

Bioidentical Hormones

Anna Cabeca, DO, OB-GYN



Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley, and today we'll be discussing Bioidentical Hormones with Dr. Anna Cabeca. Before I introduce Dr. Cabeca, I want to remind everyone to subscribe and get all of our variety of casts in audio, video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary, at MyVillageGreen.com.

A little bit about Dr. Anna Cabeca. She is a triple board certified and fellow of gynecology and obstetrics, integrative medicine, and anti-aging and regenerative medicine. Nationally known as "the girlfriend doctor," Dr. Anna is a passionate health advocate for women, helping them to truly thrive in body, mind and spirit. She is the author of two highly acclaimed books, created several popular virtual transformation programs, created several top-selling health products, and is a sought-after lecturer throughout the world. And we're so lucky to have her here.

Thank you so much, Dr. Anna, for being with us.

Anna Cabeca: Thank you, Rebekah, for having me.

Rebekah Kelley: So I want to talk about how women are, I don't know about conditioned, but definitely believe that perimenopause and menopause are stages of life definitely to be fear, right? The uncontrollable hot flashes, the erratic emotions, the weight gain all come to mind, and you're very gifted in how to help women move through these stages. And can you just kind of talk about ways that we can feel empowered rather than doomed in this stage of our life?

Anna Cabeca: Yeah, and I really do think that it is a time to recognize our own power, our feminine power, and to tap into that because at no other time in our life are we more liberated to really express it. And that's what I want people listening to know. And say we've been in this cocoon, right? We've been getting all this growth and information. Time to emerge from the cocoon as a butterfly. I would say, do you want to come out as the butterfly or the moth? [Laughs] So we have to do our work, right? So we can be fully colorful and beautiful and all that.

And so for me, it's about breezing through menopause into our second spring of our life. There's no martyrdom for suffering. There's no reason that we have to suffer through this change. And what we're experiencing today isn't what our mothers experienced before. So it's not your mother's menopause. It's our own individual fingerprint to this time, this environment, the consequences of past experiences, et cetera, in our life, and how we show up into the second spring of our life. And I think it is a really beautiful, empowering time of life.

Rebekah Kelley: Well, thank you so much. I love how you look at it. So obviously one of the challenges that we do experience, though, is hormones are changing, right? And they definitely do influence how we feel and what we're experiencing. And so of course, one of the ways that we can treat them is with bioidentical hormones. So can you talk about, basically, the downsides of our typical HRT hormones?

Anna Cabeca: Yeah. And when it comes to looking at bioidentical hormones and again, this whole transition, menopause is as mandatory and natural as puberty is. Suffering is optional, right? Suffering is optional. There's so much we can do about it. This is where bioidentical hormones really come in. And they can come in at different degrees. But, we don't want to completely suppress this transition. We want it to happen, but we want to support it. Because we're not living in nature, right? So this is where we can benefit from the addition, supplemental addition of hormones. And bioidentical versus synthetic hormones is a big, controversial topic, but without a doubt, the synthetic hormones have negative side effects that, if we have a better option, why are we choosing the synthetic?

So we know from the Women's Health Initiative study, and the HERS [Heart and Estrogen/progestin Replacement Study] trial – I actually did an arm of the HERS trial, I've been a researcher since before I went to medical school – and so looking at the cardiovascular consequences, looking at the breast cancer issues, were associated with synthetic progestin, predominantly. Synthetic progestin, it doesn't act like our bioidentical progesterone. And this is where people get scared because the literature, even the scientific literature has confused the terms of progestin to progesterone. Progesterone is our bioidentical progesterone. And you want to be clear. There's nothing that works better than our bioidentical progesterone. And progestins cause edema, can cause brain fog, can cause negative cardiovascular effects, adverse effects on our lipid profile. And that's a choice.

And the other thing with estrogens, because we know about Premarin, which, a long time ago, I actually worked for Wyeth Ayerst, the maker of Premarin. I was in their drug metabolism department before med school. And so, Premarin is a combination of estrogens derived from pregnant mares' urine. And so it's like a bucket of estrogens. And one of the myths that came, that you can't measure hormones – I mean, we can't measure them exactly. But one of the myths was because you can't measure progestins and these complex estrogens in your blood, you know, because there were 30 different estrogens in Premarin. So you really can't do a blood test for that. So, how interesting, right? But oral estrogens can cause increase in blood clots, coagulopathies, an increase in inflammatory markers, according to some excellent studies that have been published years ago, a decade ago. So that should show us.

So we want to switch to what's bioidentical, natural, and use the transport mechanism, that's the safest way possible. So is it oral, or is it transdermal, or is it vaginal, or is it injections, or is it pellets? I mean, there's different ways we can administer hormones.

Rebekah Kelley: So how are the bioidentical hormones then different than that, and why would we choose that? How does that help?

Anna Cabeca: So the advantage to using bioidentical hormones and estrogen specifically – and there are bioidentical prescription estrogens, like in many of the patches or vaginal prescriptions that we can get – but the difference is that, one difference is in the bioidentical hormones, we are looking at, typically we look at an estradiol and estrinol combination and the

three predominant estrogens in our body. Are you wanting E2 or E3? E2 is most common. Estradiol is the most common one that we know about and that we've studied. The most predominant one in our body, certainly at this stage in our reproductive stage of our lives. So that's estradiol.

And orally, the same thing with oral bioidentical hormones. The oral bioidentical hormones are going to do the same thing as other estrogens. And that's going to increase inflammatory markers, increase the risk of blood clots, and that's why young people on birth control pills can get blood clots. So we're going to avoid that as much as possible when we switched to transdermal or another route. And the bioidentical progesterone is identical to our body's own natural progesterone. It's identical in structure, in chemical structure. So the same thing for using it orally or transdermally, that our body is recognizing it as something familiar. And we can test, we can do blood tests, salivary tests, urine tests that look at what happens when we absorb these chemicals into our body.

Rebekah Kelley: So, how would someone look at this and determine whether or not they need some additional support? What are some flags to someone that they might need some bioidentical hormones?

Anna Cabeca: So there's a couple of things. First, I always say, when a patient comes into my office and she's complaining of hot flashes, mood swings, weight gain, brain fog, memory loss, loss of sex drive, right? There's a lot going on here. The first thing I would do is typically, I'll run labs. And I have them do a questionnaire in the office, and I can see all the things that are going on. It's the same questionnaire that's in my book, *The Hormone Fix*. I have a couple in there. I've used it since the start of my practice. And that gives you a good idea. You're able to, like, oh my God, I didn't realize I had all these symptoms. Sometimes it's eye-opening for the individual when you start doing that, right? You're like, oh my gosh, I am falling apart. What's going on? Doctor, help me.

I get it, I get it. And so I send off the blood test to the lab and I'll put them on a detox program, like my like Keto-Green detox. That's in my book, *The Hormone Fix*. And I may supplement with additional adaptogenic support, especially for under stress – I don't want you to go without it – and often, depending on those results and if you're having menopausal symptoms, I'll put you on some progesterone cream right away, because it's safe, I want you to get a good night's sleep. Bioidentical progesterone helps you get a good night's sleep, and that can just be game changing. And by the time that patient comes in within 4 to 6 weeks for her lab results, she's already feeling 90% better. That's the key. She's empowered. She feels better. She's made a few dietary lifestyle changes. She's getting a better night's sleep. She's had some adaptogenic support and she's just feeling so much better.

And patients will often tell me, I didn't realize how bad I was feeling until I started feeling good again. And I'm telling you, whether we have a uterus or not, bioidentical progesterone is

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essential, menopause and beyond. We're not going to make it any other way. We need it for our brain, to protect our breasts, our bones. No question about it.

Rebekah Kelley: Thanks Dr. Anna Cabeca. These are really valuable insights. Dr. Anna Cabeca can be found at www.DrAnna.com. That's D-R-A-N-N-A.com. Let me remind you to subscribe to get access to all Humanized videos, podcasts and transcriptions from all of our thought leaders on personalized health at HumanizedHealth.com.