



## Conscious Life presents

### Stand Up, Speak Out

**Guest: Esther Blum**

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#### **[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 Esther Blum. Esther is a bestselling author. She's been featured on Forbes, Time magazine and numerous TV shows. She's an integrative dietitian and also the menopause mentor to Gwyneth Paltrow, as well as thousands of other women. Thank you, Esther.

#### **Esther Blum**

Thank you, Dr Anu. I need to swipe that really nice short bio. You nailed it!

#### **Dr Anu Arasu**

Yeah, I had to condense everything that you do into a few sentences...So that we can get on to the subject of the day, which is menopause. And I guess the burning question is, why are women not taught about menopause?

#### **Esther Blum**

So this question is so timely. As we record this, I was just at a hormone conference with the Anti-Aging Academy of Medicine and the first doctor who spoke, Dr Erica Schwartz in New York City, said, "We were taught to be afraid of hormones".

We were taught to be afraid of hormones, which really makes no sense because number one in the US, they, I should say hormones are FDA approved. I know in the UK, Dr Louise Newson is doing groundbreaking work to make hormone care accessible for everybody.

I also think, I have a theory, at least in the US, the drug companies, big pharma is extraordinarily powerful and sponsors the media. If you watch any primetime television show, it's all drug advertising. All it is is drugs all day, every day, and especially at night. And compounded

pharmacies that really make couture bioidentical hormones, they're not making tons of money, whereas big pharma is.

**[00:02:09]**

So I don't know if I'm really confused by all of it, quite frankly. It's all a mystery to me. But it's still not taught in medical schools. It's 2023. The medical school curriculum isn't going to change anytime soon. So what I teach and write about is that change begins with us.

And when every single woman, every single day, all 6000 of us every day going through, I mean, a quarter of the world's population is menopausal now.

So when every single woman goes in and says, "I want better care, I want you to explain menopause to me. I don't want you to offer me birth control or an IUD. I want you to give me my options for hormones. I know there are bioidentical, FDA approved hormones. Why are we not being prescribed these hormones?"

When those conversations happen every single day? Then the system will change because we demand it.

**Dr Anu Arasu**

Right. And I mean, just to pick up on some points there - because I think we briefly covered this in another interview - but for those who haven't seen it... For a long time, women were not being explained the difference, the fact that there are different types of hormone therapy. So there's bioidentical and synthetic. Bioidentical being identical and structured to our body's own, and synthetic not.

So for a long time, we haven't even known that there is a difference. Now that's becoming more spoken about. Within bioidentical, there are a few products that if you say are standardized doses, licensed, and then there's a whole nother world where people are also able to have hormones tailored to their particular needs at individualized doses.

**Esther Blum**

Yes.

**Dr Anu Arasu**

So, Esther, in your opinion, I mean, tell us about hormone therapy. How important is it for menopause?

**Esther Blum**

Oh, my gosh, it's such a quality of life issue. And I have a lot of women saying, "Well, I don't have any symptoms. Why do I need to take this?". There's three main reasons why and there is *so* much scientific research to support. I threw about 100 studies in the back of my book, but Lord knows there's way more out there.

**[00:04:13]**

So, number one, what people don't realize is how estrogen and progesterone and testosterone do preserve gray matter in the brain. The brain is loaded with estrogen receptors.

And we know now that Alzheimer's disease doesn't just come on when we're 80, it starts a good 20 years before. Well, what happens 20 years before Alzheimer's is menopause.

And that is the time when our hormones decline. Women have a lot of brain fog; they walk into a room, they don't remember what they're there for; they can't think of words; recall, memory is an issue.

And so early intervention is also really important. So that 10 year window, I encourage women to not even wait until they're fully menopausal to even start bringing in hormones in perimenopause, because the prevention is greatest for loss of gray matter in the brain.

Also, estrogen and testosterone prevent plaquing on the arteries. We see a huge increase in high cholesterol, in fatty liver disease when women go into menopause. Now, in the absence of estrogen and testosterone, this will often be the case. But when you give the two together, they do prevent for men, too, testosterone and DHEA prevents plaquing in the arterial walls.

That's number two. Number three is loss of bone, prevention of loss of bone. Okay, so you can take all the vitamin D and calcium and eat a whole foods diet and lift your weights. In the absence of hormones, you will lose bone and you will lose muscle.

So it's really critical to prevent those things. But also, I would be remiss if I didn't mention the prevention of a little something called GSM. These are the genitourinary symptoms of menopause. So bladder prolapse, vaginal atrophy, dry, painful sex, an increase in UTIs and clitoral atrophy, so women can't orgasm so well, they have a weak pelvic floor, they're peeing their pants.

When you give vaginal estrogen, it's incredibly safe. And I've even seen oncology patients where their doctors are prescribing it. Why is this? All you have to do is look at the Framingham Nurses study, which looked at women using vaginal estrogen for 18 years.

Completely safe. It's a micro dose, stays localized in the vaginal walls. Zero increase of serum levels of estrogen and no increased risk of breast or reproductive cancers.

And that's the whole thing with bioidentical hormones. Doctors are putting women on the pill for an average of 30 years, right? The dosages of synthetic hormones given orally are putting women at much greater risk for breast cancer than bioidentical hormones, which are one fifth of the dose and are given transdermally, which means there is minimal to no risk of clots and cancers and all the scary things that people are afraid of.

### **Dr Anu Arasu**

That is a very powerful message. And you've mentioned one study there, the Framingham nurses study, and of course, the other aspect about cardiovascular disease, just to clear up the confusion, the Women's Health Initiative found that synthetic progestins were problematic and had negative

impact on the cardiovascular system, whereas hormones that are identical in structure, estrogens and progesterones are beneficial to the heart.

**[00:08:05]**

So that's what you were listing there with so many benefits. And tell us, in your experience, of the thousands of women that you see, what do they come in with and how does this affect their life and how does treatment change their life?

### **Esther Blum**

Well, women come in with a tremendous amount of suffering. I feel like if you've ever seen that fun Jim Carrey movie Bruce Almighty, where he takes over God's role and he's answering, he puts all of the prayers in emails and he's answering the emails. That's what I feel like is hitting my inbox every day. And I'm trying to frenetically keep up with the constant questions I get and the DMs on Instagram and the struggles are very real and really impact a woman's quality of life.

Number one, there is such massive changes, there are such massive changes in digestion. We get the meno bloat. We lose estrogen and progesterone, our motility agents. They help maintain the beautiful, delicate lining, the mucosal lining of our small intestines. So as those hormones decline, we see impaired digestion.

We see we're not making so much hydrochloric acid; we're not absorbing our nutrients as well; we get a lot of inflammation and bacterial overgrowth. And with that comes a lot of brain fog; a lot of irritability; depression; anxiety. We also see mental health changes of depression and anxiety with the decline in progesterone.

We see a decrease in libido; 50% of women above the age of 50 are not having any sexual activity whatsoever. Dry, painful sex; difficulty achieving orgasms; bladder leaks. There's also weight gain, there is loss of muscle, there are joint aches, there's migraines, poor energy.

I can go on and on, but - breast tenderness - like so many, and real meno rage. Oh, and my favorite are the crime scene periods that we get with the decline of estrogen, the decline of progesterone coupled with surging estrogen. So fun, fun, fun.

And my personal favorite, I can tell you personally, I'm right there with you. I'm late perimenopause, and I have cysts on my ovaries that love to rupture. So that's a whole lot of fun. Not even while I'm cycling. So, yeah, the struggles are real.

So what hormones do is adding them in...well, not only hormones - I'm going to be very clear and tell you all, we should talk about diet and supplements - but hormones are a slice of the pie when coupled with the lifestyle changes, make a huge impact.

So what I see is women sleep through the night. They also have horrible insomnia with a decline in progesterone. So you get a woman sleeping automatically, you're going to start to heal from insulin resistance and weight gain, right?

So sleep; better energy; return of libido; cognitive focus; happier mood; more level moods; digestion improves; the bloat improves; women lose weight and they think, "Oh, I can't lose weight

in menopause. This is it. I'm stuck for the rest of my life". Absolutely not true. You can lose weight and build muscle at any age. And obviously eradicating pain during intercourse. So all of those are very real quality of life issues, for sure.

**[00:11:53]**

**Dr Anu Arasu**

And are hormones safe with a lifestyle approach at the same time? Are they safe to take long term, in your opinion?

**Esther Blum**

In my opinion, yes. I'm not a doctor. The North American Menopause Society and medical associations are very conservative and they'll say, "You can't take it longer than ten years".

You take a woman who's feeling amazing after ten years and try and pull away her hormones and guess what happens? The hot flashes still come back, skin wrinkles up, the vaginal dryness comes back. All those things are just going to come back.

And I hear a lot of...I get pushback. Right, "Well, my grandmother didn't need hormones" and "My mother didn't need hormones". Well, your mother and your grandmother may have had real incontinence issues. They probably had Alzheimer's or heart disease or bone loss or some combination of all of those.

When I give these live talks, I just gave a live talk last week and I said this exact phrase and everyone was nodding in the room. And you think about how we could empty out nursing home floors, right. Because what are women in for? They're in for fractures, they're in for dementia, or they're having UTIs all the time and they're chronically dehydrated because they have dementia. But it's just all these things.

So, yes, long term is the way to go. It's a real quality of life issue, and not just for women, for the men in our lives, too. Hormones make a huge difference just in energy.

I mean, I would not function without hormones at this point. My body loves them. It feels amazing on them. Like, I got my cortisol curve completely back. I didn't have one before I went on hormones. So all these things make a huge difference. Yes.

**Dr Anu Arasu**

Right. And actually, the British Menopause Society have updated that, so now there's no arbitrary period of time after which one must come off hormones, one can stay on them long term.

**Esther Blum**

Oh, thank gosh. Thank God. And is it true in England, I've read, at least in France, that you can buy progesterone off the shelves? Is this that you can get hormones or does it have to be a prescription? I know there were shortages in the UK, so I read that people were going to pharmacies and getting them elsewhere in other countries. Is that true?

**[00:14:24] Dr Anu Arasu**

It's all prescription, so you can't get it off the shelf in the UK. But certainly there has been a big culture change with the understanding of the limitations of the women's health initiative. And I think now, for quite a number of years now, we've been in this territory where actually so many people are being very menopause positive.

But you mentioned one very interesting thing, which I think we're still lacking on, which is the importance of men getting hormone treatment for andropause. That's still not yet being discussed. Can you tell us a bit about that from your...

**Esther Blum**

That's right. Well, men go through - and as much as women aren't getting good menopause care, men are not getting good andropause care either, I will say - and they're told, "Oh, blood sugar, fasting blood sugar". Both men and women, at least in the US of A, Homer Simpson, is our normal. Well, normal is not optimal, and normal should not be obese.

We're pushing in America, we are one in three Americans are obese, and we're almost at two out of three. So with that, with high obesity levels, and you think, what comes first, chicken or egg, right? Does a deficiency in hormones raise our fasting glucose and insulin, or is the high glucose and insulin tamping down our hormones?

Either way, replenishing them for men as well as women normalizes glucose and insulin, helps rebalance cortisol levels. DHEA is a very important piece of the hormone replacement puzzle. It can be given vaginally for women, for vaginal dryness, but it can also be given orally just as a supplement. It's really easy to take.

So that's really important for adrenal health and testosterone production. And then, of course, for menopause, you know, testosterone can be given topically as a cream.

I'm not a fan of injections or pellets for men or women, because you cannot control the dosage. It's totally unregulated, there's no research studies done on pellets. It's a real money making industry. And you blow out your insulin receptors because when you're doing hormone replacement therapy, you should take at least one day off a week to give your hormone receptors a break, let your body flush things out.

But for men, especially the heart disease connection, testosterone deficiency is very real. So we really want to make sure we protect our men, too. So we all have quality of life and great sex lives, and there should be no stopping that at all.

**Dr Anu Arasu**

Let's move on a bit to the lifestyle factors. What do you think is the best diet to follow in menopause?

## **[00:17:20] Esther Blum**

Yeah. So I have three meno laws for fat loss. It's very simple, very easy to implement. Everyone can do it. The first one is optimizing your protein intake, and that is really to the tune of one...now, the metric system is different. Here we're going by volume, not by weight.

So we say in the US, 1 gram per pound of your ideal body weight. So if your ideal body weight is 120 pounds, then you need to aim for 120 grams of protein. So this works out to at least about 6 oz of protein per meal, which is not an insignificant amount. You want to try and aim for 40 grams of protein at a meal, just like. Well, it averages out 5 oz of protein a meal.

Okay, so that is to offset bone loss. It's to offset muscle loss. Menopause is the time when we lose the most amount of muscle in the shortest period of time. So optimizing that with dietary protein is a great idea.

And the protein ideally should be from animal proteins because plant proteins are far less efficient of a source. You would have to have two cups of cooked quinoa to get the same protein as a four ounce chicken breast. And you're going to end up eating a lot more carbs and gaining weight that way because we are far less insulin sensitive in menopause, in andropause.

So the second law I have is that your proteins should be higher than your carbs. So if you're getting 120 grams of protein, probably only need about 100 grams of carbs per day. So make sure so you can track this in a food logging app. Just track for three days. You'll see. Could also wear a glucose monitor for a couple of weeks, that'll tell you if your blood sugar is balanced or not.

But when you do these things, you're going to optimize your ability to build muscle, as I mentioned. But you're also going to optimize your sleep because you're not going to be waking up with low blood sugar and high cortisol. And you optimize your energy through the day and your cognitive focus.

A protein rich diet, especially first thing in the morning, raises and sustains your serotonin and your dopamine for optimal cognitive function. And then my third meno law is to have carbs at night. And people say, "Oh my God, I'm going to get so fat doing that. I can't eat carbs unless it's close to my workout".

For some people, that is absolutely true. But for many of the women I see, they aren't sleeping at night. They're up all night, they're having hot flashes or just insomnia, they just wake up to go to the bathroom. They never fall back asleep. Or it takes a good 2 hours.

When you carb up at night - and I'm talking one cup of cooked starch, people that's not that much, that's about 40 grams. When you carb up at night, you're going to boost again your serotonin to dopamine, but you are going to get a bump in insulin doing that. And insulin is antagonistic to cortisol.

**[00:20:43]**

So when you keep your cortisol low, you're going to offset hot flashes coming on. You're going to keep your sleep really rich and deep. I love nothing more than a good carb meal with my protein and fibrous veggies, of course, but I'm always carb heavy at night because without it, I find my sleep is far more restful with good carbs.

And this isn't just my personal thing; I've tested this on thousands of women before I even wrote my book. So I've been doing this almost 30 years. Seen the proof.

### **Dr Anu Arasu**

Right, and you mentioned there the testing aspect and, of course, the clinical experience. And as you know, hypoglycemia is such a common, undiagnosed cause of insomnia. And that's where working with a practitioner, doing a continuous glucose monitor, can be so helpful, because it's such a personalized approach, how we respond to different foods.

And tell me, Esther, there's one more question. I mean, you mentioned there that exercise, some women can only eat carbs depending on their workout. What would you say about the best exercises to be doing in menopause or andropause?

### **Esther Blum**

First and foremost, walking is the simplest, most cost-effective, underrated exercise. First thing in the morning, you have to get that morning light in your retinas to really regulate your circadian rhythms in your brain.

Not to mention, walking outside in nature is very good for humans. We've got a lot of stress going on in the world, people. We need to engage with nature and listen to the birds sing and hear the leaves flowing in the wind and just hear some silence. And even if you're in a big city, find a park, find your spots where you can go walking.

So that's number one. Number two is strength training, and a lot of women are very intimidated by strength training. They say, "Oh, my God, I've never done strength training. I don't know what I'm doing. I can't lift heavy weights". As long as your muscle is stressed and you are engaging it and you are working it till you feel fatigue, that actually is okay.

I have done Pilates classes with four pound weights that have destroyed my biceps and burned my shoulders, and then I have done deadlifts with 80 pounds. And you can really do all of it but work up to heavier weights, so you do build lean muscle.

And work on balancing exercises, too. And getting a functional exercises, getting up off the floor, doing a push up so you have that upper body strength. Doing a squat so you can bend down, get things, not hurt your back. Your mobility is really important, too.



## **[00:23:44] Dr Anu Arasu**

And you are a menopause mentor. Obviously, there's a lot in it because there's all the lifestyle aspects. But what is it about menopause that you think women are struggling with to advocate for themselves? How should they be advocating for themselves?

### **Esther Blum**

Yeah, well, it's a struggle if you don't know. I mean, people, you don't know what you don't know. And our doctors aren't educating us. I mean, women are getting more information from YouTube and Instagram than their doctor's offices. And that's a heartbreak to me.

I mean, all the warning labels on hormones from the Women's Health Initiative are still printed out at the pharmacies and information is not updated at doctors' offices and doctors' aren't updated at conferences unless they are at functional medicine conferences, which is a travesty.

So, and it can be intimidating to confront someone in a white coat. I mean, I joke, I handed my own GYN, my book, and I was like, "You're going to hate me for this, but here you go". And guess what? I'm sure she never even read it, okay? She's great for a pap smear or if I decide to get a mammogram, which isn't even every year, she's great for that. But that's about it.

So the rest of my care goes to a functional medicine doctor. Now, not everyone may have that luxury of financial ability to do that. So then self advocacy really comes into play.

So, number one, bring a really great girlfriend with you. You know, we all have the loud mouth girlfriend who's like, "She needs help. She needs help" or a sister or an aunt or a mom, "No, I've seen her. She's suffering. She's not herself. What are you going to do about it?". So bringing a friend with you is great.

I think knowledge is power. And when you can say to a doctor, "Hey, you know what? I've done the research. I have really looked at studies and listened to podcasts from doctors, and hormones really seem to be safe. Why don't you let me try it for three months?".

And if the doctor says, "Well, they cause, no, hormones are dangerous and they cause cancer", you say, "Great. Since I'm in the midst of doing research, can you actually show me those studies?".

Because guess what people, the studies are not there. They're not there to show that they are causing cancer. They're not even there. There's not enough studies to show how the pill is causing cancer either.

And here's the other thing too, is a lot of women - this is a great arguing point - is "You've had me on the birth control pill or the IUD for 30 years. Why would you not let me go on hormones, which are a fifth of the dose of that, right?".

So we can ask nicely, we can ask politely. We don't have to be confrontational about it. But I think you could say "This is a real quality of life issue for me and I having real struggles right now. I really would love to partner with you on my care". It's hard for a practitioner to say no to that, it really is. Say, "I really need your help" and if they still won't help you, then definitely find another doctor.

**[00:27:00]**

And if you do want to find a functional doctor, right. Number one, call your compounding pharmacy and say, "Who are the good doctors you love who are running hormone prescriptions through here?". You're going to get at least a couple of referrals there.

Number two, you can also go to, at least in the US, like the institute for functional medicine.org. Look at the doctor's websites. Some doctors say they're trained in hormones and they're not always hormone literate.

Make sure they're really hormone literate and they're not only offering you pellets or injections, make sure they really know topicals, they're really well versed in hormones and that they're going to test you regularly.

Also, especially in the beginning, that first year, really critical to test and retest and make sure your levels are safe and make sure that your body's processing well and make sure that your symptoms are under control too.

### **Dr Anu Arasu**

Thank you. That's very clear. What do you see the future of healthcare? Menopause andropause? What do you see the future as well?

### **Esther Blum**

The future, I believe is completely possible, is that every woman, no matter what financial level has or race, has access to proper menopause care. Now in this country, the word on the street at my hormone conferences is that there's going to be four different types of FDA approved hormone cocktails.

And that's kind of it. And right now, by the way, even in the US, testosterone is not FDA approved for women. It's only FDA approved for men. So you can get it if there is a need. But you have to get it at a compounding pharmacy. And there is a price differential.

Like, I get my progesterone for \$4 at a regular pharmacy, and I have my estrogen and testosterone compounded together and my vaginal estrogen compounded, so it's kind of a mix. In my dream in the future, every woman has good access to at least some foundation of bioidentical hormone therapy, including testosterone.

### **Dr Anu Arasu**

I'm glad you mentioned the testosterone because as you said, not only is it sort of an off-licence unapproved use, but also the dosing is going to be very different, right? Because the amount that women need if they're using a man's product is going to be such a fraction and there can be a risk of getting side effects, even if they're trying to the best of their ability just to use a minuscule amount.

And then you did also earlier mention other hormones such as DHEA, which, again, often aren't very accessible. So what would you say about testosterone and DHEA? I mean, is this for every woman? Most women...?

**[00:30:03]**

**Esther Blum**

Great question. 50% of women really don't need, will never need testosterone in their lifestyle. And I test women. Not every woman I see does need testosterone. They are making it on their own. If you're lifting, if you're doing a lot of upper body strength training, your testosterone levels can be higher. If you're eating a lot of protein, if you're taking zinc and maca, that can raise your testosterone levels. And certainly B vitamins also really help.

So 25% of women have testosterone that is too high. They are having excess amounts of estrogens. And if they are also estrogen dominant in menopause, which is possible, you don't want to give more testosterone because that can aromatize or convert to estrogen as well. So that can be problematic.

I have seen this also in men on pellets. They are aromatizing those testosterone right into excess estrogen, and they become estrogen dominant, too. So you do want to be careful.

And then 25% of the women I see are too low in testosterone. And those are the ones we want to replenish. Women are so terrified of testosterone, they think they're going to either grow chin hair or lose it from their heads, which happens, I've seen on pellets, but not top transdermal, or they think they're going to look like Arnold Schwarzenegger.

And what we forget is that prior to menopause, testosterone is the predominant hormone in a woman's body. So, no, you're not going to look like Arnold Schwarzenegger. You simply don't lift enough weights or eat enough calories to do it. And not with the testosterone you're getting. The average woman I see gets 0.5 to 2 mg topically applied. That's it, that's nothing. And then it tends to be higher.

And DHEA, you ask...One of the doctors I spoke to at the conference said "You need 10mg of DHEA for every decade of life you're in". I have not seen the need to supplement that high. I find anywhere from five to 20 to 25 milligrams max works great.

I see higher doses, women get acne. It's just too much. They get side effects or potentially insomnia, because DHEA really supports adrenal function. So a little goes a long way. And you can take it orally as a supplement form, at least in the US.

**Dr Anu Arasu**

Right? Yeah. And again, people can be afraid of DHEA because it's an androgenic hormone, which means male types, they can be afraid of getting acne. But in reality, it's something we all make, and we make more of it when we're younger and it declines as we age, and we actually produce more also if we meditate...

**[00:33:03] Esther Blum**

I did not know that! Tell me more about that, because we meditate in our house every night. So tell me about that.

**Dr Anu Arasu**

Well, there you go, then. You're already doing it. I mean, yeah, DHEA levels increase with meditation, which kind of makes sense, because, of course, when we're looking at the adrenals, we need to be really focusing on the nervous system. And one of the best ways to regulate that is going to be with meditation and breathwork.

**Esther Blum**

I love that.

**Dr Anu Arasu**

How much of adrenal issues are you seeing? And any tips there for our viewers?

**Esther Blum**

Yeah, I mean, I would say 60% of the women I see are just dragging their wagons. They're crashing at 3pm, which could also be a thyroid issue and just not detoxing cortisol well at all. And yes, the adrenals are taking a hit, and they were taking a hit before menopause, but menopause piles on.

So think about where we are in midlife, right? If we have had careers, we're often really at a beautiful place in our careers, kind of a pinnacle, where we're in our power. We have paid our years of dues, and we are real earners in our families and in our businesses.

But a lot of us also have aging parents and teenagers, or we're launching our kids to college. So it's a real challenging time. It's a beautiful time, but a lot is on our plates.

When we go through menopause, our ovaries wind down the party and kind of say, "See you later ovulator. We're going to now pivot", and the adrenals are then left to eke out small amounts of hormones every day. And so when you don't have enough adrenal support, you will absolutely not be. Even when you do have good adrenal support, you could still have low hormones.

But if you have poor adrenal support, that's when the true exhaustion comes in, a loss of resilience, the inability to tolerate endurance or high intensity exercises. So that's why more adaptogenic exercises are beneficial, like walking, yoga, pilates.

And if you do strength train, start with lighter weights, but increase your time under tension, increase the length of your eccentric lifting patterns, and that will absolutely support you while you replenish and you rejuvenate your adrenals with nutrition, with supplements, and with hormones. And those three in combination help a woman feel better in a pretty short period of time, really a matter of weeks.

## **[00:36:03] Dr Anu Arasu**

Fantastic. Are there any take home tips that you would say to viewers that they could implement right now?

### **Esther Blum**

Yes, well, absolutely. My menopause laws, they're for fat loss, but really optimization, really bringing in your protein, really paying attention to your ratios of your diet. Just keep a food log for three days, you're going to see and put it into some type of metric system that's going to calculate out how you're eating.

That's a real eye opener for most people. It's like, either "I'm not eating enough", most people think they're overeating and they're hypocaloric. A lot of women I see are eating 9 to 1200 calories a day, and that's it. You need a minimum of 1200 calories just to support being alive and breathing.

So many women are undernourished or the ratios are off. So when you flip, most women I see are eating much higher carb to protein ratios. When you flip those ratios, wow. Your energy and your adrenals are going to be really supported, and you're just going to feel better and you're going to see a loss in excess body fat. So that's number one.

Number two is the stress management piece is the cornerstone of your work. Because cortisol is not manufactured by your adrenals, cortisol is manufactured by the hypothalamus in your brain.

So stress comes, it's driven from the top down. So if you don't heal your childhood traumas, which, trust me, come up when you parent or when you lose a parent or other traumas you've even had as an adult, if you're not healing and working on your personal growth and your stress management, menopause will be that much more challenging.

So please get the support you need; work on your meditation; think about who you surround yourself with. This is very important in life. A lot of women become introverts when they're menopausal. And I never understood this until it happened to me. I was like, "There are very few people I can tolerate at this point in life. And by tolerate, I mean there are very few people I want to give a lot of my time to, where there's a return on the investment".

So really think about the most quality people in your life. Think about the five people you're surrounding yourself with the most. Really call the herd now. It's the best thing you can do for your mental health and say no as often as you need to.

### **Dr Anu Arasu**

In that sense, you're saying that being an introvert can actually be a good thing because people are becoming more selective about their boundaries and who they're letting in.

### **Esther Blum**

Yes, and you're talking to a woman who is the consummate extrovert. And now I'm so much more selective of what gets my time and energy. And really, it's all...family is my biggest priority, which

for a long time it wasn't. For a long time, it was work and socializing. And now I'm like, "No, we are locked in". It becomes more grounding.

**[00:39:29]**

And that's why your nutrition is important, too. Eating a lot of root vegetables is also very grounding. Eating whole foods is very grounding. And can we mention alcohol, please?

Okay, ladies, I'm going to be the person you're not going to like to hear this from, but alcohol is really going to sabotage a lot of your healing and your hormone balance because number one, it's a real depressant. And I find, like, I can only drink on vacation when I'm happy. I really don't like...I mean, my body doesn't even like alcohol much anyway.

But alcohol impairs your liver's ability to detox your hormones. Alcohol is such an incredible toxin that when you drink it, for every cocktail you drink, your estrogen and hormone detox is put on hold for four to 6 hours. That's how long it takes your liver to metabolize one drink. So your body says, "Hold, please, hormones. I've got to detox the alcohol, that's an immediate, urgent need".

So while it's detoxing alcohol, your hormones are backed up, so you can be in an estrogen dominant state for four to six hours after one cocktail. So I'm not saying never drink. That's not a standard I even hold myself to. Saying, be very selective and judicious. Drink with food in your stomach, not on an empty stomach, and really hydrate.

You can also take some activated charcoal before you drink to help minimize the damage it's doing to your liver and your body and the inflammation. But really also, it does disrupt your ability to stay present in your own life. So try to really think about...that's why meditation, walking outside is really important. You really do want to stay connected to yourself in this process.

**Dr Anu Arasu**

Thank you, Esther. That's been really helpful.

**Esther Blum**

My pleasure.

**Dr Anu Arasu**

Esther, where can people find out more about you and your work?

**Esther Blum**

Okay, first of all, come join my mailing list. I give out a lot of information there that I don't give out online. It's [estherblum.com](https://www.estherblum.com). And if you opt into [estherblum.com/recipes](https://www.estherblum.com/recipes), you're going to get my menopausal metabolic meal plan. This is a two week meal plan with recipes and great ideas for you to build muscle. And then come hang with me [@gorgeousesther](https://www.instagram.com/gorgeousesther) on Instagram.

**[00:43:20] Dr Anu Arasu**

Fantastic. And any projects or anything else coming up in the future that sounds, like...

**Esther Blum**

Oh, my gosh, I am launching a lot. I'm launching a beautiful supplement line coming out in 2024, which is going to help women detox their hormones properly, especially if they are on HRT. But you can also take this even off HRT.

**Dr Anu Arasu**

Fantastic. Thank you so much for joining us today, Esther.

**Esther Blum**

Thank you.