



Your Functional Medicine Expert®
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[#65: Dr. Jill Interviews Magdalena Wszelaki on Optimal Hormone Balance](#)

Dr. Jill 00:13

Hello everybody! Thank you for joining us again. I've been gone for just a bit. I was out in LA doing some photos for upcoming projects that we've got going on so stay tuned for that.

Dr. Jill 00:24

Just a little housekeeping before we get started: If you would like to read more on blog topics on hormones, aluminum, toxicity, mold, and Lyme disease—you name it—you can go to my website and the blog. Everything there is free. It's just JillCarnahan.com. If you haven't already signed up for my newsletter, you can do that as well in the top right corner. You can also find products that we sometimes mention at DrJillHealth.com. And, of course, those will be listed on the side for reference.

Dr. Jill 00:54

Today, though, I have an awesome guest. We have been in the same circles and friends for quite a few years. I'm so excited. We're both local Boulderites and it's funny that here we are locally in the same town, yet it's hard to see one another on a regular basis. So I count this as a treat to get to catch up with you in the public eye and just have a chat and talk about your new book, which I'm super excited about.

Dr. Jill 01:19

You guys, if you are struggling yourself, your loved one, your wife, your daughter, or your mother with hormone balance, we're going to talk about that today—everything you wanted to know about overcoming estrogen dominance. This is a huge topic that's getting more and more prevalent. And we'll talk about some of the reasons why we're seeing more and more of this than we ever have before. So stay tuned. I promise this will be enjoyable.

Dr. Jill 01:41

Let me introduce my guest. Magdalena is the founder of Hormones Balance, an online community dedicated to helping women rebalance their hormones naturally. Magdalena is a certified nutrition coach, herbalist, and published best-selling cookbook author. We'll be sure to give links to all of her products and books because they are fantastic. She is also a speaker and educator. She has a long history of hormonal challenges. So often, these things come from our own experiences. I'm no different. Her health crisis was the direct result of a highly stressful lifestyle and advertising, starting with Graves' and Hashimoto's autoimmune conditions that caused thyroid failure, adrenal issues, and estrogen dominance. And we'll probably touch on all those things today a little bit. Today she's in full remission, lives a symptom-free life, and teaches women how to find their sacred hormone balance with her books, online programs, and education. So welcome, Magdalena! Thank you for joining me.

Magdalena Wszelaki 02:34

Thank you so much for having me! It's always so delightful to see you.

Dr. Jill 02:38

[It's so delightful to see] you too. I love what you're doing. And as I always start with my interviews—in your bio, we had little bits and pieces of your journey—I'd love to hear a little bit about the story that led you here and your own personal experience.

Magdalena Wszelaki 02:53

Yes. We oftentimes tell a story from the time we were diagnosed with something. And definitely, a pivotal moment for me was in 2008, when I was diagnosed with Hashimoto's disease and I was in China. I felt like my life was falling apart and I wasn't recognizing myself in so many ways. But really, when I think about it, I've had a lot of stuff going on way earlier than that. Being not a breastfed baby, I ended up in the hospital with pneumonia in the first month and was already put on a bunch of antibiotics. I wasn't a breastfed baby because my mom bought into the 1970s spiel by milk companies that their milk was more nutritious than her own and she didn't want to have saggy boobies. So that was a 1970s thing and I'm not blaming her at all. It was just a thing.

Magdalena Wszelaki 03:48

So I always had a lot of allergies and eczema. I still remember as a kid [being] covered in eczema here [and having] a lot of food sensitivities, which later became adult acne. I was covered in acne in my 20s. It was all in my face but also on my

chest. I had acne on my back. I had acne on my butt. Not many women have cystic acne on their asses, but I did. I think the pivotal moment came when all the skin stuff was coming up. As a 20-year-old, it's one thing you want to do something about because it's so visually debilitating in a way. Especially [because] this is in the prime of your dating life and you want to look fabulous. I never even owned a shirt with an open back or front, God forbid. And I grew up in a tropical country, mind you, where you're in t-shirts all the time or in bikinis all the time. And I couldn't wear them because I was just too embarrassed.

Magdalena Wszelaki 04:49

So it was [by] a simple—I think Yahoo was the search back then—[search] that I discovered that gluten was potentially causing a problem. Then I eliminated gluten and it made a big difference. Not only did my skin clear but then my PMS got better and my migraines went away. I had such migraines that I couldn't even move my eyes and I'd be in a totally dark room. So many things were happening. When I'd see a doctor when I was in my 20s, they'd say I'm in perfect health. I was a super athlete. I was very good in school. But nobody questioned the fact that when I was in school, I would be absent for the first two days of my period because I was in a fetal position on the floor with two types of painkillers on each side of my bed. And my parents knew I wasn't trying to skip school because I was a good student. I actually liked school. But it was just because I was so debilitated. But we didn't talk about things like that back then.

Magdalena Wszelaki 05:48

Then, in my 30s, I'll never forget that my life was going really well. I started working more in the regional space because I grew up in Asia. From Malaysia, where I grew up and spent most of my life, I started traveling to Taiwan, Hong Kong, China, Indonesia, and Singapore. Suddenly, my life just became so international. I was so fascinated by that. It started defining me as a person. I was getting a lot of value and validation from it. I still remember driving with, at that time, my boyfriend, who was like this new big love of my life. We were sitting in a car, and I was like, "You know, I think I have these lumps on my breasts." We didn't have the amount of information we have today. This was like 20 years ago. So, the first thing you think about is that you've got cancer and all of that.

Magdalena Wszelaki 06:39

Fast forward to 2008; Hashimoto's was a real wake-up moment for me. When I realized, living in China, [being] in a stressful job with toxic clients working on their agenda... Living in China, where I had no control over the food, water, and air that I was inhaling; eating, drinking, and being constantly on the road, and this whole thing about being on flights and stuff. My friends used to call me and say, "I'm not going to ask you, 'How are you?' I'm going to ask you, 'Where the hell are you?'" It was so fun. And it was becoming apparent that you live on airport food, you live on hotel food, and you live on water in plastic bottles. You have very little quality time and air to inhale. So I think my body just started shutting down.

Magdalena Wszelaki 07:32

The mood swings became horrendous. I severely compromised a number of my relationships with colleagues and friends because of the mood swings I was getting. I didn't realize it was all part of estrogen dominance. My breast lumps came back, and the fatigue was so horrendous. Thyroid fatigue is a fatigue like no other. And that's when I quit my job and went to nutrition school. I moved to the United States and then I set up my own business—it was 12 years ago—to really start helping women with their hormonal stuff and share what I've learned. [It's] something that you can really reverse with a whole number of different things, [such as] nutrition and lifestyle choices. And never perceive hormones as a given, coming from the place of a victimhood but really take charge of things.

Dr. Jill 08:28

I love, love, love that you shared that, because I'm sure there are people listening who have gone through that. They're like: "Yes, that's me. What do I do?" [They have] heavy, painful periods, breast tenderness, etc. And really, it's so interesting, Magdalena. Why I'm so passionate about what you're doing and wanted to have you on is [because], as many of you know, I, at 25 years old, was diagnosed with aggressive breast cancer and this has everything to do with this topic. And what you would say is, "Oh, maybe there's this hormonal issue." Well, at the root, one of the things that we're going to talk about today is toxicity. Estrogen is a natural substance, but it needs to be detoxified by our liver and our detox system.

Dr. Jill 09:03

And now that I know my story better, I've looked into it as a detective. I grew up on a farm with lots of pesticides and chemicals. You talked about flying and planes

nowadays are often sprayed with pesticides. You get all that exposure. Then, if you're not eating organic and making choices there... And again, I'll let you go into this more, but just from my story, I realized that estrogen dominance came number one from genetics but number two from my exposures as a child. I even believe now [that for me] to have [had] aggressive breast cancer and formed a lump at 25, I probably had in-utero exposures from my mother to some of these chemicals. That started the process of these cells rapidly dividing because estrogen is a growth stimulator. What it'll do is cause these cells, especially breast tissue, to divide and grow.

Dr. Jill 09:47

So then that process of those cells aggressively dividing probably happened at 5, 10, or 15 years old and then developed into a full-blown cancer at 25. So this thing was way, way, way happening a lot earlier. And then you throw in—we'll talk briefly because there's a lot of different genetics around this—that if you don't detoxify in certain pathways, you're going to be more prone to the accumulation of estrogen, which is this estrogen dominance. It's so relevant. I don't want to take away from your story, but I want to just tell the listeners that my breast cancer was a direct result of estrogen dominance, and for many reasons.

Magdalena Wszelaki 10:19

So you had estrogen receptor-positive breast cancer?

Dr. Jill 10:22

Well, let me tell you, this is interesting. I was ER/PR negative, so estrogen receptor and progesterone receptor negative. HER-2/neu positive, which is kind of the kiss of death. I've said this before, but I was in a group of 12 women under the age of 40 in Chicago being treated. I'm the only one still living, so that's a testimony to the miracle of my life. But what's interesting [is that] if you think of ER/PR negative, you're like, "Oh, it's not estrogen receptor positive or progesterone receptor positive." But here's what happens: A normal breast cell has estrogen and progesterone receptors. As it gets more angry, more abnormal, and more aggressive, it loses the receptors. So this initially would have started out as estrogen receptor-positive, but because it was so aggressive and so abnormal, they actually lost their receptors. But it doesn't mean that estrogen wasn't the driver in the beginning.

Magdalena Wszelaki 11:10

Right. Just for total disclosure: I am your patient. One of the things that I remember [is that] when I came for my first visit with you, you looked at my genetics because I brought like a whole bunch of printouts. And you said to me, "Have you ever had breast cancer?" I remember thinking, "Wow!" And what I didn't connect—which is so silly I don't know how that happened—because you looked at my genetics when I walked out of your office, I realized: "Hold on a second. We have deaths of estrogenic cancer on both sides of my family."

Magdalena Wszelaki 11:50

In fact, we have an ongoing joke in our family saying that no woman in our family holds on to their uterus after 50. My father's sister just passed away eight months ago from uterine cancer. We have ovarian cancer and breast cancer on both sides of the family. So anyway, I'm 48 today and I'm very, very determined and pretty positive that I'm going to hold on to my uterus until 50 and beyond. And it's probably for the same reason as you. I'm highly predispositioned and yet I'm going to do everything I can for those genes not to get turned on.

Dr. Jill 12:24

I love it. And with the information that you're going to talk about today, this is one of those things that literally... I have no judgment on anyone who decides to have a prophylactic mastectomy. I understand the fear of cancer. So if you've done that [because] you have a high risk, more power to you because everybody has to make these choices. I have had breast cancer, the most aggressive form you could possibly have. I still actually have my own natural breasts. And a lot of people wouldn't; they would have had a prophylactic mastectomy. But I believe so strongly in the information we're going to talk about, in my own journey, and in the same pathway of the information you're bringing in your book—the fact that we do have control over some of these things.

Dr. Jill 13:03

Again, no judgment, because everybody has to have their own path. But I feel so strongly, even in the face of a cancer that should have taken my life, that I can still live in a way that I can have healthy breasts and not develop breast cancer later on. I have taken that risk. I had a lumpectomy. I had multiple surgeries; don't get me

wrong. I've got lots of scars. But even so, to me, that's a really big deal that I trust enough in what we're talking about—the information—that I didn't jump to a bilateral mastectomy because of that.

Magdalena Wszelaki 13:35

I think the other thing about mastectomies is the fact that you're not addressing the root cause of the problem. You can have your breasts removed but what about your uterus? What about your ovaries? Lung cancer in non-smokers is now one of those cancers that develops and can also be due to estrogen dominance.

Dr. Jill 13:55

Absolutely. And men. So if you're men listening or you're husbands or whatever and you're thinking, "This has only to do with women," no, no, no, no. A lot of the problems in men, the metabolic issues, are related to this high estrogen. It really does a terrible number on male hormones. So we clearly know your story. I was going to ask why you wrote the book. I'm assuming that's the main reason but is there any more you want to talk about why you wrote this book?

Magdalena Wszelaki 14:17

Predominantly, I started putting protocols together for myself just to see what the options are and how my body responds to them. I later realized that there are some things that my body doesn't respond to at all, like maybe quercetin or NAC. I'm not getting [any] benefit from them, but other women could. Then I started combining it with a lot of recipes because a lot of people go: "Okay, I understand you're talking about these 12 superfoods that help you detoxify you from estrogens—food for the liver, food for the gut." But then, "Do you have recipes?" So turning that into recipes was the second part of the project. So yes, it's definitely a place of passion, that's for sure.

Dr. Jill 15:01

It's funny; I do recipes on the website, but I am not a chef. I'm like an intuitive cook, so I don't use recipes. But I know you are so good in the kitchen. Let's talk first about three ways that women can take control of their hormone health. And then I want to talk about foods and things that we might have the opportunity to eat and change that could help us with hormones.

Magdalena Wszelaki 15:25

If I can just make a suggestion, do you think we could start off by talking about what are the symptoms of estrogen dominance?—because a lot of people [inaudible].

Dr. Jill 15:32

Yes, perfect. Yes, let's frame this. Yes, yes.

Magdalena Wszelaki 15:36

Because I've just touched on some of them but I didn't have all of them.

Dr. Jill 15:40

And I'm going to put a real carrot out. I just remembered we've got a giveaway of your book today! So we are going to give away a copy of this. You can actually go now; I'll remind you in a few minutes, and if you stay tuned towards the end, we'll ask a question about something we covered. If you give us the right answer, you'll be entered. The only thing you have to do is go to @DrJillCarnahan on Instagram and give me a follow there and then we'll ask later for your answer. If you answer here, I will contact you and announce the winner after we're done. Now this is only for the live audience so if you're watching this recorded on YouTube or the podcast, sorry, you're out of luck. But I'll tell you where you can find her book. Okay, so let's talk about symptoms of estrogen dominance.

Magdalena Wszelaki 16:24

Yes. So we talked a lot about the period stuff, right? But what a lot of women don't realize is that I think we are so conditioned to believe that just because you're a woman, you've got to have a painful period, you've got to be debilitated, and you've got to be biting off everybody's heads off the day or two before your period. I want to assure you that once your hormones are in balance and in check, especially when it comes to estrogen dominance, it doesn't have to be that way. Your period is going to come and go. Obviously, you're going to feel some changes, because that's inevitable. Your hormones are going through a bit of craziness, but it can be a pretty uneventful event.

Magdalena Wszelaki 17:00

So, absent periods, very heavy periods, sporadic periods—periods that just come and go whenever they want. Spotting in the middle of your cycle can be one form of estrogen dominance and that's when your progesterone might be low. And then, for

a lot of women with infertility, especially in the first trimester, estrogen dominance could play a big role in that. I can't tell you how many women have followed the protocols, and I don't work with fertility and pregnancy, but there are a lot of accidental pregnancies that have been [happening by] women [who] have given up on trying to get pregnant when they follow the protocols, rebalancing their estrogen dominance.

Magdalena Wszelaki 17:42

The one that I'm really very concerned about, just with the traditional medical treatment of it, is fibroids. So many women have fibroids. In fact, when I was researching for the book, 75% of African American women will have a fibroid at one point in their lives. For Caucasian women, it's just slightly lower at 65%. The usual treatments, unfortunately, oftentimes resort to a total hysterectomy and also some other procedures. The problem is that, most of the time, the fibroids are going to grow back.

Magdalena Wszelaki 18:21

Endometriosis, which is one of the most painful conditions that a young woman can experience, especially in her reproductive years, can be debilitating. I had a housemate who ended up having an induced menopause at age 28 just to manage her pain. She was a supermodel and she just couldn't function with endometriosis. It's completely reversible and completely manageable. So the cancers we talked about are estrogen receptor-positive breast cancer, ovarian [cancer], and uterine cancer. Thyroid cancer, interestingly and thyroid nodules can also be due to the excess estrogen in women.

Dr. Jill 19:00

Let me just pause really quickly to tell you something that will blow your mind if you're listening. You know that I just said [that I had] breast cancer at 25. Guess what? My sister, in the same environment [and with] the same mother, had thyroid cancer at 28. So again, there's no doubt in my mind that the chemical exposure—we call them endocrine disruptors, a long word for they cause an estrogen-like feeling for the body—[makes] the receptors feel like there's extra estrogen. There's no doubt it's connected. So I love that you mentioned that. I actually did not know. I knew there were endocrine disruptors that could relate to that, but not specifically estrogen dominance in both breast and thyroid cancer.

Magdalena Wszelaki 19:38

Yes, yes, totally. Lung cancer, like I mentioned, in non-smokers—one of the biggest reasons is estrogen dominance. But also, let's not forget that almost every woman in her life has a man in some way or form, whether it's a brother, partner, or husband. Prostate issues in men, including prostate cancer, can also be due to estrogen dominance. It's really quite fascinating.

Magdalena Wszelaki 20:04

There are a couple of different types of estrogen dominance. And if you tend to be low on progesterone, then things like hot flashes, having problems going to sleep, falling asleep, staying asleep, and certainly having a lot of anxiety attacks and mood swings can also be due to estrogen dominance. As you can see, it's a pretty long list that almost every woman in our lives in some way or another experiences estrogen dominance. Let me also not forget that hair loss is oftentimes due to thyroid issues or low thyroid function. However, mine was due to estrogen dominance. When I corrected that, my hair stopped falling out.

Magdalena Wszelaki 20:41

Let me also mention one more, melasma. Another thing is that a lot of women would start using a lot of whitening products, really damaging the surface of their skin and their dermis. And you can't really fix it. So the brown spotting around your chins above your lips, oftentimes around your eyes here, melasma, is very much fueled by estrogen dominance. Correct your estrogen dominance and the melasma will go away. Skincare stuff alone is not going to do all that magic.

Magdalena Wszelaki 21:17

I'm sure that I'm forgetting some other ones. Lumpy breasts and fibrocystic breasts are very painful breasts. We have women in our community who say that for two weeks out of the month, they can't even do any sports because it's like, "Ooh, don't touch my boobies." It's off-limits. Again, it doesn't have to be that way.

Dr. Jill 21:36

Yes. So you have covered such a gamma. And again, I don't think there's a woman listening who hasn't had either a sister, themselves, [their] mother or aunt who hasn't experienced some of these.

Magdalena Wszelaki 21:46

Headache. I'm in this Facebook group and they were just talking about botoxing and how many women are getting botox in order to deal with their migraines and headaches. Well, guess what? There are many reasons for headaches, but one of them could also be due to estrogen dominance—excess estrogens compared to progesterone—especially when you see your cycle changing before your period. When you're ovulating, you've got a migraine. Stop plotting that to see if hormones are causing your headaches and migraines.

Dr. Jill 22:18

Now, one other thing that's news to me but I've seen it a lot recently and I talk and write about it, is mast cell activation. I believe there's a component for estrogen dominance with that as well. So it's one more thing to add to the list that makes it worse when you have estrogen dominance. Okay, so let's talk about, first of all: How can women take control? And then let's go to solutions with food and herbs and things that you have.

Magdalena Wszelaki 22:39

Yes. So I think [there are] two big things: One is to address the estrogens that are coming from external sources and then look at the estrogens that your body is producing and how we break them down. So can I just maybe say the first thing? Let's not demonize estrogen because the term estrogen, I think, has two sides to it. One is that, yes, it's great as a term. So finally, we have something to put all these symptoms into. But, on the other hand, it also demonizes estrogen.

Magdalena Wszelaki 23:13

A lot of women get really freaked out when, for example, I talk about things like flaxseed. They say: "Well, there's so much estrogen in flaxseed. You're crazy. I am already estrogen dominant." So I just want to make sure that we understand that estrogen is absolutely necessary. You and I would not be sitting here today having this conversation, or you would not be listening to us talking and be cohesive about it if you didn't have sufficient estrogen.

Dr. Jill 23:37

Yes. It's really important for the brain.

Magdalena Wszelaki 23:39

For the brain. For memory. For women who are low on estrogen, what happens is that they walk into a room; it's like, "Where are my keys?" They break their bones.

Dr. Jill 23:47

That's one of the first things we do with dementia—[according to the] Bredesen protocol—or for early-onset Alzheimer's, [we consider] "What's your estrogen level?" because that's critical for brain function. And the first few questions [are]: Have you had hot flashes, night sweats, memory issues, or insomnia?—because those are all critical things.

Magdalena Wszelaki 24:02

Absolutely. So on the reverse, when you have sufficient estrogen, you don't have all of those, right? So I just want to make sure [to clarify] that the two things that're happening with estrogen dominance are how you break down the estrogens and the ratio of estrogen to progesterone. So we can maybe circle back to that later. But addressing the xenoestrogens, the external estrogens coming in from external sources, is a pretty easy thing to do. Being a lot more conscientious about the kind of skincare products you're using [is important], meaning going organic and going clean.

Magdalena Wszelaki 24:38

I've got a whole list of things to look out for in the book, but it doesn't have to be very complicated. Generally, if you see something advertised in a magazine on television, you can rest assured that this is a brand that is loaded with synthetic estrogens. You want to stay away from that as much as you can. Shop for skincare products, including perfumes, in health food stores. Use true essential oils. Anything that contains, for example, the word fragrance in it is a phthalate, which is a xenoestrogen. It's really harmful for the body. So that's one thing.

Magdalena Wszelaki 25:10

The other thing is, unfortunately, a lot of the meats come from what we call conventionally raised animals, which I think is just an absolutely awful name for conventionally grown. It's like: What does it tell us about our humanity? But if you have a budget, just reduce the amount of meat you are eating. But make sure you're

getting it from farmed animals from a true farm that comes from your neighborhood, if possible, somewhere near you that has been grass-fed and grass-finished. Those are some of the better options that we can really choose for ourselves. Eating organic food—

Dr. Jill 25:48

[inaudible] see people react to the food that their food ate. For example, if you have a cow that's fed conventional corn that has Roundup, glyphosate, and residues on it, you can actually see a patient react to the corn, the additives to the corn, or the residues on the corn from the beef that they're eating. So this is very relevant, not only from a toxic load standpoint, from a glyphosate/Roundup standpoint, but also if you have a corn or grain allergy. There are so many reasons.

Dr. Jill 26:14

And with the estrogen dominance, I totally agree with you. It's actually hard to find grass-fed, grass-finished. I always say—you've probably said this before too—do we want to pay the hospital or the farmer? Eventually, you're going to pay one way or the other. I find [that having a] premium on food is so worth it [in the] long term. And you can pick and choose. Like you said, there are some things you want to do organically for sure and some that don't matter so much.

Magdalena Wszelaki 26:36

Yes, absolutely. And let's also not forget that animals are given growth hormones and antibiotics. To think that that doesn't get passed on to us is pretty naive. With organic food, there's a list in my book or you can also find it on the EWG website—the Environmental Working Group—the "Dirty Dozen" and the "Clean 15" of what's really [inaudible] organic. All of that can really make a very big difference and offload the toxic load right away.

Magdalena Wszelaki 27:06

I just want to mention perfume and air fresheners. It's something that I think as we start traveling a little bit more now, countries are opening up, we're going to be getting into more transportation and such. One of the things that drives me crazy is getting into a Lyft or Uber if there's an air freshener. I just feel bad for the guy or the girl who's driving. And then I'll say to them: "Look, I'm allergic. Can you please remove this?" Please, please, please, if you ever use any air fresheners other than

[those] containing essential oils, chuck away that stuff. Don't even give it to anyone, because that stuff is really toxic.

Dr. Jill 27:44

I just want to comment because 80% of our environmental toxic load is our air quality. So this really matters, guys, if you're listening. I can't tell you how many people I walk into the car... The plugins—don't use them. You can just drip essential oil into a warmer. You can use a diffuser. Essential oils are amazing. They're super safe. So I totally agree. That's a pet peeve of mine too so I wanted to mention it.

Magdalena Wszelaki 28:07

Only essential oils. I also say [to] look out for perfumes. A lot of women find it very hard when they clean up their lives to give up their High Street—without naming any specific brands, but anything that you see in the big stores and airports, etc. Unfortunately, these brands are loaded with... And where do we spray them? Think about it. You spray it here. You spray it right here. And guess what? This is your thyroid. This is where you put your progesterone and all your hormone creams go here. Why? Quick absorption.

Dr. Jill 28:37

Highly absorbable. I just want to say [something about] another really quick incident. After the breast cancer, I realized all of these things. I cleaned up and [now] only use essential oils for perfumes. There are some great brands, like you said, [in] health food stores online. But usually, the health food stores tend to... I won't name any names. You guys know where to find them.

Dr. Jill 28:52

But what I was going to say is that I did that for years. And just in the last couple of years, I had a couple of designer perfumes and I got a gift. I was like: "I'm fine. I can start trying this." And I actually measure things frequently on myself. I measured my phthalates in the urine. Guess what? All of a sudden, [it was] like 10 times [above] normal after a year or so. And the same thing; I was trying to get them.

Dr. Jill 29:11

So if you must use your designer perfume, at least spray your clothing, not your skin. I just think that's so practical. So then I retested after stopping and it went

down. So for me, I was like: "Wow, this is so true. I have this astronomical level that went up after a year." And it's not even daily for me. It might be on the weekend once or twice. So it really does make a difference.

Magdalena Wszelaki 29:31

Yes. Also, the good news about phthalates is that they do come out of the body pretty quickly. So that's that. As long as you do it once in a while and then back off... But really, there are so many beautiful essential oil manufacturers now and designers who design beautiful perfumes that it's just becoming easier and easier. So that's what we do externally. Cleaning products are another one. I've got a lot of really great recipes in the book.

Dr. Jill 29:54

Someone asked about hair dye. Any comments on hair dye? And they're asking about testing, but we'll go to that next.

Magdalena Wszelaki 30:01

Yes. I think hair dye is a bit of a tricky one because so many women just can't live without it. If you've got dark hair, I think Hairprint is a super safe and clean brand. But I think we pick our battles. If it's really important to you and you've cut out all the other toxins out of your life to the best of your ability... We dye our hair every three to four months. I think that's still a little bit more acceptable unless you have a severe allergy.

Dr. Jill 30:29

I agree. We could live perfectly, but we always have to make choices and it depends on what matters to you, so I couldn't agree more. So testing—let's talk a little about testing and then we'll go to treatments.

Magdalena Wszelaki 30:43

Do you want to take on the testing part?—because you are the goddess of that.

Dr. Jill 30:49

Sure, sure. Testing can be done in multiple different ways. So if someone asks about blood testing, yes, we can do serum labs through any typical Labcorp, Quest, or hospital lab. And often I do those because they're easy to do through insurance. We can get a set point in time. I'll do morning cortisol, DHEAS—that's the one that is

measurable in the blood—and estradiol. You can check estrone and estriol, which are the other two forms of estrogen. Estrone tends to be predominant postmenopausal, estradiol through most of our reproductive life and estriol is more prominent in pregnancy and tends to be the end-of-the-line caboose. So it's a little safer form. If someone who's had breast cancer needs a replacement form vaginally, that tends to be a really safe form to use. You can also check free and total testosterone and then progesterone.

Dr. Jill 31:40

Now, you can also check some of the way-up precursors. I always check cholesterol. Cholesterol is way up high in the chain. So guess what? If you have some risk of heart disease or, for some reason, your doctor puts you on a statin and your total cholesterol goes down to 120 or your LDL goes down to 60, you're not going to make hormones very well. Sometimes people have to take that risk because they've had a heart attack, [which is] totally appropriate. But you do have to balance [things] because lowering that cholesterol too low will massively affect hormone production. So I check lipids. Pregnenalone, you can check in the blood as well. So blood is one way.

Dr. Jill 32:16

Now, a couple of things about blood: If you're using transdermal hormones or some form that's going through your skin—I'll let you talk about this too, Magdalena—it's definitely one of the most natural ways to get it into your body, the most physiologic. Versus [with] oral, we have to give higher doses; it affects the liver [and] first-pass metabolism, and there's a little bit more risk of toxicity in the oral form. So I always try to start with transdermal forms. When you're doing transdermal, you won't see the rise in the blood. It kind of bypasses the blood. Sometimes you'll see a little bit, but if someone is on transdermal [hormones] and you want to measure, you might not catch that they're too high.

Dr. Jill 32:50

The other forms that I prefer are urine and saliva. Saliva used to be my go-to. I still love it, but I actually now prefer the urine test. There's no paid promo here but the primary one that I use is the DUTCH hormone [test] through Precision Analytical. You can ask your doctor about that. What I like is that it does all the metabolites so we can literally map out what you're doing with your hormones. And one of the

things we like to see is 4-hydroxy estrogens, which are super bad damagers of the DNA. They're the most aggressive.

Dr. Jill 33:22

For years, even after my cancer, I had very high 4-hydroxy levels. We'll talk about some ways to bring that down. This is getting a little biochemical, but in case you're interested, that 4-hydroxy goes—with methylation and another gene called COMT—to 2-hydroxy. You make 4-hydroxy, but you [also] want to make sure you're going through the full cycle to get it to a detoxable form, which is more of that 2-hydroxy. So 2-hydroxy tends to be protective; 4-hydroxy, if it stays there and gets blocked from converting, is not so good. And the DUTCH hormone [test] I like because it tests all of these levels and we can see what's happening.

Magdalena Wszelaki 33:59

Yes, totally. I also like the fact that they have melatonin on it too now. So a lot of women have [inaudible].

Dr. Jill 34:03

B6, B12, glutathione, melatonin, and then two markers that are related to dopamine and norepinephrine. So you get this other little mini-test in your urine. The way that's done is [by using] strips of paper that you pee on at certain times of the day. It's so easy. You dry the strips and send the whole package. It's like an envelope size so it makes it really easy too. And if you're doing that, your doctor should tell you, but most of the time we're testing during the luteal phase, which is around days 19, 20, or 21 of your cycle. If you have shorter cycles, you can move that up a little bit. So treatment, let's talk about it. What do we do about—

Magdalena Wszelaki 34:37

Yes, let's talk about treatment. So you know how we talked about estrogens that are coming from the outside, but let's talk about how we can help the body break down estrogens a little bit more efficiently. I feel like this is part of the reason why I wrote the book because I was angry, like, "Why are we not talking about it?" Angry in a good way. Anger with good energy that pushes or propels you in a good direction. One of the biggest discoveries 10 years ago when I was diagnosed with estrogen dominance was, "Why is nobody talking about the fact that the liver plays such a vital role in helping us to break down estrogens?" So there are some really wonderful things that we can do to support our livers.

Magdalena Wszelaki 35:17

The first thing is that, as herbalists, something we always say in herbalism is that the liver loves bitters. So think of adding any foods that have bitter qualities. They can be digestive bitters like those you buy in a health food store that you drip into your mouth. It can be quite potent. They're built to be very bitter, and your liver is going to respond to that beautifully. But you can also be a little bit more gentle and start incorporating a lot of vegetables that have bitter qualities.

Magdalena Wszelaki 35:55

Some of my absolute favorites would be things like arugula. So toss away that goddamn lettuce. Lettuce is full of water. It's nutritionally really weak. It doesn't taste like much so we tend to put a lot of dressings into it and overload that with sugar. So consider doing arugula. Kale has bitter qualities to it. If you can add dandelion leaves to your salad, you don't have to eat the dandelion, but just chopping it up and adding it to a salad is a great addition. Radishes and turnips. We are right now in spring. Radishes are all coming up now. They're beautiful and fresh. Just having them, chopping them up and putting them into a salad, or having them on the side of your plate with your whole dish, sprinkling them with just a little bit of salt, and having some good quality olive oil—that's all you need to incorporate. So those are some really simple foods.

Magdalena Wszelaki 36:59

If you love herbs per se, digestive bitters, like I said, are wonderful. Especially those that contain things like—brewed or crude—dandelion root, artichoke, [which] is just wonderful, and Andrographis, which has gotten a lot of popularity because of COVID. Andrographis, in India, is called the mother of all bitters. And it truly is a dirty bitter. It's a pretty disgusting bitter. You know when you get a foot massage, when they do it, it's like, 'Ahhh!' but then you feel so amazing afterward? I feel like [with] Andrographis, the benefit comes later but not while doing it. Having them in the form of teas or infusions [is another option]. For example, if you walk into a health food store, most of them now have some kind of liver support tea. So just having that before or after a meal can really be wonderful.

Magdalena Wszelaki 37:56

When I say supporting the liver and really the mechanism behind it, there are a couple of things. When you introduce any bitter quality to the body, the first thing that happens is that you start salivating a lot more. Saliva contains enzymes. That's the first line of breaking down the carbohydrates in the food. Then, as it comes down, your stomach starts producing a lot more digestive juices, which is what you want because your food is going to be broken down. Your body is going to be able to extract a lot more nutrients from the food you're eating. Then the pancreas and your small intestine are going to start producing a lot of different enzymes to break the food down even further.

Magdalena Wszelaki 38:39

And then the bile gets produced significantly when you introduce bitters. And there's significance. A lot of people know bile as something that helps us emulsify and digest fats. For those of you who [have] had your gallbladder removed, you may know this: You've got to have other support and be really careful how much fat you're consuming because otherwise you're going to have the runs. What's fascinating is that bitters can stimulate bowel production. So it's not just for emulsifying fats. And to your point about cholesterol, how necessary it is for us to really be able to utilize that. But what a lot of people don't realize is that bile also binds up those dirty estrogens that we want them to be bound up, and then it goes to the liver.

Magdalena Wszelaki 39:31

In the liver, you have a number of different pathways. And guess what? Your methylation pathway, salivation pathway, and glucuronidation pathway are all responsible for clearing you of estrogens. So think of it this way: Imagine you're standing on the side of a flowing river and there's a bank right in the middle of it. Then you see that the bank separates the stream to a clean stream and a dirty stream. That's exactly what happens with our hormones, except that the bank is the liver. So the liver is going to help you separate them out to clean estrogens, which is what gives you that sharp mind, great strong bones, nice quality skin, good sleep, etc. And then [there are] the dirty estrogens, which are causing a lot of the symptoms we talked about. So just doing that for your liver can be profoundly changing. And I'll just mention one more thing. Externally, I love doing castor oil packs on the liver as well, sleeping with them not for an hour or two here and there

but actually sleeping with them. I think that is just so much help that you can bring into your body right away.

Dr. Jill 40:36

I'm a huge fan of castor oil too. Coffee enemas and castor oil. I'm the one MD who will talk about it. You guys have heard me. The other thing I thought as you were talking—you probably know if you've listened to me do these interviews, because a lot of you have Lyme and mold and some very complex illnesses, mast cell activation—what's very interesting is that what we're talking about here is detoxification, and estrogens go through the body like a drug or chemical. It's the same path as mold; it's the same path as other toxic chemicals. So it may be confusing because, like: "Well, estrogen's good. Why is it in this pathway that's a bad pathway?" It's not a bad pathway, but our body treats it the same as a toxin. And that's why if it's excessive... So if you're toxically overloaded from mold—that's a whole other topic, but just briefly—that increases an enzyme called aromatase, which makes more estrogens out of your precursors. So you're going to be—I would say almost guaranteed if you've had significant mold exposure—estrogen dominant. That's part of the picture.

Dr. Jill 41:33

And we detoxify mold with bitters, with binders, with the support of what Magdalena talked about—these phases in the liver phase II, which is sulfation, glucuronidation, all these fancy names. And there are a few nutrients, like DIM and calcium D-glucarate that help aid those processes. So the neat thing is if you are focused on detox for some other reason—besides getting your bath and body products clean—you're going to be treating excess estrogen as well. So when we go through detoxification in general, we're also usually addressing estrogen as long as we're taking care of the liver, the bile, and all these things we're talking about.

Magdalena Wszelaki 42:09

One thing I just want to mention, because I forgot to say when we talked about symptoms, is that estrogen and bile in the gallbladder have a really interesting relationship where estrogen dominance can cause the hardening of the bile, causing the buildup of gallstones. So estrogen dominance could result... There could be a lot of other reasons, including food sensitivities and maybe some genetic component, but estrogen dominance can contribute to a person losing a

gallbladder. However, you can also have someone who never had estrogen dominance, has had a gallbladder removed, and then develops estrogen dominance six months or one year later.

Magdalena Wszelaki 42:50

I posted once about that, and we had so many women come on and say: "I can't believe this. I never connected the dots that after my gallbladder was removed, that's when I started having really fibrocystic breasts." So again, it's because the bile is just not as widely available anymore for it to bind up those estrogens. And probably combined with poor gut health and [inaudible].

Dr. Jill 43:12

Yes, exactly. We've got just a few minutes left, but if you're still listening, I want to give you an opportunity to win Magdalena's book. Here's what you're going to do, I'm going to make it really simple—I just thought through this and I'm like, "Let's make this simple"—I want you to go to Instagram, and it's @DrJillCarnahan. You need to follow me there and send me a message with "Overcoming estrogen dominance" in the subject [line]. It's that simple. You don't need to answer a question. You just need to follow instructions. "Overcoming estrogen dominance" in the subject line. We'll keep this open for 24 hours and I'll pick a winner and I'll contact you and we will ship you the book free of charge as long as you're within the U.S. So go to Instagram and follow me there. Put a message; you can private message me. We'll go through those. We'll pick a winner and you'll get a copy of the book. So if you'd like to do that, it's super simple—"Overcoming estrogen dominance" in the title.

Dr. Jill 43:59

Okay. So in our last couple of minutes here, we've talked a little bit about treatments, anything else you'd recommend, maybe even lifestyle things? We talked about chemicals and stuff. What else are we missing that's important here?

Magdalena Wszelaki 44:11

Speaking of lifestyle, I think sleep is something that is hugely underestimated and it can sometimes be very frustrating because we can have low progesterone that's causing sleeplessness. There are a lot of other reasons that women have sleeping problems, but if progesterone is one of the reasons, then we're not sleeping and

then it makes estrogen dominance worse. So I have a whole chapter dedicated to sleep in the book. And I would encourage anyone, whether it's through my book, whether it's through your resources or anywhere else, to really get to the bottom of it and figure out: Is it a magnesium deficiency? [Is it] your progesterone? Is it the blue light that you are looking at? Is it alcohol you're drinking? Is it the coffee that you're having too late in the day? [Figure out] whatever the reason is why you're not sleeping.

Magdalena Wszelaki 44:59

I don't know about you, but ever since I turned 45, my sleep has never been the same. I'm a lot more sensitive to things, especially blue light and alcohol, [which] I find is what kills my sleep. I use the Oura ring to help me manage and monitor my sleep. And my deep sleep is down in the ditch when I look at the screen and drink alcohol. But that's my thing. So really, figuring out that part of the puzzle is going to be so hugely transformative. I just finished reading *Why We Sleep* by Matthew Walker.

Dr. Jill 45:32

Yes, great book!

Magdalena Wszelaki 45:34

It's a fascinating and scary book all at the same time. But yes, by fixing that, I think a lot of our ladies are going to [inaudible].

Dr. Jill 45:41

I love it. And I love what you said. I want to encourage you guys: Be a detective in your own health. That's what I'm always doing: Trying to hack my health and figure out what is causing what. So whether you get an Oura ring or whether you get a Fitbit or Apple Watch or something that tracks your sleep, I think that's a great first step. Literally, if I do my PEMF mat or if I drink coffee too late, I can see the exact result of that night's sleep. And it's such good feedback because then you can try something different the next night. And I just encourage you: Everybody is different so look and see what things are affecting you and then try to make some changes and see if it affects the outcome. [With] sleep, I couldn't agree more. If there's one thing that's foundational to overall health, probably the number one thing I would say is sleep. So I totally agree.

Dr. Jill 46:24

So I know you've got programs. I want to know: Where can people find you? What else do you have for resources? Obviously, [there is] your book. Tell us about where we can find more information on the book on your [inaudible].

Magdalena Wszelaki 46:34

Sure. So *Overcoming Estrogen Dominance* is now available on Amazon if you're in the US. If you're overseas, go to OvercomingEstrogenDominance.com. We do ship it internationally. It is expensive, but you get the book. So sometimes that's what matters. I think the easiest thing is Instagram: @HormoneBalance. On Facebook, it's hormones with an 's', Hormones Balance. So if you just look up my name, you will find us there.

Dr. Jill 47:02

Awesome. What a pleasure to talk to you, Magdalena! I love what you're doing for the world, and thank you for bringing us great information. If you're watching this on any of the platforms, you will see the links down below for her website, for the book, and for *Overcoming Estrogen [Dominance]*.

Dr. Jill 47:16

And don't forget, if you didn't private message me on Instagram and follow, you get an opportunity to win a copy of her book in the next 24 hours. So please go there and do that. And we will see you all very soon. Thanks again, Magdalena.

Magdalena Wszelaki 47:30

Thanks so much for having me.