

Ep 95 Esther Blum

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SPEAKERS

Esther Blum, Leah Brueggemann



Leah Brueggemann 00:02

Hey ladies, welcome back to another episode. So we have Esther Blum on, and we're talking about the question that I get asked about a lot. And I feel like not everybody takes me seriously when I talk about this because they're like, you're not even know, the science is still there. But we're going to be talking about menopause because you just came out with a book called See Ya Later, Ovulater! which is like, my favorite title ever. But maybe that's because I'm reading little kid books all the time. And like, see you later alligator things going on. So tell me a little bit about yourself. Like what made you enter like the integrative dietitian world, you know, instead of just going the conventional route, like let's talk a little bit about what got you where you are today.



Esther Blum 00:51

I started out the first five years of my career in hospitals like most dieticians, right, I had to have my Bachelor's I had my masters, I was like, ready to change the world. I had worked at WIC for a year between college and grad school.



Leah Brueggemann 01:08

Wow.



Esther Blum 01:09

And yeah, and did their ran their nutrition program at Boston City Hospital, and then went to grad school got and worked at Beth Israel Hospital in New York City, which let me tell you what an amazing time in my life, it was so much fun. It was definitely really intense training as a dietitian, you know, we were doing TPN and PPN, which for those of you don't know, it's like feeding someone through your veins. Yeah, you know, I used to joke with steak and potatoes or feeding people through stomach tubes or, you know, or treating people who, you know, had

heart attacks, and then you had 5 to 10 minutes to give them diet instruction. When you were never going to see them again, they had no accountability, no follow up. And by the way, like, they're still totally in shock, because they had had a heart attack. They often had, you know, a cardiac catheterization, they had stents, they had bypass surgery. So really, their mind is not on diet, not for 10 minutes of instructions with a handout. So when I really didn't even like the hospital handouts, so I sort of just made up my own, which weren't really approved by the hospital, but I just was like, I cannot give these crappy as handouts out to people. They're shameful. And, you know, in hospitals, it's supposed to be we used to joke that it's no place for sick patients, like, I mean, you're getting jello and ginger ale. And like, postoperatively, you should be getting like bone broth, and, you know, some steak and vegetables. So, you know, and doctors really did not take me seriously at all. I think they were like, Oh, you're pretty and you're nice. And, you know, but they they really didn't respect or the majority did not respect to really take my work seriously. So my mom had a dinner party. And she had some friends over and one of them was really into fitness and nutrition and was like, What do you know about vitamins and minerals? And I was like, after two degrees in nutrition, absolutely nothing. Because when I took my course, in grad school for vite, called vitamins and minerals, the professor was like, everything you need you get from food, and I was like, You have got to be kidding me. So she was like, you know, I go to this great personal trainer, and she's a nutritionist, and she's taking this really cool functional medicine course. And talk about the universe, right? So my grandfather had given me a check for \$2,000 towards my grad school loans. And wouldn't you know, the exact cost of this course was \$2,000. And I was like, Papi, Can I Can I please parlay this money into continuing ed, he was like, go for it. So I took the course it was like a four month long course, with the founders of designs for health.



Leah Brueggemann 04:03

No way!



Esther Blum 04:04

Yeah, Linda Lizotte and Robert Crayhon, both of whom have passed, which is like heartbreaking. But they really taught me and I sat for the CNS exam, and, and worked and left the hospital work for a functional medicine doctor and just never looked back. And it really opened my own practice and went from there, but it was really, I loved the clinical experience I had, I think it makes me a really strong solid practitioners are confident in looking at lab results and understanding. You know, you can't treat really healthy people until you know how to treat really sick ones. It's kind of my motto.



Leah Brueggemann 04:42

That's true. Yeah. So one one of our good friends are the founder of the seed cycling company we work with is a registered dietician. And then she went on same as you to become an integrative dietitian and she says the same thing. She's like, you know, you think you should know all this stuff about food. But you know, it comes from a very filtered lens when you're learning in school, and then when you want to come out of that, you know and look at health

more as a more as a whole and be like, Okay, well, why are people shooting this down when it seems to be working for people? Oh, that's because this isn't making anybody any money because it's, you know,

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Esther Blum 05:25

That's right, the dietetic, here's the secret shame of all dieticians or any dietitian with a conscience is that the Dietetic Association is in bed with big food. I mean, they take corporate sponsorships from Coca Cola. So why are we taking our nutrition guidelines from Dietetic Association there's is there's no money to be made in selling fresh produce and farm and farmers markets.



Leah Brueggemann 05:53

It's sad because like there are so there's so many good dieticians out there, like yourself. And then there's also a lot of not great, you know, in in all fields, and it's and it's hard, because then, you know, the good ones get a bad rep going into it. Because I think a lot of women automatically assume that if they're going to a dietitian, they're in bed with big food and yeah, and all that, which is not the case for everyone.

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Esther Blum 06:24

Yeah absolutely. And, you know, I was very frowned upon by dietitians like once I went the functional medicine route, I was definitely the black sheep at meetings, like when meeting, you know, it was for like nutrition entrepreneurs, right. And they were like the leaders had gone, we were all sitting in circles to go around the room and talk about how you treat diabetic patients. And so like, I started talking about supplements, right? And the room just got really quiet. And this woman next to me, she whispered, she goes, we don't talk about that here. What do you how can you take money from supplements and I said, how are you getting people better on a diabetic diet like I can't do it without, you know, when someone comes to me with out of control sugars, the quickest way to do it is you know, with some trace minerals, which big deal, like some chromium and Jim Nima and give him some omega threes, my goodness, like, yeah, it's not a crime against humanity. But it's really it was a fascinating journey, which I have a rule breaker. So that really just fed right into my fire.



Leah Brueggemann 07:31

Like, I will continue. So okay, so then we went from that to working on writing your book about women going through menopause. So what what got us there?

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Esther Blum 07:45

Oh, so this is actually my fifth book. I wrote I came out with Eat, Drink, and Be Gorgeous back in 2007, which was really here I can show you it's like the sex and the city guide to good nutrition. So there's a girl in a martini glass on the cover, right hot pink, and then I wrote to, uh, 2 follow

up companion books to this. And then I wrote *Cave Women Don't Get Fat*, which is a paleo diet book for women. And then, you know, here we are in menopause. And so the reason I wrote this one is a you know, I'm 52 myself. So I am right there alongside with women. But be you know, this is just my, my clients have grown with me. I've been practice, you know, 27 plus years. And, you know, women more and more women are coming to coming to me in menopause. I was treated menopausal women, but it just it grew. Why? Because 6000 women go through menopause every day. There's gonna be 1.2 billion women in menopause by 2030. And medical schools don't teach it. Residency barely teaches it and women, myself included, go to the GYN with problems right with ovarian cysts that are rupturing with hot flashes with fibroids hemorrhagic bleeding, depression and anxiety, insomnia, weight gain, vaginal dryness. And their doctor says, Well, you can either go on a birth control pill or the IUD, or just like take it out just have a hysterectomy. Or, you know, the last option women are given is to just go home and wait it out or they're like, well, it's just menopause. And, you know, you ask older generations of women like hey, how did you treat your menopause and like, I don't know, we just did you know, they weren't given solutions either. So I was like, Well, damn it. I have a platform and a voice, I'm going to be an advocate for these women and teach them how to advocate. So I really was like, let me just open up the kimono of my practice and tell women, what tests they need, what diet and supplements, what they need, what lifestyle adjustments they need, and how to advocate for themselves in practice, and back of the book has, you know, 20 pages of research studies to support everything that I discussed, so that women can feel really safe and confident in their choices if they want to, for example, bring in hormones or talk about alternatives to just the pill.



Leah Brueggemann 10:35

Yeah, we talk about that a lot on here. So I think that it's so interesting that you brought up women like our older generations, and asking them how they went through menopause. And so I just think this is such an interesting like, side note, because women are a giver, giver giver, giver, givers, you know, and then when they go through menopause, you know, the ovaries aren't producing that progesterone anymore. adrenals are tanked, they have nothing left to give you when it comes to progesterone. And now they have to like, give that to you post menopause. And I think our food system has just gotten worse and worse and worse. And you can pass on those adrenal issues. Like, from mom to daughter to granddaughter, I think is the study three generations? Is that what they studied? I know they studied this with women in Holocaust. And so I also wonder, too, if maybe it just wasn't as bad for them. Back then, because the food system wasn't so depleted. So they were getting more nutrients than our current state, which is pretty sad. But



Esther Blum 11:54

Yes, and the stress level was so different. I mean, you just you didn't work on the weekends, you didn't work at night, you unless you were like a nightshift nurse or something.



Leah Brueggemann 12:06

You didn't have social media.

E

Esther Blum 12:07

You didn't have social media. And yes, I mean, I mean, my mom, you know, I was one of three kids. And I watched her drive a million hours of carpool and come home and cook and you know, kind of run the house. But when she was dead, you know, in the evenings and weekends, it was just hanging out. It was relaxed, and there's no there's not enough relax in our lives.



Leah Brueggemann 12:29

Yeah, that's so true. So how can women go through menopause like a rock star? What what are some first things they can start to do?

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Esther Blum 12:39

Yeah, so first and foremost, you want to start by optimizing your diet, this is a time in life when you are the most at risk for losing muscle mass, because your hormones are declining. And when you and women don't realize testosterone is actually the dominant hormone in our bodies, testosterone aromatize is or converts to estrogen. So when we lose testosterone and estrogen and progesterone, our body composition and our muscle mass really declines. So you can offset this however, by optimizing your protein intake to the tune of one gram per pound of your ideal body weight if you're overweight, right, or, if you're happy with your weight, one pound, one gram per pound of your current weight. So for most women, this averages out to four to six ounces of protein three to four times a day. So that's, and people are like, that's a lot of protein it is and it can be harder to reach your protein needs. But you know, the average woman I see has the protein intake of a dialysis patient in the hospital, they're eating like 60 grams, maybe 80 grams, and I'm like, get it up over 100 Please, if you value your bones and your muscles and not turning into just a pile of flab you've really got to optimize. You also need to lift weights, if you're gonna, you know do some strength training and not just like three pound weights, you really have to get into heavier weights above 10 pounds. But start somewhere start you know light and build yourself up to heavy you also want to make sure that your protein outweighs your carbs. So let's say you know and you should track your check your food on a on a logging app for three days, right? A lot of women their ratios are flip their carbohydrate intake is way higher than their protein intake. And when you flip those ratios, let's say you track and you see you're eating 100 grams of protein and like 150 grams of carbs. If you flip those ratios, even if you got 120 130 grams of protein, 100 grams of carbs, you're gonna actually really control your insulin levels prevent that meno-pot from showing up and really have far better at energy throughout the day, you won't crash at 3pm and feel sluggish. And you also want to make sure you save those carbs for night. Okay, we're much more insulin sensitive in the evenings. But also nighttime carbs really help women sleep and women freak out when they say that because by now they've been on 20 diets. They're like looking towards keto to you know, fix everything. Keto is great for women for about three months, and then the adrenals and the thyroid get real unhappy. And so I really recommend you know, you just save your carbs for at night, it will really help your sleeps because sleep often takes a nosedive in perimenopause and menopause with that progesterone decline. So eating carbs at night, that's something that you can, if you follow those three, I call them my meno laws for fat loss. Like, already, you're setting your body up to do so much better you're supporting those adrenals. To

they can eke out as many hormones as possible, you're feel less irritable, you're gonna control your hot flashes, because your blood sugar is going to be optimized. So and you will prevent, you know, all that sudden weight gain as well.



Leah Brueggemann 16:09

Blood sugar, I feel like every single guest we have on here we talk at some point about blood sugar, because I just don't think you can have optimized hormones or optimized health without having balanced blood sugar, it's literally impossible. And this also brings back your point of the supplements that you had when you were at the meetings or even just with doctors because on social media, I think that glucose monitors and blood sugar has been getting a little bit more attention, which I really, really like. And I see a lot of popular social media Doc's which I mean, they're on social media, it's not medical advice or anything like that. But they have big platforms. And they're over here, like your body is meant to spike blood sugar and bring it back down. Unless you're a diabetic, like stop letting this fear mongering about keeping your blood sugar stable, get in your head, and I'm like, Wait, where did you learn that? Because of course, you need to keep it stable. So I just love that you brought that up. And I think that's just, I mean, just adding in more protein is such a simple hack. But if you're really low, that can be hard, I guess.



Esther Blum 17:30

Yeah, yes. And you know, even if people are like, Ah, I can't do all that like just start with your breakfast, you will feel different the entire rest of the day. If you go from eating your one egg on avocado toast to having two eggs, and three pieces of chopped up turkey or ham in there, you're going to feel like a freakin rock star, you're not going to crave sugar, you're going to have incredible mental focus, because that protein and a little fat really jacks up and sustains your serotonin and your dopamine. So you're just going to have far more of a good day. I've even trained my son like he's 15. And he knows like he loves a big protein shake. He's like two scoops of protein. And so he knows he'll get 50 grams and at breakfast, and that is just like rock star. You know, if we all did that we'd be much, much better shape, just metabolically we'd be in much better shape.



Leah Brueggemann 18:26

I am a nicer person. When I



Esther Blum 18:30

Yeah



Leah Brueggemann 18:31

Eat enough protein like, I mean, I just I grew up so long, just thinking like hangry was like a personality. Like my brothers were hangry like, my dad would get hangry, I would get hangry. And I was just like it's a family trait. And I learned about blood sugar balance, and I'm like, oh, I

And I was just like it's a family trait. And I learned about blood sugar balance, and I'm like, oh, I don't get hangry anymore.

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Esther Blum 18:55

I don't get hangry anymore. Absolutely.



Leah Brueggemann 18:58

Oh so important. And what about can we you talked about keto really quick. Can we jump on if for a second? Just because you were talking about eating that big protein breakfast and I will say that 99.9% of women in perimenopause and menopause when I say that, I'm pretty sure they faint like they kind of don't hear anything I say past that because they're like, you want me to eat that much food for breakfast. I typically just drink some lemon water or some coffee with those stevia drops. That's like the thing and don't eat until like 2pm Because I need to like you know, control my caloric intake. So can we touch on that really quick.

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Esther Blum 19:46

I love IF as a useful tool when your adrenals are healthy or can sustain it. Okay, so, let's say you're in perimenopause, but you're still cycling. All right, you may find and listen, Dr. Mindy Pelts is a great resource for this or Cynthia Thurlow. Those two women are badassess with it. But you really want to think about using it as a tool when you're the most insulin sensitive. So that would be the first two, even three weeks of your cycle, but the week before your period, you can stop intermittent fasting and just have your regular meals, okay? And intermittent fasting, you know, first of all, we can all do a 12 hour fast. I mean, you have if you're eating optimal protein, throughout the day, you're not gonna be hungry after dinner anyway, you're gonna be like I am, like, a lot of times, I can't even eat all my dinner, because I'm so full from just having protein all day. So your blood sugar will be much better controlled. But then, when you want to extend your fasting windows, right, those women do best often in menopause, because you're not getting the monthly cyclical fluctuations. And you're not even getting the daily fluctuations in estrogen that you get in perimenopause, I mean, your hormones can fluctuate 30%, on any given day, let alone any given hour. So, you know, you have a much more controlled experiment, your baseline is the same every day. So that's a great time to bring in intermittent fasting. And I find it far easier for my clients to fast in that time, a lot of them actually do much better fasting, when they're in menopause, and when their hormones are optimized. So I still give the adrenal support if needed. But you know, those are the women who can eat, you know, two meals a day and a snack between 12 and six or seven. And for those women, by the way, though, know this, if you're intermittent fasting, then your protein intake needs to go up to like seven or eight ounces at a at a meal. And like a really robust snack in between if possible, because you will struggle to meet your protein needs more when you are intermittent fasting, but it really does torch body fat, it's not something you should do for long periods of time, without breaks, either, you've got to still get your body in a place of metabolic flexibility. If you do anything for too long, it's not ideal. So, ya know, play with it and see.



Leah Brueggemann 22:28

And I love how you said, you know, make sure your adrenals and thyroid are in a place to handle that because I think sometimes people are feeling down not good about themselves heard about intermittent fasting, let me jump on that train. It's like we have so much work to do before that before your body can handle that. And then, you know, it's just they aren't even eating enough food anyway. So now they're eating less food.

E

Esther Blum 22:57

That's right, that's right, and certain people. So there's a couple of ways you can do that. Okay, and obviously, I want to throw into listen, if you get triggered by restriction and it causes you to binge or feelings of unworthiness, or it really messes with your head, please don't do it. Find other ways, like not snacking between meals is just another lovely way to fast if you have at least five hours between meals, that's a great way to fast too. For those of you Yes, I mean, I see a lot of ladies in my practice who come to me literally eating 900 calories a day, and wonder why they can't lose weight. So for those people, yeah, and their thyroid, and I've seen this, I have a male client like this too. I treat very few men, but I do have a couple, and his thyroid is so compromised, because he's only eating eight or 900 calories a day, because he skips breakfast. If that is you, you will actually need to diet up for a while. And this means slowly increasing your caloric intake by 100 calories a day, and bumping that up every you know two weeks or so. And starting with carbs, believe it or not, carbs are very useful at improving the conversion of T four to T three making your thyroid more active. Yeah, and so you're gonna have to actually start and potentially gain a couple pounds in order to permanently fix your metabolism and then we can diet you down again, but I really have to often diet people up to 1500 1800 calories. They are cursing my name, but I'm like keep your eye on the prize. Yeah, because if you don't you're really gonna You're never gonna fix your metabolism. No, because you aren't getting enough nourishment at that point. Yeah, exactly. Yeah. Which brings me to my next question. You called it a meno-pot. What exactly is that and how do women get rid of it? If they're like, this is not Not my thing. It's not my thing to have a spare tire around my midsection that I never had before. I was an hourglass figure with a flat stomach. And now I hit menopause, I gained 10 pounds overnight, and I have, you know, a Jelly Belly that I never had before. And I can't I have to like tuck my stomach into my pants every morning. Yeah, so that is the consequence of a very poor sleep and stress management. You know, two weeks of poor sleep due to progesterone decline. And too much stress can cause you to be insulin resistant after two weeks. So that's fast. It's fast, right? So you want to make sure that you're really thinking about your stress, okay, deleting social media apps off your phone. Easy for step easy you can check social media when you're on your computer in the day, but just at night, put it down people, you're not missing anything I promise. Having a breathing practice, most people say I don't have time to meditate, I don't have I'm not good at meditating. Number one. Every time you breathe, you are meditating, it's just bringing your attention back to your breath. You don't have to quiet your mind. You don't have to even shut off your mind. You just have to keep coming back to your breath. So your nervous system knows it's time to relax and everyone has time 10 minutes before bed because I know you're otherwise check in your social media apps people Don't give me excuses here. So you know, that's really important. Number two is we owe the other piece of the menopause is a lot of insulin resistance and cortisol dysregulation. So I run so I run Dutch tests on my clients. That's the dried urine test for comprehensive hormones. So I look at cortisol curves and overnight cortisol. And often, again, with these real restrictive eating, like I have so many women eating just protein and veggies for dinner. Ladies add in a carb at night because even though and you're thinking I'm already insulin resistant, I already have a gut I don't want to eat carbs at night. What carbs do is yes, they can give you a bump in insulin, and I'm talking sweet

potatoes, you know, lentils, winter squash, like veggies complex carbs, okay? So yes, you can get a slight bump in insulin, but that is antagonistic to cortisol. So it's going to tamp down your cortisol. So you get a better night's sleep, and you will reset your insulin sensitivity that way. So that is, you know, that's really the combination of the menopause, its stress management, insulin and cortisol dysregulation and a decline in progesterone, estrogen, testosterone DHEA. So



Leah Brueggemann 27:56

That's such a cool hack, though, because I mean, especially if they get that really good complex carb with dinner, your satiation is going to be better, you're not going to have those cravings, you're not going to want to eat the whole thing of chocolate at 10pm. And so it's kind of just wins all around there.



Esther Blum 28:15

It's wins all around and like when you sleep better then your energy's better. You're not craving the next day. So, it's really it's just killer. And yeah, so it is it is possible to reverse that menopause. Absolutely. It really is. And you can lose weight. Even you know, in menopause, you can totally lose weight. It's great.



Leah Brueggemann 28:35

Yeah, possible. So are there I know you mentioned the Dutch test. Are there tests that you recommend for like women to get a baseline if they're like, Am I in menopause? Should I like test these things? What are some recommendations?



Esther Blum 28:49

Yeah, I do love the Dutch because you know, blood tests do fluctuate so much for hormone levels. And I That being said, I do run blood panels because I love to look at cardiac risk factors. This is a time when women's risk for coronary artery disease aligns with that of a middle aged man. And that is because of the decline in estrogen. This is why I'm such a strong advocate of bringing hormones and by the way, but But you should absolutely assess your cardiac risk and inflammatory markers. You can look at your triglycerides, look at your fasting insulin and glucose and A1C. I do comprehensive thyroid, a full thyroid panel which is about seven tests not just TSH, which is a very poor excuse for a thyroid panel. Certainly look at vitamin D and zinc I look at auto immune antibodies. Those are just some really great ones to do off top my head I have the full list in my in my book as well. And then I love the Dutch test right because that that is great because it tells me how your hormones, what what your baseline production is like how your hormones actually move through your liver, because some forms of estrogen could go down a very pro inflammatory pathway, which you do not want. And yes, you can be estrogen dominant in menopause, if you're if your estrogen clearance pathways are not supported. So that's really important. And I do love to look at your methylation pathways so that if you decide to bring in hormones, we know where we have to support you. So you don't have side effects and feel worse. Yeah, or God forbid, become more estrogen dominant again.

And it enables me to look at your cortisol curve and for nutrient deficiencies as well. So that's a stellar test. And then I look at the GI map as well to see how you're detoxing estrogen in the gut, but also the state of your microbiome. Because here's a really cool story. I had a client who was hot flashing, and had so many gut issues, right? And I'm like, how many supplements can I put her on before she's ready to kill me and like her bank account is empty. So I was like, let's just do one, let's slay one dragon at a time. Let's just fix your gut first. And her hot flashes totally resolved without even addressing her hormones. Okay, so you really cannot dismiss the importance of gut health when you're talking about partnering with your hormones. So, yeah, I like to use



Leah Brueggemann 31:38

I love I love those tests, gi map and Dutch are two of my favorites. So I know you brought up some supplements there. And I'm not sure how to broach this question because I don't want people to go randomly supplement without knowing their levels. But are there supplements maybe that are generally considered safe and then two, maybe supplements they could take to their provider or maybe go find someone and run some tests that would be maybe some guidelines so they don't feel like they're going in empty handed.



Esther Blum 32:14

Now are you talking supplements for perimenopause versus menopause or just kind of general support?



Leah Brueggemann 32:19

perimenopause and menopause.



Esther Blum 32:22

Okay, so I do you have what are called my core four supplements. And actually, if you go to my Instagram account @gorgeousesther, and you sign up for full script, or you go to my website, estherblum.com and you sign up for full script, you will see my new opening account you will see my core four supplements there. So if you want to pick some up for yourself, but number one is a methylated B complex because the B's really support your livers metabolism of your estrogen it supports phase one and to detox in the liver. And it supports your adrenals and it also keeps your cardiac inflammatory markers low homocysteine in particular. So it's it's really harmless. And but it really does phenomenal things for your body and really supports your energy as well. Number two is a cruciferous complex. This has sulforaphane in it, which is a compound that you will find in kale you will find in Brussel sprouts. That also helps your liver move your estrogen down the correct pathway so that you're actually able to push it through your liver. Our liver is where our hormones get metabolized. And so we really need to make sure we're metabolizing them and this there's a pathway on the Dutch called the Four Oh h which is pro inflammatory. It's the most correlated with estrogen dependent cancers. So that's why, like, let me just do some gentle support. Again, it's very, very gentle and certainly feel free to eat foods from the brassica family as well. Your Your artichokes and brussel sprouts and

cauliflower, broccoli, or you talk about all of this and get your fiber from flax and chia seeds. Okay, that's step two. Step three is liposomal glutathione. I see so many glutathione deficiencies in menopause. And some people say well, can't you just take anacetyl cysteine. That's a precursor that makes glutathione you can I just like a more direct shot. And glutathione is great too for mold exposure, Lyme disease, mercury toxicity. So I'm like let me just really cover like a broad spectrum of things but it's just very energizing to give a menopausal woman energy and she's yet to conquer the world. And the last is magnesium glycinate. So, what is the best because it's easily absorbed and it's specific to addressing anxiety. And so the biggest disservice to women in perimenopause and menopause is when a doctor slaps them on an antidepressant and is not addressing the root cause of their depression and anxiety, which is often a progesterone and estrogen and testosterone deficiency. Progesterone makes that very calming neurotransmitter GABA. So by by anxiety, I mean, it really eliminates it. But magnesium also promotes good sleep and promotes digestive regularity. And the biggest problem you can have if you're starting hormones is constipation, because you're not eliminating, you're not pooping out your hormones daily, which you need to do. So that these are kind of my core four, you know, they're not a panacea for everything, but they're really just a nice, supportive adjunct to, you know, to a healthful diet and lifestyle for sure.



Leah Brueggemann 36:20

Yeah, I love those. Those are some of my favorites. So we you kind of touched on hormone replacement therapy. And that's not something we often talk on here. We don't actually have that many episodes on menopause. So I would love to kind of just brush on that. You know, because that is an option for a lot of women that can be really helpful. And then a pause. So can we. So these are going to be my four core questions. Now. I feel like the questions that I would ask, Do I need to wait until I'm in menopause? I'm assuming or do I start before? Where do I go for that? How do I know I need it? Do I go to my primary doctor? I think yeah, those are my questions.



Esther Blum 37:04

Yes. Okay. And I go into this in great detail in the book, but I'm going to give you the hot the CliffsNotes version.



Leah Brueggemann 37:11

Okay.



Esther Blum 37:11

Okay. Traditional doctors, as I mentioned, are not taught about menopause care. So if you go to them and ask for a Dutch test, they're going to be like, What do you mean? Like, do you wear clogs and like to smell tulips? Like they're not going to even know what it is. Or if they do, they're not gonna know how to interpret it.



Leah Brueggemann 37:29

Yeah.



Esther Blum 37:29

So you really need to work with either an integrative dietician who can run the test for you, or a functional medicine physician, naturopathic physician or a nurse practitioner, any of those clinicians are functional, or functional medicine and can when you want to make sure you're working with someone who like knows the test runs it regularly relies on it. Okay. So why should women use hormones? I am of the belief after doing the research I have done and seeing the success stories of women, just treating women in practice treating myself as well. You know, the results are phenomenal. It is a huge disservice to women that they are not automatically involved in that discussion when they go on menopause. Why? Why am I so passionate? No, I do not receive a dime of money on this otherwise I'd be wealthy woman, but replenishing your hormones. And by that I mean testosterone, estrogen, progesterone DHEA will help offset your risk of osteoporosis, Alzheimer's, and cardiovascular disease. What is the largest cause of mortality in women above the age of 65, it's falls and fractures. And so imagine being able to have strong healthy bones in your elderly age, to have sharp cognitive function. Not to be in the hospital with heart disease needing a bypass. Hormones are wonderful for that, but they again also help with quality of life. They can alleviate vaginal dryness because especially inserted vaginally, I'll tell I can talk about delivery systems if you want but you can use hormones topically vaginally. When inserted vaginally hormones, estrogen or DHEA both can enable the body that they can restore elasticity and collagen to the vaginal walls and hydration as a result. Okay, number two sleep. Number three body composition and insulin sensitivity, energy. Cortisol having a better cortisol curve. You know, just total quality of life goodbye hot flashes, goodbye irritability, goodbye brain fog. You know, just so many benefits to doing it. So and it's interesting because I get the question all the time. Don't hormones cause cancer? What about if I have a risk of cancer? There was this bloody Women's Health Initiative study that did us all so dirty, because it was done years and years ago. I'm gonna say late 90s. Don't quote me on that, please. But the study was done using urine derived from pregnant horses. It was Premarin given to women who are 10 years postmenopausal with no opposing progesterone. Okay, that's not how hormones work. You don't just give estrogen you don't even if a woman's had her uterus removed, she can still and should get progesterone. So hormones, that's not how the body works. So the results of these, this poorly designed study came back and said, oh, well, women who take estrogen are at higher risk for blood clots, and cancer and stroke. And so the North American menopause society in 2018, and 2022, came out with two different position papers and said, dudes, we looked at the data, the research was interpreted poorly, and it's our understanding from again, and I have these studies in the back of the book that are freaking gold. But it's like our understanding that hormones are safe, they should be brought in as early as possible, you can take them for a minimum of 10 years, and like go forth, and I have women in my practice in their 70s, who are still on hormones and are like, I'm never gonna quit. So um, it's just, it's amazing. The benefits that you get from hormones. So the cancer risk, you know, again, I look at methylation patterns, make sure pathways, make sure your estrogens are moving down the right pathways. I partner up with a functional medicine practitioner to is going to monitor, prescribe and monitor those levels for you and make sure that your ratios are good. That's how you do it. You do it with the close medical care, you don't just ride off into the sunset with an estrogen patch on your tushy. You know,



Leah Brueggemann 42:24

Don't do that, which I feel like answers the question a lot of people ask like, isn't that the same as birth control? And it's like, oh, my goodness, no, no, like, I mean, you're different.



Esther Blum 42:37

That's correct. Bioidentical hormone replacement for menopausal woman is about a fifth of the dose of a birth control pill, we're not trying to get our bodies to ovulate. We don't need that at that point. We just need enough to offset the side effects and keep our bone density so you don't need your period in your 60s. That's not what it's about. But the other thing is this. Synthetic progestogens, which are in a birth control pill will not only suppress your body's production of progesterone. So talk about worsening insomnia, hemorrhagic periods and anxiety, good times. But also, you know, they don't touch the GABA receptors in the brain, whereas bioidentical progesterone, is totally helps you sleep opposes estrogen. So you don't get those heavy periods and just helps the body composition. So often, the first hormones that I do bring in our progesterone, I like it in the form of a lozenge. It's called a troche, and it dissolves in your mouth, crosses the blood brain barrier, bypasses your liver and gut at night. And then DHEA, which you can get in the form of a supplement, you know, just starting at five milligrams is a very low dose, but it really does support your adrenals and again, don't self prescribe this stuff people work with a practitioner, but



Leah Brueggemann 44:04

Yeah, I think it's I think it's crazy that a they're dismissed by their doctors, but then I think they maybe find something on the internet, they're like, I'm going to try this route by myself. Don't Don't do either one of those things, like go work with somebody and make sure things are monitored, because like you said, you want to make sure estrogens metabolizing while you want to make sure things are going through the right pathway. And I mean, before we even touched on the hormone replacement therapy, we were talking about blood sugar, and protein and you know, all of these other things that you also need to support your body. It's not like you're giving them you know, this, you know, lozenge and being like, Here live your life. There's so many other things.



Esther Blum 44:53

That's right and if you think you're gonna sit and party four nights a week and drink you know, two glasses of wine a night and then not get good sleep, right and then over caffeinate during the day, if you don't change your lifestyle, don't expect your hormones to do all the heavy lifting, you have to actually clean up your lifestyle be a little more monastic in your habits, you know, cut back on that wine that actually raises your circulating estrogen per six hours after every cocktail. So rethink your booze habits, right, I save them for special occasions or vacation, I definitely do not even touch alcohol during the week at all. And I really probably have it once a month at this point. Um, and you know, really cut back on caffeine if it's messing with your sleep too. Because all of those pieces and by the way, like caffeine and booze can also trigger your hot flashes. So you want to do all those things. And then back to hormones for

a minute, I do like estrogen in a patch form and testosterone in a cream, a topical cream, the one form that I don't care for a delivery system wise is pellets. Pellets are inserted like in the butt muscle, and you have no regulation of when and how they are released or how you're going to metabolize them and jacks up your hormones to that crazy high level at this age. And your body is like why is going on. So I've allowed women coming to me really suffering on pellets and there's weight gain and irritability. And there's no studies done on pellets at all. So why would you ever put that in your body?



Leah Brueggemann 46:38

No, I don't know if you know, this medical doctor. I'm forgetting his last name. I know it's his first name is Shawn Dr. Shawn



Esther Blum 46:47

Shawn Pastone.



Leah Brueggemann 46:49

Gosh, that's like he built his platform on anti-pellets



Esther Blum 46:55

He did and he's so smart. He's he was one of my early mentors. Like he's phenomenal. Yeah, I included some information from him in my book too. Because yeah, he's really good.



Leah Brueggemann 47:08

He's hilarious. He is like one blunt. Sassy. Doctor.



Esther Blum 47:13

Oh, yeah. He is so feisty. I loved he had a post yesterday. He's like maybe your libido isn't low, maybe you're just with an asshole. Like, maybe.



Leah Brueggemann 47:25

I know he, I mean, yes, no filters on Instagram. And I'm often sending his stories to my friend and just being like, I love the audacity that he like answers, like people give really rude questions or really just, you know, questions you can't answer as a doctor on tik tok, because like you're not his patient. And he just gives him the best replies. I love it it's so good. So we're going to have your book linked in the show notes. See You Later, Ovulator. So definitely you

guys. I mean, we just like gave you a little the top layer, like the skim the skim cliff notes. So definitely go read that so you can dive in more? But also where can people learn more about you or how to work with you and learn from you?



Esther Blum 48:18

Yeah, so please come hang with me on Instagram @gorgeousesther and sign up for my weekly full of piss and vinegar content loaded bombs at estherblum.com. And I teach a lot about hormones, lifestyle diet, but in a really fun and informative way. So make it accessible for you.



Leah Brueggemann 48:45

I love it. Thank you so much for hopping on.



Esther Blum 48:47

Thank you for having me.