



## **Episode 27: Estrogen Dominance Can Worsen Your Fatigue**

### **Evan H. Hirsch, MD 0:00**

Hello and welcome to the fix your fatigue podcast. Whether you can't get out of bed in the morning, your energy crashes throughout the day, or you're a bio hacker looking to optimize your energy, productivity and focus. This podcast is for you. I am Dr. Evan Hirsch and I will be your host on your journey to resolving fatigue and optimizing your energy. And we'll be interviewing some of the top leaders in the world on the tee resolution. Welcome.

Hey everybody, welcome back to another episode of the fixer fatigue podcast. Today I'm going to be talking with my good friend Dr. Tabitha. So let's hear a little bit about Dr. Tabitha. So Dr. Tabitha barber has devoted her life to giving women a voice and choice when it comes to their health and well being. As a young girl. She struggled with self esteem and identity issues dealt with peer pressure, and survived the ridicule and stigma of becoming a teenage mother. As she shared in her first published book titled from white trash to white coat, the birth of Katherine's purpose, those events led Tabitha to find her purpose in life. with perseverance and grace she was able to redirect her her path in life and become a successful physician. Dr. Tabitha is double board certified in obstetrics and gynecology and is a certified menopause practitioner through the North American menopause society. She has also completed training through the Cleveland clinic's Institute for functional medicine, and the American Academy of anti aging medicine. She cares for women, one on one in her clinic as a functional gynecologist and is the creator and host of the functional gynecologist Podcast, where she shares her wisdom and knowledge with women everywhere to reclaim their health. She is also a keynote speaker, clinical instructor, mentor, medical director, wife, mom and grandma. By incorporating functional medicine into her women's health practice, she is able to provide women with the tools they need to optimize their health and happiness, which in turn, allows those women to pursue their purpose in life. Dr. Tabitha, thanks so much for joining me today.

### **Tabatha Barber, DO 2:08**

Oh, I'm so honored. Dr. Evan, thank you for having me. So we're gonna be talking about Paramount applause and fatigue. Right. Yeah. So let's dive into this. And let's talk well, first, let's define what is perimenopause. Okay, that's a great question. So everybody

knows what menopause is, right? That's when you aren't making your hormones anymore. You're not having regular periods anymore. But there is a five to 10 year transition period from your years of being reproductively you know, able to have children having regular cycles, to not having cycles anymore, not being able to get pregnant, and that's called perimenopause. And like I said, it can be up to 10 years for some women. And more often than not, we're seeing women start perimenopause earlier and earlier, and there's a lot of reasons for that. But I want women to understand that it's not a light switch, you know, it's not like your reproductive one day, and it turns off, and you're done. The next like, there is a long transition. And that can be either a bumpy road or a smooth road, depending on your lifestyle, your diet choices, the way you handle your life. So many good things that we can, you know, alter during this transition to make it a smoother process.

**Evan H. Hirsch, MD 3:34**

Excellent. So then what's that age range is that 35 is a 40 to 55 60. Like, what are we looking at these days?

**Tabatha Barber, DO 3:42**

So when I was in medical school, and probably same time, you were you know, we were taught like 45 year olds, they started to go into this new perimenopausal transition around 5252. You stop having periods and you're menopausal. Well over the past 15 to 20 years that has changed. We're seeing it younger and younger. I'm seeing it and women is or your youngest. 35, which is very sad to me, you know. And I think that we have so much control over that happening. So that's why I'm glad we're having this discussion today. Because it's super important.

**Evan H. Hirsch, MD 4:21**

Yeah, me too. Thanks so much. So then, so then what's happening in that transition? So at some point, things start to go a little wonky, and then they stay wonky, like you said for about 1015 years. But what is happening at that moment.

**Tabatha Barber, DO 4:36**

So what's happening is that you are not producing your three main sex hormones during the days of the month that you're supposed to. So your brain and ovaries have a discussion all month long. Your brain talks to your ovaries and says make estrogen the estrogen talks back to your brain and says okay, let's have you late and the brain tells the ovary ok ovulate and make progesterone released the progesterone. And that conversation gets disrupted by a lot of different things. The biggest reason is synthetic hormones like birth control pills. So that just that shuts down that communication completely. So the bleed that you're getting each month from a birth control pill is not you actually making your own own hormones and cycling. It's a synthetic process. And so that's the biggest culprit. The other issues that we see that push toward earlier, menopause are lifestyle related. It's chronic stress from emotional stress, working too hard, physically working out too hard as a woman. And then there's toxins in the environment like xeno estrogens, all the plastics in our food in our environment that our grandmothers and great grandmother's never were exposed to those act like estrogens in our body and they send signals to make your body think you have more estrogen than

you're supposed to. And that causes the estrogen progesterone ratio to become very much off and then that can really push you toward perimenopause. The other Yeah, yeah, I was just gonna say, you know, so those toxins are a big one. Another common issue I see with my patients is liver congestion, gall bladder dysfunction, gut dysbiosis. So everything going on in your gut, and liver completely affects your hormone metabolism. And so if you're drinking alcohol every night, as a woman, especially two drinks, or more, your liver cannot process those estrogens. And, you know, get them out of your body. And then if you're constipated, then you're re circulating them, and it becomes this whole thing. And it just drives that hormone imbalance even further. So women will start to complain of heavy periods feeling exhausted for a couple weeks out of the month, you know, your regular bleeding migraines before their periods, mood swings, hot flashes, all of these things, because their estrogen and progesterone and testosterone levels aren't where they're supposed to be during the days of the month that they're supposed to be at. Huh, gosh, that makes a lot of sense. So then how does energy play into this, these this dysfunction that's happening? Yeah, so you know, energy is a complicated thing, you understand this, right? The little mitochondria, the powerhouses inside of all of our cells that make ATP or energy, that whole system requires a healthy cell membrane, so the cell has to be able to transport the energy that you've even made, to go places, that cell has to be able to hear hormone signals. So say you have the right amount of thyroid hormone or estrogen and progesterone, if the lack can't, if the key can't fit in the lock, you can't send the signal. And so when we get swollen membranes, from inflammation, which we can talk about, you can't produce your energy, you can't transfer your energy, and then you can't hear the signals from the hormones. And so it's all an inner connected, you know, system of systems. I mean, you know, as well as I do, we were trained that, you know, the endocrine system doesn't affect the, you know, the cardiovascular system and the reproductive system, like it's all separate, you go to the gynecologist, you go to the endocrinologist, it's all separate. And that's just not how our body works. It's all interconnected, it all affects each other. And so that's what women need to understand is, as soon as your progesterone level starts to drop, your thyroid binding globulin goes up, then you don't have much thyroid hormone available. And then you start having symptoms of hypothyroidism, you get constipated that makes you recirculate your estrogens more, and it just causes this worsening shift. And so it can be a very vicious cycle that women can get caught up in and if they don't break that cycle, it can be a miserable 10 1520 years, you know?

**Evan H. Hirsch, MD 9:27**

Uh huh. Yeah, I remember that with my mom where she was. Yeah, she had really bad hot flashes and thank goodness she left. She found black cohosh, when she did those kind of like the lifesaver for her. So let's talk about what that looks like then. So somebody comes into your practice, and they have these symptoms, where do you start?

**Tabatha Barber, DO 9:48**

So I always want to get a baseline of their overall health. I asked them about their gut health, you know, are you having regular bowel movements every day? Do you feel like you're digesting your food? Are you having bloating and heartburn because food sensitivities and food gut issues play a big role. I, you know, try to get a feel for Do they have insulin resistance because that can often drive hormone imbalance as well. So I

love to get a complete picture of your thyroid, your sugar, your insulin, your vitamin status, your cholesterol panel, we need cholesterol in good amounts to make our hormones. I mean, the list goes on and on. Right? So I never make any of my patients do anything, right? They have to pay for these services. This is their investment. It's their decision. But I tell them the options and the benefits of more functional testing for hormones, particularly because you can get a like a crude snapshot of your sex hormones in blood. But it's only telling you what's freely available at that moment. It doesn't tell me how it's being metabolized. What's your body's doing with it? Is it recirculating? Are you making bad estrogen that's feeding breast and uterine tissue and trying to cause cancers like so much good information with functional testing. But those aren't typically covered by insurance. So I say, we can get a little snapshot and see just how far off you really are, and that probably be covered by insurance. But we can really get, you know, a good idea of what your body's making and doing with your sex hormones. And so most women like to do the Dutch test. That's my favorite stands for dried urine for comprehensive hormones, because you get all that data. And it's so invaluable to see where you are in that picture. Because here's what women need to understand about perimenopause is, normally we have a nice rise that gradually comes up and peaks it goes down and it does it again. In perimenopause, your hormone production looks more like a jagged, jigsaw like up and down, up and down. And so you get these spikes have really high estrogen, and then it can drop and then it can go up. And so it's really hard to accurately get a picture of what's going on when you're just doing a random blood draw, you know, on some day, and so conventional doctors know this. And so that's why they tell patients, we can't check your hormones. We don't know what it means, you know, it changes every day. That's not useful information. And so I get so many patients who are frustrated and confused. And when I explained to them, we just got to figure out what day you're on, or find another way to kind of know the picture and get a more comprehensive look, that data can be super helpful to us. Mm hmm. And so that Dutch test is a urine test. Yeah. So it's a kit that they just get at home, you can buy it, have it shipped to you up on the pieces of paper they dry and you send them in, it's pretty easy. They can also do saliva testing for cortisol production, which is another huge component when it comes to energy issues. You know, I would say that is the besides thyroid, that's the biggest issue that I see in my perimenopausal women is they have stressed their adrenals out for so long that their brain says no, no more time out, I'm gonna protect you. We're not pumping out cortisol anymore. And they start to flatline. Right? They don't have any cortisol production. And you can test that and saliva. So I love adding that on to the Dutch tests and look over a 24 hour period. What is your cortisol production? Are you mate? Are you in a good pattern? Or are you in a flipped pattern? Are you like wired at nighttime you got your psyche when you're ready to go and you can't sleep till 2am? Or are you just flatline and you don't want to get out of bed all day you're exhausted. You don't love your job anymore. You don't want anything to do with anything. You know? That is really good test.

**Evan H. Hirsch, MD 14:13**

Yeah, I agree. I'm a fan. And so then let's talk a little bit about cholesterol. And we talked about how cholesterol being a precursor. Tell us a little bit more about that. And about kind of some of the misinformation out there about cholesterol.

**Tabatha Barber, DO 14:31**

Oh my gosh, this is so important for everybody to understand because the low fat diet of the 90s ruined us as women like there was so much hormone imbalance because of this, the backbone of making estrogen progesterone, testosterone, and all of those, those are all made from cholesterol and so you know we have this bad study come out in the 90s and all the cardiologists went on board and said, Okay, everybody has to eat low fat, because fat is what's bad for you and what kills you and causes artery disease, which is not true people. It's not true, but we thought it was. And so we went on these low fat diets, and the food industry couldn't figure out how, like how to sell low fat food, because it tasted so horrible. So they added a ton of sugar. And so now we're all addicted to sugar because of those low fat diets. But we need cholesterol in good healthy forms to make our hormones. And so that's a main reason why you see women who are very athletic, very low body fat, not eating those healthy fats enough, they're not making their hormones, they'll stop cycling completely. I mean, that's one component of it. The cortisol issues another huge component. So I want women to not be afraid of fats anymore. And I see this all the time in my renew huge challenge group, my sisterhood, because we're learning how to eat healthy fats and get into more of ketosis and intermittent fasting. And all the time. I'm like, I still have women afraid to eat fat. I mean, it's just been ingrained in us over decades, like fat makes you fat, fat makes you fat. And it's not true. It's the sugar that makes you fat. So if you can eat nuts and seeds, and avocados and olive oil, and coconut oil, and all those good things, your hormones actually are going to have a chance to get back into balance.

**Evan H. Hirsch, MD 16:42**

Yeah, it's such an important point and how all those hormones kind of trickle down from cholesterol. So thanks for sharing that. So what about talk a little bit about the dance that exists between like the adrenals, the thyroid and the sex hormones? How do they relate to each other?

**Tabatha Barber, DO 16:59**

Yeah, so like you were saying how everything starts with a cholesterol backbone and trickles down into making different hormones. One of the first hormones we make is progesterone. But progesterone can be turned into cortisol, our stress hormone, and, you know, people don't give stress enough credit, I think, because it, we're so used to being overly stressed that we all think it's normal, so that we should just, you know, accept it as normal part of life, but our physiology doesn't accept it, our physiology is still affected. And so every time we make cortisol, we pump out cortisol, because we just read an email, and we're pissed off at somebody, or, you know, our kid got in trouble at school, or we ran over a squirrel, like, Whatever happens, and you pump out some cortisol, your body thinks it's either gonna fight or run. And so you actually make blood sugar in your liver called gluconeogenesis. You put that out in your bloodstream to either fight or run, in which you usually do neither, you just sit and stew over this situation, right? And so then insulin has to be produced to take that sugar backup out of the bloodstream, and get stored as fat. And so I tell I see it all the time, patients will get pre diabetes or insulin resistance from their stressful lives alone, like they will have their diet dialed in, they'll be exercising, and the belly fat just keeps on common. And they are like, you know, Why can I not get this sugar under control, and it's all their cortisol

production, because they're living up here from dusk until dawn, like the minute they wake up, they're like, in this rage of panic. And so part of it is that you're stealing your progesterone to make that cortisol. So then again, you're back to the estrogen progesterone imbalance. Progesterone is an anti anxiety type hormone. So if your progesterone is really low, you're going to feel anxious, you're going to feel irritated, you're going to have no you're gonna have a short fuse. And that's gonna make more cortisol and more adrenaline. And so you're in that vicious cycle again, right. So it's all connected and then the thyroid, the poor thyroid, I just think of him as like, the hard worker who never gives up. He You know, he never clocks out early, he will take the brunt of the work for every other system. Like if your sex hormones are a mess, your adrenals are a mess. your thyroid is doing everything it can to keep your metabolism Okay, keep everything else functioning, but it can only do that for so long and it poops out you know, so I see a lot of hypothyroidism a lot of thyroid disease in perimenopausal women. Big time. You're talking about autoimmune. That's a whole another subject.

**Evan H. Hirsch, MD 20:05**

Yeah, thank you for explaining that. It's, you know, it's such a, you know, everybody's got to be present and accounted for in that dance, right adrenal, thyroid and sex hormones, right? They all got to work together in order to optimize somebody's life and their hormones, right?

**Tabatha Barber, DO 20:19**

Yeah, exactly. And that is where the frustration comes in. Because if you go to your conventional doctor, they don't look at all the pieces of the puzzle. They're, they're focused on their one area. And so you'll make a little headway here and there. And you'll get this system and a balance, but you've just really pushed the other one way off a balance because of that, so you have to deal with all of it. That's the key. So then that's the perfect segue into my next question was is, then how do you balance the hormones? Yeah, so a lot of women, at least where I practice, are very conventional. They don't want to necessarily take hormone bioidentical hormone replacement therapy, which is completely fine and safe, we can talk about that. But a lot of women just want to transition naturally. And so the key is that you need to optimize those other systems so that your sex hormones are not being affected. Honestly, sex hormones are a result of the other systems being out of balance. They're not because they're the result. And so if you come into my office, and your hormones are all out of whack, and we give you bhrt, or hormone replacement, you'll get a little win, you'll feel good for a couple months, but it will not last, because it was not the reason it was imbalanced. So you're just like fighting this uphill battle, constantly needing to adjust the doses and switch this and change that because you're not getting to the root cause of the issue, which is your adrenals, your sugar and your thyroid. So you get those balanced, with your gut, with your food, with your sleep with your mindfulness in your mental state, those sex hormones will very often balance out very often.

**Evan H. Hirsch, MD 22:13**

Mm hmm. That's such an important point. You know, I love to tell the story of the Australian kangaroo who actually can get pregnant, and then during times of stress to actually stop the the, the, the fetus from growing until the stress has resolved. And

essentially, that's what we're doing as humans where, you know, we're either shunting things towards survival in the adrenals, or we're shunting things towards the sex hormones, but you fix the adrenal issue, and then all of a sudden, the sex hormones are going to come back into balance.

**Tabatha Barber, DO 22:44**

Yeah, exactly. Because our bodies don't want to reproduce and make other humans if it doesn't feel safe, and have enough resources to survive and thrive, you know. So if you're in pure survival mode, your reproductive system is the first to go every time. And then that includes libido as well. Oh, for sure. That's usually the first to go.

**Evan H. Hirsch, MD 23:09**

Right? The body saying, Yeah, you don't need to be procreating right now. You just need to focus on survival.

**Tabatha Barber, DO 23:15**

Right, you need to sleep you need to eat better, that kind of stuff.

**Evan H. Hirsch, MD 23:19**

Yeah. So a couple more questions. So are there ever reasons why a woman would not be able to reclaim her energy by focusing on the hormones?

**Tabatha Barber, DO 23:29**

Yeah, for sure. The most common thing I see is a high toxic burden. So toxins are everywhere in this day and age. And because we live in it every day, we don't realize how our world has changed in such a short time you look at 70 years ago, 1000s of chemicals did not exist. We created them in the lab, all of these plastics, all these flexible plastics, all of these colors, all of these fragrances, they are all man made toxins and they get absorbed through our skin inhaled through our breath, digested through our food and our drink in our bodies are seeing these at rates that civilization has never seen before. And our bodies are struggling really hard to handle it all. And that is a huge reason. I didn't even mention heavy metals like oh my gosh, the amount of lead in the water. You know, the mercury in the fillings. Now they're quietly trying to get rid of silver fillings, but they don't want to call attention to it because they don't want anybody to have to get sued or pay anybody, right. But the rest of the world that stuff's illegal, like they don't put silver fillings in people's mouths. We still do that in the United States. It's crazy. So we have toxins coming in from every direction, our bodies working overtime to try and either get rid of it, but a lot of times, we can't get rid of everybody doesn't even know how to process it. And so it stores it in different organs or places. I see a lot of weight loss resistance and energy issues in women with the high toxic burden, you know, the ones who are putting on all the cheap fragrances that got the glade plugins in their house, you know, the candles burning, like all of those fragrances. They act like xeno estrogens, and they really gunk up your system for lack of a better word, they inflame your cell membrane, you can't transfer your energy, you can't transport it. It's a mess.

**Evan H. Hirsch, MD 25:41**

Yeah. So let me ask you a question. Something that's kind of plagued me a little bit or

some of my patients. So for women who gain weight after menopause, we optimize their adrenals. we optimize their thyroid, we optimize their sex hormones, and they still can't lose the weight. Because they had this happen from time to time. What do you think is happening? I guess that's the first part of the question. And then the second part of the question is, what is the relationship? I know that that fat cells produce estrogen? And so what's the relationship then between like, estrogen and weight loss in general?

**Tabatha Barber, DO 26:19**

Yeah, so you're right, fat cells make estrone. And that's the bad type of estrogen that we don't want circulating. And so the more fat cells we have, the more estrogen we make. And there's something in those fat cells called aromatase that can make that into testosterone as well. And so it's very complicated in that regard. But once you have too much fat cells producing estrogen, that estrogen causes, you know, issues with insulin, there was a study that showed that natural Ester dial was beneficial in protecting you against insulin resistance, it controlled your blood sugar. And then a study came out and said, menopausal women who have lower estrogen are having higher rates of insulin resistance and diabetes. So that protective effect goes away. And we see that with bone health and brain health and cardiovascular health. As soon as that estrogen drops, everything starts to age and not function as well. So we are realizing that there's estrogen and progesterone receptors all over our body. And so that decline shifts and affects things. But I was thinking of the issue of your fat cells, they store a lot of pesticides, and those xeno estrogens. And so if you have a high toxic burden, sometimes your body doesn't want to tap into those fat stores and burn fat for fuel as a protective mechanism for you, it's trying to keep that stuff sequestered. Because if you start burning your fat cells, that stuff's gonna go in your bloodstream, and you're gonna feel like crap. So a lot of women, they, they'll lose two or three pounds, and they'll gain it right back, like they just are stuck, and they cannot overcome that hurdle. And so I actually use a program called True cellular detox on those women, it's a three month program, and they go through it, and then they start losing weight, you know, they don't lose weight during because they're still detoxing, they're pulling all that stuff out. But once that burden has decreased enough, then their body feels safe to actually burn fat again, you know, and their metabolism turns up from their thyroid because their thyroids functioning better because their cell membranes aren't inflamed. Like, it's a whole interconnected cycle, you know, so I love deep detoxes for that reason, I think that is where insulin resistance can really you can break through that. Finally, I would say that's, that's key, and then decreasing your burden going forward, you know, get rid of all the plastics in your food, don't microwave your food in plastic, don't be drinking out of plastic water bottles, get stainless steel, you know, get rid of those cheap fragrances and candles and all that other stuff that you put on your skin, like, start cleaning it out and getting the clean stuff.

**Evan H. Hirsch, MD 29:29**

Yeah, that's such an important point. It always blew my mind when I, when I first learned about how in order to protect ourselves. fat cells would increase their size to dilute the toxins that were inside them. And that's how we gain weight, right? We get more fat cells or we get bigger fat cells. So it's just kind of amazing that, you know, we're trying to protect ourselves. And it just so happens that, you know, on the surface, it



doesn't look like we're trying to protect ourselves, but the body's wisdom is like, this is what I'm going to do to help you

**Tabatha Barber, DO 29:59**

Yes, and I tell women that to empower them, like, Don't hate your body, don't hate it for being overweight, like it loves you, it's trying to protect you, you need to love it back and listen to it and figure out what it needs from you. And that, you know, if you can shift that mindset and just figure out how to love yourself, where you're at, you're gonna make so much more headway going forward, because you cannot heal a body that you hate, you know, it's just it doesn't work.

Evan H. Hirsch, MD 30:30

That's such a good point. I'm so glad that you're bringing in that, you know, there's that mindset and the emotional component in addition to all this fabulous Physical Medicine stuff that you're doing as well. So it sounds like that's something that you incorporate into your programs.

**Tabatha Barber, DO 30:44**

Yeah, definitely. I you just you cannot heal. You cannot make headway. If you aren't dealing with the mindset and the relationship you have with your body. I don't know how it is with men, because I'm not a man. But I know firsthand that how I look directly affects how we feel how I show up in the world, how I relate to my husband, you know, all of it is affected by how I look and feel. And so if you can realize that connection and search, shifting how you're thinking about it, and how you know, you're attacking the situation, you're going to have so much your results are going to be so much better.

**Evan H. Hirsch, MD 31:27**

Mm hmm. Excellent. So three questions left. First one is about bioidentical hormones. So what is the what is the controversy here with whether or not somebody should use bioidentical hormones when they get into menopause or perimenopause when they start to have these symptoms versus not using them? What are the concerns?

**Tabatha Barber, DO 31:47**

Yeah, so Dr. Evan, this is a very what do you call it muddy topic, you know, when hormones were tested, back in the 90s and early 2000s. It was mainly done on synthetic hormones conjugated equine estrogen, and progestin, which is not progesterone, or ester dial. Those are not what our body makes. That is what the lab makes, and gives you in the form of a birth control pill or a hormone replacement. And so the studies were done on all of these, and the studies found a high risk of blood clots, stroke, and a slight increase in breast cancer. It took us like 15 years to actually decipher that study and all the evidence inside of it and come to the realization that those are totally different than bioidentical hormones, natural estradiol and progesterone. And so the studies that have been done since show that they just don't have the same risk, you know, and the estrogen that was causing the blood clot and stroke in those patients was from an oral form of conjugated equine estrogen. And so those risks just aren't there, especially in patch, or pellet or cream form. And so women should not be afraid to consider bioidentical hormones to make them feel better get those early wins, so that they actually feel like they can get up and prep their food and go out and exercise and do all

that stuff. I tell my patients, it's an individualized decision. There is no right or wrong answer. You deserve to be in balance. You deserve to feel amazing. And most women are at the height of their career during perimenopause, you know, and they got kids in high school that they're trying to, like take care of they have a lot going on, they're not ready to go on the porch and knit sweaters and like, just be Grandma, you know what I mean? Like, they need those hormones. And so it's completely understandable to want to kind of suspend yourself in this 48 year old age range of hormones where you're not necessarily high enough level to reproduce, but you're not low enough that you're menopausal. And so it's completely reasonable to take bioidentical hormones and just kind of suspend you in that time of your life so that you can continue to be the amazing productive woman that you are, you know, so what I would say is go to someone who knows what they're talking about, does it on the daily, you know, don't go to somebody who dabbles and prescribes hormones once a month or once every couple months, like go to someone who knows what they're talking about. And who knows the difference between synthetic and bio identical because that's the key. That's where the risk and benefit ratio really matter.

**Evan H. Hirsch, MD 34:58**

And then to that end, I just had a client who had to come off of her hormones, because she just got estrogen and progesterone positive breast cancer. And then she's undergoing treatment for that, but she can't sleep. She's crying all the time. What sort of tricks would you have for somebody like that?

**Tabatha Barber, DO 35:23**

Yeah, so that one's a tough one because it doesn't feel good for your hormones to shift overnight like that, no matter you know, it's not normal to just go off of something and be at a menopausal level. So that's where we really try to support healthy Sleep Sleep is probably the biggest thing that's gonna get you through this balance your blood sugar's Make sure your average blood sugar is like down, you're a one. So you should be five or less. I mean, if you're having insulin issues, you're never gonna stop having those symptoms. So I really focus on the diet and the lifestyle stuff. You know, if we can't use hormones, we can't play around with that. Fine, let's really get your adrenals into balance, check your thyroid, get that into balance, get your gut into balance, get your sugar into balance. Because like I said, those other systems drive your hormones, for sure.

**Evan H. Hirsch, MD 36:27**

Excellent. Thank you. So what is a functional gynecologist? Talking about all this stuff here and I know you are a functional gynecologist.

**Tabatha Barber, DO 36:36**

Yeah. So you know what I coined the term I made it up because honestly, I was a gynecologist, I always had my birth control pills in my surgery, those are my options, you know, to treat you. And then when I trained in functional medicine, I had all these other tools in my tool belt to handle these gynecological issues. All of a sudden, I could fix heavy periods without doing an ablation. You know, I could get rid of PMS and headaches without pills. And so I just thought, what the heck am I now if I'm not like a

traditional gynecologist, I'm a functional gynecologist. And so I just view it as like getting to the root cause of GYN issues. And treating that those root causes more naturally, instead of just jumping to your pill and your surgery. You know, there's so many more options now.

**Evan H. Hirsch, MD 37:34**

Awesome. So if somebody is listening to this, and they are interested in working with you, where would they go to learn more and to potentially get on a call with you?

**Tabatha Barber, DO 37:42**

Yes. So go to my website, drtabatha.com, it's D R T A B A T H A, no I's. You can schedule directly through my website with me. Or you can email me You can follow me on social @drtabatha. But I see patients virtually all over the country, kind of like you do. So it's pretty awesome that there's no boundaries, you know, if women need help, and they don't have help locally, just connect with me. And you know, we'll get you figured out. It's amazing what we can do. Now we can send test kits to your house and you know, just do the telehealth meetings and you don't have to show up at an office anymore. So it's pretty amazing stuff. Awesome. And then you have the one on ones and you have your group program. Yeah, so I run a group program every few months. It's a seven week challenge, you know, called the renew use sisterhood. And I teach women how to become fat burners, they get out of that sugar burning mode become fat burners, and they use intermittent fasting to balance their hormones and get rid of all those nagging symptoms. And just, it's super empowering for them. Like they finish that feeling like a rock star. They know what their body's trying to say to them. Now they know what to do about it. It's just super empowering. And the sisterhood is super beautiful. You know, there's a private Facebook group where they're all supporting each other. We're on a zoom call once a week, they get me one on one for like an hour. And we just have so much fun and we connect and we just support each other. So it's really beautiful. sounds beautiful.

**Evan H. Hirsch, MD 39:25**

And then you have a free thing for us the functional gynecologist guide to balancing your hormones naturally. Is that right?

**Tabatha Barber, DO 39:31**

Yes, I think definitely download that and read that because that is a great starting point. You know, if you're wondering, maybe I can do this on my own. I don't necessarily need an appointment. Let me just see what she's talking about with the gut and the liver and the toxins and all that stuff. Like that's a basic like Do It Yourself 101 guide so I would start there for sure.

**Evan H. Hirsch, MD 39:56**

Awesome. Dr. Tabitha. Thanks so much for joining me today.

**Tabatha Barber, DO 40:01**

Oh, my pleasure. keep rocking it. You're doing amazing.

**Evan H. Hirsch, MD 40:08**

I hope you learned something on today's podcast. If you did, please share it with your friends and family and leave us a five star review on iTunes. It's really helpful for getting this information out to more fatigue people who desperately need it. Sharing all the experts I know and love and the powerful tips I have on fatigue is one of my absolute favorite things to do. If you'd like more information, please sign up for my newsletter, where I share all important facts and information about fatigue from the foods and supplements to the programs and products that I use personally and recommend to others so that they can live their best lives. Just go to [fix your fatigue.com](http://fixyourfatigue.com) forward slash newsletter to sign up and I will send you this great information. Thanks for being part of my community. Just a reminder, this podcast is for educational purposes only, and is not a substitute for professional care by a doctor or other qualified medical professional. It is provided with the understanding that it does not constitute medical or other professional advice or services. If you're looking for help with your fatigue, you can visit my website and work with us at [fix your fatigue calm](http://fixyourfatigue.com) and remember, it's important that you have someone in your corner who is a credentialed health care professional to help you make changes. This is very important especially when it comes to your phone. Thanks for listening and have an amazing day.