

HORMONE RESET PROGRAM

With: Sara Gottfried, MD

Class 6: Estrogen (Part 2)

Dr. Sara: So the idea here is that you want to reduce alcohol, and we know that even one glass a day increases breast cancer risk by 11 percent. So if you have these symptoms of excess estrogen I just want you to be super mindful. Increase the quality of your alcohol, but have less of it. The other thing that's important is to get really knowledgeable about xenoestrogens. I don't want to spend a lot of time on this, but we're talking about Bisphenol A, things that...that's the liner that's used in a lot of canned foods. We definitely know there's more than 700 xenoestrogens in the environment, and they are stimulating your estrogen receptors.

Your estrogen receptors are very promiscuous, meaning that they like to have molecular sex with anything that even looks like estrogen. And that's one of the reasons why we get into problems with breast cancer and endometrial cancer, because of this promiscuity.

Jackie: Wow.

Dr. Sara: So we've got to be careful about the xenoestrogens we get exposed to. This is another place where all that recommendation you've heard from nutritionists over the years about staying away from the meat and the dairy, from conventionally raised animals, is really important. So this is where organic meats, eating dairy that varied, that are from pastured animals and they're not being fed pesticides, that's the way you want to go. One other piece that I think is crucial here is the fiber gap, the fiber gap. So I want to talk about fiber for a moment. Fiber is absolutely your best friend, and yet it's like the poor relation that everyone discards first. You know I think we may have talked about this before about how only...most women in the U.S. have about 14 grams of fiber a day on average, and you need to have 35 to 40 grams a day to be able to get rid of the bad estrogens.

Now if you'd like, you could get your Vitamix out, and you could have...you could make a beet smoothie every day with beet greens, but I think that's unlikely that you're going to do it. But beet greens also get rid of the bad estrogens. I just think the most important thing you could be doing to get rid of the bad estrogens is to get your 35 to 40 grams of fiber a day. And that means most of us need to have medicinal fiber.

Now, Jackie, I imagine...

Jackie: It's hard to get that amount in, even with beans and everything. It's really challenging.

Dr. Sara: It is really challenging. I mean I can tell you my food plan is so calibrated. You can probably imagine. And even with the low glycemic index fruits and vegetables that I have every day, the best I can do with my food plan is to get to about 20 grams.

Jackie: Me, too.

Dr. Sara: Right?

Jackie: And depending...I mean if I make a huge bean chili, but I mean it's...I'm with you. And I'm not getting enough berries. I'm not getting enough seeds. I'm not getting enough, period.

Dr. Sara: Yes. So fiber is really important, and most of us are going to need to have a smoothie or we're going to need to get some fiber as a prebiotic into our food plan every day to be able to manage the excess estrogens. And then one other piece that I think is valuable when it comes to step one of the Gottfried protocol is the prunes, the super sexy prune. This is like that advice of your grandmother, right, that you should have more prunes.

Jackie: [laughs]

Dr. Sara: And here's the magic. It turns out that the prunes actually get rid of 16 alpha-hydroxyestrone...the details don't matter, but it gets rid of this bad estrogen that you do not want to have that is associated with a greater risk of breast and endometrial cancer. So prunes are a really good option.

Jackie: Your friend. And now I have to ask you, do you put them in your shakes or your smoothies?

Dr. Sara: I sometimes will put them in my shakes and smoothies. Honestly, I am one of those sensualists where I look at a prune and it's just not the most exciting thing I have in my day, right? So I have other ways that I manage my estrogens. I actually like beets, and beet greens, and fiber. Those are kind of my mainstays. But some people don't mind

a prune. They don't mind eating a prune. Like my daughters are fine with eating them in their lunch. Go figure.

Jackie: Oh, wow. My son's OK with them. I don't care for prunes, personally. I mean I have to do a fiber supplement, personally. But you're right. You're giving different ways that you can figure out how to lower those bad... That's the E1's, correct?

Dr. Sara: That's the E1. You want to be able to manage that. You want to manage your dashboard the way you manage your retirement account. This is one of those things you want to be managing. I'm going to give you one other supplement, especially for those of you who are right there with us and are saying to yourselves, "Prunes? I'm not doing prunes. Doesn't she have something else for me." Here's the last thing for you, another nutraceutical in step one. That is a supplement called Diindolymethane. Called DIM, for short. Diindolymethane. This is a very potent promoter of the good estrogens in your body. It helps you get rid of the bad estrogens.

There's a number of studies showing that this is effective. It helps people who have abnormal pap smears, who have abnormal pap smears as a result of having too much estrogen.

This particular supplement is like eating 25 pounds of cruciferous vegetables. It's like the brussels sprout truck has arrived.

Jackie: The broccoli, the cauli...Wow... Really? I have to ask, do you personally take it? I don't mean to put you on the spot?

Dr. Sara: I do take DIM. I take it because I definitely have a tendency toward estrogen dominance. I corrected it about 10 years ago and I've kept that ratio right where I want to be, the progesterone to estrogen ratio. The thing I have to be careful of, you know this from our last session, is that I have a borderline thyroid condition that I'm always managing. And making sure that I'm on the happy side and not the sad side of...Thyroid function. The Diindolymethane, because it's cruciferous vegetables, if you remember from last time... Cruciferous vegetables are goitrogens. So they can slow down thyroid function. You've got to find the balance here between those two angels. Between getting your estrogen in the sweet spot and getting your thyroid in the sweet spot.

One way to do that is to take DIM if you have estrogen dominance and then to track your thyroid function, to make sure that you're not having an adverse result from taking a supplement like DIM.

Jackie: What is your recommended dosage for DIM?

Dr. Sara: It depends on which brand you're taking. I can tell you, generally, you want to go with what's recommended on the supplement container. The particular one that I take... I take two per day, because that's what's been getting my ratio exactly where I want it to be, without effecting my thyroid. I can tell you, for a lot of the clients that I have, they end up taking three a day or one a day. We end up finding the right dose for them based on their symptoms and their laboratory values. What comes to mind...

Jackie: It's almost too good to be true, what you're... Go ahead.

Dr. Sara: Oh. So one other quick thing that I just wanted to say is that, when it comes to dosing, I have in mind about 200 milligrams a day. But again, this has to be adjusted based on your individual situation.

Jackie: Thank you for that. I have to ask. It's almost like this is too good to be true. I don't like broccoli so, wow, I can take DIM. Which of course you can't do. But I have to ask you. Let's say you do eat a lot of cruciferous vegetables and you have this thing, I call it the weight loss shortcut soup. It's broccoli and cauliflower and coconut milk and other things in there. How do you feel about that? Would you still, if someone is estrogen dominant and maybe they didn't want the prune option or they're just working on this...Can you get enough if you are a cruciferous vegetable junkie?

Dr. Sara: Yes. I am always a fan of getting these nutritional gaps filled with food first. That is always my top priority. We should make that super explicit. As we're talking about fiber, as we're talking about cruciferous vegetables, my presence is that you go to the food first. Because that is the best medicine. We know food as medicine is the best way to go. It's just that most of us are not getting what we need. So if you are taking fiber or DIM, getting cruciferous vegetables as a way of trying to reverse estrogen dominance, you're probably not going to be able to eat enough from the weight loss shortcut soup. My recommendation there is that you calibrate, you figure out... What's the amount that you need to fill the gap?

If you're not getting to 35 grams a day of fiber, what is it that you need to take each day? Is it 10 grams? Is it 20 grams to fill that gap?

Jackie: I do have to say, if this sounds overwhelming, just start to ratchet this stuff up. You're just like, "Well, I don't know how I would get to that." Or, "I like my fiber

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supplement, but maybe I'm not having it as much as I should." Remember again, we're just going for the B-plus. As you do that, you start to add more things and I just wanted to mention that. Was that the nutritional gap stuff in the protocol? Do we combine the lifestyle tweaks and the nutritional gap or is there more under the nutritional gap?

Dr. Sara: I always have about 100 things that I could go through. But I think that's a pretty good way to go, in terms of step one of the Gottfried protocol. Maybe I'll just add one more, because I can't help myself.

Jackie: Oh, please.

Dr. Sara: You were talking, Jackie, this morning, before we started our official beginning time, about getting off of caffeine. I think it's worthwhile to bring that in as well. Because we know, for women before menopause...We know for American women especially that diet sodas and green tea, raise your estrodial level. They raise your estrogen level. So this is one of those places where, if you are estrogen dominant, if estrogen is a dominatrix in your life, you may want to consider cutting back or cutting out caffeine.

Jackie: Let me just say, as we're going through this, I am in the middle of this. Because I was really paying attention to the cortisol class. I did want you to just explain again how...I think that you said this. So, again, forgive me if I'm taking liberties and explaining it in my own mind.

Dr. Sara: Women do this. So I love it when you ask.

Jackie: That caffeine raises your cortisol. So once you're going off the caffeine, you might really go through this crash. You have to get through the low cortisol phases of quitting caffeine. Is that correct?

Dr. Sara: Oh, yes. If you are someone who is struggling with these two pieces, these two angels. If you're struggling with, "I just can't deal. I think my cortisol is through the roof," and also it sounds to you like you have estrogen dominance...I think caffeine is basically next up on the chopping block. And you're right, Jackie, most of us are using caffeine as a crutch. We're using it to cope with our day. We're using it to power through. When you take away the crutch you're not going to feel quite as good. You're going to have an adjustment period. I can tell you, I go through a decaffeination usually four times a year. Because this is a process, not a destination. Sometimes I will find myself back on caffeine again.

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So four times a year I go through detox and I get the caffeine out of my system. I let my poor old liver get all sparkly and happy again. When I do that, I just assume that I'm going to have three to seven days where I'm not feeling my best, I'm not feeling as brimming with energy and creativity as I do at other times. So sometimes it's helpful to plan that.

Maybe plan it for a weekend or plan it for a time where you don't have to be as much on your game. And also to use some substitutes, to use some real sources of energy. I think we talked about some of those. Maybe we could recap those here.

Jackie: If we could just recap. I was thinking that. One person said when they went off caffeine, fresh squeezed vegetable juice really helped. But I know that all of us can't do that.

Dr. Sara: Not all of us can do that. But I do think that's a really good one. Especially greens. There's just something incredibly powerful about alkalizing and the antioxidants that are in greens. If you can make yourself a green juice or a green smoothie, especially if you get that fiber, like you're using a vita-mix or something like that. That is the way to go. Another one is to use exercise medicinally. By that I mean, there's certain forms of exercise that really will get your cortisol up. My tendency, as I've mentioned before, is that I have high cortisol in the morning. And then I have low cortisol in the afternoon.

Somewhere around two to four or five PM.

So if I can arrange it, when I'm going off of caffeine, so that I go for a jog or I'll go to a class, like a Zumba class. Or around here in the bay area, I go to something called the Daily Method. I'll do something like that in that window, in that 2-5 PM window. That helps me with the low cortisol that I have then, the low cortisol that tends to hijack my best efforts and gets me to go buy chocolate instead. It's far better for me to get some exercise then.

Another one that I think is important. When you go off of caffeine, you may find that you sleep a lot better. I think it's important to plan for that. Put it on your calendar. You might be sleeping an extra two hours a night. That's what happens to me when I go off of coffee or green tea. I really recommend that you plan for that. That's going to help you turn this around and get your liver back to the happy place.

Your liver is your best friend when it comes to making more of the good estrogens and fewer of the bad estrogens.

Jackie: Wow. That's interesting. Especially when you were talking about the alcohol. Because we all have heard what alcohol can do to your liver.

Dr. Sara: It's a toxin. No question. So is caffeine.

Jackie: I love that you just gave that as a directive because I did plan for it. This weekend I didn't have a lot planned and I knew that I was going to get tired. I knew that it was going to be a process for me. I did plan for it and it's made it, for me, a little bit easier. Now I'm on day three right now. It's not easy not having my green tea. But what I didn't realize is how much it really creeps up. I think many of us tend to be a little bit skewed when we think about how much caffeine we really drink. Because if someone asked me, "Do you drink caffeine?" I'd say, "Not really. I have green tea." Because I know, the antioxidants and it's so great for you. But when I sat and thought about it after the cortisol class I realized that I'm having at least two cups of hot green tea.

And then I'm having a huge iced green tea in the afternoon. One of those huge Starbucks 16 ounce...Sure, there's ice in there. That's a lot of caffeine. I know that it's really hard for people to hear, especially when you were talking about this distinctly. This is how you produce. This is how you're productive. It's very easy to think that this is the only way to be productive.

But I will say, I have a huge day today. I'm on day three and I don't feel overwhelmed at all, in a way that I feel like, "God, how am I going to get through this without caffeine." So just to underscore what you're saying, I would definitely take that first two days, hopefully it's a weekend that you're not so busy, to go through that detox. And I love that you're doing it four times a year. I think it's a really good thing to aspire to.

Dr. Sara: I also think it's great, Jackie, that you were able to work it out with your husband, bless him...

Jackie: Yes, I'm very lucky.

Dr. Sara: ...to cover for you, to allow you to have some rest. I think it was yesterday, you said. This is so important. We've talked before about hitting the pause button. We started this whole conversation about Charlie's Angels and about hormone reset with the idea that there is this epidemic of hormone imbalance that women have, especially of a certain age. Starting in your 30s and running up to your 60s and 70s. Most women don't know they have it. It is these little things. It's the green tea every day where you're drinking a lot more than maybe you even realize. And the alcohol and maybe the

exercise is not quite supporting you the way it should be. And there's other foods that are not supporting you.

It's the addition, the synergy of all of these things, that start to work against you and cause your hormones to get out of balance. That's the kind of granular detail that we want to really get women to turn the ship around, to correct the hormone imbalance.

Jackie: I love it. I'm a great guinea pig here and I hope that, as you're listening to this...Not you, Dr. Sara, everybody listening to this, that you feel like, "OK. What can I tackle first? Would maybe my chocolate habit be something I could tackle first? Maybe my wine habit?" I really wouldn't suggest to do it all at the same time. Because I think that people tend to go into overdrive. But I love what you're saying. What seems to be the low hanging fruit? What seems to be the thing that I can deal with? Especially if you're having cortisol things, right? Because you can't really deal with anything. So for me, I was like, "OK. I think I can deal with the caffeine." But I will say, just like you said, we started off the conversation with the pausing.

I don't know that I would have been able to even start tackling some of these things if I didn't pause. If I didn't start to do that thing that you call tiara time. Where I really said, "OK. Mommy's first. I'm first. I matter. What do I want to do for the next 45 minutes to make me feel good?" Because it's just not something I usually think about or do.

So for me that's the succession that worked. I know, as you're listening, you're going to think, "OK. This is something I can deal with. This is the first thing I can do."

Dr. Sara: And I love also that you brought back the tiara time, Jackie. I think maybe we should go to the sophomore level with the tiara time, now if we could just for a moment. Because so many women start off this process feeling like they can't deal and maybe they could handle just one thing. What is the low hanging fruit for you, and you start there. But as you start to feel better, what I want you to do is to go from the lowest level with tiara time, which is maybe ten minutes three times a week...And I want you to start shifting towards doing 30 minutes five days a week. I think it's important, as you start to feel better, to realize that you get into this positive reinforcing cycle that is really important to stay on your game, to get the maintenance supporting you, to build new habits. And to be open to some of these other things.

Like, "Oh my gosh. OK. I think I need to take on that estrogen dominance now. How am I going to do that? What's the one thing I'm going to do for the estrogen dominance now that I'm doing my tiara time and I'm getting off of caffeine and I'm realizing that I need to take on some of these other Charlie's Angels?"

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Jackie: I'm so glad that you said that. You're right. It is the sophomore level. What's the next thing? As you keep saying, it all adds together. It's such a layered approach. It's never this, "Gotcha!" It's never this one thing that sent you spiraling. And because it was never any one thing, it's the same thing. You start to layer your good habits. Stacking. Dr. Zeligman, who I am a big fan of. Learned optimism...Talks about, just to diverge for two seconds, these three things when it comes to somebody being pessimistic versus optimistic. One of them is called...I can't remember the exact term for it. But it's that you stack things. You stack the negative things, until one thing will go wrong in your day.

You'll say, "Yeah. And I just got a ticket, too. Gosh, I didn't do my taxes. My daughter is having trouble in school." You start to stack all...One tiny thing goes wrong and then you start to stack all the other negative things until you're in this state of complete hopelessness, of, "I'm never going to figure this out." We talked about turning this on its head.

You start to stack these positive things. It has the same, obviously opposite, effect, of really starting to give you...As you stack them you get more hope and more hope. Then you have this massive [coughs], pardon me, confidence that you really will figure it out. And get to the place where you are, Dr. Sara. I have to say, you're talking about you're really managing this and you're in the goldilocks position for all of those things.

It's something that, I know, as you listen, it's like, "OK. As I start to stack these things I can get there, too." I said this before we started the conversation and when I've been talking to people about you and about these things. We talked about what the key concept is, Dr. Sara, that you've said over and over. You say it better than me. It's easier to fix a problem than it is to live how you're living.

Dr. Sara: That's right. I think you said it beautifully. Just this idea that, if you're feeling overwhelmed, if you're cranky, having fat loss resistance, don't want to have sex, it is so much easier to get back in a hormone imbalance than it is to live with these symptoms. To live with the misery of the symptoms of hormone imbalance. So I totally agree with that. I'm so happy that you brought up Marty Zeligman, because I am big fan of his as well. Once you start to amplify the good, once you start to reach for the low hanging fruit and you start to have this little nexus of hormone balance at your core, it's so much easier to build the new stack. To build the new stack of the positive things that reinforce these behaviors.

So I'm really glad you brought the learned optimism in. I'm a huge fan of Marty Zeligman. So thank you for that.

Jackie: Yeah, he's great. OK. So we did lifestyle. We did nutritional gaps...

Dr. Sara: And let me just add, if you're having any memory issues, sometimes that can be estrogen. So step two of the Gottfried protocol, when it comes to estrogen dominance, is to look at some of the proven herbal therapies. And I want to mention just a couple of them. It's funny. I had an email with your husband over the weekend about this, Jackie. Turmeric. Turmeric. Turmeric is one of the best anti-inflammatories out there. We know that Indians from India have turmeric with breakfast, lunch, and dinner. They have the lowest rates of inflammation of anyone in the world.

Why is inflammation important? I know you've heard on PEERtrainer before about inflammation, but I've got a slightly different take on it, and maybe we've talked about this before. The whole idea right now when it comes to your genes, in the next 10 to 20 years of medicine, is that you have your genes in a good neighborhood, not a bad neighborhood.

If you have inflammation, that is a bad neighborhood. It's like having drive-by shootings and not enough fresh produce. When you take turmeric, it helps you create a good neighborhood, and, oh, by the way, it also helps you with your estrogen balance. So you can use it in your food. You can take it as a supplement...

Jackie: Meriva, correct?

Dr. Sara: That's right, Meriva.

Jackie: [laughs] I'm jumping to the...please explain about that. Because if there's one thing that I've heard just wild, miraculous stories about, it's because of Meriva.

Dr. Sara: Meriva is so potent. It's just a really fantastic way to get turmeric and to change your neighborhood virtually overnight. So this is one way to correct that estrogen dominance, because there's a bad neighborhood that happens when you have estrogen dominance, and ultimately it can take you down that path of breast cancer. That's what we want to turn around, and turmeric can help with that. One other supplement I want to mention, especially for those of you who are taking in those words about the alcohol, resveratrol is a very potent botanical, derived from grapes, also derived from berries, and it helps to direct your liver to make more of the good estrogens and not as many of

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the bad estrogens. So this is another way to adjust the estrogen balance in your body so that you're in that sweet spot again.

Jackie: Fantastic. Now, I know that many people that read articles all the time, they say, but isn't wine good? Pinot Noir has resveratrol, and I'm sure that that's...

Dr. Sara: It does. Yeah, the problem here, as we have hammered in probably more than you care to hear, is that you can't drink enough wine to get the benefit to your estrogens without the damage that alcohol gets you. So when you go for the resveratrol, which doesn't have alcohol in it, you just get the pure benefit to your estrogen metabolism.

Jackie: This is great. I love the analogy of making your body a good neighborhood, a good host, welcoming. [laughs]

Dr. Sara: Yeah, absolutely. This is the key to longevity. This is the next 10 to 20 years of medicine. You can get complicated so fast about your genes and how they interact with the environment and your food and how you think and your supplements. But the main idea, the main takeaway, if you get nothing else today, is create a good neighborhood with how you're living your life.

Jackie: I love it. And when you create a good neighborhood, the weight has to come off.

Dr. Sara: Yes.

Jackie: I mean, weight doesn't stay on in good neighborhoods, correct?

Dr. Sara: That's right, it doesn't stay on. You don't get into that place of fat-loss resistance. The belly fat starts to resolve, because you're not saving it for a rainy day like you would in a bad neighborhood. You're in that place of learned optimism. Your stack is really supporting you. And this is where your Charlie's Angels are a key part of that good neighborhood. So you get your Charlie's Angels working for you, and it's so much easier. It's just not a struggle the way it is when your Charlie's Angels are working against you and you're in that bad neighborhood.

Jackie: I love it. Now, listen, I know that you're listening. I know you have questions. The reason I know you have questions is we have people working on this program that had questions within five minutes of listening to Dr. Sara. So please post them in the team, please send them, because those kinds of questions help us to serve. If enough people have enough questions about something, then it's something that we can point you to.

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We have, obviously, lots of materials. Dr. Sara has been poring over this for, what? Are you practicing for 20 years now, or no?

Dr. Sara: That's right. I started medical school in 1989, and I started taking care of women right away. I knew I wanted to become a gynecologist. I do take care of men now, too, but I have been totally focused on women and hormones since about 1990. So, yeah, a few decades.

Jackie: I know. In fact, if you can even imagine, somebody immediately heard something that I was talking about, about a class with you, and they said, "Well, does she talk about if your thyroid dies? What happens if your thyroid dies? What causes that, and what do you do?" So I'm sure you guys have questions. Obviously, we'll be putting together content to serve you as listeners so that you understand how to just keep making these strides forward, and in the process of getting, really, back to this what I would call equilibrium. And I love that you call it the "Goldilocks" position for everything, because that's been a phenomenal analogy.

Dr. Sara, thank you so much for this incredibly, as you would say, astonishingly simple [laughs] way of being able to take this information and synthesize it. I have to say that I didn't know that I would be able to synthesize it nearly as easily as I have. So I can't tell you how much I appreciate it, and I know everyone, I'm sure, listening appreciates it too.

If there's anything you want to add, please. Otherwise, we will direct everybody to the team and to the more information. This has just been fantastic.

Dr. Sara: Well, thank you, Jackie. I have to say, hat's off to you, because it's been so fun to be in conversation with you, and I hope that our listeners are just really getting into action around the things we've been talking about. I want to just emphasize, as a final note for me, that this is a process, not a destination. Especially when it comes to creating the good neighborhood. It's not like you create a good neighborhood and then you stop supporting it.

There's maintenance. There's habits. There's that learned optimism that keeps you in that place of the good neighborhood. I almost think about it as a prescription. The prescription here is not, "Take XYZ." The prescription is, "Create the good neighborhood." Let's figure out how to create the good neighborhood for you using these proven solutions that we've been going through. And not stay in that place of the bad neighborhood, which is miserable.

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Jackie: I love it. We'll have all sorts of additional resources, too. Because I know, personally, once you start to learn about this and have those small wins that we're talking about, you just want more and more. So we'll have so much of the additional resources from Dr. Sara available. So you can obviously keep synthesizing this yourself. I love it. The good neighborhood. Dr. Sara, thank you so much again, because I have personally already been helped by this. And I know that people...Like we've talked about, the greatest thing that this gave me was hope that I could figure some of this out. My hope is that other people have felt this hope as well. I can't imagine how they couldn't have. Thank you so much.

Dr. Sara: My pleasure.