

Ep #162: Mastering Menopause with Esther Blum



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Dr. Sherry Price

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You are listening to the *Drink Less Lifestyle* podcast with Dr. Sherry Price, episode number 162.

Welcome to *Drink Less Lifestyle*, a podcast for successful women who want to change their relationship with alcohol. If you want to drink less, feel healthier and start loving life again you're in the right place. Please remember that the information in this podcast does not constitute medical advice. Now, here's your host, Dr. Sherry Price.

Well, today I have the great pleasure of interviewing and speaking with Esther Blum, who is an integrative dietician and menopause expert. In the past 27 years, she has helped thousands of women master menopause through nutrition, hormones and self-advocacy. Esther is a bestselling author of the books, *See Ya Later Ovulator*, *Cave Women Don't Get Fat*, *Eat, Drink and Be Gorgeous*, *Secrets of Gorgeous* and the *Eat, Drink, and Be Gorgeous* project.

She is known as Gwyneth Paltrow's menopause mentor and by Forbes for helping women thrive through Menopause and has appeared on The Today show. ABC TV and Good Day, New York. If you are a woman navigating perimenopause or menopause, I know you will find this episode impactful and insightful.

Sherry: Well, hello, Esther, and welcome to the show. I am so thrilled to have you here.

Esther: Hi, Sherry, it's great to be here.

Sherry: Yes. And I want to tell the listeners that I loved your book *See Ya Later Ovulator*. And I can't wait to dive into a lot of the things that you talked about in this book. And there was one sentence that really struck out and I thought we'd begin there. It's by 2030 1.2 billion women will be in

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menopause. That's a huge number. And I love that you are speaking out about this. I love that you are educating women about this.

This is something when I went to pharmacy school we didn't get a lot of information on menopause. We got a lot of information about the cycle and the period, but not really a lot of focus on what happens as our ovulation starts to decrease. And so I thought we'd start with talking about perimenopause. I know it's that 10 to 15 years prior to menopause and what goes on in the body and why we get more anxious, more restless, feel more wonky, feel kind of like we don't know our bodies.

And so I'd like you to dive into what's going on in the female body that makes us feel more anxious and like we don't know our bodies and what's happening to us.

Esther: Yeah. So first of all, the most challenging thing for women in perimenopause is that I'm seeing women at earlier and earlier ages going through it. I have had women as young as 29 go through early onset menopause. Often I have women come to me in their early 40s. And the doctors completely miss the mark because they think, well, unless you are exactly between the ages of 48 and 52, you're not menopausal, you're not perimenopausal. They just miss the boat without thinking, putting all the pieces together of what's happening, what hormone storms are starting to happen.

So first and foremost, during this time there are wild hormone fluctuations. Estrogen levels can fluctuate north and south, 30%. There can be a 30% increase or a 30% decrease on any given day. It doesn't matter if it's the first half of your cycle or the second half of your cycle. You can still have spikes throughout any point when you're going through perimenopause. Your ovaries are putting out the final fireworks finale during that time because they're trying to eke out as many hormones as they can.

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Women will often pack on extra body fat and extra pounds during this time because hormones are stored in fat cells. So the body does this as a survival mode to help us hold on to our hormones as long as possible. Concurrently, when that happens, our progesterone levels are starting to decline. Now, the interesting thing about hormones is that they begin from the top down.

So when we are under a lot of stress, the hypothalamus in the brain is regulating our cortisol levels. And so if our cortisol levels are up and we're in a fight or flight state, progesterone levels will decline. Why is this? Because we need progesterone to have a robust ovulation every month. Well, you think back of how old our DNA is, it's millions of years old. What happened to our cavemen, cave women ancestors? They were perhaps running from danger, fight or flight. You're running from a tiger. You're running from other tribes trying to attack your village.

During those times, the last thing your body wants to do is ovulate, get pregnant and support the life of a baby. So naturally as a defense mechanism, your body shuts down your hormones so you can't ovulate and get pregnant. So this happens both with stress, it happens with age, happens with poor diet when we're not eating enough good cold water fatty fish and bone marrow and organ meats, which really feed our ovaries. So there's stress with alcohol or smoking, all of this has a real effect on our delicate endocrine system.

So there are mental health effects that come with this hormone storm. If you tend to be more estrogen dominant or you're relatively estrogen dominant or your estrogen levels are still spiking but your progesterone starting to bottom out. You can feel more moody. You can feel more irritable. You can carry more weight around your midsection and your butt and thighs, could have more breast tenderness, achy breasts.

And if your progesterone levels are low, you can experience a lot of anxiety, a lot of depression. We can have brain fog with all these hormone

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shifts as well. And so if you're also on birth control during this time, the pill or the IUD, that contains synthetic progestins, which are designed to suppress your body's own progesterone production. So imagine your hormone party is starting to decline. And then you have chemical hormones tamping it down even further.

So that's when I really see the most struggles with women, with mental health, sleep also becomes an issue with lower progesterone because progesterone makes GABA, which is a very calming neurotransmitter. And if your estrogen levels really are declining a lot, you can start hot flashing. So there's a whole host of things that can happen with this shift.

Sherry: And now that you're saying all of this, this makes perfect sense. I went and saw a functional medicine practitioner, and she just advocated that I get my IUD removed, it was Mirena. And I didn't realize even as a pharmacist, the difference between the synthetic and the bioidentical hormones and how the one in Mirena is a synthetic hormone. Can you talk a little bit more about the synthetic hormones versus bioidentical hormones and why women should really not be taking synthetic hormones? And I'm so glad I had that IUD removed and been educated in this area.

Esther: Yeah. Amen. So the problem with synthetic hormones, if they are placed internally or if they are taken orally. We are learning, there's more research emerging that shows that your risk of breast cancer is far greater from taking a synthetic estrogen in what would be the birth control pill. Bioidentical hormones are about a fifth of the dose of synthetic birth control pills or what is in the IUD. Both of those contain synthetic progestins. And what you will see is a lot of doctors will use birth control as a hormone treatment during the menopausal transition.

I will tell you all that menopause is not a birth control deficiency. Synthetic birth control has those progestins which don't touch the GABA receptors on the brain. They are not going to help your mental health. They will actually worsen it. They may control your bleeding and other symptoms, may

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control hot flashes. But certainly it's not going to address the mental health piece. Now, you may be listening and thinking, oh my God, I'm on the pill. I'm on the IUD. I was having wicked heavy periods before, and once I put these in it controlled it. What do I do if I'm transitioning to menopause?

I would say if you want to use it for birth control, you can leave it in if you need to, but get your hormones checked. And you will need to add in bioidentical progesterone, number one, if you're a candidate. Number two, when you transition off chemical birth control to bioidenticals even if you start out at the highest dose possible of bioidenticals you will probably hot flash and have side-effects for about two weeks.

There will be an uncomfortable transition but your body will adjust and adapt. So bioidentical hormones, they are made in a lab but they are plant based. Your body cannot distinguish the difference between its own hormone production and a bioidentical hormone. And most of the uses, the way they should be used is transdermally for estrogen.

I don't know about birth control, but I know some synthetic forms of bioidentical hormones that are oral, like Premarin are using E1. This is estrone, BiEST cream which is transdermal estrogen, uses estriol and estradiol, that's E2 and E3. Those are very safe, very low risk of cancer, clots. All of those risks get put to bed when you use it either with estrogen cream or an estrogen patch, which is estradiol. So those are very safe ways to administer it.

Progesterone is usually given orally and this can be done via prometrium which is a bioidentical progesterone that you can get in your pharmacy. Mine is under \$4 a bottle which is glorious, but you should know it is made with peanut oil. So if you have a peanut allergy, you may need to get it compounded and made with olive oil instead. And prometrium is great for sleep or if you are having insomnia in perimenopause, prometrium is great for sleep. If you're still cycling regularly, your doctor may say, "Let's just use it the last two weeks of your cycle."

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If you're in late perimenopause, they may want you to use it all month long. Some women do not tolerate progesterone well at all. They get side-effects. They get a lot of emotional depression or just feeling incredibly blue or feeling like they're crazy. So in those cases you can use it vaginally. You can use progesterone vaginally, it's very well absorbed and there's no research studies and there's some doctors tell women to use it rectally. I don't know how I would feel using it rectally personally, but women tolerate it better.

And if you really can't tolerate it but you need it, some doctors do put in an IUD for progestin, it's some level of progesterone. The other myth is that if you don't have a uterus, you don't need progesterone. This is false. You still need progesterone for sleep, for cognitive benefits, heart health and bone density. So don't think that you don't need progesterone just because it's there to protect your uterus. It does many, many jobs all over the body.

Sherry: I loved how you walked us through the different forms of estrogen because there are three different types of estrogen in the body. And I know when we look at the Women's Health Initiative, they're using Premarin, which comes from horse urine, which has over 10 different estrogens and none of them really match what our body makes. So I love that you broke down the different types of estrogen and what we need and why Premarin and while we saw side-effects from that trial really don't pertain to the bioidentical hormones as you stated.

And there is some finesse with bioidentical hormones, knowing the right dose, knowing the right route of administration, titrating it to the patient's needs. And I'd like you to discuss, I thought you didn't need replacement therapy until you are in menopause. But then when my functional medicine doctor was like, "Well, why would you wait till you're empty of everything to replace it? You need to start replacement when you are going through perimenopause because your levels are fluctuating."

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And so you're basically putting back what's not there, what your body can't make. And so when do you think a good time to think about hormone replacement is for women? Because I think a lot of people wait too late.

Esther: Correct. And the benefits are with early intervention, you cannot replace the benefits of estrogen therapy during the perimenopausal years for bone density, you really can't. And so women will come to me and say, "Oh, my gosh, I've been postmenopausal for 10 years now, is it too late?" It's not too late, but you're not going to see the same benefits, the protective benefits against bone loss if you're doing it too late. So the first to enter the picture is most often progesterone.

Now, if you're early perimenopause, let's say you're mid-30s to early 40s or let's just say you're starting to notice the first half of your period cycle you are a very different person than the second-half. You see a really distinct uptick in your symptoms. You can start using Vitex. Vitex is chaste tree. This is an herb that helps your ovarian production of progesterone. So you can take it the second half of the cycle, you could take it all month long. You could see how that helps you.

If you're noticing after three months in, I noticed some improvement but not dramatic improvement. Then you can talk to your doctor about adding in progesterone the second half of the cycle. Some doctors will start very low. They'll start with just progesterone cream. Progesterone is incredibly safe and gentle. You can really start using it orally at 100 milligrams, the second half of your cycle. The other thing we want to remember is the other two hormones we didn't even mention yet are testosterone and DHEA.

And so testosterone is another really important hormone. Hormones are a symphony, they're not solo acts or solo artists. They are a symphony. So the key is balance. Now, not every woman is going to need testosterone. Some women are going to have very high testosterone, about 25% of women are going to have very high testosterone. About 25% are going to

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have very low testosterone and need replenishment, about 50% are in the middle and don't need testosterone. So you really do have to test.

But the administration is also transdermal. Now, here's the rub with testosterone. Because it's not FDA approved for use in women, you do have to get this made in a compounding pharmacy. You cannot get an FDA approved insurance, approved form of testosterone as a woman. So you do have to get compounded. It's a cream, it's gentle. And no, I hate to tell you ladies, you're not going to grow facial hair. You're not going to look like Arnold Schwarzenegger.

You don't lift heavy enough weights or eat enough calories to look that way on transdermal testosterone. These are micro doses. There's also DHEA, which is another amazing hormone made by the adrenals and that you can just take as an oral supplement. And last but not least is our bestie, vaginal estrogen and vaginal hormones. So vaginal estrogen prevents atrophy of the vaginal walls. You also are supposed to use it on your clitoris and your urethra twice a week. And people say, "I'm not having any symptoms." I'm like, "Wait till you're 80 peeing in your pants, in your diapers and having UTIs all the time."

The smartest thing you can do is prevention, so you lubricate regularly. You don't have dry, painful sex. The saddle under the bladder isn't prolapsing and you're not getting infections and you can actually enjoy sex. And so a lot of these issues are quality of life. So how soon can you start? As early as your body needs to start.

Sherry: Yeah. And I'm glad you mentioned testosterone and libido because I think there is this thing out there that women shouldn't want sex or be desired or that once we hit a certain age that we're just no longer interested. I know I want to keep having sex, an active sexual life well into my 50s and 60s. And I actually read a stat in your book where 50% of women stop being sexually active in their 50s. And I just think that's disheartening for women.

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I mean, this is a great way to experience pleasure with your spouse, get oxytocin and all those great chemicals that get released through orgasm and physical touch and that time together. I think that bond is really important, especially as we age. So thank you for touching on the testosterone piece. Now, do you have levels that you feel are what's considered below testosterone level or too high of a testosterone level? Let's talk about too low a testosterone level.

Esther: So it's so funny, I have so many mentors and I've gone to lectures, there's really no one consensus. And some doctors test with blood. The most accurate way and the best way to dose hormone administration is with saliva testing. I use urine testing in my practice. I'm starting to play with saliva. But you really do need to look across a few windows, not just one window in particular, so I don't have a specific answer on that.

It's a great question, but it's so different for everyone. And some women, their numbers are good, but they're still having symptoms. So in those cases, still I've seen doctors go above and beyond even what they thought they would prescribe because that patient is still having symptoms.

Sherry: Yeah. And I know in your book you definitely recommend against testosterone pellets because those can go wonky, really high. And yeah, that's not the formulation you want to be looking at if you're going to be starting testosterone therapy.

Esther: Yeah. Or any hormones, pellets are very, they're impossible to control the release. And the dosages are way too high. I mean, I look at the test results of my clients who come to me using pellets. They are always off the charts in the red zone. And for someone who's not a great methylator it's a problem and they tend to burn out your hormone receptors over time. When you use bioidentical hormones, you're supposed to take one day off a week.

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With pellets, they don't flush out of your system for four to six months. And so you have to eventually keep increasing the dose, increasing the dose, increasing the dose. And there are very real side-effects from pellets, there's weight gain, irritability or rage. And just a libido that is so high that it's scaring the hell out of everyone's partners. But also you can get hair growth on your face and loss on your head and that can be permanent. So we don't mess around with pellets.

There's no clinical studies on them at all. It's really scary. And I've gone to conferences and there's vendors in the hallway, they exhibit it. And I literally confronted them and I confronted the people at the booth and I said, "How are you prescribing this without medical studies?" And they said, "We don't need studies, we have anecdotal evidence." I was like, "Not when you're putting chemicals in someone's body. Just because it's bioidentical, doesn't mean it's safe if you're not carefully monitoring and watching."

Sherry: Yeah. And Speaking of going back to when you said that people go into the red zone. I want to give a shout out to you and say thank you. After listening to you and I met you on Cynthia Thurlow's podcast and listening to what you had to say and what Cynthia had to say. I decided to test my beta-glucuronidase. And that was something you were referencing in the book and how that could be high. And speaking of being high, I was in the absolute red zone. I mean, I was off the charts.

And so I'd love for you to speak about something that I learned from you which is this estrobolome. And how that contributes to estrogen dominance and how our system can get out of whack that way with this estrobolome.

Esther: Yes. so there's two checkpoints that I use when someone comes to me and wants to be considered as a candidate for hormone replenishment. So we test hormones, and via urine right now, I'm probably moving towards saliva, but right now, urine. And we see how hormones are moving through the liver. And then we also do the stool test and see how they're moving

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through the gut. So the test you're referring to, the beta-glucuronidase test tells us how you are detoxifying estrogen in the gut wall.

If you are in the red zone, you're reabsorbing it and recycling it. And you can also have a lot of inflammation. So we have a subset of our microbiome. Our microbiome is trillions of bacteria that influences our genetics and our genetic expression of illness and so many things. And genetics are the gun, but environment really pulls the trigger here. So the estrobolome is a subset of that microbiome. And that is the sole purpose of the estrobolome is to make sure that we are detoxing and metabolizing estrogen.

So if we have low stomach acid, if we have dysbiosis, if we have LPS, that's lipopolysaccharide producing bacteria which have biofilms over them, H pylori or again, dysbiosis overgrowth, candida is an LPS producer, certain bacteria, Morganella is an LPS producer. So if we have a situation, a bacterial imbalance or bacterial overgrowth or infections. I see a lot of giardia and E Coli for example and we have a leaky gut and we're low in hydrochloric acid. That can create this perfect storm for your gut and your bacteria to not be robust enough to support the estrobolome's ability to do its job.

And when we clean up the gut, all of a sudden we see perimenopausal and menopausal symptoms disappear. I have women who come to me hot flashing and they've had such fires that we had to put out. Their tests are lit up like a Christmas tree, lots and lots of bacteria are in the red zone or they're below the detectable limit. There's just nothing, there's no seeds in the soil at all. And when we clean those up, hot flashes disappear, sleep gets better, brain fog gets better, inflammation gets better. Joint pains get better and heal.

So, so much lies on gut health, because the better your gut health is going into perimenopause and menopause, the fewer your symptoms will be, the more resilient you'll be. We also want to remember for COVID, and immune

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function that 60 to 70% of our lymph nodes line our small intestine. So again, the better our gut function is, the better our immune function will be. So, it's so imperative that we work on the gut for everything, to support everything really.

Sherry: Yeah. I'm so glad I did that Dutch test and giving the results to Cynthia and then working with my functional medical practitioner, just doing the detox diet that I did. And it just normalized my beta-glucuronidase, then my levels came way down. So that was just phenomenal. And as you mentioned, some of those symptoms started to lessen about perimenopause. So I'm so glad I learned about that because I wasn't feeling that symptomatic before.

And so sometimes what you don't know, you don't know. So I'm so glad I didn't see this coming because I had no symptoms. But then when we tested, it was brewing. So I'm glad to have fixed that up. I want to pivot to this adrenal gland, that we live in this chronic modern day stress. I mean, we can get stress from so many different areas, it could come from work, our families.

Just watching the news and what's going on out there in the world right now can be this constant fire that keeps our adrenals revved up and our cortisol revved up. And I'd like you to speak more to how that high cortisol really impacts our sex hormones really, the estrogen, the progesterone and then that weight gain component from it.

Esther: Yes. Well, and here's the most interesting thing, like you, I thought that the adrenals were making cortisol. It's actually the hypothalamus in your brain that's driving the adrenals to function sub optimally. But yes, under stress, the adrenals do enlarge and they like to kick out a lot of trace minerals. They're sending health workers to our nervous system to try and calm it down. So it's really important that we nourish the adrenals with a few different really simple lifestyle strategies.

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Number one is optimizing our protein intake. Protein repairs the adrenal glands, it gives support and especially in the form of cold water, fatty fish, salmon, wild Alaskan salmon, sardines, herring, mackerel. You get a hold of some caviar, some fish eggs, those are incredibly nourishing, chicken eggs and the yolks are nourishing. Yolks and liver are the only two food sources of choline, which is very brain protective. And under extreme stress our brain has a lot of shocks happening to it.

So with all the news that's happening now, that's why I keep tripping over my words right now. My brain has had a lot of shocks this week. And so it really impacts our ability to think clearly and to sleep well. Eating carbohydrates at night. So protein by day and carbs at night is also very helpful because a lot of the time when we're very stressed and when the adrenals are stressed, we get a lot of blood sugar dysregulation, meaning we're going to have spikes.

Often we're craving junk food, then we're not sleeping well or we're drinking alcohol and then our blood sugar spikes and then dips. And when it dips, especially around 3:00am, let's say you've had a glass of wine with dinner, you're going to get a blood sugar crash at 3:00am and then your cortisol spikes up. It's like, hello, there's a fire here, I've got to put the fire out. And then you wake up and you're not sleeping and then you crave more sugar the next day and you start to pack on that midsection, meno pot.

So eating carbs at night really tamps down cortisol so you get a restful night's sleep. And the third and the absolute simplest thing you can do is breath work. I do breath work twice a day. I do five minutes in the morning and that, I do a moving meditation I do on my walk, setting the intention for the day. And really curating a positive mindset for the day and sending healing prayers to those I love.

And then at night is when I do the deep breath work to stimulate the vagus nerve to relax the nervous system, to calm everything down, to get that parasympathetic nervous system activated, which tells you, I'm safe, I'm

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okay. It just really, really helps you sleep and it stimulates the alpha waves in the brain to really get going. So you get into a very deep restorative sleep. And those, we're not talking anything crazy here. You don't have to take a pill.

You don't have to spend thousands of dollars on some online program that some influencer sold you online. We're just talking about getting in protein at your meals, animal protein ideally, carbs at night and breath work, that's the foundation. Now, if you want a level above that, then yes, I recommend some really great herbs. I mean ashwagandha is such a gentle supporting adrenal herb. You could do Rhodiola. You can do [crosstalk].

These are all really, really wonderful herbs to just help modulate the stress response. They're called adaptogenic herbs. They help you become more resilient with stress. So I'll often use a lot of tinctures at night to help me as well with that.

Sherry: Yeah. And I'm glad you highlighted that because I think a lot of people just pooh pooh stress and say, "Okay, that means I have to meditate or I have to do a 30 minute yoga practice." But doing something simple as five minute breath work. I mean anybody can add that to their day. And when we're going to bed at night, a lot of us don't just fall asleep automatically. So that's a perfect time to wind down, calm down the body, calm down that stress response. So we're not adding to the meno pot as you call it, the meno pot.

Just taking care of our health, which every system is not solo. It's impacted and they're intertwined and so taking care of the adrenals is important for other systems and then the glucose and the spikes in insulin and all of that. And I loved how you touched on alcohol because this is the *Drink Less Lifestyle* podcast. And alcohol, I think we don't talk enough about how it interferes with our metabolism and how the liver prioritizes that and breaks that down.

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And then there's subsequent things that fall out from that, like you said, the blood sugar tanks and that produces a high cortisol level, which most people experience waking up in the night and not being able to fall back right to sleep. Also how it alters our estrogen level, can you talk more to that?

Esther: So your liver is going to prioritize the pecking order of what it needs to detox. So alcohol is a class one toxin. We have so much fear around using bioidentical hormones, when drinking alcohol every night is far more toxic. There are very few, if any, health benefits. And the risks outweigh the benefits. Don't think that a glass of wine is healthy for you every day, especially when you're on hormone replacement. Because your liver is going to say, "Hold up hormones, I have to now deal with alcohol first."

And it takes four to six hours for your liver to metabolize and detoxify that one cocktail that you had, that one glass of wine. So only then can your body then return to your hormones and start detoxifying those. It's not a great multitasker. So what happens is you are in an estrogen dominant state for 25% of your day really, 25 to, I'm so bad at math, 40% of your day depending on your liver function.

Sherry: Depending on how much you drink.

Esther: And how much you drink, so it's really not helping your case. It's certainly not helping your gut. And so people will come to me and say, "I'm not going to give up drinking." I'm like, "Well, then I don't think I'm a fit for you because there is no way you're going to heal your gut." You're literally poking holes in your gut. If you have a leaky gut and you have inflammation and I have seen my clients who think that they can keep drinking and we redo their stool tests and they've had zero momentum.

And after spending hundreds of dollars on supplements and months of time taking all those supplements, they get zero results when they're still drinking. So I'm like, "You have to put the pause on this." And the problem

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is people then have to find a way to manage their stress. And I'm like, "Have you heard of walking outside for half an hour in the morning and just listening to the birds sing? Have you heard of journaling? Have you heard of taking baths?"

Sherry: There's so many modalities.

Esther: Start having sex more, what a concept. So it's a really great time of reckoning. I find I can't personally drink when I am stressed or depressed anyway. The only times I really drink are on vacation, because then I'm happy and relaxed and my body can metabolize it. But if I have a cocktail during the week, which, I just don't. My body is not good at handling it at all, especially under stress. So you've got to know your body really well and if you do have a cocktail, listen, enjoy the hell out of it, but just be moderate, people, just understand the risks and the side-effects.

Sherry: Yeah, a lot of women talk to me about, "I don't fire on all cylinders when I'm drinking." And of course, you don't. The body has to detoxify that, get rid of that. And that takes hours and hours as you're saying. And speaking of the brain, a lot of women as they're aging, they want to take care of their brain. They don't want Alzheimer's or any type of mild cognitive impairment. And learning that there's estrogen receptors on the brain. And so being on hormone replacement therapy protects our brain for much longer.

And so we now know that Alzheimer's and dementia and all of that doesn't start right at the diagnosis, it started 10 to 20 years earlier. It's just progressive, it's getting the decline, just like diabetes doesn't start the moment you have an A1C that qualifies you for diabetes. Which is now why we have pre diabetes and looking at helping those patients reduce their A1C and their blood sugar so they don't develop diabetes. And so I think we need to take that same perspective and same approach to preventing cognitive decline especially as we age and hormone replacement therapy is one way to do that.

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Esther: And a really, really important way to do it and it's not only estrogen that does it, this is the cool thing is that progesterone and testosterone each play roles in memory, learning, cognition. It helps keep your brain in a neuroplastic state where it's malleable. You could still learn more. You're still firing on all cylinders. It's really incredible how hormones affect.

And I could tell you the brain fog I had before hormones and after was dramatic. Especially the testosterone, I got to a certain level where I was probably 70/80% better. But the testosterone leveled me up where I was like, "Wow. I have my brain back. Everything's working." Contrary to all my stumbles in this podcast, but all kidding aside, it really makes a huge difference, yeah.

Sherry: Yeah. And it really comes back to what you're saying. It's not just one hormone, it's a symphony, it's an orchestra. And so regulating all of those to get the most benefit because another quote from your book, being normal is one thing, but a lot of us want to live optimally.

Esther: That's it.

Sherry: Well, thank you so much, Esther, for coming on the podcast today. And I just want to give you a sincere thank you for all of the information you put out there in the world through all your books, your podcasts. And really be an advocate for us women as we age. And if my listeners want to follow you or check out any of your work, where can they find you?

Esther: Yes. I am on Instagram @gorgeousesther. And for your listeners I have a gorgeous free offer. You can download my 14 day Gorgeous Menopause Eating Plan, Metabolic Mastery for Menopausal Women. And that is at estherblum.com/recipes.

Sherry: Fantastic. Thank you so much, Esther.

Esther: Thank you.

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If you want to change your relationship with alcohol and with yourself then come check out EpicYOU. It's where you get individualized help mastering the tools so you can become a woman who can take it or leave it and be in control around alcohol in any situation. EpicYOU is the place for women who want to be healthy, confident and empowered to accomplish their goals and live their best life. Come join us over at epicyou.com/epicyou. That's [epicyou.com/ E-P-I-C-Y-O-U](https://epicyou.com/E-P-I-C-Y-O-U). I can't wait to see you there.