



## Conscious Life presents

### Common Versus Normal: Don't Just Put Up With It!

**Guest: Le'Nise Brothers**

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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 Le'Nise Brothers.

Le'Nise is a yoga teacher and a nutritionist. She's also the host of her podcast, *Period Story*, and she's written a book called *You Can Have a Better Period*. Welcome, Le'Nise.

**Le'Nise Brothers**

Thanks for having me.

**Dr Anu Arasu**

It's such a pleasure to have you here. So, Le'Nise, from your experience, tell us, why do you think so many women are having period problems these days?

**Le'Nise Brothers**

It's such an interesting question because there has been a lot more, a real increase over the last, say, five years of conversations in the mainstream around menstruation and then the different conditions that fall out of that. I think the thing that I'm still seeing is that there's a difference between what's common, and what's normal.

Even though we are talking about endometriosis, PCOS, fibroids, painful periods and all of that, there's still this understanding that these are things that are just really normal to have, if you have a period. I think what will shift is, when we really start to understand what's normal and what isn't normal, and that it's not normal to have a painful period, a heavy period, and a regular period, or a missing period.

There's a lot of reasons why women are having these issues. You look at modern society, there's just so much stress coming from different angles. We live in a 24/7 work culture where you're

always expected to be on. There's so many issues and distractions that prevent us from getting a good night's sleep.

**[00:02:11]**

Think about how so many of us sleep next to our phone, sleep with our phones under our pillows. I don't personally do that, but I know a lot of people who do, who constantly have their ringers on, or their phones are on vibrate mode, so their nervous system is just frazzled.

On top of that, you add issues around proper nutrition, where I think a lot of us know what will help us, but it's really never been easier to eat convenient food. If you're time-poor, you're not necessarily going to be able to put a lot of energy into planning nutrient rich meals. That's another contributor to period problems.

And then you have sugar, you have alcohol. In the UK, there is a real kind of alcohol-forward culture. For women, alcohol can be a real disaster for periods and for hormone health. It just leads to this perfect storm of painful periods, heavy periods, irregular periods. If you already have a condition, all of this can exacerbate that condition.

### **Dr Anu Arasu**

That's such a helpful definition to talk about the difference between common and normal. And also, I suppose, normal and natural, because people can be putting up with all of these things and just thinking, "Well, I have to, and it's natural". But so many things we've taken for granted in society are unnatural and that we actually have to be aware of how this can affect us. In your experience, from your clinic, from your work, what are the top complaints that you see women coming with, how does this stuff affect their lives?

### **Le'Nise Brothers**

It's very heavy periods. Periods where they're having to change their menstrual product more frequently than every 2 hours. They're bleeding through their clothes, they're bleeding through their pajamas and onto their sheets. It's really painful periods where they're relying on painkillers. They have a few days of their period where they're bedbound. It's also irregular periods where they're not getting a period every month, what we call the menstrual month. So not necessarily the calendar month, but the menstrual month, the length of their menstrual cycle.

What's really interesting is, when you talk to women, and you talk to them about how their period and their menstrual cycle is one of our vital signs. It's a signal that our body gives us as to our overall health status. When you have this issue with your period being one of your vital signs, it's really important not to ignore it, but to deal with it.

Then you add that mental health side to it as well. Where I'm seeing a lot of premenstrual anxiety, premenstrual depression, I'm seeing a lot more conversation around PMDD, but then also seeing a misdiagnosis of PMDD, where women, they have premenstrual anxiety, depression, and it's quite extreme, but then they're getting diagnosed with PMDD.

That's really interesting as well. But those are the common things that I see in my clinic.

## **[00:06:01] Dr Anu Arasu**

Can you tell us a bit more about PMDD and how it should be diagnosed versus how it sometimes is?

### **Le'Nise Brothers**

The thing that makes PMDD different from premenstrual anxiety, depression or mood swings is the timing. With PMDD, women, they are really greatly affected by the post-ovulatory rise in estrogen and progesterone, because after we ovulate, we release progesterone, and then we release a smaller second burst of estrogen.

For women with PMDD, there is a particular genetic sensitivity to this post-ovulatory rise in estrogen and progesterone. For the majority of us, this time can be quite nice because you have this calming energy of progesterone. It's very anti-inflammatory. It's great for really calming the nervous system. For women and people with PMDD, this is about 3-8% of people with periods, this can be a really fraught time.

The timing of this is really important. It's right after ovulation, whereas if you have premenstrual anxiety or depression, and it's quite extreme, it's typically in the week to ten days before you get your period. It might feel like I'm being quite persnickety here, but the timing really matters. To delineate PMDD, Premenstrual Dysphoric Disorder and premenstrual anxiety, depression, mood changes.

You notice that I don't say PMS because I think it's really important when we talk about Premenstrual Syndrome that we speak really specifically about what's going on. Because someone who has premenstrual anxiety, and it's quite extreme, is very different to someone who has premenstrual bloating or cravings. But if we label that PMS, then that's just treated in the same way, and they're totally different things.

But with regards to PMDD and how it gets diagnosed, you're typically looking for about five of the following symptoms. So you're looking at the timing, you're looking at changes and worsening in mood. So depression, feeling of hopelessness, an increase in anxiety, a lethargy, an apathetic feeling about things that you would normally get excited about, concentration issues.

On top of that, there are physical issues as well. There could be muscle strain, there could be digestive issues. It's quite a complex condition. I think if you're listening to this and you think "I might have PMDD", the timing really matters. You really notice how you feel right before ovulation and how you feel after ovulation. So that's kind of like a few quick words about PMDD.

### **Dr Anu Arasu**

There's also an aspect of severity, isn't there? Because PMDD can be so severe that they say it has a real impact on somebody's quality of life. Can you speak a bit more about that?

## **[00:09:56] Le'Nise Brothers**

This is where you have the suicidal ideation, where the anxiety, the depression, it becomes so extreme, where it might be ideation, it might be actual thinking about, how am I going to do this? This is where, if you are listening to this and you have felt this way, it's really important to seek out help right away. There's the Samaritans, you can call them, the NHS, they have a lot of different supports there, if you're watching this from the UK. You're not alone. If you have PMDD and you're experiencing suicidal ideation, there is so much help out there and you don't have to suffer in silence.

## **Dr Anu Arasu**

What's your treatment approach? When someone comes into you with either premenstrual anxiety and depression at a lower scale, or something that resembles more PMDD because of the timing and because of the severity, how would you approach those situations?

## **Le'Nise Brothers**

Great question. So when it comes to premenstrual anxiety, it's really looking at what's going on around ovulation. Is that person ovulating? Are they releasing enough progesterone? Because that's one of the biggest things that I see, is that they can be ovulating, but if they're not releasing enough progesterone, then they're not able to ride that wave through to the end of their menstrual cycle, because progesterone has such a significant effect on our mood, our nervous system.

If you have more estrogen than progesterone in the second half of your menstrual cycle, then that can lead to an exacerbation of anxiety, if you already experience it, depression, if you already experience it, premenstrual mood changes. So really looking at how we're optimizing ovulation, how we're optimizing the release of progesterone.

Things like vitamin E, really interesting, because it's really helpful for balancing out estrogen in relation to progesterone. Vitamin D is just so helpful for supporting ovulation while also being able to act as an anti-inflammatory, so being able to support the mood. Vitamin B6, also incredibly powerful, not only for premenstrual depression and anxiety, but also for Premenstrual Dysphoric Disorder, PMDD. Vitamin B6, I've used it in my practice a lot with clients with PMDD, and it's been just so helpful.

With PMDD, you have to look at the individual. It's a very multifactorial approach. Of course, there's supplements and nutraceuticals that you would add in, but it's also looking at the gut, looking at the support systems that that individual has, the boundaries that they've created in their life.

What we see from the research is that with PMDD, there can be a history of trauma there. What are the support systems that they have to address that trauma? Is it unresolved? Is it ongoing? Is there a current situation in their life that is exacerbating their PMDD? It's really interesting to really take an individualized approach. I don't really like off-the-shelf protocols, because everyone is so different, but there are fundamentals that you can apply to both situations.

## **Dr Anu Arasu**

What kind of testing would you do if you had someone come in with those sorts of symptoms?

### **[00:14:25] Le'Nise Brothers**

Great question. Baseline testing that you would do would be looking at blood work. Starting by looking at testing estradiol, FSH, LH, day two, day three of their cycle, and then progesterone seven days after ovulation. I work with people with a variety of budgets, if they have more money, then we're looking at things like DUTCH tests, which is looking at the urinary metabolite, hormone metabolites. That gives you a much more nuanced understanding of not just estradiol, but 4-OH, 16-OH, and all of that. You can dig a little bit deeper.

But a baseline you're looking at, starting with a blood test, are they even ovulating? Even something like basal body temperature tracking can be helpful just to say, actually, you're not even ovulating. Your temperature is not rising. That's something that anyone can do. Get a thermometer from the drugstore, take your temperature within a couple of minutes of waking, and then just track that. Does it rise after ovulation? Then you've ovulated. And is the rise sustained? Then you have this sustained rise of progesterone. But blood testing and urine testing will allow you to go deeper.

### **Dr Anu Arasu**

What about the people out there, the women out there who are being offered the pill for treatment for their symptoms?

### **Le'Nise Brothers**

It's such a nuanced conversation, that one, because the pill, it can give them a temporary relief. I see women with PMDD, they either get advice to go on the pill or the Mirena coil, and I have a conversation of, okay, this can be the temporary relief that you need, but we still need to go deeper. We need to figure out what's going on, because you're putting on a plaster, and once you take that plaster off, the issue will still be there.

For someone whose symptoms are quite, they're acute, and they need that support now, the pill, the Mirena coil, SSRIs, those are all different tools that some of my clients with PMDD have found helpful.

### **Dr Anu Arasu**

So as a holding mechanism, it has its place, but in your opinion, a more personalized approach is going to actually help them long term.

It's interesting, because you mentioned a little bit there about, I suppose, some of the more physical things, the Mirena coil. What about the more physical hormonal problems, such as endometriosis, adenomyosis, fibroids? What role do emotions play in those conditions? How would you treat that?

### **[00:17:57] Le'Nise Brothers**

That's such an interesting one, because when it comes to conditions like endometriosis, adenomyosis, and fibroids, there can be such severe physical symptoms. It's the extreme, very painful, extremely painful periods, the really heavy bleeding, the clotting, just the physical uncomfortableness. If you have fibroids and they've grown quite large, you can just feel really uncomfortable in your abdomen.

All of this can have a mental toll as well. If you have adenomyosis or endometriosis and your period is so painful that you're bedbound, you don't necessarily know when that pain is going to end, and that's going to have an effect on your mental health. It's also that pain, that kind of anxiety, depression that you might experience in the moment. But it's also what I see is this anticipatory anxiety.

One of my clients, a few years ago, I was working with her, she thought she had endometriosis, and we did a lot to reduce the inflammation, and reduce the pain that she was experiencing. But one thing that she was left with was five days before her period, when she would typically start to see the pain levels starting to ramp up.

She started to get this anxiety because she was expecting this pain. So there's that mental side that I don't think really is considered, the mental effects of being in so much pain and how draining that can be, but also the effects of dealing with a situation for so long and the anticipation of what's to come and what that does to you mentally.

I think it's really nuanced, and this overlap between women's health and mental health, I don't think has been explored enough. What is the impact of having such painful periods that you can't move with fibroids? What's the impact, mentally, of having periods that are so heavy that you have to pack a change of clothes? You're worried about feeling anxious about bleeding through your clothes. It takes a real toll. It takes a real toll on people.

### **Dr Anu Arasu**

You've opened up such an interesting topic there because, of course, there is the mental health impact of having to deal with that much pain. But then you mentioned something else as well, which was the inflammatory process that goes on with endometriosis. And of course, now we know that inflammation is such a leading cause of depression, in some cases, anti-inflammatories have been even more effective than SSRIs.

It's a really interesting conversation around women's health and mental health and the links that we're seeing. What advice would you give to women out there who are suffering from both of these things?

### **Le'Nise Brothers**

This is something I learned in my training, when in doubt, start with the gut. We know that the gut has so many links to our hormone health, thinking about the estrobolome, and all of the things that that family bacteria does and breaking down estrogen, but also the connection between the gut and our immune system, and how something like 60% of our immune cells are in our gut, and then taking it another step, the connection between the gut and the brain, and then the vagus nerve.

**[00:22:12]**

If you start with a gut, there's a kind of beautiful, kind of domino effect on the other aspects of your health. You're thinking, well, where do I start? The approach that I always take is really focusing on one meal at a time. Just focus on what's in front of you. Don't worry about getting all these powders and this and that. What are you going to add into the next meal? Is it going to be more fiber, fruits, vegetables, nuts, seeds, pulses? Is it going to be more brightly colored fruits and vegetables? Because the colors all have benefits for gut health.

Is it going to be more fermented foods? So your kombuchas, your sauerkrauts, those really traditional foods that we get from a lot of different cultures, those add new bacteria into the gut, which is really helpful. Is it going to be your fats, your so-called healthy fats, which we know are really important for managing inflammation in the gut?

So thinking about... Take one thing and think, what can I add into the next meal? If you're focusing on colors, how can I make my dinner as colorful as possible? If you're focusing on fiber, okay, am I going to add some brown rice? Am I going to add some more broccoli? Really just focus on the next meal and one thing, and then that becomes a habit, and then you can keep adding. And that's one of the ways that all of this feels less overwhelming. Just one thing.

**Dr Anu Arasu**

And you mentioned the word estrobolome. For the listeners out there who haven't come across that word, how would you describe that briefly?

**Le'Nise Brothers**

As simply as possible, we have this... Our gut, so what we think about our intestine. Our large intestine has all of these different bacteria. We know it's like trillions of different bacteria there.

Within this, we have this family of bacteria that are specifically devoted to helping the body break down estrogens that the body has already used. So we make estrogen, we also absorb it from skincare, pollutants, all of these different sources. The body has to do something with it. Along with the liver, this family of bacteria in the gut helps to break down these estrogens so that we excrete them in our urine or our bowel movements. When you support the gut, you're supporting this family of bacteria, which is so helpful for our hormone health.

**Dr Anu Arasu**

You've mentioned the liver, and previously you mentioned some genetics that can influence PMDD. Briefly, how does the liver and genes, how do those things relate to hormone balance?

**Le'Nise Brothers**

How do I explain this in a really non-complicated way? You have all of these different enzymes that are devoted to breaking down, because the liver is a really powerful organ. When we think about the liver, most of us think about alcohol, but that's just one thing that the liver does. It's

responsible for breaking down hormones, for breaking down fats, for breaking down carbohydrates, amongst all of its other functions. We have all of these different enzymes that help us.

### **[00:26:35]**

When it comes to estrogens, we have these different genes. This is where genetic testing, if it's in your budget, is really interesting. And I'm sure you're touching upon this with other guests, the importance of genetic testing if you're taking HRT. Because we have this family of enzymes called CYP, and they are really helpful, we need them for breaking down estrogen. There's different types there, but you can have what we call a genetic snip, which can affect your ability to metabolize estrogen.

What we see when it comes to HRT is actually sometimes women are prescribed estrogen, and they have real trouble with it. And then they go on and do genetic testing, and they find that they have issues with estrogen metabolism because of this genetic snip.

It's a very complicated area. But it is really interesting if you have the time and you have the budget to dig a little bit deeper, because it can give you a lot of clues as to how to better optimize your health and how to do things in the way that is kind of bio-individual to you.

### **Dr Anu Arasu**

There's so much that we can change, isn't there? Because genes, number one, we can affect how they get expressed through our diet, through our lifestyle. Even with the burden that we're putting on the liver, we have the ability to reduce that burden in many ways.

Are there some top tips that you give to women that come to see you to manage their lifestyle?

### **Le'Nise Brothers**

I already talked about one, which is to focus on one thing. And I think it's really taking it back to basics. You open up Instagram and TikTok and you see people taking powders and this and that, and you just think you need to do all the things, when it comes to managing your menstrual and your hormone health. But I think it's really focusing on what you eat. Focusing on what you're adding in, focusing on one meal at a time.

The quality of your sleep, it is about the quantity, but the quality is really important. When are you going to bed? When are you waking up? Are you hitting that sweet spot between 10:00 PM and 02:00 AM, when we get the highest quality sleep. How are you moving your body? We know now that, especially as we move into our 40s, how important resistance training is, lifting heavy things. What's the space that you're creating in your life to move your body? Are you moving, going for walks, just regular movement throughout the day?

What are the boundaries that you're setting in your life, to be able to say, "I can't do that." Remembering that "No" is a complete sentence. I think those are the basics that I work on with my clients. Of course, there's lots of other areas, like exposure to light is so important. But those



basics of what you eat, how you sleep, move your body, and your boundaries are just really important starting points.

### **[00:30:33] Dr Anu Arasu**

And you mentioned not to focus, from the offset, or day one, just on powders or details, but to have an overview, but do you think that supplements have a role in today's management of some cases of PMS or PMDD?

### **Le'Nise Brothers**

Absolutely. Maybe I'm being a bit glib when I'm just saying powders and whatnot. I think it's because if you go on TikTok, you see people having their greens powder in the morning, but then you look at everything else they're eating during the day and you think, actually, if you just ate some whole foods, you wouldn't necessarily need that greens powder.

But supplements absolutely do have a role. You think about this as, what are you doing in the short term? And then what are you doing in the long term? Supplements, when you add them in, can make a real difference in the short term, and can help people feel better quickly. But how do we sustain those improvements?

For example, I work with a lot of women with heavy periods. There's often a conversation about iron, an iron supplementation, along with looking at vitamin C, looking at copper. But that is something that's for the short term. You don't want to have someone who is on an iron supplement for a long time because iron is inflammatory. So if you're dealing with an inflammatory condition like endometriosis, that's not what you want.

So what else are you doing in the long term, through food, to help sustain those iron levels? That's where you kind of have to look at the two paths. The benefits of the supplements, but also the benefits of nutrition and what you're adding in and how they can complement each other.

### **Dr Anu Arasu**

I guess that's also where, as you said, it is nuanced. It helps to work with somebody because things like iron levels just have to be tested, and one can take too much. Test and treat.

When you wrote your book, *You Can Have a Better Period*, what was the main message in that book that you wanted to get across?

### **Le'Nise Brothers**

Well, That you can have a better period! When I first got my period, it was incredibly painful, it was incredibly heavy. The message that I kept getting was, this is normal, this is something you just have to accept. I then, through my own research over a long period of time, started to figure out, well, actually, this isn't something that I need to accept. Over the years, trialing different things and then eventually retraining to become a nutritionist and specializing in hormones and menstrual health.

**[00:33:52]**

I wanted other women to see that what we understand as culturally normal, isn't normal, and that it is possible to have a better period. A period that doesn't leave you bedbound. It doesn't leave you relying on painkillers. It doesn't leave you anemic. A period that is regular. It comes every menstrual month. And that you can understand the signs which will give you clues toward your overall health.

It's really easy to read, I wrote it in a really friendly way so that anyone can page through the book and find the answers that are relevant for them in the moment.

### **Dr Anu Arasu**

And what were the things on your own journey that healed you?

### **Le'Nise Brothers**

In my own journey that helped me? I think, for me, I always thought that being a vegetarian was the healthiest thing. And actually, I was a vegetarian for 15 years, and during that time, my period was at its worst. I had terrible anxiety, terrible depression. What I found was actually I was very anemic. When I added meat back in, I saw a real difference in my energy levels, my mood. I saw a difference in my period. It was less heavy, the color changed.

I'm not saying eating meat is a cure-all. It's just something that worked for me. There's a lot of conversations at the moment about how we should all eat less meat, and the environmental impact of meat. I think it's definitely more nuanced than that.

If you're eating meat that comes from a farm that is down the road, and you know the providence of that meat, it's very different to eating meat that's been flown over from Brazil. But equally, if you're not going to do that, why would you eat avocados that have been flown over from Mexico or almonds that have been flown over from California, where almond farming is causing a drought there?

I think the conversation is very nuanced and that vegetarian and veganism is not necessarily the answer for everyone for their health issues.

### **Dr Anu Arasu**

There's so much, isn't there? On the one hand, it can sound so easy when we say, "Okay, change one's diet", but then actually what somebody needs, depending on their estrobolome, their microbiome, their trace element deficiencies, their exercise, what climate they're living in, all of these things, as you've said, it can make such a difference. So thank you. That's been incredibly enlightening. Is there any other take home message that you'd like to leave our viewers with?

### **Le'Nise Brothers**

I think the message really that I would love to, if you take one thing is that, you don't have to live with period problems. They are common, but they are not normal. You may have had period problems run through your family, but you don't have to live with them. That's not what you have to live with for the rest of your life. It's possible to change things.

And the foundation that you set now, if you're in your 20s or 30s, will help you once you go through perimenopause, and then once you get on the other side of menopause, through your post menopause. So all of these things that we're saying, the foundations, eating, how you move your body, how you sleep, can make a real difference to every part of your life.

**[00:38:06] Dr Anu Arasu**

It's a long term investment to get the pyramid right. And then, if needed, look at the gut, look at nutrients, look at genetics, because it's an investment for the future.

**Le'Nise Brothers**

Absolutely.

**Dr Anu Arasu**

Le'Nise, thank you so much for today.

**Le'Nise Brothers**

Thanks for having me.