



Your Functional Medicine Expert®
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[138: Dr. Jill interviews Dr. Anna Cabeca on Breezing Through Menopause](#)

Dr. Jill 0:12

Okay, it looks like we're good to go and live. Well, welcome everybody to another episode of Dr. Jill Live! I'm super excited to be here today with my friend, Dr. Anna Cabeca. She has written some bestsellers. I'm going to introduce her formally. But if you want to find other episodes of Dr. Jill Live, you can find us on YouTube. [Also], you can find me at drjillcarnahan.com or drjillhealth.com. But for today, let's get to our guest. I'm so excited. Dr. Anna and I have been running around in similar circles for so long, and recently she was kind enough to interview me on her platform. I wanted to bring her here today just to talk about menopause. So many of you out there are dealing with symptoms in this phase, and it could be perimenopause several years before you've actually hit the pause. It could be right in between, in the midst of the chaos. Or it could be years after and you still might be struggling with symptoms. We're going to dive deep with Dr. Anna and talk about symptom control, what to eat, how to sleep better, and all those kinds of things that might be on your mind. I'm going to be focused on Anna, but if you have questions, you can put them in the chat, and I will also try to keep an eye on those and answer them as we go.

Dr. Jill 1:18

So without further ado, let me introduce Dr. Anna Cabeca. She is a D.O., an OB-GYN, and the best-selling author of *The Hormone Fix*, *Keto-Green 16*, and *MenuPause*, her latest. Dr. Anna is triple-board certified and a fellow of gynecology and obstetrics, integrative medicine, and anti-aging and regenerative medicine. She holds special certifications in functional medicine, sexual health, and bio-identical hormone replacement therapy. She lectures frequently on those topics throughout the world to large audiences and is known nationally as The Girlfriend Doctor and the host of The Girlfriend Doctor show. She has personally developed natural products to help women balance hormones and thrive through menopause, including the highly acclaimed Julva® cream for the vulva and MightyMaca® Plus, a powerful superfood blend. We'll talk about those and other things. She now lives in Dallas with her daughters, horses, and dogs. And I remember Anna at some of these shows where we've talked and shared and your beautiful, beautiful daughters are together there with you. And I always just thought: "How amazing that you can do

your work and do what you love, and your family is right there alongside you." So I've seen that in action. Welcome, tonight!

Dr. Anna Cabeca 2:22

Oh, my gosh, it's great to be here with you. I love everything that you're doing and sharing and the heart you do it with, Jill, so thank you for having me.

Dr. Jill 2:31

You are welcome. I feel the same about you. I know we're like sisters from another mother or something, right?—because it's, like, so aligned. You know, you just recognize when people out there are authentically doing what they love and really with the heart of service, and you're one of those. I'd love to start with a little backstory as far as: How did you get into medicine?—especially integrative and functional medicine. Tell us a little bit about your journey.

Dr. Anna Cabeca 2:55

Yes. You know, it's so funny, Jill, because when I was little, [when] I was six years old, I would tell my mom, "I want to be a ballerina, a nun, or a doctor"—a physician. I would say that I became a physician by default. [laughing] I couldn't become the other two things.

Dr. Jill 3:14

Right. [laughing]

Dr. Anna Cabeca 3:15

So it was really from a young age that I knew I wanted to go into medicine. And partly as a young girl, I had ear surgeries over and over again. And then I saw my mom in and out of the hospital. When I was 16, she was undergoing heart surgery—cardiac bypass surgery—due to hardening of the arteries, [or] coronary vascular disease. I recognized at that time that the research they were basing her

surgery on was done primarily on men, and I'm like, "There's got to be a difference," right? "There's got to be a difference!" So I became really passionate about women's health, and that's what led me into gynecology and obstetrics.

Dr. Jill 3:58

Wow. Before you were in integrative functional [medicine], did you practice and deliver babies and the whole works?

Dr. Anna Cabeca 4:04

Yes.

Dr. Jill 4:07

Yes. The traditional route—I went the same way, right? When we're on that route, we see, "Oh, there's more!" Like, "Where are the answers for these complex chronic things?" Or we kind of have an idea, before we go into medicine, of what else we want to do. What was your journey like?

Dr. Anna Cabeca 4:22

Yes, it's been like little, little steps, right? Often, there are little seeds before you get the kick in the ass, so to speak. When I was in residency, my mom passed away [while] undergoing her second heart surgery at the young age of 67. I had just had my firstborn daughter, and I [had] just turned 30. I lost, essentially, my heart. My mom was my heart, my best friend, my confidant—you know, like my second half, essentially, in my life. It was devastating, and I started asking: "Why?" "Why?" "Why?" But, you know, when you're in residency—

Dr. Jill 5:07

It's brutal.

Dr. Anna Cabeca 5:08

Ninety miles an hour. You're going nonstop; you know, sleepless. We worked 80 hours a week to 100 hours a week in OB-GYN. It's a lot. So when I started in private practice, my firstborn daughter was having attention issues. And I was blessed. I dug into hormone therapy. I was already sitting in backup conference rooms, attending lectures, and learning these things. When my daughter was very young, I was in the back of a hormone conference room, seated next to Dr. Gustafson out of Atlanta. We were talking about ADD, and she introduced me to functional medicine. So it was maybe in early 2000 that I got introduced to functional medicine for attention deficit hyperactivity disorder and started learning. It just made so much sense. First of all, take away the stimulants in their food and drinks. Take away those stimulants. Let their nervous system calm down.

Dr. Anna Cabeca 6:23

Then it made sense too, because, with her, I was in labor for three days. There was a bomb threat in Atlanta during the Olympics. She was born in 1996. If you all remember the 1996 Olympics in Atlanta, there was a bomb threat. I was in that hospital. The majority of people were evacuated, but those of us who were active in labor were not. So because of the bomb threat, you're in labor and you can't go anywhere. "It should be okay," right? And it was, thank God. So I had that, and then she and I both got an infection. So [I had] a long, drawn-out labor, [we were dealing with an] infection, [and I was under] high stress. So she was on IV antibiotics for the first 10 days of her life. I didn't know then what I know now. But I know now how that destroyed her gut microbiome, and I could figure out the pieces in retrospect. So that really helped me become an advocate for pregnant moms, and then for myself, in my own journey with early menopause at 39 and an infertility diagnosis, I was told the only option for me would be egg donation. That was devastation upon devastation, so that took me further. Every step took me into integrative medicine and functional medicine, and that took me further and further. And as a result of world medicine, food as medicine, and Eastern-Western combined medicine, I reversed the early menopause diagnosis, naturally conceived, and at 41 delivered my youngest baby girl.

Dr. Jill 8:04

What an amazing story! There are so many threads that are so common, first of all, that we reached the end of, like, what we're traditionally taught in medicine. And

there are wonderful things there; we still both use that. But there are always these limitations with chronic complex illness or ADHD or fertility or even menopause. What we realized is like, "What we were taught in medical school only goes so far." Or I say, "Our toolbox is only this big [showing the shape of a box with her hands]." It's wonderful for a starter kit, right? But then we have to expand on and add to that, and usually, it comes from either our own experience or that of our loved ones—your journey's no different. So how awesome that you got integrated and then all the education that you got since then. And now you are really, really helping women—it's so needed. I am similar to you—[I had] menopausal symptoms fairly early and stuff. But so many women out there are trying to figure out how to get through this change. Where do you start if someone comes in to ask you questions? Maybe they're starting to have symptoms; maybe they're still cycling; maybe they're starting to get irregular. In that perimenopause where they're not quite fully into it, what questions do you ask? And how do you start with that approach?

Dr. Anna Cabeca 9:10

Yes, so when a patient comes in with those early menopausal symptoms... I mean, seriously, whenever there's a problem with your period, your period is a vital sign. It really is a vital sign, and I think that's something that we miss in gynecology and obstetrics. We just assume all periods are created equal. The color of the blood, the frequency, the thickness, the viscosity—all of these things matter, and they tell you something about what's going on in your body. In traditional Chinese medicine, they've known that for a long time. They ask you: What color is your menstrual blood? I mean, it's really fast: "Do you spot before [or do you] spot after." I mean, these are pieces that tell us a little bit of something [such as]: What's going on with your hormone balance? What's going on with inflammation? What's going on with your nutritional level? So those are the pieces that are important. So I look at this and if a patient's coming in [with] early perimenopause/menopause from the gynecologic standpoint, how regular are your cycles [or] irregular [are they]? Are you breakthrough bleeding? How heavy are they? What does that look like? How has that changed over the years? So that's part of it. That's the GYN side, and that's the endocrine side.

Dr. Anna Cabeca 10:23

[On] the neurologic side, the neuroendocrine side, are the PMS symptoms. Are you moody? Are you feeling more tense the week before your period? Are you sleeping less or more? How's your energy level? If you only hate your husband two weeks

out of the month, it's probably your hormones more so than your husband—if it's only two weeks, right? Physiology affects our behavior, so that tells me [what's going on]. It's so fascinating, Jill, because I learned endocrinology—all the pathways—as an OBGYN resident at Emory University. The thing I didn't learn was the connection to the neurotransmitters—the connection of estrogen to serotonin, or testosterone to dopamine, and progesterone to GABA. I didn't learn those things, but when I did, I could see it everywhere in the way the symptoms manifest. And that was powerful to me because then I knew, "Look, you're not going crazy." You're like: "Let's address this. Let's address the physiology, decrease the inflammation, balance the hormones, and support the adrenal glands, and we've got 99% of it taken care of."

Dr. Jill 11:40

Okay, I love that. Let's walk through a classical [situation]—now, everybody's different; as you said, I see the same thing, and we really need it individualized—of some of the basics that are common to most women in the cycle. Typically, we see progesterone go down first and then estrogen later. Walk us through what might happen, what women could do in the very beginning when they're still cycling, and then when they stop cycling, and maybe what to look for. [Please give us] just a few little tips or pearls [of wisdom] on the journey.

Dr. Anna Cabeca 12:08

Yes, definitely. In our late 20s to mid-30s, our DHEA starts to decline a little bit, and that's the precursor to estrogen and testosterone. So the first thing you need to know is that you've got to keep supporting your adrenal glands, and we do that best by stress management. Actually, I always say increasing oxytocin, the most powerful hormone in our body, [is key] because that will increase heart rate variability. That decreases stress and improves your body's natural production of DHEA when you're not having to lose your hormones to cortisol. So that's in our late 20s to 30s. Start really identifying what's most important to you in that self-care [and in] that way to bounce back and create resilience. That's in your 20s to 30s.

Dr. Anna Cabeca 13:00

Now, in your mid-30s, progesterone starts plummeting, and that is the precursor hormone. Progesterone and pregnenolone are mother hormones, and when we are

stressed, they're going to shunt to the creation of cortisol. And your audience knows this well because it's so key—it's a key component of stress. So you add now this decline in progesterone and our clients show up with PMS, irregular cycles, heavier than normal periods, and breakthrough bleeding. All of these symptoms start because of that progesterone insufficiency. We say estrogen dominance, but we want to focus on progesterone insufficiency. Why?—because progesterone is a neuroprotective hormone. As we lose these precursor hormones, our body's ability to metabolize or make glucose is even impaired in the brain and in the heart muscle. So we start to see this decline. And we see this increase in these neurologic symptoms as a result of this declining progesterone level. So what do we do? We want to improve progesterone. Again, it comes [down] to, I would say, "oxyplay", right? Increase oxytocin, decrease cortisol, [and] manage that. And it comes [down] to decreasing inflammation because our body will produce cortisol to take care of inflammation. If we're making more cortisol... I mean, it's necessary, but if we're making more cortisol, we're going to deplete progesterone even more. So we want to address that and support the adrenal gland. So that's where I use adaptogens.

Dr. Anna Cabeza 14:36

I will start my clients on a modified elimination diet. I call it my "keto-green detox," and I would start them on my adaptogenic blend, which is my MightyMaca® Plus, or something similar, to help support them during this time. We see an improvement by doing that in DHEA and progesterone levels. That's clinically evident. So we see that quick shift, and we're basically turning back the hands of time, and that's so powerful. And then, as our hormones continue to decline, we see a decline in estrogen and testosterone, so we feel the symptoms. Clients will say, "I've lost my edge." There's that one [that might say], "I love my husband, [but] I don't feel love for him." Or, "He's pissing me off." It can be both ways. And the mood swings, the irritability, all of that can be rearing its ugly head but also the weight gain without doing anything different. That's because our body is becoming more insulin resistant as we age, and so that's where the keto-green approach comes in to create insulin sensitivity to manage cortisol and increase oxytocin. So, those are simple things.

Dr. Anna Cabeza 15:49

And in our 50s and 60s, [there are] the hot flashes, right? So supporting the adrenals and becoming more insulin-sensitive decreases hot flashes significantly.

So that's how I would help with that transition period. And then, [by doing that], we're supporting natural, healthy ovarian function.

Dr. Jill [prerecording] 16:08

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold and biotoxin-related illness. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by readunexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

Dr. Jill 17:04

I'll say: What a beautiful synopsis. And what you mentioned too is so important—the neurotransmitters, the brain health, [and] the heart health. All these other organs have receptors for hormones as well. And sometimes we get focused, especially in our medical-minded narrowness, on just the ovaries, the endometrium, and the breast tissue, but it's so much bigger than that. I also really appreciated the talk about stress because stress is the enemy of cortisol, and then it draws on all of our other hormones. It's kind of like this weight that's pulling everything else down, right? So you address that. So let's talk about the average woman, maybe [in her] late 40s or early 50s, where they've just stopped having cycles. They've actually just maybe gone a year, which is our medical definition of menopause. They're just in menopause. Are you typically doing hormones? Do you start with just the diet and the lifestyle before you do hormones? What kind of order of operations would you do for someone who's truly in menopause and wants to optimize their health and wellness?

Dr. Anna Cabeza 18:00

Yes, so it's a stepwise approach. There's a certain amount; we can do everything at one time, but it really works better as we do controls. So the first thing, if a patient

comes into my office, she's in early menopause, I'm going to draw lab work. I'm going to put her on a detox program, and I know I've got to support her adrenals. So my two key supplements are an omega-3, a very high-quality omega-3 fish oil, and MightyMaca® Plus. So I usually start there. Then I'll come back and review their labs. Now, I know they're going to need progesterone. Over 50, over 55, and definitely over 60, I want a transdermal progesterone on board. So then I'll use the Balance Cream—progesterone and pregnenolone are prescribed—or oral progesterone or a stronger concentration. But I know that beyond menopause, we definitely need a transdermal. The safest way is transdermal. So as much as possible, [I recommend] transdermal [progesterone]—so perimenopause to beyond. I'll do that and then add in DHEA, estrogen, and testosterone. So I like to start top-down and see how it goes. Then I would follow up in three or four months with urinary hormone analysis, like the DUTCH test. So I'd follow up with something like that. Then [I'll] further evaluate their nutrients, their mitochondrial function, and their nutrients. So [it's] in a very stepwise fashion, because I used to do, "Okay, I'm going to do all this and then throw all this at you," and you're like...

Dr. Jill 19:40

I love that approach because so many doctors, even some of our education [and what] we've been taught, is this all-in-one formula that has everything in it right. You know who I'm talking about in some of the training. I don't like that either because they do well or don't. It's like adjusting five levers, and you don't really know which one is doing what. I mean, we know what they should do, but we don't know [the effect] on that person, [that] individual. So I really, really like that approach. You mentioned oxytocin; I love this hormone. Tell us a little bit more about what that does and how we can raise our oxytocin.

Dr. Anna Cabeza 20:08

Oh, my goodness. Well, one part of my own journey was from trauma and burnout, and PTSD. Well, the PTSD caused burnout. [It was] definitely a piece of the puzzle to my divorce, where: "I know I love my husband. I don't feel love for my husband," right? [There was] that disconnect. I really had to dig deep and say: "Well, what has caused this? Where is this coming from?" Intellectually, it didn't make sense. I recognize that when cortisol goes up, oxytocin goes down, right? You can't be stressed and love your enemy.

Dr. Jill 20:49

Right. [Laughing]

Dr. Anna Cabeza 20:50

Physiologically, it doesn't work. But when cortisol is up for a long time, the paraventricular nucleus in the brain suppresses cortisol. So you're in this dangerous state where cortisol and oxytocin are both low, and that's that burnout [you may experience]. That's the physiology of divorce; that's the physiology of quitting your job that you used to love; that's the physiology of depression and isolation, and it's real. Also recognize that where cortisol is the most acidifying hormone in our body, when you have stress, your urine pH is going to be very acidic because cortisol increases hydrogen ion secretion across the renal tubules. All that to say it becomes like peeing acid. We don't want to pee acid—it's not good for us. On the contrary, [with] this whole seesaw, oxytocin is the most alkalizing. You have fun with your friends, you laugh, you're playing, you're taking a hike in nature and enjoying yourself—that's the most alkalizing. Your urine pH becomes very alkaline. I mean, it's so crazy, right? It's so crazy, but oxytocin is the most reparative hormone. It's the longevity hormone. It even rebuilds muscles in the elderly. I don't know when I'm going to be elderly; I'm never going to be elderly. It repairs our old muscles. Oxytocin is this hormone of connection, laughter, love, of joy. To know that empowers your body. In the Bible, it says in Philippians 4:8, probably one of the best-known verses, it's focused on what is—and I'm going to butcher it: Focus on what is good, what is lovely, what is true.

Dr. Jill 22:32

[And] of good rapport.

Dr. Anna Cabeza 22:34

Of good rapport. So that is focusing on the positive. So [it's about] retraining your mind and being grateful. When you are, you increase your oxytocin so that it helps you oppose this current of cortisol. And when you've had PTSD [or] adverse childhood events, your body is trained to produce this cortisol, so you have to retrain it.

Dr. Jill 22:57

Oh, fantastic. I love those things. I mean, really, [it's the] same thing with me when I've gone through all kinds of difficulties in the last decades. Finding joy, finding friendships, playing, coloring—all these things are so powerful—[having that] connection—and we really need that. A couple of just random questions, first of all, [about] Julva®. So I want to talk about women [with] vaginal dryness. Often women after menopause—I hear this complaint all day long in my clinic—have vaginal dryness and low libido. I want to specifically highlight your product because I think it's so well formulated. Tell us about vaginal dryness—yes, perfect—and what you've got [for that] because I think this is such a great product; we have it in our store here and love it.

Dr. Anna Cabeza 23:40

Oh my gosh, thank you. Thank you for sharing it too. Julva® came about because, in 1999, I started compounding hormones for clients, especially my clients with breast cancer, to figure out what I could use safely for them. DHEA and testosterone both had really good research. When I closed my practice, my patients were like, "Dr. Ann, no one will give us your compound." So I committed to them. I was like, "Oh my gosh." Sometimes you don't know how on the edge you are or how tense you are until, like: "What? What do you mean?" No one knew how to compound. Anyway, I committed to my patients: "I'm going to come up with a formula that's even better than anything I could write on a prescription, safer, more effective, a clean product, and it's going to be less expensive." So that was my commitment to my patients. It took me three years and a lot of testing and I came up with Julva®. I had already known of the DHEA research. And plant stem cell research was really powerful in the early 2000s or even [around] 2010. It was just coming to the surface. So incorporating stem cells into skincare was important. I wanted a cosmetic. You don't have to put it in your vagina. I always say, "If it doesn't bring you pleasure, you don't have to put it in your vagina." So as far as suppositories and tablets and all those things, [they] can be a problem. They were for me. I had struggled with this issue and [with an] incontinence issue. So [it's made from] DHEA, plant stem cells, and then emu oil, coconut oil, and shea butter.

Dr. Jill 25:14

It's such a clean product. That's one thing I love about what you did because there are so many things out there that [do] work, but they are filled with parabens and things that are toxic and endocrine disruptors. Those things actually disrupt our own hormones. You mentioned this in your formulation, and because personally, I'm a breast cancer survivor now 21 years, so I've always had to be a little cautious with hormones. My history is that [there was] estrogen dominance—massive cortisol, massive estrogen. Well, now I'm more on the other side of that, and I've done the research. But what would you do with someone who has had breast cancer, especially maybe distant like me? Would you still avoid... ? I mean, obviously, we know [about what can affect] progesterone [levels]. I just love a little take on how you would treat someone because it's so common now. I'm sure a lot of women who have had breast cancer have come to you. What's safe to do?

Dr. Anna Cabeza 25:58

Well, I think that was a love of my practice, and I was a referral for a lot of clients that weren't being helped with breast cancer. So I was able to see clients as early as 1999 [who] followed through with compounding hormones until today, and I have seen them do really, really well. So I would say that in this instance, the research behind DHEA and breast cancer is very favorable—very favorable. In fact, it can have a protective effect. Each individual is different. I need to know where your hormones are going. So someone with a diagnosis of breast cancer, we're like, "Okay, well, with DHEA, with testosterone, even [with] progesterone and transdermal estrogen, we've got safety profiles." But each individual is different. So I would monitor—I feel very comfortable with using Julva®—inflammatory markers, and I would do the lifestyle, the keto-green, because what we know that's going to decrease risk more is being more insulin sensitive and keeping inflammation at bay.

Dr. Anna Cabeza 27:02

But research looking specifically at DHEA and breast allograft tissue showed a favorable effect and no increase in breast cancer, metastasis, morbidity, or mortality. In fact, it decreased morbidity. So I think that for me is so powerful because every woman deserves to have a life after breast cancer, not just be happy or alive, just waiting for the next shoe to drop. [If untreated], you can't have sex, you have dryness, you tear, you have incontinence issues, and the anal tissue becomes friable. The clitoris to anus—the most important real estate of our body and we have to take care of it. I think many women who have had GYN cancers aren't even... I mean, they've had hysterectomies for uterine cancer, for instance,

and they're not offered estrogen. Really, it's tragic. And the recent New York Times article that was published on the 1st of February was entitled "[Women Have Been] Misled About Menopause," and it was a really great review; I really recommend that. I did a YouTube video about that, and I always say we need to breeze through menopause and into the second spring of our lives, and the quality of our life matters—the quality of our life matters. So I felt safe producing this, and if someone is undergoing current treatment for breast cancer, [they should] talk to their oncologist. That's not the time to sway.

Dr. Anna Cabeza 28:33

Once your treatment is completed, you need to really look at what options improve your quality of life, but do it in a balanced way. I feel the same way about progesterone cream. Often a progesterone insufficiency or deficiency, or estrogen dominance, increases the risk of breast cancer, whether it's from hormones that we produced endogenously or probably like in your case, hormone mimickers, endocrine disruptors that affected your body's own natural ability—so using bioidentical progesterone [is recommended]. Many times over and over again, my patients would say, "Dr. Anna, I feel like a cloud has lifted." And I will tell you this from being in practice and seeing patients over 20 years, the patients that I diagnosed with breast cancer were either on synthetic hormones or on birth control pills for an extended amount of time or nothing—not the ones who were managed with bioidentical hormones.

Dr. Jill 29:31

This is such valuable information. I really, really agree on every point. Again, as a survivor, I've taken a special interest in this, so I think your cream is phenomenal. And again, you always want to check with the oncologist, like you said, after the treatment. What you said too is important; I will follow the actual metabolite. So we both look into what you're doing with these hormones because we can follow [the data and see] if you're making some nasty metabolites that are damaging to DNA. Then, we need to intervene and do what we can to help you metabolize them appropriately. That's part of the process. And I love that you bring light to that because one of the things 20 years ago that they did not talk about was quality of life. I remember, at 25 [years old], getting breast cancer and thinking, "Will I have fertility?" [and] all these different things. I literally went into premature menopause at [age] 25 for two years. After chemo, I thought my ovaries were done. Well, they kicked in, and I ended up cycling for another decade or so. But it was pretty crazy

because, at 25, I remember being in the car in the middle of winter and being like, "Turn on the air conditioner!" Like, it was so dramatic. And I realized in my 20s what these women, typically in their 50s, were experiencing. And I had such respect back then for menopause because I thought, "It's not for the lightweight," right? Like, it's serious business, and it was miserable. And I literally had every menopause symptom that you could mention for two years in my 20s. So I know what it's like; I do. And thank goodness my ovaries kicked back in somehow. They were able to revive themselves.

Dr. Jill 30:57

What great information! We did talk a lot about lifestyle or diet, and we just have a few minutes left. This is so core to what you do, and I know [about] your new cookbook, *MenuPause*. Tell us just a bit about a basic outline of a diet that's ideal for women in their 40s, 50s, and beyond.

Dr. Anna Cabeza 31:16

Yes. So for me and my client base, intermittent fasting is a must, [along with] breaking fast with a good keto-green meal. So high-quality protein, healthy fats, very low-carb, but the carbs we choose are like your sprouted vegetables, your cruciferous vegetables, your kimchi, and sauerkraut [and] fermented foods. So we want to make sure that we're always feeding the gut microbiome. But [with] a high-quality protein [source along with] healthy fats, you're not going to be hungry as your body gets used to this. No more snacking. Two or three meals a day, no more snacking, 13 to 16 hour fasting on a regular basis—eat dinner before seven. So that is more about pattern and lifestyle than it is about the actual food. The food we eat; for example, steak and vegetables, salmon and capers, and tomatoes. I love smoked salmon, capers, tomatoes, red onions, drizzled with olive oil, and a side of avocado. Those are keto-green meals, right? You're just leaving out the starches. That really does help with glucose control.

Dr. Anna Cabeza 32:28

And this was so interesting. A side note, Jill: When I started my *Magic Menopause Online Program*, that's my eight-week course, I started working with clients, and we wanted energy and weight management. What they were telling me over and over again was that their hot flashes were gone. I'm like, "Wait, I'm not giving you

hormones." I'm like, "How is it [that] your hot flashes are gone?" So I dug. I'm like, "Insulin must have something to do with it." I didn't know that, so I dug into the research, and absolutely, insulin resistance is a cause of unrelenting hot flashes. So once they create this insulin sensitivity, the hot flashes are gone. So I would say that's true for over 90% of people with unrelenting hot flashes. Then there's a portion, like: "We've just got to add some hormone in. We've just got to give you some hormone back, and that will make a difference." So those few things, I think, are part of it. So that's the keto-green lifestyle. And we have a free 10-day *Breeze Thru Menopause* the keto-green way, and that is our *Breeze Thru Menopause* Program. We'll give you the link for that.

Dr. Jill 33:32

Perfect. I also want to give the link to that YouTube [video] you did on the article in the New York Times. So we will be sure to share that if you guys want to hear more. So where can people find you, Dr. Anna? Where can they get your resources, all your great products and services, and your books?—Especially *The Hormone Fix*, which I think was the best seller. Tell us a little bit about where your products and services [are and] where we can find you.

Dr. Anna Cabeza 33:54

Yes, thank you. So my website is dranna.com, and I'm on social media: @thegirlfrienddoctor. You can get my books anywhere books are sold. There are book resource pages on my website. Come back to it because you just put in your book receipt number and we give you extra book bonuses that are just amazing.

Dr. Jill 34:18

Awesome. Thank you for all the work that you do in the world. And just a last bit of advice. [Thinking about] the menopausal woman out there who's discouraged, fighting with her husband, or whatever else is going on, what last bit of wisdom would you like to leave our audience with?

Dr. Anna Cabeza 34:31

Really it is that it's the pauses in our life where the magic lies. So whether it's menopause, whether it's whatever, it's the pauses in our lives. So I would say: Take a pause, take inventory. What's really important to you? And if it's not a "hell yes," it's a "hell no." And take just one next right step. There is hope to be better tomorrow. It doesn't matter how long you've been dealing with an illness; there is hope to be better tomorrow. So, I want to encourage everyone.

Dr. Jill 34:58

That was like 20 pearls in one; I love it! Thank you, thank you.

Dr. Anna Cabeza 35:02

Oh my God! You and I both, like we cannot like...

Dr. Jill 35:05

I know, I know, it's so good.

Dr. Anna Cabeza 35:06

I've got to tell you everything. I just want to share as much as possible with you. I want you better quicker, right? Like, that's our thing.

Dr. Jill 35:13

Absolutely. Anna, thank you for your platform, for all you do for the world, for all the love and light that you bring most of all, and for your beautiful family. You are a gift. And thank you again for your time today.

Dr. Anna Cabeza 35:25

My pleasure; thanks for having me, Jill.

Dr. Jill 35:27

You're welcome.