



## Conscious Life presents

### Functional Medicine for Balancing Hormones

Guest - Dr Anu Arasu

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#### [00:00:10] Alex Howard

Welcome everyone to this interview where I am super excited to talk with my very dear friend, Dr Anu Arasu. And we're going to be talking about the relationship between trauma and hormones, specifically women's hormones.

We'll talk about the importance of having an integrative and a functional approach to healing, and how healing hormones is about more than just taking hormones. Although of course, that can be part of the jigsaw.

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

Anu suffered from postnatal anxiety and burnout after the birth of her first child and healed thanks to functional medicine and bioidentical hormones. She's written a short e-book called *Bioidentical Hormones Explained*.

London Bioidentical Hormones is passionate about finding what is right for that individual at that time, and providing patients with tailor-made programs that optimize health and well-being. So Anu, welcome and thank you so much for joining me.

#### Dr Anu Arasu

Thanks so much for having me. It's always fun.

#### Alex Howard

So it feels like a good starting point is just to... Before we come into where we're going to go today, to just give a little bit of a definition of when we're talking about trauma, what do we mean?

**[00:01:40] Dr Anu Arasu**

Yeah. Always good to define this again, even if we think we know what it is because so many people have defined it differently. So trauma you know, originally from the Greek meaning wound. The medical definition was very much about physical external wounds. You know, road traffic accidents, trauma like that.

The psychiatric definition included that external wound to be severe psychological injuries such as war or severe assault. But the modern definitions of trauma are really looking at any negative life experience that has an impact on the nervous system.

And they are seeing trauma as a spectrum, and they are recognizing that it's not about the event, it's not about the external event. But it's about the individual response to that external event, which is both good and bad.

It can be bad in the sense that two people can have a relatively minor, negative life experience, and one of those people can have a persistently wired or persistently activated nervous system as a response. So the trauma is, in a sense, locked and frozen into the body. And the other one is fine.

However, there's also a good side, which is that we can bounce back. So people who have experienced trauma, they may actually have some skills that are helpful. They may be more empathic, they may be better problem solvers. They may have increased vigilance that helps them.

So yeah, it's a very interesting way to see trauma in this way. And it's actually really important, Alex, for two reasons.

Because number one, trauma is a bodily reaction and it needs to be healed through the body. That's the really key difference in seeing it as an external injury, whereby you just remove the injury and it's all done versus a bodily pattern. And that's going to make a huge difference to everything.

Because number two, we also see it as a public health issue. Now the CDC last year wrote about adverse childhood episodes. And that's really on their radar now.

They're saying that if people have experienced negative life impact experiences young, that's accounting for something like 1.9 million cases of heart disease, and is accounting for some 21 million cases of depression. They're listing this as the top 80% of reasons why people are on chronic pain medications.

So suddenly trauma becomes something that is in the body. It's something that we need to take a medical approach to. And number two, it becomes a public health issue. So that's why I think getting the definition of trauma right is so important.

**Alex Howard**

Yeah, absolutely. It makes total sense. And it's great hearing that what many of us have known for many years is really starting to make its way into that... Not just mainstream conversation. But actually where policies and where access to healthcare is being decided. Should we then make this connection between trauma and hormones?

**[00:04:47] Dr Anu Arasu**

Yeah. As you've said, it's getting more on the mainstream agenda. The World Health Organization put this in 2016. They're talking about this adverse childhood episode research. We're 30 years on. It's getting onto the agenda. It's getting into the medical framework.

Now when it gets into the medical framework, we start to think about the pathogenesis of trauma. So what's actually going on, right? Well, what we know so far... And I know you and I have spoken about this on previous conferences, is essentially this hypothalamic-pituitary-adrenal axis.

So you have an insult. And for some people that can rewire the system so that rather than the nervous system going back to its normal homeostasis, its normal calm, it stays either activated or under-activated. So people stop feeling what's normal in the body.

And the way that plays out then in conditions can be, first of all, mental health. So anxiety. It can be gut health. Inflammatory bowel disease, SIBO. That's going to spread inflammation throughout the body. All sorts of immune disorders, whether that be chronic fatigue, POTS, fibromyalgia and hormonal disorders.

And really interestingly, what the research is showing is that trauma is so closely linked to hormonal disorders. Perhaps even more so than standard mental health. I'll give you an example.

There's a paper in Sage that looked at 26,000 participants, and it found that these adverse childhood episodes are more closely linked to perinatal depression than they are to anxiety.

**Alex Howard**

Wow.

**Dr Anu Arasu**

Can you imagine? We would obviously think of ACE. Of course it makes sense. You've had some trauma, you're anxious. Fine. And that's true. That link is there.

But you've had some trauma and you're much more likely to get hormonal mental health issues, which makes sense when you and I, Alex, think about the pathways because it's psychoneuroendocrinology immunology. So the hormones are one of the first places. A bit like the canary in the coal mine where all of this stuff shows up.

**Alex Howard**

Yeah, I think one of the things that people forget is that the feeling of a dysregulated nervous system, or the feeling of anxiety is a biological experience, right? There is a hormonal experience that's driving that.

**Dr Anu Arasu**

Absolutely. And the more that we go into this, we need to really look at the entire pathway so that we can see. We can see at the level of, okay, what's happening with the neurotransmitters? What's

happening with the gut? What's happening with the inflammatory markers? What's happening with hormone levels? What's happening with the immune system and the T cells?

**[00:07:33]**

And so each of the advantages of taking this framework, seeing trauma as a spectrum of seeing it in the body, of seeing this whole psychoneuroendocrinology immunology, is that we then start to look at each part. And the markers associated with each part and it can help us solve real problems.

So the other research that I've been looking into, and I've had loads of questions from patients about this. They're saying, "Can trauma be linked to all of my period problems?" And yeah, I mean the answer is yes.

We have two big meta-analyzes that have shown that women who have trauma have different responses to their cortisol than women that don't. And so what happens is that women that don't have that much trauma, their cortisol changes in the first half of the cycle versus the second half of the cycle.

But women that have had that trauma, their cortisol stays elevated in that second half of the cycle, and their nervous system is more activated. And so they're more likely to respond differently to their own hormone transitions.

So even normal transitions of estrogen and progesterone are causing them more problems. So that's really fascinating. It makes a huge difference to how we treat them. So this is...

In our clinic, we're aware of all of this and we're at the cutting edge of trying to address all of these problems. So yes, we may be looking at how we can modulate the transition of progesterone and how we can smooth all of that out.

But we're also looking at all of those other factors like why someone's responding so strongly to these? What's going on in their body? It's almost like their body's fighting itself, if you see what I mean.

**Alex Howard**

Yeah. Just to build on this connection. So you're talking more generally around women's hormones. Let's also talk about fertility. Let's talk about periods.

**Dr Anu Arasu**

Yeah. So this is huge because fertility is so medicalized, isn't it? It can become very emotive very quickly. We know that a lot of fertility problems are related to stress. And then, as you, I'm sure you've had experience with this.

Patients get worried, they get anxious about fertility problems, and then suddenly they're on this very medical pathway. It can almost make the anxiety worse.

**[00:09:56]**

There's been a study in the Journal of Psychosomatic Obstetrics and Gynecology that looked at 742 women. And what that very clearly showed is the more adverse childhood episodes you have, the increased risk of infertility and amenorrhea.

And by the way, when I talk about childhood episodes, I'm not just talking about childhood because some of the research that's been done is actually questionnaires asking women about trauma. And even if trauma later on in life is less impactful than trauma before the age of 18, there could still be a cumulative effect, right?

We also don't know how trauma puts on top of an already overactive nervous system, how that impacts things. So it's very difficult to know, trauma at what age and what exactly that... Whether that's really much worse, if it's in childhood. Probably it's more significant if it's in childhood. But it can be significant at any time of life.

But generally, I think opening our mind to this huge link is going to make a huge difference to treatment, because suddenly we're looking at different markers. We're looking at what this person's cortisol is doing? Is it affecting their ability to ovulate? Is it affecting their ability to even have a period? None of this stuff is being done right now. This isn't part of infertility treatment.

#### **Alex Howard**

I think in a way, part of what you're saying that's really important is that just like with many other health circumstances, we have to move away from that germ theory where we find a single problem with a single cause with a pharmaceutical intervention.

Because it's very easy to go, well, someone's hormones are out of balance. So the only thing we need to do is to give that person hormones. Now of course that may be part of the jigsaw. But I think what's important here is there are also other parts of that jigsaw.

#### **Dr Anu Arasu**

There are so many other parts. And even in infertility, for example. Even at the most basic level, right, there could be something. If someone's cortisol is abnormal, that could stop the LH surge. It's going to stop... It could stop them ovulating, or they could ovulate.

But then they could not produce enough progesterone because we can steal from progesterone to make cortisol to fuel that stress response. The stress could be so great that it just completely cuts off the ability to have periods. All of these things are really standard. They're really quite common.

Then we know that there's a link between the hormones and the immune system, which is what you're talking about. And that plays a huge role in infertility. Subfertility whether that's the formation of autoimmune disease. So thyroid auto-antibody presence can affect fertility. People's natural killer cells can affect fertility.

**[00:12:48]**

So these are very, very complex areas. And you're right that fixing the whole pathway, or looking at various points in the whole pathway, gives a much better outcome response. It gives much more hope of actually achieving the goal.

**Alex Howard**

I feel like another piece of this jigsaw we should bring in as well is the relationship between trauma and menopausal symptoms. So can you make that connection as well?

**Dr Anu Arasu**

Yeah, I think there are so many women who have menopausal symptoms and they blame themselves. They say, "Oh, well, my mother just pushed through it. Her generation never complains." Or perhaps they have a friend who flew through it and never needed to take anything.

And they're really questioning themselves. They're like, "What am I doing wrong? Am I not eating well enough? Am I not exercising enough? Am I not good enough? And that's why I'm having worse menopausal symptoms."

And then there were also societal links, right? So often we hear research like Japanese women have less menopausal symptoms. And again, this can trigger the comparison. What are we doing differently? What should we be doing? Should I be eating more fish and rice and seaweed and soya? And all of these questions.

And certainly in my experience, it's not that straightforward because I've had so many patients who, lifestyle-wise, are doing everything right and who have lots of symptoms.

And that's why it's really fascinating when you look at research, because there's a study called Dreams in Maturitas 2021 that showed that actually, as ACE markers... So those adverse childhood episodes. As that number increased, so did the severity of menopausal symptoms. So that's quite amazing.

And there's another study in the Journal of Clinical Psychiatry. It was in 2017 that found that the more of these ACE markers that you had, the greater the risk of your first major episode of depression. Twice as much.

But it's even more than twice as much the risk of having one of those major episodes of depression at the onset of menopause. So this comes back to my earlier point, which is that it's not just about trauma and mental health.

But there seems to be an added risk of trauma showing up in hormonally-related mental health. So what we're seeing, what... To summarize that, what that's actually saying is that trauma seems to be linked to an increased risk of physical and psychological severity of menopausal symptoms. That's a really hugely under-addressed area. I don't think anyone's really talking about that.

**[00:15:39] Alex Howard**

I think one of the challenges here as well is that we go right back to where we started talking about defining trauma. I think often people don't recognize that they have trauma.

And I think part of the issue there is that we typically normalize whatever our childhood experiences were. And so one has just had "their childhood" hasn't defined that as trauma.

And then a few decades, 4 or 5 decades later, whatever one gets into perimenopause, starts to have symptoms of that. But doesn't recognize in the first place that there's been trauma.

So I think it's hard often for one to make those connections. And then one just sees the symptoms and tries to treat the symptoms, which I think is a good bridge into why a functional medicine approach, and also an integrative medicine approach is such an important way of approaching all of this.

**Dr Anu Arasu**

Yeah. I love what you're saying, and I think it comes back to the heart of what trauma is. This is how complex it is. If your nervous system gets used to a normal... A new homeostasis. If it gets used to the feeling of being upregulated all the time, you have no idea. You don't have the bodily memory of what it is to feel different.

So this is where just relying on intuition can get a bit limited, right? Because if you don't have that bodily experience of anything else, it's very difficult to know that you're not feeling as well as you could do.

And I know you and I have mentioned this once in an interview which is about, sometimes what we think we need is actually not what we need. We need the... We almost need the opposite. Like, we may be focused on the body and then we need a bit of psychological input. Or we may be focused on psychology. And actually it's the nutrition that we're missing.

So it's part and parcel of the problem. And this is why I think testing can be very helpful, because actually testing gives a level of objectivity that just subjectively...

Because we are, we don't have any other experience of normal. We're not able to see. It gives another perspective. I don't know what your thoughts are on that. But that's certainly been one of my experiences with the nervous system.

**Alex Howard**

I think testing is super helpful. I think it does a few things. Apart from the fact that it helps clarify treatment pathways. I think it's also incredibly validating for the individual. I think when one is suffering in these various ways, there's often a certain amount of gaslighting in the mainstream medical world.

As you said, often a sense of one not really recognizing the connections of what's happening. And so I think sometimes when someone can have a lab result that goes, "This is real. This is what's happening. And this points to why this may be happening." There's a real value in that.

**[00:18:36] Dr Anu Arasu**

Yeah. And we can see the whole pathway to gaslighting actually in this conversation. Because when we look at how trauma started out being defined, it was defined by specific physical injury or very, very violent psychological injury. That pertains to individual experiences. That's not a public health issue.

Then if someone has premenstrual syndrome, if someone has depression, you're like, well, okay, it's not a public health issue. "That's just yours to deal with by yourself," is essentially what the system was saying.

As soon as you shift that definition of trauma to be on a spectrum, to suddenly include all of these possibilities and to affect individuals in different ways. You suddenly open up to, okay, well, hang on. This could be linked to every single cause of morbidity and mortality, which is what the research showed 30 years ago.

And then with time, it does take time to shift the paradigm. But with time you get to the point where other bodies are saying, well, hang on, this could be a way to save billions in terms of treatment of diseases.

So you're absolutely right. You know, we need to... Now we've widened the definition. And almost the next step is the diagnosis or the testing aspect to narrow down what's happening.

And functional medicine, I think, is the answer to this, because functional medicine is the only system that I know of that's going to make the link between things like the ACE score, things like a menopausal symptom. So I'm going to give you the example of verbal memory and things like deep biochemical markers, TNF-alpha.

So now actually there is a study that looks at the ACE score and verbal memory at the time of menopause and TNF at perimenopause as well. And TNF-alpha scores and finds a link between all of those.

So you can see now how important that is because we now have a pain point which is someone's memory loss at a time of hormonal transition. We have a biochemical marker which we can monitor and see if it improves. And we can see the link with something that's a huge issue. Not just for this one individual, but for the whole of public health.

So this is really where I see the power of functional medicine and why I think if people can start to think about their health in this way, it really, really holds a lot of promise.

**Alex Howard**

So when you're working with a new patient and they come in... And typically I imagine they come in because they say, "I have these symptoms. Please get rid of them for me." It's the simple way of describing it.

Walk us through some of the process that you and your team are going through, in terms of... There's obviously lab work. There's an in-depth history and background. But walk us through a



little bit of that process and then how these different pieces are informing the clinical choices that you're making.

**[00:21:38] Dr Anu Arasu**

Yeah. So you're absolutely right. It's starting with that very comprehensive piece. The functional medicine questions that paradigm of really looking at all of their history, their symptoms, their life experiences.

Trying to match also the timelines to a certain... To see if there's a pattern between things that have happened. What their story is, antecedents, precedents. Trying to see how step-by-step this person's life has unfolded and how their health issues have unfolded as part of that.

Comprehensive tests at the beginning, and then meeting. And really starting on a roadmap. And in our roadmap we look at a number of domains. So we are looking at things like the gut. So of course, that means diet. It means nutrition. It means things like absorption.

Is this person actually absorbing their nutrients? Are their digestive enzymes working? Do they have a parasite? Do they have dysbiosis that stops them absorbing something? Do they have leaky gut that's causing inflammation to spread throughout the rest of the body?

If they have an inflammatory process throughout the body, how can we mitigate that? How can we help? Looking at the hormone balance. Now, again, it's a bit chicken and egg. If you're inflamed, if you're stressed, you're more likely to get a hormone imbalance. We may steal from hormones like progesterone to make other hormones.

Conversely, if just due to age, due to perimenopause, your hormones start to decline at different rates. Your progesterone drops. That puts you in a state of inflammation. So it's recognizing, even as we're on this roadmap, the back and forth, the interplay between these different systems.

Another big part is detoxification and cellular health. This is going to be big. We don't really hear very many people talking about the mitochondria, the powerhouses of the cells, or toxins. But this is quite a key part. And I think it's going to come up a lot in longevity.

Often in conditions where we're seeing a lot of fatigue, there can be a mitochondrial component. And certainly as we age, as we lose muscle mass, this role is going to become more and more important to cellular health.

The other aspect that we look at is, of course, nervous system regulation. So we're thinking about sleep, circadian rhythms. And then we're thinking about the vagus nerve. And how to get ourselves from fight and flight back into rest and digest, which I'm sure a lot of other people at this conference have been giving some amazing tips about.

But it's really putting all of that together. And at our clinic, what we do is we have hormone doctors. We have functional medicine nutritionists, and we also have a therapist and coach to do some of that inner work. You know, the inner child work. Because of all of this research around the links between ACE, these adverse episodes and hormonal health.

**[00:24:41]**

But what I would say to people listening is, don't just pick one path. Often I see people with hormonal issues who are, again, due to a lot of beliefs, trying to solve it all through inner work or trying to solve it all through nutrition, or trying to just take HRT and ignore the other things.

And often they're making these decisions before they've even had a test or known what's going on. So often it's coming from a belief. They believe that it's more natural to do XYZ, or it's better to do this because their best friend did it.

What I would encourage people to do is to actually try to be curious about what's going on for them. Ideally go through a process of examining all of these factors and getting tests.

And then making the decision about what treatment feels right. And I would say that it's never either/or. It's both. Because things like inner work as well, one can't work to a timeline. One can't say I want to heal my inner child by Thursday. It doesn't really work like that.

**Alex Howard**

Although I'm sure there's an Instagram video that tells you how to do that.

**Dr Anu Arasu**

It probably is, and I probably follow them as well.

**Alex Howard**

So, I'd love you also to talk about hormone transitions as rites of passage. That's a really interesting way of thinking about all of this.

**Dr Anu Arasu**

Yeah. Hormone transitions are... They're that kind of stop and take stock moment. And I think from having read your work, I think you always see the gift in when health calls us to presence. And to stop and take stock of what's happening.

And certainly perimenopause and menopause. They're times of identity shift. They're times of grief. They're times of loss. They're times of empowerment. They're times of often ending the people-pleasing. The joy in the saying no. Choosing oneself.

There are many, many things happening during these phases. And essentially, I think they're a call for us to actually embark on this functional medicine path. And to embrace the complexity of what we're being shown.

And I would just say not to... And I think the reason why it's so important to see these as times of transition is, number one, to not get stuck at the symptom level.

**[00:27:15]**

Because I have so many women who come and they say, "I think I've got dementia. I walk into a room. I can't remember where I've left... Why did I come into the room? I've lost my keys. I forget people's names and faces. I've got dementia."

And they're so afraid. And actually so many forums are women who are on the forums ranting and feeling afraid, and not knowing what to do. I just feel so much fear because they're not being empowered with realizing that actually you can just get tested.

It doesn't mean anything. It just means you're finding out, you're being curious, you're being playful. You're trying to find out what's going on with your body. And many of these things are...

It's reversible. We get memory loss that is completely reversible with these hormonal shifts. And it can be due to high levels of TNF-alpha and other inflammatory markers, and it's all fixable.

It doesn't mean that you're on the pathway to dementia and doom, and I think people need to hear that message. And I think seeing hormones as times of transition helps with that. It helps with just staying curious and open to what's going on.

### **Alex Howard**

Yeah. There's something I think really important about moving away from seeing health challenges as things just to be fixed. And even though they may need attention. As you say, it's like, well, what's the wider life lesson that's showing up for me at this point?

If one is going through perimenopause or coming into menopause... It's like they've spent the last few decades looking after everyone else, running around after everyone else, constantly under pressure to try and be an amazing mother. But also a career person. Do this and do that.

And their body's starting to show some signs of struggle. It's maybe a chance to really go, well, what do I need to learn from this? What's life trying to teach me? That maybe despite the fact one still needs to address what's happening physically, can actually become a real blessing.

### **Dr Anu Arasu**

Yeah. And I think a bit like what's happened with the neurodiversity movement, where people have started to see the positive, the gifts in difference. You know, I hope that we can do the same with health.

The body is amazing. We can send astronauts to space and they come back, and there are markers that are deranged. Many of those go back to normal very quickly, within three months. The body does have an amazing capacity.

And I think the functional medicine approach can just help empower one to see exactly what needs to be done. But you do need a targeted approach. You do need to understand, okay, I'm inflamed or I have a hormone imbalance or the gut is the problem. I think you do need a bit of a roadmap. But there is a lot that can be done.

**[00:30:03] Alex Howard**

Let's just speak to that as I know we're starting to run out of time. But someone that's watching this who is maybe really struggling at the moment and they really see that connection between... They can see the trauma history. They can see their hormones are impacted.

Maybe they've tried a few things so far that haven't really addressed it, and they're starting to feel that sense of hopelessness. They're starting to feel like... As you said, like maybe this is just my pathway to the last chapter of my life and I'm going to lose everything.

And what's the message, then, of hope? Like, if you have a woman. It could be a man. Because of course, men have all their own challenges with hormones. But let's say it's a woman for this context that comes to you. How do you speak to what's possible? And you just touched on it there. But I'd love you to build on it a bit.

**Dr Anu Arasu**

Well, there is research about... Basically all of it, everything can be healed. I think this is amazing, including trauma. There is emerging research about protective factors, and this is what I think that needs to happen on a public health scale.

But there are so many factors that can help build resilience. How do we build resilient people? And the answer is both psychological and physical. But I would say to everyone out there. If you've experienced trauma, it doesn't mean that this is fixed, that this is how your brain is wired. This is how your body is wired.

Not at all. This is absolutely plastic. It is absolutely about finding one's way back to resilience. Start reading. Start watching. Coming to conferences like this, I hope, are going to be game-changers.

Because then you suddenly see how interesting it is. And none of us are alone. We're all in this together. This is not... I think, at the moment we think of all of this as an individual problem. We think especially with diagnosis. We're like, "I've been diagnosed with XYZ."

Actually, we... All women go through menopause. All of us go through perimenopause. Yes. We have very different journeys. All of us... Probably most of us have experienced negative life experiences. And sure, there's a spectrum. It affects all of us differently. But we're all in it together.

And empowering ourselves with knowledge and then ideally getting... I think making the effort to explore a bit, to test, to track what's going on with your symptoms. To see what's happening with your body. To gain that body awareness. It is going to be a game changer. It's going to change your life.

**Alex Howard**

Yeah. Yeah. It's beautiful. And I think it's so important for people to hear that. I think particularly in those moments where it feels so hopeless. Anu, tell us where people can go to find out more about you, about your work. Tell us more about what you have to offer.

**[00:32:54] Dr Anu Arasu**

Yeah. So the clinic is called London Bioidentical Hormones. The website would be the main place to go to [www.londonbioidenticalhormones.com](http://www.londonbioidenticalhormones.com). And there are a number of free resources. So there's a masterclass, which I think is quite helpful for people to see the difference in how we work, because it's a bit of a minefield out there, let's be honest.

There's like the mainstream approach is still not talking about all of this stuff. And so people can still feel very disappointed if they go to their GP or they go to a gynecologist or an endocrinologist who's not got a functional medicine mind. They can come away and they can just feel really lost and confused and fed up and hopeless.

But hopefully by watching things like this conference, people understand, like, oh no, there are other practitioners out there who are thinking more holistically. So the webinar on that website, I think, is a great resource to understand. Yeah, this is how we do things. This is why it's different.

There is also a free ebook. There's a hormone guide as well that covers that roadmap. So I think that's quite a good way for people to even just read that for themselves and have a think about those domains for themselves. So I think that would be a good starting place.

**Alex Howard**

Amazing. Anu, thank you so much. I really appreciate you. And I appreciate what you brought to this conference.

**Dr Anu Arasu**

Thanks a lot.