Conscious Life presents

Balancing Your Hormones For Anxiety Relief

Guest - Dr Anu Arasu

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[00:00:00] Alex Howard
Welcome everyone to this interview, where I am super-excited to be talking with my very good friend, Dr Anu Arasu. We're going to be talking about the relationship between anxiety and hormones, and hormones and anxiety.

Really understanding this piece, I think, is super-important. I think so often when it comes to anxiety, we can get very focused on looking at our mind, our emotions. But if our hormones are out of balance, it's absolutely critical to address this piece.

To give you a little bit of Anu's background, Dr Anu Arasu is the founder of London Bioidentical Hormones, a clinic specializing in treating hormonal imbalances with individualized bioidentical hormones and a functional medicine approach. Anu suffered from postnatal anxiety and burnout after the birth of her first child and healed thanks to functional medicine and bioidentical hormones.

She has written a short e-book called *Bioidentical Hormones Explained*. London Bioidentical Hormones is passionate about finding what is right for that individual at that time and providing patients with tailor-made programs that optimize health and well-being. Anu, welcome and thank you for joining me.

Dr Anu Arasu
Thank you so much for having me. I'm really happy to be here.

Alex Howard
Must be strange for you being on the other side of the interview, having done the Hormone Super Conference and being the one asking the questions.

Dr Anu Arasu
Yeah, it's great actually to be on both sides. I loved it from the other side too, but it's nice to show up today and hopefully bring something helpful.

[00:01:50] Alex Howard
Yeah, you always do. Well, look, why don't we start with... The experience of anxiety in many ways is the same for everyone, but it's also different. But also, men and women because... We're going to talk and get more into hormones as part of this. But do you want to speak to how they can have their own different experience of anxiety?

Dr Anu Arasu
Yeah, it's a great question. What the research shows is that anxiety affects women more. What'd we mean by that? Higher prevalence, higher disability, much more in women than in men. That actually could be that men under-report, right?

There could be other factors. I mean, there's still a lot of stigma with men coming to their doctors and saying that they're feeling anxious. It's certainly not to dismiss anxiety in men or the hormonal link, because we have a lot of patients who we see, and if they have low testosterone, that absolutely can cause anxiety and could cause depression.

But the research is showing that for women, this is a really big deal, and there is a hormonal link. So what we know with women and anxiety, they're twice as likely to be diagnosed with post-traumatic stress disorder as men. They're much more likely to get a lifetime diagnosis of anxiety.

And the problem with that is if they get a lifetime diagnosis of anxiety, they're much more likely to have another comorbid condition like bulimia, or if they've got panic, to also have generalized anxiety disorder. The way that that plays out is it affects the disability, basically. Their ability to show up at work, to perform, so the lifetime burden is much bigger. So I think it's quite a big issue.

Alex Howard
I think one of the things that also happens with anxiety is that one normalizes to their experience. And so you can have someone who is chronically worried and anxious the whole time, but they wouldn't necessarily self-identify as that being the case, if that makes sense.

I don't know why my mother comes to mind, so I'm oversharing here a little bit, but she's someone that is... Her nervous system is so dysregulated, and she's so neurotic to be around. Every time I speak to her, it's like, "Are you okay? Are the kids okay? Is everyone okay?" I'm like, "Yeah, everyone's fine."

I've learned if everyone's not fine, just not to say anything because it just goes from 10 to 100 in terms of the... But she wouldn't necessarily, I don't think, self-report as being anxious because she spent her whole life living in that state.

I think maybe it's helpful to also make this distinction between anxiety is something that one is recognizing and that one is seeking help for, but also the many, many people that are living in a dysregulated state but don't necessarily recognize that as what's happening.

Dr Anu Arasu
Yeah, that's huge. I love the fact that you picked your mother as the example. Partly because I can relate, because actually when I became a mother, I got hit with huge postnatal mental health symptoms. And this is well-documented. This is a really big thing.

[00:04:58]
So our nervous system... I mean, our hormones drop suddenly postpartum, and that has a huge impact on our neurotransmitters, which is really still under-recognized. But it changes our entire being. And actually this year... In 2024, 57,000 women now are seeking help, postpartum for mental health issues and things like anxiety. That's a third up from 2022. So mother is a great place to start.

Then I think there's a question of, okay, there's an immediate postpartum starting period. But at what point does that become your new normal? And at what point do we slip into what you're talking about, which is just that our whole homeostasis... What we're used to, is essentially reset to be more anxious than we used to know ourselves. I do think that with age also, we can find that we are less able to cope with stressors. Conversely, it could be the other way around.

If we've had a lot of childhood trauma, we may come into the world with already quite a dysregulated nervous system. So the point that you're making is great. How do we even know that we have a problem? And this is where I think we talk more about normal versus common.

And if you are suffering, there is a real hope that you can actually live better, that you can actually go and have a look at your nervous system and consider things like hormones and what else is going on, because chances are, quite likely, there are many things that you can do to feel a lot better.

Alex Howard
Yeah. And obviously, we'll come to that in a little bit. I wonder if another piece, just to bring into the conversation here as well. You touched on it, but if we're looking at women's cycles, for example, and looking at within the monthly cycle... I obviously can't speak from direct experience, but I can speak from indirect experience, that one's mood obviously changes through their cycle. Maybe you can speak a little bit to that as well.

Dr Anu Arasu
Yeah. What the research shows is that hormones definitely affect neurotransmitters. The absolute levels of hormones have an impact. If you have low levels of estrogen or progesterone, that can have a negative impact on mood. It's also the rate of change of hormones that has an impact.

Classically, what we've found is that women who have lower levels of estrogen and progesterone, particularly progesterone, in that second half of their cycle, have worse PMS symptoms, PMDD symptoms.

What we've also found is that the women who have a sudden drop in their progesterone have a much harder time. If progesterone is slowly dropping over eight days, that's okay. But if some women just have a rapid drop in the last three days, what the study showed is that they have much worse PMDD. So absolute levels and rapidity of transition.

I mean, the most classic thing... The most classic way that we see that, to come back to it again, is the rapid drop that happens in the... After giving birth, that's when the rapid drop of estrogen and progesterone really messes up their neurotransmitters. The other time is teenagers and perimenopause. Teenagers and perimenopause are basically the seesaw. They match each other.

[00:08:14] Alex Howard
I think you're describing my household for the next five years.

Dr Anu Arasu
Maybe, yeah, exactly. You're the witness of all of this, the observer. But classically, the reason why adolescents and perimenopause is so hard is because what we're getting is very rapid transitions. So people often get confused. They say, "Oh, I did a hormone test and it came back normal. But I feel like I'm in perimenopause."

Absolutely, you can be, right? First of all, what does that even mean? Often "the normal test", they haven't done all the tests. They may have just tested FSH. Maybe they haven't even tested your progesterone levels, in which case you're going to miss something because you're going to have low progesterone whilst you still have a normal FSH.

Secondly, your hormones can be swinging about all over the place. So even if they look relatively normal, let's assume, the transition of hormones can be balanced out and that can make you feel a lot better. So I mean...

The last thing I wanted to say about this, the cycle and how it affects things, is that this has a hugely powerful effect. So they've done studies where they showed women films... Adverse film clips, and then they asked about how many intrusive thoughts they got later.

And women had much more intrusive thoughts in that second half of their cycle. So even if you're doing something like working with you. Having CBT or doing some therapy, you might want to time it in your cycle because you're going to have a different treatment response.

Alex Howard
I think one of the things I think that's just really important to amplify at this point is just how you're validating people's experience, because I think we have the whole layer of mental health issues or anxiety as being a weakness.

Obviously, one of the big things we're hoping for with this conference, people would really shift that perspective around it. But I think another issue we can have around it is to think that, well, anxiety is something that I primarily experience in my mind or might be experiencing in my mind and my body, but how I experience it is through my thoughts. Therefore, I have to work on my thoughts.

I think the point you're making that's really important here is that you could be doing the best talking therapies and emotional healing work and nervous system regulation work and whatever else. But if your hormones are out of balance or they're shifting in ways that are too quick to catch up with, then you are going to feel anxious until that is addressed.

Dr Anu Arasu
100%, yeah. That is exactly what it is.

Alex Howard
Yeah. Do you want to say a little bit as well around how hormones affect the brain?

[00:10:56] Dr Anu Arasu
Yeah. I mean, to come back again to the validation point, because we don't hear enough about this. So estrogen has an impact on serotonin, our happy neurotransmitter. It affects the number of serotonin receptors. It also has a huge... In a positive way, it helps support serotonin levels.

When we get sudden estrogen withdrawal, we get a drop in that. And we found even things like relapses in some conditions are much more likely to happen if we have low estrogen. Actually, we have less relapses when we have high estrogen.

Even people's bipolar medication doses can be less pre-menopausally. When they're still producing their hormones, they may need less of the other drugs because estrogen has this link with serotonin and dopamine.

Again, for dopamine, estrogen helps with the dopamine receptors. It slows the breakdown. And dopamine is... People, I think, have heard about it a lot now, but it has to do with reward and addiction. So we're going to be more prone to mental health relapses or possibly addictions if we're on that low estrogen spectrum.

Progesterone gets metabolized to something called allopregnanolone, which has an impact on GABA, which is a calming neurotransmitter. But GABA also attenuates dopamine. So progesterone helps dopamine too, but progesterone needs to be balanced with estrogen.

So now you see it's getting a bit complex as well, right? Because what we're beginning to enter into this world is... It's going a bit gray. We're not using the word "diagnosis." We're not making a diagnosis in the hormone world, and we're not necessarily making a diagnosis in the mental health world. I think this is why it's so difficult for people to get the validation they want or need, because we come from a lens where it's all about diagnosis.

Here I'm talking about estrogen and progesterone rates of change or absolute levels. I'm talking about neurotransmitters, rates of change and absolute levels. Then I'm talking about how all three of them are linked. It's enough just to know, perhaps, that our hormones really impact our neurotransmitters, and that's the space to look at.

Alex Howard
I think also, and again, you touched on this a bit earlier... But one of the issues can be here as well, that one recognizes they don't feel right and they go and see their GP, and maybe their GP just dismisses it outright and says that you're being anxious, whatever. Like that's a valid reason to dismiss someone. But nonetheless, that's what they'll say.

Or they'll say, "Okay, we'll run a few tests", and they'll run a few tests, and they'll run it at a certain point in the cycle, or as you say, they won't look at the rate of change, or they look at it from very broad reference ranges, whatever is the limitation in that approach.

But the output of that is one is dismissed, but it's worse than they're just dismissed. They're dismissed now thinking that what they thought was the source of the issue is now off the table as the source of the issue. So that, of course, in of itself is massively anxiety-inducing.

[00:14:05]
I'd love you to speak to... Because I'm sure many of the patients that come into your clinic come in with a different version of this story, which is that they've been gaslit or dismissed or told there's nothing wrong, and that's just made them more anxious, and understandably so.

Dr Anu Arasu
Yeah, this is such an important part. So now that we've entered this gray space of hormones and mental health, essentially, the only way that you can really get answers is by going to things like tracking and testing.

Tracking your symptoms, maybe by keeping a symptom list with an app, wearables, body awareness, and testing and matching them. In the mainstream lens, because of capacity for many good reasons, whatever, it's not been able for that space to offer tracking and testing and looking at in this way.

So if people go to their GP, what they have to realize is that hormone problems are still going to be basically addressed in a binary approach. You're either in menopause or you're not. If you're in menopause, you can try some HRT or if you're close to it. And if you're not, have the pill.

We don't believe in hormone tests because we're only using this binary approach. So actually testing your progesterone is not going to change our management because even if you have low progesterone, I'm only going to give you HRT, which is estrogen and progesterone, or the pill if you're young, because these are the two treatment solutions we have.

So they go to the mainstream system and first of all, they get told testing is not useful. And the reason why testing is not useful is because the solution is only two-pronged. It's a bit of a binary approach. That's why testing is not useful. But people aren't told that. They just hear "testing is not useful."

On the other hand, where does testing become useful? If you go and see a clinic where actually they're going to be open to individualizing the dose. If you're 25, 35, and you just have low progesterone, they're just going to give you a tiny bit of progesterone cream. If you open up that possibility, suddenly testing a progesterone level becomes useful because you're going to act on it.

But I think that in a way, this basic difference in the lens is not being explained. And to make it even more confusing, now there are clinics that say, "specialist menopause clinic." But again, they're coming from that mainstream lens of whether you're either in menopause or you're not. And if you're in menopause, okay, we use body-identical hormones which are identical structure to your body's own.

But basically, we still don't have the lens of individualizing the dose. We still don't necessarily believe in testing progesterone levels or just giving you progesterone or changing the amount that you need in a two-year period.

So if you get side-effects or if you have mental health issues... "I don't know, it could be something else, go and see a psychiatrist." So it's really this, and I think the take-home message there is that when you enter the gray areas, unless you're working with a practitioner who's willing to step into

that unknown with you and to say, "Okay, let's track, let's test, let's explore this together, let's partner."

[00:17:30]
Unless you enter that space, you're probably going to feel dismissed. You're not going to get the validities because all of these things are true. Of course, we know hormones affect mental health, but you're not going to get a solution that is linked to that. You're not going to get a solution that actually fits that theory.

Alex Howard
Yeah. In a minute, I want to ask you about the pathways forward, but... I'm a dog with a bone on this point. I want to really reinforce it because what was coming to my mind was patients of mine over the years who have had the underlying issue that's going on, which is impacting on anxiety, and then they have the anxiety about the lack of understanding and response to that.

I was just thinking of a patient of mine who had an atypical reaction to thyroid medication, which meant that they needed a higher dose and a dose that mainstream medicine wasn't particularly familiar with or comfortable with. At one point, they got physically pretty much thrown out of the doctor's surgery as they were saying, "No, we're not going to prescribe this for you. We can see how anxious you are, and that's the problem."

And like, "But I'm anxious because you keep taking away the medication that each time you take it away, I end up back in bed." They had to work very, very hard to advocate for their needs. I just think people hearing someone like you speak about the fact that there is real validity to someone's experience and that until we address that in the way that we need to, it's inevitable that there's going to be physical symptoms that are going on.

Dr Anu Arasu
Yeah. And I think we can do that when both are willing to step out and... Step into this partnership and say, "Look, let's work this out together." And I think sometimes, obviously, the mainstream lens is, quite rightly for many situations, constructed on this idea of this is the solution.

People are very clued up now. They know it's not that simple. And I think it's just about really finding that partnership and basically going down... This is where the functional medicine lens part and the individualizing part, personalized medicine part, is so key.

So as long as people know that, as long as they understand, well, look, if I go down the mainstream route, it's not going to... Maybe I'm not going to get met with these queries. So I can try that. Maybe that's the first place I start, and maybe that will work for me. And if it doesn't work for me, I then need to venture into a more personalized approach.

Alex Howard
Yeah. Okay, so someone comes to your clinic and they have anxiety. Maybe that anxiety is worse at a certain point in the month, maybe that anxiety has been worsening over time, and maybe that tracks with perimenopause. But there's clearly some relationship here that's going on between hormones and anxiety. You mentioned tracking, testing. Speak a bit more about what that looks like and what those steps are at that point.

[00:20:36] Dr Anu Arasu
Yeah. So interestingly, often patients that have had this situation have actually done some tracking. They come with notes. They come with saying...

Alex Howard
Sometimes a lot of notes if there's anxiety, right?

Dr Anu Arasu
Right, a lot of notes. Yeah, yeah, yeah, absolutely. I mean, and this is good... This is an interesting point because what's helpful, I think the notes about their experiences are very helpful. Sometimes people can get lost down a rabbit hole where they just read things and they read things and they read things and it all gets a bit quantum and that's probably less helpful. But I think the idea of if they've been tracking their cycles for the last three months and they've got a picture, that's great. That's really great.

Then I think about doing the testing and it depends on the situation... For migraines, if it's over a month, one might do a salivary test to look at the migraines. Generally, when someone's on treatment, urine tests and blood tests are better because I know progesterone is not reliable in the saliva. But the idea is with that tracking and with that testing, you can really work out and see what's going on. Is that the kind of thing you were asking about?

Alex Howard
Yeah, exactly. I think really at this stage, we will talk in a minute about intervention and treatment, but I think the key thing at this point is really having the clarity of what's going on and why it's going on. I think one of the points that you're making that's important is that it's not just taking a snapshot in terms of testing, it's tracking through a cycle to see how those things are changing and the rate of change of what's happening.

Dr Anu Arasu
Yeah. I mean, sometimes there will be a snapshot. Sometimes tests are a snapshot, but they tend to still be very useful. It tells you a pattern over months, and it tells you basically, "Look, this is what I think is going on."

People often get very bogged down about the idea of hormones fluctuating and therefore the tests not being accurate. And again, I feel like this has come from the tension between the mainstream system, which doesn't want to be flooded with requests for hormone testing when the reality is that the solution is binary and two-pronged.

If you're not going to individualize the doses, testing might just become an expensive waste of time for the doctor, for the clinic that is working within that system. So in a way, I think people have often got the message, "Oh, testing is of limited use, and any way your hormones change."

That's true. But if there's a consistent enough pattern that it's brought you in, that's what we're going to fix. And it is very helpful. It is very, very helpful. It does show you what's going on.

If someone has adrenal issues, if someone has low progesterone, if someone has really high estrogen, if someone is at the beginning of perimenopause or in the middle of perimenopause, it

does give you quite a good clue. If their testosterone is too high or too low, it is helpful. It is helpful if you're using that lens.

[00:23:44] Alex Howard
I think one of the things also that if one of the primary symptoms one is experiencing is anxiety, part of that anxiety is, "What's wrong? Why is it wrong?" Often a phrase I think people can use is, "I feel like I'm going mad. I can't understand why I feel the way that I feel."

And I think about people that I know who have had that clarity then presented to them. And that could be quite an emotional experience for people to actually go, "There's actually a clear physiological underpinning to why I feel the way that I feel." And beyond the fact that it opens up treatment pathways, which we'll talk about in a moment, but also just the validation of one's experience can have a very calming effect.

Dr Anu Arasu
Totally. And it can be more than one thing. I mean, someone can be having hormonal symptoms that cause them brain fog and anxiety. And getting the hormones balanced gets them out of the brain fog, gets them a bit calmer, and then gets them in a situation where they say, "Actually, you know what? I'm not happy in my marriage and I need to look at it."

And that we see. We see other things that uncover, we see other things happen. So we're not saying this is the be-all and end-all, but the clarity that you get from balancing the hormones, that's huge.

Alex Howard
Yeah. One of the things I think is also important is that a lot of those bigger life pieces, whether it's leaving a marriage or it's leaving a career or it's setting a boundary with a family member.

Whatever it is that is also going on in someone's life, one requires a certain amount of resilience and a certain amount of stamina and capacity, often to take on those life challenges. When one's hormones are depleted, out of balance, whatever it may be, that often just doesn't leave us with the resources we need to even approach those other challenges.

Dr Anu Arasu
Particularly, I feel this for younger women, because all said and done in perimenopause and menopause, if people have heard about body-identical hormones and they're getting standardized body-identical hormones from the doctor or they're on bioidentical hormones, fantastic. They're getting real hormones as opposed to synthetic hormone-like drugs.

Young women, because some individualized bioidentical hormones aren't widely available from the GP. Unless they're seeing a specialist clinic, what they're going for and being offered is the pill. That's going to be a synthetic hormone. It is not identically structured to the body's own.

That means in the blood test, it doesn't read as your own estrogen and progesterone. And so guess what? It doesn't have the same effect on the mood. If young women are struggling with mental health symptoms, and often it is the younger generation, especially now that we're seeing that huge rise is happening with them, the question is, how are they going to get the right treatment?

[00:26:37] Alex Howard
When we talk of younger women, can you give an age range? Because I think often one can also go, "Well, I'm not in my 40s, therefore I can't be in perimenopause." Or whatever. So can we give a bit more specifics around this?

Dr Anu Arasu
Yeah, I think in terms of hormones naturally declining, that might be mid-30s or late 30s onwards. Are there younger women in their twenties? Anyone can have PCOS, endometriosis, PMS, PMDD at any age. And so basically what I would...

The message there would be, if you've got a mental health symptom, and it's linked with your cycle, explore the hormone route. Explore it with a BHRT clinic that individualizes it, because if it's linked to your cycle, there could be a hormonal factor. And the mainstream approach, which is the pill, is not going to help. Physiologically, it's just not going to help because it's not a hormone.

Alex Howard
And just while we're on this piece as well, I think it would be remiss of me not to bring our male audience in here a little bit as well. So maybe you can say... Well, again, we will come to intervention in a second, but maybe you can say a few words about declining testosterone for men, and again, some of the age where that may be something to be considered.

Dr Anu Arasu
Yeah, that's a really interesting one. And again, I think we just so need to open up the conversation with men and get more men speaking out about this stuff. I mean, classically low testosterone, yeah, men from 40 onwards tend to be the most that we see in the clinic.

Sometimes what's precipitated it is either it's coming from a positive place where they've just seen how good they used to be, peak performance, that type of thing. Or it's come from a place where they're fatigued, they are maybe going through a tough time in their life, and they've really got a lot of symptoms of low testosterone. But it normally takes quite a lot before they come, like a lot.

Alex Howard
Yeah, it's interesting also. There seems to be more positive... In recent years, more positive role models in some of the healthier forms of influencers and so on are starting to talk about some of these pieces. I think, although I don't think we know exactly what they're doing, see people like Jeff Bezos, the founder of Amazon, that seems to have a body... He's the best shape he's been in, and he's twice the age.

One would make the assumption that there is probably... This is one of the things that I imagine is likely being looked at. But it's interesting that for men, I think you're right. I think it's easier. Men are more likely to come in for a peak performance than they are to come in because they're struggling.

But again, I think a lot of the perception around peak performance are meat-heads in gyms that are trying to build huge muscles as opposed to just feeling better. I think I shared in a previous interview that we did that it's probably been going on for almost two years now, about 20 months or so, that you and your team prescribed me testosterone.

[00:29:53]
I think I had about three or four sets of blood work, and each time you're like, "Well, you know, it's medically low. You probably need to do something." And I was like, "Oh, I'm not sure." I had bad experiences in the past with hormones and so on. But it's, for me, one of the most significant single...

There's lots of things over the years I've done that have been helpful to my health, but single things where it's like, did this thing, and within literally a few days, went from here to here in terms of impact.

But it's hard to get men, and I think also I think there's probably a perception in men as well around, "Oh, well, if I'm low testosterone, that means I'm not a real man". Or some old narratives around, "Oh, that's a sign of weakness." Again, I'm curious if that's a narrative that you hear and how you guys help navigate that.

Dr Anu Arasu
Yeah, I think it just has to go on to the... I think we need to, in a sense, bring up the medical part for the men. First of all, the mental health side for men is significant. Of course, a high risk of suicide, depression, addictions. Now, if we're looking at the link between testosterone and dopamine, there's a huge link. Excellent testosterone levels are really important for our dopamine to be balanced.

I think that's how men have to see it. I think they also have to start to... I think mental health is one really big aspect. Of course, there's also the influence on insulin, on metabolism, lowering the... Adequate testosterone lowers the risk of prediabetes, diabetes, insulin resistance, inflammation, basically all the drivers of all the chronic diseases.

So that's another way that I think men need to be thinking about their testosterone. But it's very, very far from this meat-head gym, peak performance type stereotype. It's really quite important.

Alex Howard
I think just as one more point to amplify this, then we'll move on to steps to address hormones. But one of the things that I noticed was... I don't know if I've said this before or not, but I was always working hard, so it wasn't like I necessarily needed more hours to work in the week because I'd always put those hours in.

One of the biggest things that I noticed was how I felt at weekends. And so typically before taking testosterone, I would... Weekends were an effort because I'd want to fall asleep after lunch. With younger kids, that was fine because they'd all watch a movie, I'd fall asleep, whatever.

But the sense of really having that extra gear that was there at weekends to go, I'm going to take the kids off and do this. I want to go and do that. Let's go out on Saturday night. That was, for me, one of the things that looked back, and it's long enough now to look back and go, "Wow, I'm a better father because I take testosterone because I've got enthusiasm and energy." And it's not an effort to kick into that gear at the weekends to actually want to go off and do fun stuff and be active in doing that.

[00:33:00] Dr Anu Arasu
That's so huge, isn't it? And I feel the same from the mothering perspective. I think motivation is a great one to look at, actually. Things like motivation and humor could be some of the first things to drop off. And they have huge consequences on your kid's life. It is huge on all your relationships.

And I think it's just because we don't believe or because we're not routinely enough being told that it can be better. And I think when we start to think about things like dopamine and we start to think, well, hang on. Yeah, I'm just completely apathetic. I'm not motivated. Getting through the day is a struggle.

And you look at that and you fix the hormones and it comes back, that motivation comes back. And without it, it is so easy to slide into addictions. And at least this part is becoming more known about with phone addictions and with other addictions, sugar addictions. But it is so easy to waste our precious life.

Alex Howard
I guess just to normalize to a level of energy and motivation that maybe I can look at a lot of my contemporaries, so men my age that have kids. I'll be careful to watch this interview, but I hear the whingeing of their wife via my wife, if that makes sense. It's like, "Oh, he's not present on the weekends. He's always a bit grumpy and ratty." It's like, "I get it." I'm like, "They need some testosterone. That's probably what's going on."

But let's come to what we do. We have the recognition that hormones are out of balance. We've done some tracking, we've done some testing. Can you explain the difference between different types of hormone interventions? So we've got synthetic, we've got body-identical, we've got bio-identical. Let's unpack that.

Dr Anu Arasu
Yeah. So first of all, I would say which lens is being used? So mainstream lens is really this distinction of HRT, hormone replacement therapy for menopause or possibly perimenopause. Or contraceptives for younger women that are still having cycles.

For men, there's nothing for when they're younger. If they're older, there's a very small potential that they might get testosterone from the mainstream system, but that's quite underutilized. It's really not tested. People are quite reluctant to offer that, I think, in the mainstream system.

To go back to women, all contraceptives are synthetic, so that's fine. They're really contraceptives. Their main purpose is to stop you getting pregnant. They may regulate your cycle. It's not going to help with the emotional symptoms of hormonal conditions.

With hormonal replacement therapy, that can either be synthetic or identical structure to one's body's own. Typically, if you're using that mainstream lens, you're still going to get a fixed dose. Might be okay, but in things like perimenopause, I do see that if women don't have testing and they don't have a practitioner who's individualizing the dose, they can just be given too much.

Too much estrogen, for example, they put on weight, they get constipated, they get headaches, and they go back and they say, "Oh, I'm constipated. I put on weight", and their doctor says, "Oh, well, it's not the HRT. Continue." Actually, if they had tested and they had a more individualized

dose, they wouldn't have those effects. So that's really the mainstream lens in terms of what you're going to get offered.

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And then I think if you want anything... If you're a young woman that wants hormones tested, looking at hormone balance, looking at hormones for mental health, you're going to have to go to a clinic that is doing personalized medicine that's using individualized doses of bioidentical hormones.

Because that's the only way that they're going to actually give you something that's natural and be able to adjust it for what you need. That's fundamental for younger women. Again, for people who are in perimenopause or menopause, the advantages are about tweaking the dose.

And then I think for men, going to these types of clinics is helpful because the testosterone piece is just not recognized. And usually they're quite stringent ideas about when testosterone should even be tested. But if you look at the guidelines, it's huge. I mean, a lot of men with a BMI over 30 should be getting their testosterone tested. They're not. I know that for a fact. They're really not being offered it, but they should be.

Alex Howard
I think one of the... Again, this is a bit of a rabbit hole, which I'll make a comment on, and we should probably move on. But I think one of the issues here is the parallel that came to mind was kids. I don't know why, but kids with special educational needs.

I think there's often quite a lot of resistance in mainstream medicine to even diagnose things because once you diagnose them, you have to then treat them. That treatment comes with cost and it comes with resource requirements and so on. It's almost like it's better to keep things at a distance than it is to really start to name all of these things that may be going on.

I think when one understands that they're dealing with a healthcare system, certainly here in the UK, and I think it's true in many countries, where it's under-resourced with massive increase in demand. We have an ever-increasing aging population that live longer and longer and longer but has more and more expectations of health care. That one has to go on that journey, really, of taking more responsibility for one's own health care and to be more informed and more proactive in how one navigates that.

Dr Anu Arasu
100%. I think it's not mistrust to say, actually, our healthcare system is really under-resourced. That's not mistrust. That's just how it is. I love your example. I think that's very true of the thyroid, isn't it? Classically, there's this thing called subclinical hypothyroidism, where you can have a really high TSH and you don't get started on treatment. And between four and 10, sitting around not being started on treatment.

There is so much research on the benefit of starting treatment. There's nothing nebulous or over-treatment... Over-anxious about treatment. It has a huge impact on the heart. It has a huge impact on the brain. It's really important. If you were pregnant, nobody would let you walk around with that TSH because the baby's IQ would be too low.

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But as an individual adult, you might be told, "Okay, well, you can just leave it." We can recognize this as a problem of an overburdened system without it becoming blaming, emotional, mistrust. It can just be like, "Well, okay, that's the system. I've had a look at the research. It does make a lot of sense to treat it. And so maybe now at this point, I should go off and fund that or explore that myself."

Alex Howard
I'm sure you know far more doctors working in the NHS than I do. But I think about friends of ours who work in the NHS, and a friend of ours who's a GP. The way that she figured out how to make it workable was to have a three-day-a-week contract that she works five days a week to deliver. Because she was like, "If I work five days a week with the amount of time I get with each patient, I just can't do this job. There just isn't enough time, there aren't enough resources."

One can be an advocate for and be a great supporter of the NHS whilst also recognizing that their individual needs may not be met in that currently very under-resourced system.

Can you also speak a little bit to the difference between... You've touched on it a bit, but I'd like to just amplify a bit more. Why bioidentical hormones are typically better... "Tolerated" is the wrong word because it's not about tolerance, but is more impactful, let's say, and less likely to have side effects than using synthetic hormones.

Dr Anu Arasu
Yeah. So this is great. So this has become really mainstream now. It's in the BMS guidelines that bioidentical progesterone is safer than synthetic progestins. We've got, I think, a lot of... Probably since Davina McCall and Louise Newton are talking about this. And they're specifically talking about menopause.

And they're specifically talking about menopause because body identical hormones at fixed doses are available for menopause. And so that's available to everybody. And that's therefore not... It's a very equitable place to be.

So we know bioidentical hormones or body identical, if they're standardized doses, have an advantage over the synthetic ones. What we don't hear very much about is individualizing doses, because that is still happening purely in the private sector.

And that's this idea of, okay, well, if you use unlicensed doses and you have to go privately for it, that's more controversial because, of course, how can we advocate that people should have to go privately for something?

So again, it's not really about saying that people should have to do anything, but I think it's about saying that these are the options. So at the moment, the other option is the contraceptive pills because we don't have any other option in the mainstream system.

So if people want to look at taking progesterone for low progesterone during their cycles to see if it improves their PMS or improves their anxiety, the only way they're really going to be able to do that is by going to a private clinic and using bioidentical hormones. I think it's just about trying to make

that less controversial and just making that as a... These are the options and there's no harm in also trying paths and finding which one suits you.

[00:43:16] Alex Howard
What I hope people are hearing is a real message of hope. Maybe a good place to start to wrap up is, if you were to summarize what we're saying here, for someone that's suffering with anxiety that recognizes in their experience this link with hormones, what's the potential? What can change when this is effectively addressed?

Dr Anu Arasu
I think it changes people's lives. That's the feedback we get. It's certainly my own experience. This stuff is huge. It has a huge impact on relationships, work, and entire lives. It can destroy marriages. It can affect our parenting, as you've said. The time off work. I've had cases where people have come to me. They said, "Oh, I've been fired from my third job now because of my PMDD. I'm unable to do this because of the difference..."

It's a bit like being bipolar because of the difference they have between two weeks of the month and another two weeks of the month. So the impact is huge. I mean, only you will know. Only the person will know if they're suffering from it. But if you are suffering and you're feeling crazy, and I think there are a lot of people out there who are, it really can go away. It really can be normalized.

Alex Howard
Just because you are feeling crazy doesn't mean you are crazy, right? I guess that's the heart of what we're saying here. There's explanations.

Dr Anu Arasu
Absolutely. I think there are also imbalances even before diagnoses. If you have... This is one of the things with mental health, you can get a diagnosis postnatally.

Is it really a diagnosis? I mean, it's a state. It's a state. You've had a sudden drop of hormones. Maybe you've got low dopamine. Maybe you get given a diagnosis of ADD or whatever. But the ultimate thing is you've got an imbalance right now. That's what it is. It might change. So it's really just realizing that it's a journey.

Alex Howard
Yeah. Beautiful. Anu, people that want to find out more about you and your clinic, say a little bit of where people can go and what you have to offer.

Dr Anu Arasu
Yeah, so people can check out the website, London Bioidentical Hormones, and two things on that that I would guide people to. One is the free e-book, which is basically about the difference between bioidentical and synthetic hormones.

Secondly, there is a free masterclass on there, which also goes into a bit about how we work hormonally and a bit about the functional medicine piece. I hope by reading that, people at least understand what's possible, because that's the aim, just for people to come away from this.

[00:46:08]
For some way, for them to say, "Look, I read this in the research. I geeked out, I went on PubMed myself, I spent some hours, I've read all of this research, and now I want to put it into practice, but no one's letting me. My GP is just telling me it's rubbish and I don't know where to go." And I hope that these resources will actually help them say, "Okay, this is a place."

Alex Howard
Amazing. Annie, thank you so much. I really appreciate your time.

Dr Anu Arasu
Thank you.