about kind of this sweet spot when it comes to healthy carbohydrates, kind of the slow burning types of carbohydrates like sweet potatoes, and other –

**Dr. Jonny:** Beans, lentils.

**Dr. Gottfried:** Beans and lentils. And I need to be in that sweet spot, not too much not too little. If I go too low my adrenal function starts to suffer, and my thyroid doesn’t work as well. My reverse T3 goes up, which is a blocker of thyroid hormone in the body. So I think that’s one potential mechanism. I don’t know that really understand the why for this gender difference.

**Dr. Jonny:** But there is a benefit to lower-carb diets for both sexes. Is that correct? At least in terms of insulin management.

**Dr. Gottfried:** Well, I think if you’re talking about the standard American diet, and like hamburger with a bun for dinner and French fries, yes, there’s a benefit to going lower carb. I just think that we got to find that goldilocks position. And it varies from person to person. So a grass-fed burger wrapped in lettuce with a big old bowl of broccoli thumbs up, but you’re going to get some carbs from the broccoli, and I’m happy about that. Like there’s probably this sweet spot when it comes to your carbohydrates.

**Dr. Jonny:** Mm-hmm. Very interesting. As a template, and not to go to far outfield, because I want to come back to the hormones and stuff. But when you’re talking about that sweet spot people ask me all the time, like what’s a good template to start from. Understanding there’s biochemical individuality, and some people are going to do way better with much less carbs, and some perhaps more. And I’m always asked what I think the best template to start with. And I haven’t been able to come up with anything much better than Barry Sears’ Zone just as a starting spot – 40, 30, 30. How do you approach that?

**Dr. Gottfried:** Yeah, I’ve tried a lot of different things over the years, and one thing that I do like about Atkins is the concept of the net carbs. Because it gets people to eat more vegetables, and that’s always a good thing.

**Dr. Jonny:** Oh, absolutely. Sure.

**Dr. Gottfried:** So what I found, because I kind of went down this path of looking at net carbs is that if you’re trying to lose weight and you’re female, somewhere around 25 to 49 net carbs a day is the goal.

**Dr. Jonny:** That’s very though. That is very low folks.

**Dr. Gottfried:** It’s relatively low. And it ends up being 75 to 125 grams of carbs a day. And then once you’re at your goal weight I think you can start to liberalize, and you can be more in the range of 50 to 100 net carbs a day. So that’s what I generally work with. And of course we have to do some individual variation, and the type of carbohydrates that you’re eating are incredibly important.

**Dr. Jonny:** I noticed that in The Hormone Reset Diet your protein recommendations were almost identical to Dr. Masley’s and mine. In Smart Fat we go 80 to 120 a day. You go 75 to 125. We’re every close right there. Do you think women aren’t getting enough protein?

**Dr. Gottfried:** I think women who eat emotionally are definitely not getting enough protein. I think that if we look at the data I’m really fascinated on what do you do after weight loss. So in some ways I think maintenance is sort of the hardest of all of this.

**Dr. Jonny:** Maintenance is the hardest of all. My father used to say quitting smoking is easy. I’ve done it 80 times. It’s like, yeah, losing weight is the easy part dude. It’s like what do you do for the encore. How do you keep it off year in and year out. That’s really where the action is. So talk to us about that.

**Dr. Gottfried:** Well, let me give the caveat that I think as you get older the weight loss is not as easy as it used to be. But the maintenance, one thing that we know from the weight loss registry is that eating more protein really helps with maintenance. And so I like for people to kind of adjust the amount of protein that they get in their diet when they’re losing weight depending on how much they’re exercising.

And I think especially recovery meals, kind of getting about 20 grams of protein within 30 minutes of Burst training is important. But for people who just have a more sedentary life they don’t
need as much protein... But in general I think for people who eat emotionally, and also in the maintenance phase most people are not getting enough.

**Dr. Jonny:** Which is ironic, because everybody thinks that we're consuming so much protein here. But I've seen that. When I was in practice I saw it all the time with women just scanty amounts of protein during the day, because they bought that whole low fat thing.

So they think a great breakfast is Special K, or Cheerios, and orange juice, and toast, and a bagel. And it's all low fat, and it's low protein, and it's all processed carbohydrates. And we fed that information to people for so many decades that I think the result has been that many women particularly are just not consuming enough protein. I talked to people 40 to 50 grams if they're on a good day. And that's just not going to cut it for weight loss, is it?

**Dr. Gottfried:** It's not going to cut it. And of course there's other macronutrients that are important. But I think this is such an interesting conversation. It's very similar to other biological processes in that you want to find that goldilocks position. So, yes, there are people who are on the low end.

And there's also people who are eating too much protein. I see that as well. And I found it really commonly – and I did this experiment over the summer of being in nutritional ketosis for three months, and checking my blood ketones about five times a day. And anytime I ate a little extra protein, and I'm talking here about maybe eating five ounces of chicken at dinner. It would raise my blood sugar.

And so there's this sensitivity. The body is really exquisitely sensitive to these macronutrients that we're eating. And so you can sometimes get too much, especially if you're eating out at restaurants a lot, and you're trying to avoid the carbs, and then you're CAFO meats that are from concentrated animal feeding operations, which are inflammatory, and not so healthy for you. So I think both ends of the spectrum are an issue.

**Dr. Jonny:** Yeah. Interestingly, we all know that carbohydrates have the most profound affect on insulin, which let's remind everybody is the fat storing hormone.

So when your blood sugar is constantly elevated by a high processed food diets, or carb diets in general blood sugar goes up, insulin goes chasing, insulin resistance is right around the corner. So we know that carbs have that effect. I think what a lot of people don't realize is what you just alluded to, which is protein has an effect on it also. What doesn't have an effect on it is fat.

**Dr. Gottfried:** Yes.

**Dr. Jonny:** So the irony is that for 40 years we've been told that the best, healthiest, and most likely to produce weight loss diet is high in carbs, which have the biggest effect on the fat storing hormone, and low in the one macronutrient, fat, which has – doesn't even budge the needle on insulin.

**Dr. Gottfried:** Totally. We're barking up the wrong tree.

**Dr. Jonny:** What I would like to talk about, and let's go to those seven resets, and let's start with the meatless one. Because as I said earlier, I think you and I are probably on the same page as far as meat goes. In our book we make very big distinctions between toxic meat, or toxic fat, and neutral, or smart fat, or healthy fat. And I think that's kind of where you're going to go with the core of this meatless reset. So talk to us a little bit about that.

**Dr. Gottfried:** Yeah. So let's back up for a minute and talk about what we know with eating meat, and what happens to estrogen levels. In some ways this chapter should be called meatless and alcohol-free. But then I thought nobody would buy it.

**Dr. Jonny:** You have a point.

**Dr. Gottfried:** So one of two most disruptive things you can do to your estrogen levels is to eat toxic meat. So we know that meat eaters and pretty much all the data that we have especially the long term data on meat eaters doesn't separate the factory type of meat, the farmed animals, from –

**Dr. Jonny:** Farmed animals from grass-fed.

**Dr. Gottfried:** – the grass-fed, or the wild buffalo, or whatever type of anti-inflammatory meat that you're talking about. So if you look back at the literature we know that meat eaters kind of grouping everything together have higher estrogen levels. And so we think that there is something about eating meat maybe combined with low fiber that triggers a problem in the estrobolome.

So the estrobolome is this part of your gut bacteria, your gut microbes, your microbiome, so the microbes plus their DNA. It's a subset of your microbiome that modulates your estrogen levels. And this is kind of a cool new area that you'll be hearing a lot about in terms of the way that the foods that you eat change your hormone levels through these bacteria.

**Dr. Jonny:** But is it not possible that with the meat connection to high levels of estrogen that's...
because the factory farmed meat is shot full of antibiotics, steroids, hormones, bovine growth hormone, and probably lots of environmental estrogens, because they eat sprayed grain, which is not even their natural diet.

So could this be an artifact? Could higher levels of estrogen, and of course estrogen dominance as a function of meat eating, could that be secondary to the crappy meat we’re eating? Would that be also expected to be true if people ate for example only grass-fed meat, pastured pork, wild salmon, nothing that was factory farmed? Do you think you’d see the same negative effects on estrogen.

Dr. Gottfried: The problem is, Jonny, we don’t know. So the best data that we have looking at the grass-fed meat compared to the CAFO meat is to look at omega-3 to omega-6 ratios, right. Which is very different than looking estrogen levels. So we know that there’s a better less inflammatory profile with the grass-fed meat, or the pastured meat, than with the CAFO meat. But we have a lack of data kind of showing that eating this less inflammatory is as good for you, or better for you in terms of hormone levels.

Now, the backstory here is that I would say women have been part of an uncontrolled medical experiment for most of this century, the passed century. And so I want to be really careful about recommendations that I make in the absence of data. So, yes, there’s a commonsense piece. And I eat grass-fed beef when I’m not on my hormone reset diet.

But I also when I say here that I have a gene that is relatively common called the PPARG gene. All of these genes kind of sound like license plates. But this particular gene what it does in my body is that when I eat more meat it tends to contribute to weight gain for me. And when I eat more pure omega-3s like fish oil, and – well, I eat a lot of salmon. But when I eat a lot of fish I have more weight loss. And this has been found on a population level. I haven’t seen randomized trials, but I’ve seen observational studies on this.

And so there’s these other pieces that I think are important as well. But for sure we want to stay away from the CAFO meat. And the other part of this reset where we’re fixing estrogen is cranking up your fiber. So doing it slowly, so that you don’t blow up like a balloon, and fart all the time. But getting your fiber to the right dose so that you’re able to use estrogen once in your body, and then pee it out, poop it out. Because that’s what it’s designed to do. It’s not designed to recirculate in your body like bad karma, which is the tendency.

Dr. Jonny: That’s very funny.

Dr. Gottfried: The other part here is alcohol. And this maybe my least popular comment today. But we know that as little as three servings of alcohol a week is associated with an increased risk of breast cancer. That was proven in a huge JAMA study in 2011. We know that alcohol raises your bad estrogens. And I’m not saying you got to give up alcohol for the rest of your life, but periodically I think you need to detox. You need to kind of reset the receptors in your body, lower your estrogen levels, get it back into balance, and let your liver kind of have a little vacation. So that’s an important part of resetting estrogen,

Dr. Jonny: Now, what about dairy-free, toxin-free, fruit-free. Sugar-free I’m pretty sure I understand why. Talk to us about some of the other resets in The Hormone Reset program.

Dr. Gottfried: Well, fruit-less requires a little explanation, because the data on fruit is kind of interesting. I think the main issue here is fructose, like getting too much fructose in your diet, and this includes high-fructose corn syrup. So for people who are getting the high-fructose fruits...

And I see a lot of people who are like this, women who are trying to lose weight, and they’re making their smoothie in the morning, which is a great idea. It sets the metabolic tone. But they’re putting like a cup of bananas in there, and adding other starchy carbs. And I think it’s too much for their body, and then they’re hungry two to three hours later.

And so I think it’s worth while to periodically reset your leptin. And there’s lots of ways that you can do that. You and I have talked a lot about this. One is with timing, so not eating after 7:00 pm, having this fast before you eat your meal in the morning. But also I feel like we have this fructose overload. We have an estrogen overload. We have a fructose overload.

And I can’t remember if you and I have talked about this before, but I had this kind of radical great grandmother who when she was born in 1900 when she at an apple it had like 2 to 5 grams of fructose in it. It was like a tart little green apple. And the apples that you get today are like these sugar bombs. They’re hybridized to be super sweet and big. And I just don’t think our body – our body is pretty delicate, and it just doesn’t respond as well to some of these high fructose fruits as we would like.

Dr. Jonny: But even so the fructose that we get from an apple it’s surrounded by fiber, and pectin, and antioxidants, and phytochemicals is different than extracting that fructose,
concentrating it into a syrup and putting into every single food that we consume. They're very different aren't they?

**Dr. Gottfried:** For sure. Yeah. It's much better than having a Slurpee, or a Coke, or – I don't know – a pumpkin spiced latte. But I think it's important to just notice. For me what I do is I go through the hormone reset diet. I just finished another round of it. And when I add food back, like when I add fruit back at the end in the reentry period I respond really well to it. And I think some people just turn a blind eye to the amount of fructose that they're getting. And so I just really want to call attention to it. Now, another reset it to go grain-free.

**Dr. Jonny:** Yeah, talk to us about it. This is an area of some controversy. Maybe not so much in our world because it's kind of we all accept it, but the notion of – well certainly gluten sensitivity, but even grain sensitivity in general, and how grains have compounds in them that can make eating them addictive. There's a lot of good studies on that. But what is the role of grains in the weight loss challenge for people listening to this.

**Dr. Gottfried:** Well, I think there's a number of problems. For sure, there's the issue with gluten, and inflammation. I think that what I found – this is now kind of clinical opinion, clinical acumen. I found that so many people have addictive patterns around grains and also dairy. And I have it myself. Like I have an addictive personality. If something's worth doing, it's worth over doing, right.

**Dr. Jonny:** Exactly. Doesn't everybody do that? Yes.

**Dr. Gottfried:** And if I have a piece of cheese, or some brown rice that's like cooked in some chicken broth, and it's delicious like I want two, or three bowls of it.

**Dr. Jonny:** I'm right with you. Right with you. So what do we do about that?

**Dr. Gottfried:** Well, I think it's worthwhile to reset... So what you're doing is you're resetting the thyroid by getting off of gluten, and then there's also some other issues such as the addictive link that we're trying to break by getting off of grains. There's a particular sequence that I use in The Hormone Reset Diet where you start with estrogen, because that's the hardest one to reset. It takes the longest. So you're resetting estrogen for 21 days. The grain-free reset comes in a little bit later.

So you're only off of grains for a short amount of time. I believe the total time is seven days. So it's a way not to completely change your physiology in response to grains. But it's a way of looking at your relationship to grains, and filling in those gaps. So getting the fat that you need, getting the clean protein, getting the vegetables that you need. I encourage people to have a pound of vegetables a day.

**Dr. Jonny:** Through juice, or through eating the vegetable itself. What do you think? Vitamix – any of these things recommended, not recommended?

**Dr. Gottfried:** Well, it depends on your lifestyle. I think there's some people who can steam a pound of vegetables a day. Those are kind of rare individuals. I stick about three to five cups of greens in my smoothie every single morning.

So I get about half of it right there. I use a Vitamix, because I want to have the fiber. And I just find that, that works the best for me. What you want is you want to construct a meal so that you're not hungry for 4 to 6 hours. If you're hungry after two to three hours it means that there's some hormone that is kind of moping along behind you, and we need to address it.

**Dr. Jonny:** Speaking of three to four hours of resetting hormones, and these temporary fasts, what is your feeling about intermittent fasting as a way of perhaps not for weight loss, but for resetting hormones for health in general? Do you advocate that? Do you put that in your programs? Do you work with clients doing that?

**Dr. Gottfried:** Yeah, intermittent fasting is interesting. I think, again, the data is better in men that it is in women. I think men have a more robust response to it, both in terms of weight loss, and also longevity. The data seems to show that men get a benefit with the 16-hour window of fasting. So that would be if you finished eating by 5:00 pm you could eat the next day at 9:00 am. Women seem to respond to a longer window, more like 18 hours.

But the sad truth is that I've not found it to be as successful in women. Maybe there's some generic variation that we're seeing here. There's some women who do it, and it totally works for them. They do a 5-2 system, where two days a week they intermittently fast, and that just totally works. Other women do it, and they feel hungry, and angry. They're like I hate. I hate this. Like why are you doing this to me.

**Dr. Jonny:** Right. Got it. So let me close by asking you a question that I also ask most of the participants in this, which is this. If somebody in your family came to you, and said okay, doc, I'm really tired of not having any energy. I'm carrying around this weight in my belly, and thighs and hips and butt.
I'm sick of it, and I want to do something differently, but I just don't want it to be overwhelming, and impossible, and complicated. What are the go-to steps you tell them to take? What's the first thing you'd say that is going to give them the most bang for their buck, and maybe get them started the quickest?

**Dr. Gottfried:** Yeah. I would say check your fasting blood sugar. So I think that we talked about how insulin is kind of the final common pathway here when it comes to fat storage. And I feel like we've turned over too much power to the healthcare system. And frankly it's failing at helping us with weight loss. And so often you have to take this power back. You've got to take it into your own hands.

Now, you could check your fasting blood sugar in a couple of different ways. You could go to WellnessFX, and you could measure it there. You could ask your doctor to measure it, because it's a standard thing that they do most years as part of your insurance plan. You could also spend $20.00 on Amazon and get a home monitoring system, and check your fasting blood sugar. If you nail that you are more than halfway there. Like I think that's such an important piece.

And having that feedback loop were you say, okay I had a piece of birthday cake, at my daughter's party yesterday, and my fasting blood sugar, which was about 80 is now 120. Like ding, ding, ding you have this knowledge information that I think so valuable. And so I think you have to have something that you measure.

Another way to do it if you don't want to prick your finger is to measure your waist size, and to track that over time. But to start making some of these changes that we're talking about whether it's The Hormone Reset Diet, or following your program Jonny, and seeing what happens with your own physiology. Nothing replaces that.

Even the best data published in the New England Journal of Medicine is not as valuable as a N of 1 experiment where you track your blood sugar, and you see what happens with different things. And also your lifestyle, like how much sleep you get, how much stress you have, etcetera.

**Dr. Jonny:** And let's leave people with the notion, because it's true that that's actually imminently modifiable, isn't it? So if you have that high-blood sugar, and fasting, and it's up in the 120s help is on the way. That can be changed. That can be changed by diet, and lifestyle, and in a fairly short time, correct?

**Dr. Gottfried:** Really short. You sent me a paper Jonny. Do you remember this where it was study maybe from Barry Sears where it shows that you can reset insulin resistance in 72 hours?

**Dr. Jonny:** Did I send that?

**Dr. Gottfried:** Yeah.

**Dr. Jonny:** Yeah. Oh, good. I'm glad I sent that to you. I don't remember it. But, yes. But that's pretty much the truth of the matter, isn't it? So whether it'd be genes, or whether it be high blood sugar, or whether it be hormonal imbalances these things are -- and what I think your message is, and I think that's what's so important for people to hear -- is that these things are not fixed quantities.

They're more like astrological predictions. It's like okay, if you don't do anything differently this is probably what's going to happen. But it's very far from saying that, that is what's going to happen once you get in the drivers seat, and do some of the things that you suggest in your programs, and that we suggest in ours about actually modifying those risk factors. They're not fixed in stone.

**Dr. Gottfried:** Totally. And I think this three days fairs repeating, because I can do almost anything for three days. Right. If you tell me I've got to do some project that's going to take me a year, and I got to like go to burst training in the gym four days a week, ugh. But if I could reset my insulin resistance in three days with the food that I put in my mouth, oh, my gosh. You totally got me. So track your blood sugar. Reset your insulin in three days.

**Dr. Jonny:** That's great advice. Wonderful. And Sarah as always I just can't get enough of you. I have 50 questions here we didn't even get to. Thank you so much for spending this time. We'll be going live in April, but your book is already out. Tell them what to look for, and how to find you.

**Dr. Gottfried:** Yeah. Well, the paperback just came out, so you can get it even cheaper. It's at hormonereset.com. And kind of the mothership where I hang out, where you can sign up for a newsletter is saragottfriedmd.com.

**Dr. Jonny:** And by the way, I meant to tell you that I really love the direction of your newsletters. They're personal now, and they're always written in such a friendly voice. And then you incorporate all this personal stuff with David.

And I just think that that's so the way to go these days in talking to your tribe, and making a connection. That's so very important to get the information that we want to get out there, and to get people on programs we have to connect with them. And you really do that so beautifully. So I recommend to everybody that they
PMS, PCOS and Postpartum: A Woman’s Guide to Depression
Sean Croxton and Alisa Vitti
Click here to watch to this interview!

The purpose of this presentation is to convey information. It is not intended to diagnose, treat, or cure your condition or to be a substitute for advice from your physician or other healthcare professional.

Sean: Alissa Vitti, thanks for joining us.

Alissa: So happy to be here.

Sean: You’re the author of Woman Code.

Alissa: I am.

Sean: You’re a woman’s health expert, correct? We’re going to talk about women and depression today. You have a story yourself about depression and what you went through. Do you want to share that with us?

Alissa: This is a subject near and dear to my heart. As a former sufferer of PCOS, which is polycystic ovarian syndrome, I had kind of a classic experience of all the symptoms from obesity to acne everywhere and all the period problems. I also got to experience some pretty major depression as a result. My symptoms with that were fatigue, grogginess throughout the day, difficulty waking up in the morning, feeling wired at night, couldn't go to sleep, just feeling really blue and sad, unmotivated and all of that.

That was my personal experience with it. It was really when I figured out how I could leverage some natural therapies—food and movement, specifically—that I was able to bring myself out of that as well as the PCOS. Of course, I’m really excited to be sharing all of that with any woman who needs it in my work as a living. It’s something that if it's not too too severe I think food and lifestyle can be hugely beneficial.

Sean: When were you going through this?

Alissa: Gosh, that was early 20s. I was really coming into a new hormonal pattern. I talk a lot about what I would call hormonal inflection points for women. We’re more vulnerable at certain times in our whole reproductive life cycle because of the nature of our hormonal upgrading or shifting into a new pattern.

Before puberty you’re in one hormonal pattern. Puberty is the shift into your reproductive years when you’re in a new pattern of estrogen, progesterone, et cetera. This has profound effects on our neurobiochemistry. We're more vulnerable during these inflection points when this transition is happening hormonally to have some potential depression or anxiety that we experience.

Sean: Inflection point number one you said is puberty. What's going on there specifically?

Alissa: The body is trying to start making enough estrogen and progesterone. The pituitary gland is activating to get lutenizing hormone and follicular stimulating hormone to activate the ovary to start up the menstrual cycle. That's a 10 year process for women. It starts around 10 and it completes around 20.

Conversely, perimenopause on the other end of the spectrum is a similar 10 year process of downshifting from making all of these hormones into a post menopausal homeostasis of hormones. Then we have a couple of inflection points in the middle. We have the situation where you find yourself with a hormonal condition like the one I had, PCOS. Or PMS is a hormonal imbalance.

Fibroids, endometriosis, all of those diagnoses that you might be receiving when you go visit your gynecologist, that's another inflection point where we see a lot of vulnerability for women around mood.

Sean: Let's go through the four. PCOS, PMS, fibroids, endometriosis. Start with PCOS. Why do you think that can cause depression from a hormonal standpoint?

Alissa: We have, in all of those actually, and I can just speak throughout. That's the interesting thing I've found in my research
is although we're all given these different diagnoses, PCOS, fibroids, end the underlying cause, what's not working in the body is almost identical. Here's really what's going on. We have elevated levels of estrogen that are disrupting the hormonal cascade that regulates the cycle. We have micronutrient deficiencies in the diet. What young woman has not tried some calorie restrictive diet where she's also eliminating entire food groups to try to modify her body.

This has real repercussions on brain chemistry and hormonal chemistry because they kind of all work together. We see women more susceptible because of this micronutrient deficiency and then when you add in these different inflection points, you end up in a state where you potentially are dealing with elevated levels of homocysteine, inflammatory markers in the gut. That can make us more susceptible for depression. So in all of those conditions, that's really what's going on.

**Sean:** I'm curious. This is all kind of new to me from the perspective of just women alone. Estrogen itself, why is that such a problem when it's high?

**Alissa:** It creates inflammation when it's too elevated in the body. Let's talk about the microbiome for a minute and sort of tie it together. In the microbiome we have certain bacteria that manufacture different enzymes that help our bodies break down certain things. One of the things that these key bacteria do is break down estrogen. If we're not eating in a way that supports that good gut flora balance then we have this inflammation.

In addition, this inflammation in the gut is preventing our bodies from absorbing key micronutrients, getting that out into the blood stream but also suppressing our production of these mood stabilizing neurotransmitters. It's this indirect...estrogen leads to this inflammation, gut inflammation. We have less production of serotonin for example, dopamine, norepinephrine. That's sort of what all connected, thigh bone, knee bone. It works that way.

**Sean:** It's the gut talking to the brain. The gut bugs, the microbes are affecting the enzyme that is supposed to get rid of estrogen. It's not working very well. Estrogen goes up, inflammation goes up, that gets to the brain and can cause depression. Is that what you're saying?

**Alissa:** Yeah. It also isn't in isolation. Estrogen is up then we're talking about in ratio, in relation to progesterone. You can't really take anything out of context in the body. If we have elevated levels of estrogen, we also are going to have this larger gap in the ratio of estrogen and progesterone. PMS is a great way to take a look at this. During the luteal phase, which is when PMS happens...in an ideal cycle, when there is no PMS which you don't have to have if you have balanced hormones, you have normal levels of estrogen that rise and fall over that 10 to 12 days period.

You also have progesterone levels that rise and fall. They're very closely bonded throughout the process. In a situation where you have a condition like PCOS, fibroids, endometriosis, et cetera, estrogen levels are much greater than the progesterone. It's that delta between the two that creates the mood destabilization as well.

They've also noticed that within the brain chemistry of a woman within a 30 day period, the brain chemistry is shifting by 25% throughout the month. That's pretty powerful when you think about the effects of our hormones on the way we think, how we're feeling, our mood. There's a lot to take into consideration when it comes to mood, hormones and depression.

**Sean:** What about something like postpartum? Why does that start? Why do people get depressed postpartum?

**Alissa:** In my experience I think so much of it has to do...again very similar, we have a big droopy of hormones postpartum. Estrogen levels and progesterone levels that were massively elevated to grow another tiny human and keep the baby inside the uterus, those hormones need to naturally decline postpartum. Those first three months postpartum, which some of us refer to as the fourth trimester, is a very delicate time where a woman is...I just went through this myself.

You have hot flashes as your estrogen is destabilizing itself. You're very emotionally sensitive to things that are happening because all of these hormones are shifting so rapidly. It's one of the only times that happens so quickly. Think again back to puberty and perimenopause taking 10 years. The reason why it's designed so brilliantly to take such a long period of time is to minimize the mood destabilization that it can cause.

Postpartum in that fourth trimester you have massive downward shift of these two hormones and you have lack of sleep, I can testify. Baby is not sleeping, you're not sleeping. And you may not be on top of your food game. Now you're also depleted from key micronutrients. A couple in particular really can...
Those are the big hormonal shifts that a woman is going to go through, guaranteed over her life. Well, pregnancy and postpartum is optional. The others are definites.

**Sean:** Do you feel like a lot of women are showing up at their doctor's office with depression symptoms and the doctors aren't looking for this type of thing?

**Alissa:** I actually have a funny story about this. This is a great example of how sugar and diet can affect your mood. I was kept waiting at a doctor's office years ago, before I had all my fancy health insurance. Years ago I was kept waiting for a long time. I hadn't brought a snack. My blood sugar tanked. By the time I got in the room to see the doctor who was just there to give me a routine exam, I was so angry and hungry, I think there's a word for that.

**Sean:** Hangry.

**Alissa:** I was hangry, Sean. I was so upset that she had no sensitivity to the fact that she had kept me waiting for like an hour and a half. I just started expressing my frustration and started crying. If you know me, I don't really... although now I am post baby. Oh my god, I will cry. It's great actually. I was fully tearing up and she looked at me and said, "Oh, are you depressed? Would you like a prescription for that?" I was like—

**Sean:** "No. I'm just hangry."

**Alissa:** "I need to eat. I need to get out of here. Can we just do what we need to do?" It really was interesting. I think women go in and they have two experiences. One like that, where they're being overmedicated, and not just with SSRIs but also the pill as well. If you go in with any of these conditions we mentioned from PCOS to PMS, the usual first line of action from your gynecologist is going to suggest birth control, synthetic hormone replacement to help regulate the hormones and potentially benefit your mood as a bonus.

Often that's not enough and women are also put on something like Prozac. The challenge with that of course is that it leads to some other problem that will make it all worse. We have the pill, for example, depleting key micronutrient stores in the gut. We know it acts like an antibiotic killing off good flora. We know it depletes magnesium and B vitamin stores which are all essential for mood stabilization. So there's this whole other problem with going down the rabbit hole.

On the other side of the coin you can be going to the doctor, saying that you don't feel like yourself and them telling you that it's fine. "You're fine, there's nothing to be done." You continue this level of frustration. I think there's a couple of things to do in that situation. One is pursue further testing. Check your thyroid. Get homocysteine levels checked if you can. Check vitamin D levels. Check magnesium levels. See as much as you can into your blood chemistry and your hormonal panel.

It's commonly not done unless there's a massive symptom. Blood work is not always prescribed. See if you can take a look at your estrogen and progesterone levels as well. Then start to investigate what you might want to do. The best thing you can do is just start immediately with what's on your plate and what you're doing in your kitchen. Ultimately what you will discover in the lab work, which may give you some specific medication course that you might
have to take, you still always are going to want to incorporate that food anyway.

Sean: I want to go back to the blood sugar thing. PCOS is a blood sugar dysregulation issue, correct?

Alissa: One of the major underlying components.

Sean: Do you feel like that had a role in the depression that you were having?

Alissa: Certainly. Just like I was so upset when I was hangry, anybody that experiences hypoglycemic moments where the blood sugar just kind of tanks out, your mood is not right until you start eating. You don't need to have a bigger condition like PCOS to know the impact of low blood sugar on your mood. Women with PCOS have a harder time with regulating their glucose levels because of insulin sensitivity. For them it's even more of something they really need to manage dietarily.

Sean: Give us some dos. What should women do to help balance their mood, some of the natural stuff you recommend?

Alissa: There are two. If I was going to say there is a magic bullet for improving our mood there are actually two supplements that I think we should all wear t-shirts like, “Do you take this because you should.” The two supplements I would recommend are magnesium in the glycerinate form because it's more bioavailable and has less of a laxative effect. Magnesium helps in the production of serotonin in the gut.

If there's adequate levels of magnesium in the body...and everybody is deficient these days because of poor soil concentration of these things ending up in our food but also because we're drinking caffeine. That alone, if you're drinking coffee you're robbing your body of magnesium so chances are good you're deficient. Taking the supplement would be excellent.

The second one is folic acid whether or not you're trying to become pregnant. Folic acid is becoming extremely important in some newly researched information that has come out about the MTHFR mutation. Not being able to methylate in the body is linked now to a whole host of issues from schizophrenia to depression to ADD, Alzheimer's, all sorts of things.

If you're even suspicious that depression or something runs in the family, just take the methylated form of folic acid. Don't take the one that isn't. Just take a good methylfolate and be done with it. 800 micrograms a day would great and you're good to go, whether or not you get the test to determine if you have that gene mutation.

Sean: Dr. Ben Lynch talked about that at length. He has me eating lots of leafy greens right now.

Alissa: Oh yeah.

Sean: Tons of leafy greens.

Alissa: But if you have the mutation you're not going to be getting as much of that as you need. The supplementation can be really beneficial. Aside from those two supplements which I just think are magical for people, I would say some great food dos are...I think at this point we all know what the good foods are. Certainly omega-3 foods. All your seeds, walnuts in particular are one of the highest sources of omega-3 fatty acids. Sunflower seeds, flax seeds, chia, hemp. Those are great. Having those with leafy greens actually enhances your ability to absorb the good stuff from the leafy greens. Combining those two is a really good thing Sprinkle some flax on your collards.

Avocados high in oleic acid. Great for brain chemistry, moods, anti-inflammatory. Avocados are another super food that we should all be having on a regular basis. Berries rich in antioxidants that again help quell gut inflammation and heal any sort of...they're sort of DNA repair geniuses, these antioxidants. Its a good idea to be taking in. Then magnesiums containing foods like fish, sunflower seeds, things of that nature are really really excellent.

Sean: When people present to you as a client with PCOS or PMS, fibroids or endometriosis. Is there any common denominator lifestyle issue or diet issue they're dealing with? Is it poor diet all the time, anything like that?

Alissa: It's a combination of things. I would say the common underlying cause is typically that women aren't really helping their endocrine functionality at all. Basically, we're eating what we think we should be eating but we're not eating keeping in consideration how our body actually works. For example, if you think it's healthy to have a big fruit smoothie for breakfast because that sounds pretty healthy.

It does to me too but you have hormonal issues and insulin issues and a history of stuff like this, that's probably not a health food for you first thing in the morning. You might need to eat a more paleo style breakfast because that sounds pretty healthy.
know breakfast has the greatest impact on hypoglycemic transition throughout the day.

In fact we only reset when we go to sleep at night. What you do with that first meal makes a huge difference on how that blood sugar is going to go throughout the day. It's that, it's how you're dealing with stress. It's really about how you're either impeding or enhancing the endocrine function overall. That is really the common denominator. Most of use because we're not aware of how it works, we're doing all the wrong things.

Sean: Got you. What about exercise?

Alissa: Yes. So important. I think there's a physician that has come out and said exercise is like taking a little bit of Ritalin and Prozac. A little bit goes a long way. For women with hormonal issues, again because blood sugar and adrenals are often implicated in some of these conditions that we're talking about, you don't want to overdo the exercise.

That's really really important. In fact, in my book I talk a lot about exercising and eating according to where you are in the phases of your cycle because your estrogen and progesterone are in different ratios week after week.

Sean: For example...?

Alissa: For example, during ovulation versus the luteal phase, just a few days in between we have in the ovulation phase we have a big boost of estrogen and testosterone. This is a great time to be very physically active. Do a high intensity interval type of workout. Do a zumba class, do something heavy where you feel like you're kicking your own butt. You know for a fact if you are a woman that you do that one workout a week before, and then you try to go do that same workout a few days later and you've shifted in to the middle of your luteal phase where testosterone has decreased, progesterone and estrogen are doing their thing, you cannot make it through that same class. Nor should you push yourself because what's happening here is you're now going to be tapping into adrenal reserve.

You're going to be spiking up insulin and cortisol. You're not going to be getting the weight loss benefits from exercise. You're working against your hormonal chemistry and you're just kind of not going to get any results. Twenty minutes is great during the second half of the cycle. Something more gentle like walking or pilates or yoga. Try not to overexert where you feel like your blood sugar is crashing and your stress levels are rising.

Sean: Your book rocks. I don't even have a period and I loved your book. It was amazing.

Alissa: Men love it because they feel like they can get that insider look into what's going on with their lady. How can I work better as the partner in this relationship to be optimized in the relationship, right?

Sean: I remember when I interviewed you for the Sexy Back Summit. We got done with it, I was like, "Wow. I understand some of my ex-girlfriends so much better." I thought they were crazy but it's just the cycle.

Alissa: It's predictable. It's not that we're crazy. We have a predictable, changeable hormonal patterns. If we have hormonal imbalances, certain things are going to be more exacerbated about our mood swings. We have a 28 day cycle. Men have a 24 hour cycle with their hormonal fluctuations. If men are not watching their hormonal patterns throughout the day, in the afternoon from about 3pm to about 9pm they're very vulnerable to big big mood swings.

I call this the LACS, Low androgen cortisol syndrome. Because you all don't actually have a menstrual cycle. We can't call it man PMS although that's much cuter. But you do have this thing called LACS in the afternoon. Women will tell men that they feel like when they come home from work they can't talk to them. He doesn't want to talk. We have the same experience of you guys being a little crazy that you feel like you have with us.

What's missing in a relationship that I think could be a huge benefit, certainly is a secret to my marriage, is we're both aware of our respective hormonal patterns. We take them into consideration when we're talking o each other, when we're thinking about doing stuff together, certainly when it comes to romance and of course diet. We work on it together. We want to be optimizing our hormones together.

Sean: A quick question about that. For men, testosterone, does it start high in the morning and kind of taper off? Are there two peaks? How does that work?

Alissa: You get your biggest surge of testosterone in the morning. You get another nice push out at noontime and then like cortisol you start to take a decline in testosterone late afternoon into the evening. For example, the worst time of day for a man to get it on is at night. This is not when his testosterone is high. He should
be going to bed at 10 o'clock or close thereby. Not thinking about getting busy.

If he goes to bad and he gets good night sleep, this is when you're making all your testosterone. To try to stay up late is just as bad as overdoing it at the gym when you shouldn't be hormonally. It's working against all of these natural processes. Why would we do it if we know better? If it's good enough for olympic athletes to leverage this information to do better training and get better results why are we not all taking this into consideration? From diet to exercise to our sex life. I don't know. I do.

**Sean:** Testosterone, does it fluctuate for women as well throughout the day?

**Alissa:** It fluctuates throughout the month. Again you guys have a 24 hour cycle. We have a 28 day cycle. We get two surges of testosterone that definitely affect our mood. In fact, this is very advanced relationships sort of kung fu here. It's what we do. If you know that your woman is in one of her peak testosterone times, certainly that is going to be great in terms of your sex life because she's more interested in that naturally.

This happens around ovulation and right at the beginning of the luteal phase. But it also will have an effect on her demeanor, her disposition. She's going to be naturally more interested in taking a leadership role in the relationship. Instead of feeling all up in your ego about that let her lead for a few days. Because you know there's going to be a period of time where she is going to want you to do it.

David Deida talks about this in terms of masculine and feminine energy. I'm looking at the science of it. There is real tangible points in the month where this happens for women. The dynamic fluctuation between these two things is a cool thing to be able to do with your partner. Instead of having it have to be rigid because who is the same everyday? Nobody.

**Sean:** David Deida is the man. *Way of the Superior Man* is one of my favorite books ever.

**Alissa:** I think such an important frame for this polarity that is so essential for people to have happy healthy relationships.

**Sean:** Another question for you on that note. Birth control pills. Can that impact those testosterone surges in women?

**Alissa:** Oh, 100%. As soon as you take synthetic hormone replacement AKA birth control pills, you are suppressing your own body's natural hormone output. You're only getting what the pills are giving. A lot of women report not only feeling more depressed and crazy and not like themselves and they think "what's wrong with me?" They think it's not the pill. It's the pill. They also report lower sex drive because it does suppress their testosterone production.

**Sean:** Interesting stuff. Getting back to depression. Can sex help with depression?

**Alissa:** You bet. My favorite subject. Here's the thing. It's not so much about the big finish when it comes to why sex can really help us boost our mood. It's the stage right before which is called the plateau or I like to call it the organic plateau. I like to make the distinction between orgasm and climax.

Organism is the experience of pleasure that you have where you're actually using tactile sensory experiences to build up oxytocin and nitric oxide in the body. That can last for five minutes or five hours depending on how much you want to do. At least giving yourself the opportunity to get 20 minutes in of that before you finish is so important. There is an article on my blog about why women should not be using vibrators for this very reason. Because when you use a vibrator you kind of bypass the plateau phase and go right to climax.

And how many women who are watching know when you use your vibrator you kind of fry things out and can't really get that experience to happen again. Your refractory period, which is what that's referred to as, you need a lot longer to recover from the intense sensations that the vibrator produces. Not only are you giving yourself less climax opportunity with the vibrator, your lengthening refractory period but your completely missing the plateau stage where you're going to get all this nitric oxide and oxytocin.

Now why is that so important? Nitric oxide and oxytocin will boost your mood short term and long term. This is like exercise for neurotransmitter production. It's an excellent thing to do. In fact, if you're someone who is struggling with a little bit of depression I would say a self pleasuring session 2-3 times a week 20 minutes each where you're really focusing on the plateau and not the climax will help you tremendously. I always give the best homework, of course.

**Sean:** You said self pleasure on that one. What if she's with her man? How does that work?
Alissa: Well, it would work really well. It would work really well so long as the man was very invested in creating that experience for her. That means you kind of are keeping your business on to the side for a minute and really working on clitoral stimulation. All of that sensation for women is generated from the 8,000 nerve endings that are contained in the clitoris.

Most women cannot achieve the type of orgasmic plateau or climax from penetration alone. It's so important that as a man you know everything about how to work that part of a woman's anatomy. Read a book, take a course. I really feel like it's just unacceptable for someone not to be fully literate in that.

Sean: Give us some books.

Alissa: She Comes First.

Sean: I read that one.

Alissa: It's a great book. I knew I liked you Sean. I like a man who takes that seriously. You know how it is. You want to be with someone who is fully aware of all the things that you can use your body to do to increase your health and vitality. Sexual expression is just one of those things. Just like exercise. Just like eating.

Sean: I didn't know there was that many places down there. There's a name for everything.

Alissa: There's a name for everything.

Sean: It's a trip.

Alissa: I mean how does it make you feel, not to interview you here, but how does it make you feel as a man to know all of those names and structures and what to do?

Sean: Powerful.

Alissa: Confident, powerful. You're like, "I'm on it. I can do this." I feel like every man should get that for himself.

Sean: Go get the book, for sure. Anything else you want to talk about?

Alissa: There's one other thing that I would say in my years of working with women with these issues beyond the food. We're not just a bag of hormones and neurotransmitters. We're beyond that.

There's sort of this underlying energetic issues that I have seen regardless of the circumstances that lead a woman to feeling this way in terms of her depression that I think is worth investigating.

Depression is what we've talked about, this state of the body where things are not optimal but emotionally it really always seems to have to do with something being suppressed. To what extent can you investigate the emotional suppression causes of your depression? What is going on with your career, with your relationship, with your friendships, with your creativity, with your body that you feel like something is being suppressed.

Whether it is your passion, your purpose, your voice, something you need to get off your chest with someone and you haven't been able to do that for years. Prolonged suppression of your internal need to express yourself, your truth, your emotion, your purpose, your passion, will lead to some form of depression in the body. We can't pull apart the fact that we have these electromagnetic fields and have this heart magnetism.

What is going on that is not quite the fullest expression of yourself and your life? Start to see if you can turn the volume up in that area. Bring more of yourself. Bring more of your passion. Say what you need to say. Get angry at who you need to get angry at. Just let it out and you'll start to feel lighter. That suppressed energy will leave the body and that depression will start to leave the body too.

Sean: Do you feel like a lot of people don't know what their purpose is in life?

Alissa: That's a really good question. I think that with everything that's going on with the internet, with 24/7 media, with Kardashian reality TV, we all think that in order to live our purpose we have to be out in the public eye. I think that we can miss what our purpose could be because it doesn't necessarily need to be glamorous, right?

It could just be this way that you have a unique way to contribute to your community, to something you care about, that is never going to be something that's on TV that would really make you feel good. If we kind of get hooked into this ego stuff that's going on I think we can continuously lose our way. I think now even more is a more vulnerable time. They feel like they're missing their purpose when it might be right in front of them.

Sean: Yeah. I totally agree with that. Your website is floliving.com.

Alissa: Get out of chaos, get into hormonal flow.

Sean: There you go. You've got something free for our viewers at floliving.com/hormonedetox.

Alissa: Listen, if you've got some of this stuff going on, you've got fibroids, you've got any of the
conditions we've talked about and you're dealing with depression, chances are good that estrogen is really running the show for you. This is something that has been in my book, has been something I've been using for the past 15 years in my practice. Four days to just reset your estrogen levels. You'll feel completely different. It's all delicious food. Download it. It's a really great guide, recipes, meal plan.

**Sean:** Once again that's floliving.com/hormonedetox. Your website is floliving.com and your book is *Woman Code*. Talk more about that. One of my favorite books a couple years ago. Every guy should read it.

**Alissa:** Thank you. I just wanted to deconstruct for women, I didn't think about writing it for men but I love that men love it because it really is about what is going on. What are causing all of these hormonal issues for women? We get right to the root of what's going on right now. Why are so many millions of women suffering from these issues? One in eight couples is infertile.

What's going on? What can we do about it? My step by step protocol that I use in my practice to help women get out of hormonal chaos and get into hormonal flow. Then I teach about the four phase cyclical diet. You want to be eating to optimize this estrogen, progesterone, testosterone conversation that's happening in your body every week.

You want to be exercise in the right way. You want to be having the right kind of sex. You want to be doing the right kinds of things at work. It's beyond just getting better. It's a whole other framework, like a different operating system for women to be living in alignment with the way their body works so that you never have to be vulnerable for a hormonal breakdown again. That's pretty cool.

**Sean:** That's good stuff, pretty cool information you gave us today as well. totally rocked it.

**Alissa:** My pleasure. I love that we got to talk about orgasm. Orgasms and depression.

**Sean:** No one else has talked about orgasm in these sessions.

**Alissa:** I'm happy to be the one.

**Sean:** Again your website floliving.com. The book is *Woman Code*. Thank you very much.

**Alissa:** Thanks, Sean.
These talks brought to you by HealthMeans.

Visit http://hto.care for access to 100s more health experts and 1000s of their talks!