



Conscious Life presents

How Trauma Affects Your Hormones

Guest: Dr Anu Arasu

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[00:00:09] Alex Howard

Welcome, everyone to this interview where I'm super excited to be talking with my good friend Dr Anu Arasu. We're going to be talking about the impacts of trauma on our physical body, and particularly the impact on our hormones.

In addition to Anu's enormous amount of experience working as a medical doctor working with hormones, I'm also super excited to be sharing that she is co-hosting a Hormone Super Conference with Conscious Life.

In this interview, you'll get to know Anu, you'll get to know some of the ways particularly that hormones interface with trauma. It's a great taster for our upcoming events.

To give you a little more of Anu's background. Dr Anu Arasu is the founder of London Bioidentical Hormones, a clinic specializing in treating hormonal imbalances with individualized bioidentical hormones and a functional medicine approach.

Anu suffered from postnatal anxiety and burnout after the birth of her first child, and healed thanks to functional medicine and bioidentical hormones. She has written a short ebook called *Bioidentical Hormones Explained*.

London Bioidentical Hormones is passionate about finding what is right for that individual at that time, and providing patients with tailor-made programs that optimize health and well-being.

So firstly Anu, welcome. Thank you for joining me.

Dr Anu Arasu

Thank you for having me here.

Alex Howard

I feel like a good starting point is to make this connection between trauma and what happens in our biology, particularly in our hormones. I think often people are living with the symptoms of

trauma in their body, but the narrative that they can have is because it's perhaps psychoemotionally triggered, that the resolution is only on a psychoemotional level. I'd love you to speak to how that, even if the impact is psychoemotional, how it manifests in our physical body, particularly in our hormones.

[00:02:23] Dr Anu Arasu

It's a great question because trauma actually has a huge impact on the physical body. Which makes sense because we know from the research, from the adverse childhood episodes research, that trauma is linked with pretty much every morbidity and mortality out there. We're talking about all the big killers, we're talking about cancer, cardiovascular disease, diabetes, autoimmune conditions, and then coming on to the psychiatric disorders, whether it's increased suicide rates, addiction, PTSD.

The impact of trauma on our biology is just huge. To start with the commonest system, if we think of the limbic, hypothalamic, pituitary, adrenal axis, what happens is we get a stress, and that triggers corticotrophin releasing hormone, which triggers another hormone, ACTH, to release cortisol.

That cortisol, if that shoots up, it's going to whack everything out of balance. If it stays persistently high some of the things that can happen, number one, our metabolism, our blood glucose goes up. Number two, our immune system gets affected. We might actually end up immunosuppressed. It's also going to have an impact on all of the rest of our hormones.

It's a huge subject, if you're interested in a deeper dive, we have a hormone conference in which there are so many interviewees talking about each particular area that it can affect.

If that baseline of the pyramid is off, if the cortisol levels are off, that's going to have repercussions on every other hormone. On all of our sex hormones, which means that we might lose our periods if we're women, we might end up subfertile, we might drop our testosterone levels.

It can also impact our thyroid. It can impact the way that we convert our active thyroid hormone, T3. From T4 to T3, it can affect that conversion process. All of these parameters can be disrupted.

We also know that chronic stress affects us at the cellular level because there are little powerhouses in the cells. There are things called mitochondria. What we've found is that if we are chronically stressed, these powerhouses just don't produce energy as effectively. And instead what they start to do is they start to send out signals to the body that it's in danger. They move from their role of energy production to cell signaling regarding danger.

That's huge because we need energy for resilience, in terms of our ability to recover from stresses and to recover from trauma. That process is going to be impaired. We're already seeing how from a hormonal aspect there's a bit of a cascade from blood sugars, to inflammation, to toxicity, to lack of energy, to disruptions in sex hormones. That's one aspect of the biology of trauma, that's not even the whole picture Alex, there's a lot more.

When these hormones get released they can start to have a neurochemical effect. That same hormone, that CRH, Corticotropin Releasing Hormone, can tell our brain to start sending out Noradrenaline. That can fire to our fear center and set that off, some of it's supposed to go to the

rational part of the brain, which balances out the fear, but that balance can also be disrupted, and that's typically where we get something like Post Traumatic Stress Disorder.

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Then there's a third way that it affects our biology. This is where we can really see how serious the effects of trauma can be on the body, because it can actually change our anatomy.

We have shown that chronic stress causes shrinkage of part of the brain. It actually causes the hippocampus to shrink in volume, and that's going to affect our ability to process memory for example.

The other thing that we've seen through imaging studies, functional imaging studies, is that stress can actually make the fear center of the brain, the amygdala, hyperactive. We can be living, we can be going around in the rest of our lives, in the rest of our world, living from a starting place of fear. These are the three main ways that I would say that trauma really messes up our biology.

Alex Howard

It's interesting because I think so often people are doing great corrective work on their psychology, on their emotions, on family dynamics, all the pieces that obviously are important, but the impacts are now happening physiologically.

One can endlessly use psychotherapeutic approaches, meditation, movement and so on, but if the impacts have become embedded in one's biology, and particularly in the context of this interview, in one's hormones, sometimes the fastest thing to help the journey back to balance is working at that level.

Maybe a way to help give a bit more clarity around that is to speak to some of the actual symptoms that, of course they're wider trauma symptoms, but particularly are indicative of hormone dysregulation.

Dr Anu Arasu

Yeah, when we talk about the symptoms of trauma, the first things that come to mind, at least in the mainstream model, are things like Post Traumatic Stress Disorder. In PTSD, we tend to have clusters of symptoms. One of the first clusters would be obsessive thoughts, obsessive compulsive behaviors, rumination, and that we believe might be linked to serotonin disruption.

Do you remember I mentioned that this effect that CRH can have on triggering the locus coeruleus to send out noradrenaline. And then that affects these other neurochemicals, dopamine, serotonin, oxytocin. If we have disruptions in serotonin handling of the body, then typically we end up with these more obsessive, anxious thoughts. That can be one cluster of symptoms.

Another cluster of symptoms, is very interesting, this can be more of the avoidant, or possibly addictive type of symptoms. That's going to be linked with, we believe, with dopamine dysregulation, and possibly the opioid system.

This is really far reaching Alex, because avoidant behaviors and addictive behaviors, they may not even present in the medical office. That might not even be the first place that they're presenting.

That could just be numbing out with certain behaviors, it could be starting to drink too much, and it might be very, very long down the road before that presents as a medical problem.

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Some of the behaviors where we don't even know if it's pathological or not, for example, there have been some studies that have shown young girls having increased promiscuity with a history of trauma. We know that there are disruptions in oxytocin systems, and there's been a hypothesis proposed that perhaps there is a link there.

What is an acting out behavior? What is actually causing someone problems in their life? These are really fascinating questions that I think that the medicine is only going to help us delve into, because it's going to actually help us reflect on aspects of our own life, and question, is this serving me? Is this actually helping me?

Sometimes the cluster of symptoms, another criterion of PTSD, can be a lot more vague because it can be many biological systems involved. It could be the cortisol system, as I mentioned. It could be the whole sympathetic nervous system, so you're living in fight, or flight, or in freeze.

It could be a mixture of all of these things. I would like for people, when they start to think about their symptoms, to consider whether or not trauma has played a part, to do it the other way around. Consider that trauma could actually be playing a part in just about everything. And the reason why I say that, it might sound dramatic, is because trauma is common, and these dysfunctions and imbalances underlie so many diseases.

What we've found is that if you have a dysregulated hormone axis with trauma, it can go any way, it can be overactive or it can be underactive. Or the pattern during the day, which is supposed to be high in the morning, and then your cortisol gradually lowering as the day goes on, that pattern can be dysregulated. So anything is possible.

If we have a persistently overactive hypothalamic pituitary adrenal axis, we can end up with things like anxiety, we can end up with over-exercise, malnutrition, hyperthyroidism. If we have an underactive axis, we can end up with chronic pain, fibromyalgia, chronic fatigue, depression. The possibilities of symptoms are really, really huge. That's one of the take home messages that I'd like people to think about.

Alex Howard

One of the ways that I think about it, and somebody explains to people, is if you want to understand the impact of what's happening hormonally on how you think and how you feel, notice what happens when you don't eat for 24 hours, for example. Notice what happens when you don't sleep, or when you're jet-lagged, notice how much harder one has to work to find regulation in their nervous system.

I think part of the challenge here is that one of the great gifts of the human anatomy is our ability to normalize to our experience. That reduces our suffering because we normalize to something. I think the problem is sometimes people have normalized to imbalances that actually are not optimum, and not how they actually need to be. People can walk around with a whole load of symptoms that they think that's normal, and it's not.

[00:13:08] Dr Anu Arasu

This is the fundamental point, because with everything when it comes to hormones, and when it comes to really the whole body, it's all about balance, it's all about homeostasis, it's all about having that set point.

Our body is wired very, very cleverly to try to create this, as I said with that example of the locus coeruleus secreting noradrenaline, the aim is for some of it to go to the fear center. We have a fear response and we can act, but some of it to go to the prefrontal cortex, so that we can override our fear. The body is always doing things to try to achieve balance and homeostasis.

Problem is that if you are having one episode after another of stress at an early age, your whole base point is reset. Then what happens is that the body is, in a sense, preparing one for that, and this can perpetuate. When I talked about the mitochondria signaling cell danger, this is what happens, it perpetuates in the body, we're expecting more stress. Our body is wired to deal with stress, not wired to produce energy.

And then what happens, the hippocampus shrinks, we're wired not to necessarily think our way out of the fear. This is really great because sometimes what I hear from people is this self-blame about the fact that they feel like, why do I keep on attracting pain? Why do I keep on attracting the same traumas? That's a really interesting question, if there is some truth in that, there's an interesting question.

It could be essentially because what's happening in our physiology is that we're either spiraling upwards, or we're spiraling downwards. Nothing is ever staying the same, the only thing consistent is change. If we are in a state whereby our body thinks it's not safe unless we are actively doing something to change that, chances are we are on this spiral downwards.

Alex Howard

I also want to make a point for clinicians, which I think will also be helpful for people that are not clinicians, to understand perhaps some of their experiences, which is that I remember in some of the earlier parts of my own clinical career, having no real understanding of, for example, ADHD. I would task my patients with homework assignments, and things that would be important to bring together work that we would be doing, and there'd be a group of patients that would really struggle to do that.

In sessions I would take a tack of, how do you get someone more committed, more motivated? And in a way it was like, how do you push someone harder to do something which has been set up in a way that doesn't work for the way that their brain is wired up?

The learning over time was that, for example, working with someone who's ADHD, we need to break things down, we need to do things in ways that are actually going to be workable for them. However hard I might bang a certain drum, it's just the wrong drum to be banging to help that person.

I think the same is often true when there is hormone dysregulation, that as psychotherapeutic practitioners, for example, we can be overly focused sometimes on using tools, techniques, and strategies, and looking in the past to try and bring regulation from a psychotherapeutic perspective. But sometimes there's a pathway which is not only faster, but actually going to be

effective in that instance to look at it from the perspective of the biology, and the hormones of what's happening.

[00:16:47]

I think it's an important point that you're making here that if there is significant dysregulation in one's hormones, there is no amount of other intervention that's going to fully correct that unless it's addressed on the direct level.

Dr Anu Arasu

That's such a great point, and it's certainly something I've seen clinically with let's take for example, eating disorders. There can be many ways to approach that, all of which are very valid. There might be a role for antidepressants, there might be a role for psychotherapy, there can also be a hormonal aspect.

If somebody has very unstable blood sugars, if they are actually on a blood sugar roller coaster, and they're dropping into episodes of being closer to hypoglycemia, that is going to affect the way in which they eat. It's going to affect the cravings that they have, their ability to control their binge cycles, and sometimes I think that's a missing piece.

That's why it's so exciting and powerful to go into the biology, and the functional medicine part. It's also why I'm so big on people having access to this information, because I think that if they're watching an interview, if they're reading something and they recognize themselves in it, that's where the transformation happens.

There's often a theory that we vibrate what we need, and a huge part of that is about self-recognition. If somebody is studying this stuff, if they've never heard of blood sugar roller coasters, how are they supposed to have any idea that that could be linked to their eating disorder?

This is something that we cover quite a lot in the interviews in the hormone conference. I think that it is something that is so common, and the more information people have about every subject, the more chances they have to recognize themselves and then say, hey, this is me, can you help?

Alex Howard

I'd love to come back in a little bit to the example of blood sugars, I think it's a really practical one that people can start to work with. But before we do that, I think it'd be helpful to give a bit more context around personalized medicine, and around this principle that it's not a one size fits all thing.

Often people may have gone to a mainstream general practitioner, presented with these symptoms. They may even have had some testing that's been done, and they'll be told everything's normal because it's within the reference ranges.

I'd love you to speak to the benefits of a functional approach, but also a personalized approach, for those that may have perhaps started a journey, and then they've been stonewalled, but instinctively, going back to what you were saying, they can feel that something's going on here that's not fully understood for them.

[00:19:49] Dr Anu Arasu

This is so great, and it's so relevant to this whole movement that's happening right now. To put it into context, let's start with trauma. I think so many people feel when they learn about trauma, and they learn about the huge impacts it has on their lives, on their marriages, on their jobs, on their relationships, on their morbidity, and on their mortality, they think, my God, why wasn't I told this before?

And why is it the case that mainstream medicine is largely ignoring this? Because mainstream medicine, yes, it deals with Post Traumatic Stress Disorder, but sometimes that dealing can feel at least a little bit superficial, in the sense of, you've got PTSD, here's serotonin, noradrenaline reuptake inhibitor, here's a tablet.

And what we've just said before is that trauma affects all of our... some major biological systems, and has far reaching impacts on our metabolism, our glucose, our immune system, our mitochondria, our ability to detoxify, and nutritional imbalances, and all the rest of it.

To answer that question, in the defense of mainstream medicine, I would say that one of the things I realized is, when I was looking back at the PubMed studies, for example, about some of the research around hypothalamic pituitary axis dysfunction and trauma. I remember reading things like, the effects of trauma on the HPA axis are contradictory.

What do you mean contradictory? What they mean by that is, trauma can either make the axis overactive, or underactive, or just dysregulated. How funny to use the word contradictory, because it's only actually contradictory if you are expecting an outcome. If you're expecting causation, you're expecting one thing to cause something else, then, yeah, the result looks contradictory.

If you are happy to swim in the world of correlation and say, well, actually, depending on the individual's makeup and a huge number of things, the outcome could be this, or this, or this, then it's no longer contradictory. All of those possibilities exist at once.

I think, quite honestly, up until now, we just have not had the capacity to deal with that level of complexity. I think that now many things are happening, many things are happening in the world of medicine. Functional medicine is on the rise.

I think that many things are happening in the world of technology. AI has the capacity to deal with this stuff. Now we are opening this huge field where people, as a result of these changes, are going to actually have the capacity to say, well, yeah, trauma is one thing, but for me it's affected this, this. For me, I wonder if I have a problem with dopamine because I see these patterns. I think I might have ADHD. I think that some of these are acting-out behaviors. I think I may have a problem with blood sugar regulation, et cetera, et cetera. People have this ability now to break it down, and that, to me, is just amazing.

Alex Howard

I also think the recognition, I love the example you give around people go in and expecting something and then it's different, therefore, it's contradictory. I think it's a really good example of the reductionistic perspective that's often brought in. If we look at reference ranges, around

hormones as an example, that someone may be within a reference range, but functionally not in balance.

[00:23:35]

I think often people, and I particularly think about it in my wife's and my female friends at this point, a lot of them who are perimenopausal, or going through menopause.

The amount of stories that we hear of, and particularly as soon as it goes into the conversation that we're doing a hormone conference, the amount of people talking to me, I'm not the expert, Anu's the expert. The amount of people sharing their stories of clearly having obvious hormonal imbalances, and then being told, oh, there's nothing to be done about it, or you're just depressed, or it's just this, or it's just that.

And the recognition that people's bodies are intelligent, and when they're given information and communication, that that doesn't necessarily mean everyone needs to be taking hormones of course, sometimes there's many, many other things that can go on.

I'd love you to speak to those that perhaps have been gaslit at the extreme, or have just not been fully recognized, or understood about honoring and really listening to their own body, and their own experience.

Dr Anu Arasu

It's so huge, I think there's been a huge shift, in the 1900's, way back of course our disease profile was so different, we're focusing on infections, we're focusing on different things. Now, when we look at society, probably some of the biggest hurdles we're facing are mental. Mental addictions, problems with addictions, problems with violence.

Problems that we now need to go to a new level, that it's no longer... If years back it felt like dealing with this level of complexity was unnecessary, it was not going to yield results, it was an inefficient way of spending resources. If that was the case years back, we're now entering a phase whereby the way I see it, it's just unavoidable.

All those people that have been told your results are normal. What I would say to them is, how are you feeling? How are your symptoms? How is where you're at, versus where you want to be, versus where you see your potential? Because this is what's really affecting change now. We all know this, and it can range.

It can be from the point that it's really screwing up our lives, our relationships. It's perpetuating pathology in society, it's perpetuating violence, discomfort, and mental disorders. It could be at a milder extreme where we're just living subpar, we're just not out there manifesting the life we're supposed to manifest. So it can be from any of those things, from the most basic to the highest, wanting to evolve and wanting to live as our best selves.

But I really, really do think that is the challenge of today, and therefore anyone that is feeling, look something's not right, they should dig deeper, they should explore, because that is where it's at.

[00:26:50] Alex Howard

Good place to throw in a little bit of my own personal narrative around this, as you know, but you can't disclose, but I can. I started taking a low dose of testosterone about 13 months ago at the point of recording this interview. I had at that point 4 or 5 tests over two or three years that had all showed low, normal, or actually medically low testosterone.

I don't know if I told you this, but my private GP was quite disparaging, saying, oh, that's just because of other stuff that you take, that sort of nonsense. I started taking a low dose of testosterone cream on your recommendation about 13 months ago, and there's no question the impact that's had on my energy.

If that's funny, before we started recording, you commented on me being on a standing desk, and I said, oh, yeah, I'm on the standing desk 3 or 4 hours a day. I never would have done that a year ago. I was relieved to just flop into a chair at my desk and get through long days.

I remember I was talking to my wife the other day about how I used to get to weekends, and I wasn't like crashed out in bed at weekends, but I just wasn't particularly energetic about wanting to go off and do stuff, I just wanted to be at home and flop.

Whereas these days I've noticed a significant difference in waking up on a Saturday morning and going, right, what are we doing this weekend? Where are we going to go? And just the impacts on, just from that perspective, I'm a better father because I have more consistent, normal energy of someone in their almost mid-forties.

I look at my male contemporaries, a lot who have high-demand, stressful jobs, and I can see they're not there on weekends. Just that as an example of the thing that matters more to me than anything, is my relationship with my wife, my relationship with my kids.

And being able to show up to that, because something that.. Was it low because I had a history of chronic fatigue in my late teens, early 20s? Was it low because I've reached my forties? And as we know, testosterone in men gradually starts to decrease. But bringing something that's out of balance into balance, as you say, it's not just about someone feeling better, it's about that wider impact in their life.

Dr Anu Arasu

The sad thing is so many of us cannot realize how bad we felt until we're better. And this calls back to what you were saying earlier, about our body getting used to its new normal, the homeostasis, or the fact that you can just live smaller, and smaller, and smaller.

Then typically what I hear is that when people feel better, there's this moment of why didn't I do it earlier? I wasted a decade. Nothing is a waste, I think that's that journey and that's how it all plays out. But for sure, the point of that is that even having a small inkling of the whisper of the voice, the quiet voice that says something's not right, that instinctive voice, and it often is quiet, that's worth listening to.

[00:30:12] Alex Howard

Anu, I'd love to come to some practical pieces that people that are watching, obviously a key part that someone recognizes imbalances, that we really would encourage them to go and get that investigated, and work with appropriate people.

I'd love you to speak to some of the real simple fundamentals. You touched on blood sugar earlier, and that feels like a really tangible piece that people can play with a little bit.

Dr Anu Arasu

When it comes to healing from the hormonal imbalances, whether they be caused in part by trauma, other contributory factors. One of the first places where I think people should start is with regulating their own nervous system. That is such a great place to start. I'm sure you've had many other speakers probably talk about some of this, maybe they've mentioned words like Polyvagal Theory, or tricks and tips to help the vagus nerve, to put us back into a state of rest and digest. I do think that is hugely important.

Typically, the way someone might start with this, is they may be listening to, or working with someone for exercises that bring them back into the body, somatic exercises. It might be doing a guided body scan where people actually start to feel and listen to what's going on in their body. That can be a really, really powerful place.

Breathing is another big one that comes up, of course, because it's just so instant. How quickly, if we start to focus on our breath, and certainly focusing on the exhale, if we want to relax, how quickly that changes our thoughts, and how quickly that brings power back to the body, brings aliveness. These would be some of the places.

As soon as that stuff starts to happen, you might become aware of other things. For example, what patients tell me is that as soon as they start to tune in, they become aware of how much of their eating is emotional.

Typically, it could be an emotion like anger, one that's not socially acceptable to express, one that has been expressed in the past with not good results. If someone's feeling anger, and they don't want to express it, where does it go? Often the jaw, we want to smoke, or we want to chew, or we want to eat. Eating can actually suppress a lot of emotions, eating can have a soothing effect. Sugar and carbohydrates particularly, can have that ability to literally physiologically calm down our adrenaline.

But there are other ways that we can calm down our adrenaline, such as the breathing, such as going for a walk, that's a huge... If people start to make that link, and then making the link is not enough, because we then have to implement, and there's often a huge gap between understanding something and then being able to implement it.

So even if we know we're really mad, we've had a fight with someone, we're really angry, and you're going to the fridge, and you just want to eat. Even if you realize in that moment, okay, I'm eating because I'm angry, that's already a massive step, that's huge.

It might take time to change that, but at some point, there may come a moment where there's enough space to make a choice. And you say, okay, I'm not going to go to the fridge, I'm actually

going to hit a cushion for ten minutes and I'm going to scream. And then if I'm still hungry, then I'll see.

[00:33:47]

These are the kind of things that I think can be really powerful. One thing I would say is that habits are often, it's the small habits that we need to change, and everything else follows from there. But changing a number of small habits is really, really powerful.

Once someone has slightly more awareness about what's going on in their body, about what's going on in their emotional body, then already you can start to make different choices with your food, with your diet, with your exercise.

Alex Howard

In terms of someone that's watching this, that is what's the first... there's lots of pieces there, there's working with emotions, there's working with diet, there's working with movement, there's working with exercise. I was thinking about blood sugar as being a good piece in terms of just leveling things out, because one of the things often that you spoke to earlier is that we can eat emotionally, we can eat because we energy crash. Maybe that is a piece that just helps bring some stability.

Dr Anu Arasu

Exactly, so becoming aware of why we're eating, and then it is, in terms of what we should be eating, I would say that there are a couple of factors. First of all, eating regularly, eating at the same times of the day, a bit like a baby, is good for our metabolism because it allows our body to prepare. We have hormones, we have enzymes, we have rhythms, we have circadian rhythms, our body wants to prepare all the time.

So this is about creating safety and stability for ourselves. If we do things like we're eating at the same times of the day, we're pretty soon going to learn what kinds of food suit us. Typically speaking, a diet rich in vegetables, all colors of the rainbow.

If you can eat locally and seasonally, that's even better, because every vegetable contains phytochemicals. In a sense, that's our connection to the planet. They contain information that tells our cells how to lay down fat, how to do things. If we're eating in time with the planet, even better. But eating half your plate being veggies.

A quarter lean protein. Animal protein may be more bioavailable, it may be a more effective way to get the amount of protein that we might need. But there are many forms of vegetarian protein as well.

And then good fat, we're talking about avocados, olive oil, nuts, things like this. What we're trying to avoid is the nutritionless, empty carbohydrates, the high sugars, cut out any processed foods.

We want to be cutting out alcohol. We want to be cutting out soft drinks, e numbers. Learning how you particularly respond to things like caffeine. It may not be the same as before, if you could drink lots of caffeine in your twenties, you might find that your ability to detoxify caffeine has also changed, as your stress levels, or your energy levels, or your age has changed.

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Some people find that going gluten free, or having a low wheat, low dairy diet is helpful. We would consider those things. They can cause inflammation in some people.

These are the principles, eat locally, seasonally, if you can't pick it or pluck it, don't eat it. We're really talking about veggies, lean protein, good fats, none of the processed stuff.

Then we're talking about tuning into your individual awareness about things that you're not sure about, like caffeine, like am I having too much for me? And stepping on from that possibly low wheat, low dairy.

Then of course, if you have more particular food related symptoms, that might be an intolerance, you might want to investigate deeper. There's a lot you can do yourself. If you really want to investigate deeper, one of the first things you can do is keep a diary. You can keep a food, mood and symptom diary for three or four days, where you write down everything you eat, and you write down everything that's happening inside. That can be a very useful way of learning.

Alex Howard

Could we just say a few words in closing around what's possible for healing? Because going back to what we were saying earlier, one of the challenges is we normalize to our experience and we think, well, this is how it's always going to be. I'd love you to speak to what's actually possible, because I think sometimes we don't realize how much things can feel different when we really address what's going on.

Dr Anu Arasu

I love that. What's possible is full expansion, and that's really what I believe. That's also why I'm so excited about the functional medicine piece as a tool on our whole journey to evolving, to be as close to our potential as we can be, by learning more about ourselves. I think this is it, we live in a world, there's a lot of information out there, some people are now beginning to say, oh, there's too much information.

Well, I'm not sure there's ever such a thing as too much information, but one does need to have a framework, and one does need to be able to have a lens that you cannot get overwhelmed by it. If one doesn't have the right lens, or the right filter, then it can feel like too much.

That's an important point to people listening is that, how are you responding to the information you're hearing? Because I would like it to be with a sense of openness, and curiosity, and just letting it, swimming in it, and seeing if there are bits of yourself that you recognize. As opposed to doggedly listening to something and thinking, right, from now on, I must only do X, Y, and Z, and this is the only thing that could possibly work for me.

I think that if we just allow ourselves to be open to all of this information out there, and we approach it with a way of looking at ourselves. Really that's the missing part of the Therapeutic partnership, we're always bringing our own symptoms, our own behaviors, our own thoughts to the information, and seeing where there's a match, like which part of me is this coming from? If we're

doing that, then I think the result can be full expansion. It can just create a lot more space, and free up a lot of energy.

[00:40:28] Alex Howard

Anu, you and I are both very excited about the fact we have our Hormone Super Conference coming up. Do you want to say a few words about that? And then after that, we'll say a few words about London Bioidentical Hormones, and your practice as well.

Dr Anu Arasu

For me I think hormones are a bit like the canary in the coal mine, because hormones are the body's messengers, and they're all about balance. They're all about balance, so really, if we are living out of alignment, if we're living out of balance, hormones are often the place where you start to see things first, and it's a cascade effect.

You can have shifts that affect one hormone, that affect other hormones, that then affect the immune system, inflammation, and toxicity, and energy levels. Other neurochemicals that then go on to affect our thoughts and our behaviors.

The Hormone Conference is, the aim of that is to capture just how wide this is, and to make people think. It's a playground of all the things that hormones can be linked with. It's really interesting if people start to consider the body, and what can be happening, because it's such a powerful way to make change.

The aim of the conference is a taster into maybe a number of things that you haven't thought about. A way to also prepare for entering the second half of life as well. How that should maybe change our outlook, and how we can develop little habits that lead to great changes.

Alex Howard

That's beautiful. If people enjoy this conference, the Hormone Super Conference is the same format, a wide range of interviews, with Anu doing the majority of those interviews, but also some by myself, and by Meagan as well.

Anu also speak to your clinic as well, just say a few words that people can... What's available, what they can find?

Dr Anu Arasu

We have a bioidentical hormone and functional medicine clinic, and we have this approach that I guess I've spoken about here today. Which is that hormone imbalances are the first sign, so we take them seriously, and we dig deeper.

Generally speaking when people start with us, they can focus on the hormones. If they're willing to take a deeper dive, they can also do a comprehensive functional medicine test, do continuous glucose monitoring, and go deeper.

[00:43:15]

Also the emotional piece, the trauma piece, the other aim of it is to encourage people to get more into the body, that's something we're still working on. That's another aim of mine, is to call back this somatic piece, which I think is so, so important. That's what our clinic does.

Alex Howard

Amazing, Anu, thank you so much.