Conscious Life presents

A Standing Ovation for Ovulation

Guest: Dr Lara Briden

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:09] - Dr Anu Arasu

Hi, everybody. I'm Dr Anu, co-host of the Hormone Super Conference, and today I'm joined by Dr Lara Briden. Lara is a naturopathic doctor and the best selling author of the *Period Repair Manual* and the *Hormone Repair Manual.* She also treats so many women with conditions like PCOS, endometriosis and perimenopause. Welcome, Lara.

Dr Lara Briden

Hi, Anu. Thanks for having me.

Dr Anu Arasu

Such a pleasure to have you here. So let's kick off, because this is obviously your arena. What is the one thing you wish women knew about their hormones?

Dr Lara Briden

One of my key messages is that regular ovulation, as in having a regular natural menstrual cycle, is how women make hormones. It's how we make our hormones. I get so many patients and followers asking me, how do I boost progesterone? How do I do this? It really all comes back to supporting a natural, healthy ovulation. And we tend to think about ovulation as just for making a baby. But it's not. It's how female physiology works. It's the core event, the central event of the menstrual cycle and the central event of hormonal health in many ways.

Dr Anu Arasu

What might some of the other symptoms be? If somebody is having periods, they're not on birth control, they're having periods, but they're not ovulating every cycle.

Dr Lara Briden

Yeah, well, it's actually not that difficult to figure out if anyone's willing to go that extra step and track their cycles with temperatures, basal body temperatures, either just the old style

thermometer under your tongue in the morning when you're still lying in bed before you get up, or you can wear lots of the wearable devices.

[00:01:52]

Now, there's a few various... I think there's various period tracking apps and devices that will pair, track body temperature and then tell you for sure whether you're ovulating or not. So that's the most gold standard way to figure out if you're ovulating. But other signs, yeah, other signs might be, as I said, if the flow is unusual in some way, if it's longer than seven days or heavier than 80 ML over all the days of the flow, that can indicate an ovulatory.

Another indication might be if the cycle is outside of the parameters of the sort of normal... Getting a period every 21 to an adult within 35 days. If it's outside of that cycles might be an ovulatory, although especially short cycles. Short cycles shorter than 21 days is unlikely to be an ovulatory cycle. Longer could be, especially in younger women, they could just be taking a while to ovulate.

Other signs might be just not noticing any of the normal fertile signs. No fertile mucus, no kind of changes with breasts in the post ovulatory luteal phase. Often women who, when they start tracking ovulation, they can feel it. They know kind of when they've ovulated, they kind of get a sense of that. That idea of knowing if and when you ovulate is called body literacy, which I love. It's just such a great term. It's just such an important aspect, really, of our health.

So I would encourage listeners to, if they haven't tried to tune into that already, just try to get a sense. It's not complicated. Do you have anything to add to that? Other signs of an ovulatory cycles that you work with, with your patients?

Dr Anu Arasu

I think periods can be harder. I mean, with an ovulatory cycles, essentially everything can be magnified. And what we classically see, as you so beautifully described, is the beginning. When a woman first comes into starting the menstrual cycle, they're an ovulatory. And we have that matching tail off at the end at perimenopause. And it's not just the random unpredictability, but, of course, you get all the emotional symptoms of lack of progesterone, which is made.

You mentioned something very interesting before, which was about the fact that if women are on birth control or certain... The majority of types of birth control, that they don't ovulate. From your perspective, why is that a problem?

Dr Lara Briden

Because ovulation is how we make hormones. So when we switch off ovulation with hormonal birth control, which is, as we've just said, most methods work that way. That's their intention, is to switch off ovulation. Then the idea was, well, we'll switch off ovulation.

That will obviously switch off our main hormones, estradiol and progesterone. And then the thinking was, well, but we'll just replace those with these synthetic versions of the hormones that are present in the hormonal birth control kind of with this wishful thinking idea. Well, surely that'll be good enough for women. That's close enough. Like kind of fudging it. It's like progestogen is somehow close enough to progesterone. It should be fine.

[00:05:13]

But as you know, that wishful thinking did not play out well. So we've now come through a few generations of this, of robbing women of their own hormones, thinking it's good enough to give them back these pseudo-hormones, which I guess to give some examples, the real examples, the strongest ones for me, are to do with progesterone and the brain. So real progesterone that we make, we either make by ovulating or we make during pregnancy, or we can take as a body identical or bioidentical hormone of some form.

But real progesterone importantly converts to a metabolite. It's called a neurosteroid. People don't have to remember that word, but it's a type of hormone metabolite that's very active in the nervous system. And progesterone makes one called allopregnanolone. And it is very important for the brain. It does a lot in the brain. It changes the shape of the brain and it's quite... Generally quite calming. I think it's quite important for the brain.

No progestin or none of the so called progesterones in hormonal birth control, the progestins, none of them convert to allopregnanolone, which could explain findings that we're getting, for example, that women on hormonal birth control have altered brain structure compared to women who cycle naturally.

There was a study a few years ago, a Canadian study, that found that women who took hormonal birth control as a teenager went on to have a three times higher risk of depression even after they were no longer taking the medications. So that's because hormones like our main estrogen, estrodiol and progesterone, affect the brain during that puberty, developmental phase of the brain. Quite irreversibly, to some extent, they mature the brain, and then on an ongoing basis, our brain is expecting to have those hormones.

So if you really think about it, the three generations of women that have been sort of lost out on these hormones, it's happening at a scale that is quite mind boggling. So, That's my main concern. I'd like women to have joy, the benefits of their own hormones.

What has happened to women with regard to hormonal birth control, if you think about it, what a strange thing that would be if we said to men, look, from the time you're a young teenager, 14, we're going to give you this medication that switches off your testosterone, and then we're going to give you back this hormone that's kind of like testosterone, but also a lot like estrogen, and it could affect your mood and your brain health.

But don't worry about it, because that's what we do, that's what everyone does. All the other boys take it, so it'll be fine. So I suspect we're coming to the end of this era of contraceptive drugs used in this way. As we said, there's other ways to use them. I mean, there is the hormonal IUD, which does, in most cases, does not entirely switch off ovulation, so still gives women access to their hormones.

And hopefully the future will bring even more methods of avoiding pregnancy that do not involve shutting down a woman's entire hormonal system.

Dr Anu Arasu

Right. It's such a huge thing, isn't it? And what do you say to women who need some form of contraception? What would you...

[00:08:46] - Dr Lara Briden

Yeah, well, just that there's things coming. So already, just as a brief survey, condoms are great. Every few months, I do another social media post about condoms, just to kind of get a sense of the mood out there. If people are not using them, why not? The other method is fertility awareness method, which is based on the fact that, as women, we're only fertile. Technically, we're only fertile one day per cycle, but that does stretch out to five or six days because of how long sperm lives. But that's a growing field.

It's not the old calendar method, which was sort of a dubious efficacy. There's ways to do it where a lot of people are starting to rely on that as their main method of avoiding pregnancy. There's the two types of coil or IUD, copper IUD or hormonal IUD, which are a bit better. And there's more methods coming. So it's coming soon, I think.

There's something. It's essentially like a temporary vasectomy where they inject this... It's just in the doctor's rooms. It just involves a local anesthetic. It's quite a simple procedure for a man. And, yeah, it blocks the sperm from getting into the semen and then at some future date, that have a second injection, potentially, to wash that away or have to repeat it every few years.

So something like that. Don't you agree that could be a game changer when that comes onto the market? It's undergone its first clinical trial in Australia currently.

Dr Anu Arasu

It's so important to find solutions because obviously, when the birth control first came out, there was a sense, I suppose, of the freedom of women were no longer shackled to fertility. Like they could actually have a separation between their own lives and their sex lives and their fertile lives. But everything you've said, and it's massive. And there are women, and, of course, for things like the bones for osteoporosis it's not the same as our own hormones.

So these are long term conditions that are happening and we're all living longer. And what would you say to the women out there with endometriosis, for example, some of whom are being given the pill back to back without a break in between cycles? What alternatives might you suggest?

Dr Lara Briden

Yeah, so, of course, a lot of women are prescribed the pill, not for contraception, but to manage symptoms, which is valid. An example might be hormone suppression with the pill has been a strategy for endometriosis, and it can sometimes work for that. It doesn't always work for that.

In some of my writing around endometriosis, I do make the point that the condition is actually not a hormonal disease. So treating it with hormone suppression is not ideal. There are lots of other ways to manage endometriosis, including treating the immune system, and then potentially with my patients getting them to the point where once we've reduced the inflammation of endometriosis, they can then enjoy the benefits of their own menstrual cycles and making their own estrogen and not have that flare up the disease.

[00:12:12]

There's a lot of other sort of non hormonal strategies for endometriosis. The other condition that the pill might be prescribed for is for a condition like polycystic ovary syndrome, or PCOS, to so called regulate the menstrual cycle. And that's the one that irks me the most, because the pill cannot do that. And I don't know about you, but a lot of my patients and followers, when they find out that the medication they've been prescribed to regulate their cycle cannot actually do that, they feel pretty betrayed.

I feel like the telling of women over the last few decades that the pill can regulate their cycle, telling that lie was not necessary for anything, really. I mean, I think we could have said suppressing your hormones with the pill can relieve certain symptoms, but the result will be you don't actually have a menstrual cycle and you don't make any hormones.

I think women could have accepted that and sort of weighed up the balance. If anyone's listening to this, and not sure what I mean, I'll just say on any of the combined hormonal birth control methods. So that's any of the estrogen containing methods, whether it's the pill, or the NuvaRing, or the patch. Essentially what they do is they induce a fake bleed. It's a real bleed, but it's not a menstrual cycle.

Under the influence of the synthetic estrogen, women will build up a uterine lining and then shed it based purely on the timing of the dosing of the medication, not on anything that their own body is doing. And importantly, there's no medical reason to bleed monthly on hormonal birth control. The purpose of a monthly cycle is to ovulate monthly.

And as we were saying earlier, to make hormones, to make estrogen and progesterone on a monthly basis and for all the benefits they give us. But, yeah, the contraceptive drugs, there's really no reason they could just be taken continuously and have a bleed once in a while.

And actually, again, a lot of women on the pill, when they find out they didn't have to be having this monthly bleed, feel quite betrayed. So women are getting a little grumpy about some of this, and I don't blame them. Time for... To start using, I think, correct words and terms for what we're doing in women's health.

Dr Anu Arasu

That's so important, isn't it? And there's about the precision of our language. And the more that women know and that they've kind of been made to know, the more important that this becomes. And I suppose even with something like endometriosis, it could be the case that, yes, it's driven by hormones and inflammation. Maybe hormone balance will help them as well as sorting out the inflammation.

But this idea that they have to suppress what their own body is doing and that's the way forward is quite strong. It's kind of crazy. And I love the fact that you have explained to women the difference between a withdrawal bleed, essentially, and having their own menstrual cycle. I mean, in your experience, how many women get this, how many women know the difference?

[00:15:26] - Dr Lara Briden

But about the general population now, what the perception will be, because as you know, even a lot of doctors and journalists and even scientists don't seem to understand the difference. I mean, I find when women are presented with the information, they can get it quite readily. But to give some examples, there's still, there's some science happening.

I'll occasionally see a paper where they were trying to study the effect of hormones, for example, on mood or something, and they've lumped together women on hormonal birth control with women cycling naturally. Kind of all as one data set, I'm like, that's not a thing. Like, women on hormonal birth control don't have hormones.

I mean, just to really illustrate this for anyone who's still kind of not quite getting what I'm saying, so for anyone who's on a combined estrogen method of hormonal birth control, if you were to test... Do a blood test for your estradiol, your main estrogen and progesterone, you would have none, essentially pretty much menopausal levels of those hormones, because the contraceptive drug that is supposedly replacing those hormones is not the same hormones. It won't be picked up on the blood test.

So, yeah, I hope that starts to illustrate the differences, and I think it will change. I really do predict that going forward, we might move into an era where we're happier to have women ovulate regularly. I have a social media hashtag that I like to use called The Right to Ovulate.

So I think this few decades we've had of just thinking the best method is to suppress it all, shut it all down, was partly, I don't know if you agree with us, but it was sort of this attitude that female hormones are just too complicated, they're in the too hard basket. So let's just shut it all down.

And to be fair, the use of... The invention of the contraceptive pill and the beginning of the use of these medications was put in place before, really scientists even understood what was happening with the menstrual cycle. So what we've learned about the menstrual cycle in the last few decades, if that had been known back in the 50s and 60s, some scientists probably would have said... Put their hand up like, you know, wait, I don't think this is a good idea to shut this down. This seems like women might need their hormones.

Dr Anu Arasu

I love what you've said about the latest research where they lumped together a bunch of women who were having natural periods and a bunch of women that were on the pill, because this is a repetition of what happened with menopause when there was no distinction made between synthetic hormones and hormones that are identical in structure to our body's own.

And I guess if we want to make sure that we don't create another period, decade or more of just complete confusion, hormonal havoc, you need interviews like this. Are there any other things that you just think are really valuable to...

Dr Lara Briden

Well, I'd like to respond to what you're just talking about, how? Because, of course, a lot of your listeners would probably know about the value of bioidentical or body identical hormones as the type of hormone therapy. So if you're going to use some hormone therapy and perimenopause or

menopause, I think finally the consensus is it's actually better to use hormones that are identical to real human hormones.

[00:18:51]

The same understanding is not given to young women. Right. So there's all this talk about how older women, it's a lot safer to use natural hormones, but young women are still stuck using these definitely non bioidentical drugs, synthetic hormones that are used in hormonal birth control. So it's kind of a double standard, I think.

And in some ways, I would say young women, especially teenagers... I'd say teenagers are harmed by synthetic hormones more than menopausal women ever were, if you know what I mean... You know what I mean? We've fought the battle for natural hormones in one age group, but kind of forgotten about all the young girls.

Dr Anu Arasu

Well, I think that the battle is still going on in many parts of the world, even for menopausal women. And I think there are probably still a lot of places where women aren't routinely being told the difference between bioidentical hormones or synthetic hormones. And then you're quite right, there's this whole other group of women that are just left out there...

Dr Lara Briden

The other thing I'll say to everyone is that, and obviously, I've written a couple of books about this very thing, which is that it is possible, it is possible to achieve symptomless periods without the use of contraceptive drugs in most cases. That's been my overriding, overwhelming clinical experience, especially young girls, especially those heavy periods, the period pain, the acne of young teenagers, that can be addressed with other treatments that are not the pill, I can really assure you. Just for example, we can put this in the show notes.

There was just this week, so we're recording this in September, there was a new study about using zinc, a new randomized clinical trial of using zinc to treat teenage period pain. And that's an example of something that's so simple, so inexpensive, so safe, and so there really are options for women and for parents of girls, it's not a pill or nothing situation like we've been maybe told for the last few generations.

Dr Anu Arasu

What are some of the tips that you could tell women listening that they could implement now in their lives?

Dr Lara Briden

You mean in pursuit of a better period? Yeah. Well, I guess one important understanding is that our menstrual health is not separate from our general health. So whatever it is that our general health needs, that's what our periods need. And that's why there's no one-size-fits-all.

[00:21:35]

So just to give some diverse examples. So there's lots of young women out there who've lost their period to undereating, like they're undereating, that under-fueling, then that's the main thing that they need to remedy to regain their period, then kind of almost.

Conversely, on the other side of things, there's women who have irregular periods or anovulatory cycles due to PCOS or due to kind of a prediabetic insulin resistant condition. And they might need sort of the opposite strategy. They might need reducing sugar and maybe looking at some gentle, intermittent fasting and some supplements to improve blood sugar control to regulate their periods and get their ovulation back.

And then there's all the women who, there's something inflammatory standing between them and painless, symptomless periods. One tip I would give for anyone who's struggling with pain or heavy flow is do think about trying a few months off normal cow's dairy.

I talk about that in both my books, *Period Repair Manual* and *Hormone Repair Manual*, just because I think the connection is actually via the immune system in some people, normal cow's dairy, by that I mean cow dairy that has the A1 casein, which is really only in a couple of breeds of cows. So there's quite a bit of cow dairy and goat and sheep dairy that doesn't seem to be inflammatory in the same way.

But for some women, that sort of inflammatory reaction can make periods heavier, can create premenstrual moon symptoms, can worsen period pain.

So, yeah, it's another example of something quite simple that addresses general health, that then translates into better period health. There was actually just a study about that linking milk allergy in childhood to the frequency of premenstrual mood symptoms in adulthood, which kind of makes sense, doesn't it?

That's that same kind of inflammatory reaction as a kid, except you didn't outgrow it. It just kind of moved to manifest or show itself in certain areas of your health, particularly period menstrual health.

Dr Anu Arasu

And you made a link between our metabolic health and our sex hormones. Can you talk about that a bit more?

Dr Lara Briden

Yeah. I'd mentioned to you that my next book is going to be all on metabolic health or maintaining healthy insulin sensitivity. If the audience knows what that is. That just means good blood sugar control, reversing out of a prediabetic state, potentially.

Dr Lara Briden

That can be very important for maintaining good hormone health, primarily because having insulin resistance or prediabetes can impair ovulation and prevent the main event of the cycle, which is

ovulation and therefore the making of progesterone. So that's sort of one of the key ways that metabolic health can impact female hormones. It goes in the other direction, though, too.

[00:24:41]

Female hormones do impact our metabolic health in the sense that there's just a bit of research confirming this. But what most clinicians know is that in the luteal phase or the post ovulatory phase, women do kind of shift into a slightly, just temporary, kind of functional, slightly more insulin resistant state. And that makes us hungrier and not feeling like moving the body as much. That's actually quite a normal reaction.

So I think anyone who's into, kind of, dieting or training together with their menstrual cycle might be familiar with some of these concepts that just sort of know where you are relative to ovulation can really kind of help inform why you're feeling a certain way, why you're hungrier or less hungry.

And then, of course, perimenopause is another time when the shift in our female hormones at that time in our 40s, can create a shift with metabolic health, can kind of push us towards insulin resistance. So, yeah, there's sort of a choreography or dance between female hormones and metabolic hormones.

That is, I think, quite important for women. And this is part of the body literacy I talked about earlier in the interview, is if you know, if you know, if and when you ovulate, you can really start to kind of understand differences in how you feel. And it can start to feel less chaotic and more like there's a logic to it, which there is.

My position is, as a biologist, I see everything through the lens of biology and evolutionary biology. And through that lens, I would say I embrace or frame female physiology as the standard, normal, default human physiology. And that means human physiology is cyclic. And then, of course, males are a little different. Men are a little different. They're quirky in that they make their testosterone every day, as opposed to kind of making their hormones in a monthly pattern like we do.

Dr Anu Arasu

And of course, we also make testosterone there as well. Yeah. Do you see a lot of women who are in need of testosterone or have imbalances in that area?

Dr Lara Briden

Testosterone is interesting. I'm sure it sounds like you probably work with testosterone a bit. Of course, we do have just naturally quite a lot of testosterone. That's how we make our estrogen comes from testosterone. So testosterone is a precursor molecule in the female body. It has some benefits for bone health and mood.

But there is definitely a sweet spot. I said there's a sweet spot with testosterone almost more than there's a sweet spot with estrogen or progesterone, because a little bit is, I mean, the right amount is good. Too much testosterone is a problem, particularly for metabolic health. That would be in PCOS, for example, that condition, polycystic ovary syndrome, is essentially, by definition, the condition of testosterone or androgen excess.

[00:27:38]

And there's growing evidence that actually, for women, androgen or testosterone excess drives or worsens insulin resistance. It's the opposite for men, actually, higher levels of testosterone are good for their metabolic health and insulin sensitivity. But we're the opposite. So there is a sweet spot, and there's a couple of times in our life when we're a couple of possibilities when excess testosterone could worsen metabolic health. One is PCOS, which I've just mentioned.

The other would be into perimenopause, menopause, actually, because as both estrogen and progesterone drop away, their kind of antiandrogen effect drops away, and so more testosterone shines through. That's why inner women heading into menopause could get a bit of, a bit more facial hair. And some of the shift to weight gain and insulin resistance that occurs during, especially the later phases of perimenopause is actually probably in part, being driven by the greater exposure to testosterone.

So in terms of women taking testosterone after menopause, I think there's a role for that. But I guess I would just say, and you can speak to this, but I think it's always important to go low with the dose and always combine it with estrogen and progesterone to kind of balance that and shelter women from too much testosterone. Yeah.

Dr Anu Arasu

Lara, thank you so much. I think we've covered so much about women's hormones today. Where can listeners find out more about you and your work?

Dr Lara Briden

Yeah, I'm easy to find. So my blog is LaraBriden.com. Everything's there that links to my podcast, my social media, and as I said, I have two books, *Period Repair Manual* for women of any age, and *Hormone Repair Manual* for women over 40.

Dr Anu Arasu

And what's your podcast called?

Dr Lara Briden

It's just called *The Lara Briden Podcast*. That's how easy I am to find.

Dr Anu Arasu

Lara, thank you.

Dr Lara Briden

Thanks so much for having me.