

[Episode 89 – The Truth About Periods with Dr. Lara Briden](#)

Steph G.: Welcome to Harder to Kill Radio, a top rated health and fitness podcast. It's Steph Gaudreau, your host. This show is all about finding out what it takes to build unbreakable humans and passing that knowledge on to you, so you can unleash your inner badass and change the damn world. As always, another fantastic inspiring, amazing guest coming up on the show, so let's do this. Well, hey there and thank you so much for tuning into episode number 89 of Harder to Kill Radio. I can't believe we're squeaking up so close 100 episodes. Totally blows my mind and I'm so happy that you're here. This week's guest is a friend of mine, someone who has been on the show before way back in season one, and a very smart woman who I knew I had to bring back on the show because we only scratched the surface of all of the things that she's talking about.

This week's guest is my friend, Dr. Lara Briden. She is The Period Revolutionary, and she helps women to understand why periods are normal part of our life, a normal part of our vitality, something to not be ashamed of and also how to take a look and see how to make things better if we're suffering from different period symptoms and we're getting into that and so much more in this episode, so I'm really excited to reintroduce you to her in case you heard her in season one or to introduce you to her for the first time. Before we jump in, please head over and give this show a rating, a review and hit the subscribe button on your podcast app. That way, folks who have never heard of the show have a better chance of learning about all of the wonderful guests that I bring to Harder to Kill Radio. All right. Without further ado, let's jump in.

Welcome back to Harder to Kill Radio. I'm so happy that you're here with me today because I have the great pleasure of talking to a good friend of mine. This is a woman I've known now for a couple of years, and I just had the good fortune to see her again a few months ago. She's been on the show before, episode 40 and I'm very pleased to welcome back, Dr. Lara Briden.

Dr. Lara: Hi, Steph. Thanks for having me again. [inaudible 00:02:48].

Steph G.: Oh, I know. It's so fun and part of doing this show is a bit of a selfish thing because I get to sit down for almost an hour in most cases and talk to my friends, and it's not something that we often get to do with our busy lives. You're in New Zealand. I'm here in the U.S. and that in and of itself, we're all on basically crazy time differences and stuff like that, but it's always really nice to sit down and talk to a friend.

Dr. Lara: Yeah.

Steph G.: Not only that, but someone who is extremely knowledgeable and very, very passionate about helping women untangle the mystery of their hormones. We're going to talk about that today.

Dr. Lara: I think you and I can just experience in that way in terms of passion for helping women because I think that's one of the things I resonate to you and your work. Yeah. It's going to be a great conversation.

Steph G.: Yeah. Gosh. There are so much that we are going to talk about, I know and get into and just to preface folks when they go back to episode 40 and listen to that, we'll link that in the show notes, but you talked about hormones the last time you were here and I went back and looked and that was basically two years ago. I'm sure a lot has changed, and I know that in terms of women's health and periods and stuff like that, even some of the newer developments and stuff that we've talked about via email, two years doesn't seem like a long time, but yet I'm sure there are some things on the horizon and you're always hooked up with keeping up on that stuff. We'll make sure we talk about that, but I would love for you to give our listeners a brief introduction into who you are in case they didn't listen to that episode before. What you do, why you love to do it and how you got to that point of doing that today?

Dr. Lara: Yeah. I've been a naturopathic doctor for about the last ... More than 20 years and just on the ground helping women in clinic, finding things that work for period problem and hormonal issues. Then about three years ago, I put that all into a book, the first edition of Period Repair Manual and then I just unwittingly, but quite happily became part of what I would describe as a women's health revolution that's been happening over the last couple of years really bringing women's health, and by that, I don't just mean periods, but women in general into the conversation about health. I'm pleased that my book has been a part of that, and I'm pleased that I get to have conversations with people like yourself and everyone else that's part of this revolution around the world.

Steph G.: Your book, the Period Repair Manual, I'd give it out to people like Candy and was like, "Instead of trick or treating, you're going to get a copy of this book," and you just recently released the second edition. For people that might have your first edition with the black cover, how is the second edition with the pink cover different in case they're wondering if they should pick it up?

Dr. Lara: Yeah. It's about a third bigger, so I went a bit crazy and it has ... No joke. There's 300 additional citations. It's the way I went crazy, but it's not just that. I flushed out a lot of the topics and a couple of big topics on PCOS and endometriosis. I added a lot more detail and I had some input from the Canadian doctor, endocrinologist and researcher, Professor Jerilynn Prior and she fact checked most of the book for me and gave me some insights, so I quote her in quite a few places in the book. I think that adds some other level of understanding to it. Yeah. It was quite fun, and I added chapter 10, which I called, "What happens in your 40s?" I called it that because often, women heading into their 40s, we don't really think this applies to us, but it's a chapter about something called perimenopause, which are the changes that occur during the 10 years before periods end and it's quite an important phase of all of our lives. That's new in the second edition.

Steph G.: Yeah. That's fantastic, and so I would love to open this conversation with you by ... I think this is something that I mentioned when we were in New Zealand, so we were there for the ancestral health symposium in October and you spoke and I was sort of hanging on your every word because it was amazing stuff, but I would love to get your take on how you think that the current ... There's just like current [inaudible 00:07:38] about there is still is that like periods are gross. I don't know. When you visit with your patients because you do still see patients in clinic, are you getting that sense from women that they're just, "I would rather not have a period because it's kind of gross and I'm so sick of it." Is that going on still? I know sometimes we don't talk about it, but it seems like it's coming from women now. It used to be a thing that guys will be like, "Oh, I'm going to go buy

tampons for my significant other or whatever." Now, it's just like women in a lot of ways are like, "Mm-hmm. (Negative)"

Dr. Lara: What I'm seeing from my perspective is, as I said, have a revolution of turning that on its head and we're claiming periods as something normal. I guess it brought to mind three years ago or maybe four years ago when I started writing my first book and I said to some colleagues that I was going to call it "Period of Peri Manual." The response at that time was, "Are you sure you want to use the word 'period' in a book title? Because that seems a little off putting." This has been part of a revolution, right? Yet I was sure and I think it's a word that can just come into everyday conversation. When I hear you say that that women are feeling they might be better off without periods at all, I do wonder, do you think, Steph, that part of that is more in the sports and trainings here? Because certainly periods can be very inconvenient for all of us, but they can be a bit more problematic when you're trying to ruin athlete.

Steph G.: I think that's a layer of it, but I think the question that I asked in New Zealand was a little bit more along the lines of there seems to be this broad breast stroke going on in the world today with men and women that's like, "You know what? Meat is kind of gross and periods are gross," and it almost connects to what Katy Bowman talked about at the symposium, which is this idea of like we get to outsource things. We can outsource. Most of us aren't farmers or ranchers.

We're not butchering our meat if we eat meat. We get to step far back from a lot of things in our lives now, and I think periods can sometimes fall under that like there are certain types of birth control and I'm sure we're going to talk about birth control pills here in a short while, but certain types of birth control that you can elect to not get a period or a bleed for almost the whole year. It almost goes along with this idea of convenience. Yeah. It can be an inconvenience if you're an athlete or something like that, but I think it just is part of this larger cultural [inaudible 00:10:46].

Dr. Lara: I get what you're saying. Absolutely. Now, it's our animal nature. It feels very animal-ish, I guess to put aspect of ourselves. I think for that conversation, I remember this conversation with you now that it came out of ... Around that time, there was quite a troubling news item about a vegan blogger who was celebrating the loss of her periods because in her view, which is very troubling is the word that keeps coming to mind, in her view, periods were a sign of ... Were toxic in some way, so to lose them was a sign of cleanliness, which was obviously very, very different from how I see things, which is more that our periods and more precisely our ovulation that comes to weeks before a period is an expression of our vitality [inaudible 00:11:39].

When I see it through that lens, I just see it as female hormones are an essential part of the hormonal vitality that we need. That's our birth right to have especially through our younger decades. Yeah. I think my work has been partly to push back against [inaudible 00:12:04] that periods are optional, that we can control them with birth control, that it's okay if they disappear with diet. Yeah. We need to invite women to get the benefit from their hormonal cycles.

Steph G.: Absolutely. Let's dive down into that rabbit hole a little bit. You brought it up, and I know you've written about this on your blog. The question is do women need periods?

Dr. Lara: Yeah. I have a blog post for that, and I wrote that in response. I have spoke at a symposium last year and a doctor who I actually quite like and admire, a gynecologist got up and spoke about a lot of really great things, but one of the things ... At one point, he said this. He made this comment where periods are not natural because ... This ties into evolutionary ancestral way of thinking. Our ancestors did not have as many periods as we do, and that is true. It complicates the question a little bit, but his idea was, "Okay. Well then, therefore it's fine to use hormonal birth control to mimic the state of our ancestors who are presumably pregnant all the time." That's the story, but the way that breaks down is that for me, it's always coming back to hormones. I think I said in my talk in New Zealand, I'm a cheerleader for women's hormones to everything. To me, it comes back to that.

The hormonal birth control in no way, mimics a state of our continuously pregnant ancestors because the steroidal drugs and hormonal birth control are not hormones. They're not the same estrogen and progesterone that we get either from ovulating regularly or from being pregnant. I will allow that women's hormonal vitality could take a different path. It could have been as our ancestors were being pregnant or breastfeeding a lot of the time, but for many of us in the modern world, that's not how we want our lives to be. We take the next best thing, which is to have regular ovulatory cycles and I would argue that's where we get the long term benefits of the hormone progesterone, for example, which has many benefits for mood and bone density and cardiovascular system, and we can really only get it from a lot of pregnancy or from having regular ovulations.

Steph G.: Interesting. If you had a woman that walked into your clinic and was like, "Dr. Briden, I've not had a period for many months, but it's fine. It's actually okay because then, it's more convenient for my lifestyle or maybe I don't need to worry about getting pregnant." What would be the main points that you would talk to that patient about? Because I hear about this quite a bit, and a lot of women that I know have ... They're not having a cycle or they're not ovulating and when should they be concerned if that's happening? Do you have a rule or you give them a little bit of leeway? What's your general rule? How would you explain that to someone who thinks, "Hey, you know what? It's okay because I don't really want to have a baby right now anyway." You hinted that progesterone and some of its benefits, but why ovulation is so important and why the lack of a period for a certain length of time can actually be a little bit more detrimental, don't you think?

Dr. Lara: Yeah. Well, in that conversation with the patient, if she's saying to me that, "I haven't had periods, but I'm not too worried. I'm happy to just keep going like this." My response would be, "No. You want to ovulate and your body wants to ovulate. It needs those hormones." One of the quotes from Professor Prior that I have in my book is ... I'm just trying to get it exactly right here word per word. She says, "Ovulatory cycles are both an indicator and a creator of good health." What she means by that is that ovulation is a report card that everything is going well with everything else including [inaudible 00:16:29], and then ovulation is a creator of health and if that's how we make estrogen, which is beneficial for insulin and muscle mass and that's how we make progesterone, which is beneficial for thyroid and immune function and we need those. We need a dose of that every month. Well, most month.

To bring it back to your question of when does the woman start to become concerned, it's pertinently okay to miss the odd month of not ovulating every

single month and that's pretty normal, whether we're an athlete or not, there are going to be some months where the body just can't quite get it together or doesn't feel like it's the right time to ovulate because of stress, emotional stress or too much exercise, more exercise or not enough food or something.

It's going to happen occasionally, and it's probably nothing to worry about, but in the big picture, in the big year by year timeframe, obviously we want to be ovulating most of the months. If that's not happening, then that's the reason to step back and examine and look at potential reasons for why and also I want to say here. Ovulation, it should be clear for what I've been already saying, but ovulation is not just to make baby. Some of us didn't make babies at all or didn't want babies, but that doesn't factor into it. Whether or not you want a baby, female hormones are still a source of hormonal vitality generally.

Steph G.: So interesting. It's such a great way to look at it and to frame it because I think for women that are a reproductive age, there's obviously kind of a split with women who are trying to have children and then perhaps those huge who are trying to avoid pregnancy, and that becomes ... The heuristic almost is like, "Okay. If you want to get pregnant, we're going to do these things. If you don't want to get pregnant, we're going to see ourselves in terms of this zero or one binary system of pregnant or not pregnant." I think while that's certainly such an important part of the discussion, it absolutely hit the nail in the head right there that we've got to think about it in terms of almost like this very big picture way, not just making babies.

Dr. Lara: Yeah. One way I think of it is it's like our monthly dose of estrogen and progesterone are like deposits in our bank accounts of health. They're shoring us up. They're giving us that metabolic reserve that's going to carry us through our lives. It's okay with a monthly deposit. It's okay if you miss the odd one, it's not a big deal, but overall, year by year, you want to be making those deposits and to go back to the idea of what our ancestors are doing, well they were making just huge deposits with pregnancies, so you get a big deposit in your hormonal vitality bank [inaudible 00:19:28], but I think as I said, the next ... Some best thing is to just do it on a monthly basis.

Steph G.: For sure. Awesome. One of the other questions I had are in down here that I'd love to talk with you about is what happens when a woman wants to get off of hormonal birth control and it's something that you write a ton about, but I think this is a somewhat new topic that people are talking a little bit more about and there is still a lot of confusion in this information and stuff isn't really clear and a lot of times, women don't necessarily have the support of their doctors when they're even wanting to have this discussion. I think it would be worthwhile to talk about this stuff, but you've written about how the pill switches of hormones, and I love just to get your brief overview about how that occurs and then, maybe we'll talk about what happens when a woman wants to come off of that kind of hormonal birth control?

Dr. Lara: Yeah. Great question. I'll just preface it by saying, "Yes." This is what you and I are speaking about today, what the listeners are hearing, this is going to be very different from what they hear from their doctor.

Steph G.: Right.

Dr. Lara: There's a paradigm shift that's coming, I hope around women's health that will one day value women's hormones for what they are, but for the present moment, medicine currently does not value women's hormones. That is just a fact, and it's [inaudible 00:21:10] when I really think about it, but that's where we're at. Because women's hormones are not valued, then the standard of care has been shut them down with hormonal birth control, which is castration, shutting ovulation and then replace them with these drugs that have names like [inaudible 00:21:31] and are kind of hormone like better not hormones, and that have different effects on the body.

For example, your audience might be interested to know that all types of hormonal breast control impair training and performance, and the brain muscle because of their effects. They don't have the same beneficial effects on insulin and muscle as to our own hormones. To me, that's obvious but it's good to see there's a little bit more research coming out to back that up that hormonal birth control is not good for women's bodies from a training perspective. Then, yeah. When they have this light bulb moment, it's like, "Wait a minute. I would prefer to have my own estrogen and progesterone. I'd like that. I'm sold on the idea that they're beneficial, so now the only way to get there is to start ovulating again and the only way to do that is to come off hormonal birth control."

At that point, the conversation is there's not really much more the doctor can do. That's now exited, this fear of conversation if your doctor is comfortable with, so you're completely largely on your own. Yeah. You're looking for, I guess step one, is if you don't want a baby, then you're looking for ways to avoid pregnancy that don't involve shutting down ovulation and there are about five or six methods right now. Shall we stop waiting? Shall we list them off here for your ...?

Steph G.: Yeah. I know you've written about your top five natural birth control methods.

Dr. Lara: Yeah.

Steph G.: Yeah. Let's talk about that stuff.

Dr. Lara: Okay. Number one is what's called fertility awareness method, which is a broad ... It's many different techniques that can be used to identify what are our fertile days? Because as women, we're only fertile for about six or seven days per cycle and it's not rocket science. You can identify them. It requires a bit of thought. You certainly don't want to just be relying on your phone app or your calendar to guesstimate when those days are. You really need to have some scientific objective measures and that is temperature. You can put some links and the resources. There's a book called "Taking Charge of your Fertility." There are online courses that trainers that will teach you how do to, that there's also a device called Daysy, which is a little computer device, which does it all for you. It was kind of a lazy, an easier version to do that. There's a whole area to explore.

I just want to say that it's not that complicated. I think at first glance, it can feel that daunting. It's like, "Oh, I can't do that." No. You can do it, and many, many, many women are doing it, couples were doing it successfully. That's one. Then, when using that method, you will have to either abstain or use a barrier method on the fertile days. That's obviously one downside to it. Then, there are the barrier methods. There are condoms, and it's worth saying, "I'm so sold on this idea." It's really worth finding a condom that fits your partner properly. That means measuring his direct penis and getting the fit.

Dr. Lara: Because there's a website, a product called ... It's I my blog. I forget. They called "one condom," or something like that where they offer ... I think it's in many dozen of different sizes. That just make it more comfortable. That's going to reduce accidents, [inaudible 00:25:06] breaking if it fits properly. There's that. Just to put in a big picture, worldwide condoms have been a popular form of contraception. They definitely deserve more respect than they get, I think. Then, next barrier method is a cervical path or diaphragm for women and there's a couple of new products on the market for both of those that it just need to be a little silicone cap that is inserted with the gel before intercourse. It's pretty straightforward, but you have to get the one that fits and then learn how to insert it. Then, this copper IUD. This one is perhaps a little bit more controversial, but I think it's still worth mentioning.

It's a copper device that the doctor inserts into the uterus. It's not surgery. It should be done with a local anesthetic or just a bit of pain relief. It's quick. It's like having a pap smear, but a little bit weirder. Once it's in there, it has a very high effectiveness rate. Many women love it. It does have some downsides, which women might have heard about that can make periods somewhat heavier than they are now, but if they're heavier, then [inaudible 00:26:23]. They can cause some pain in particularly the first couple of cycles, but they're not ... I don't know. I hear so many horror stories about IUDs online and my experience with patients and speaking with doctors in the big picture is that's perhaps not a fair representation. A lot of women do ... I have colleagues, naturopathic doctor colleagues who the copper IUD is what they use. It's a valid method.

Then finally, there's something coming, which I mentioned every time I get asked for a birth control. [inaudible 00:26:55]. It's called Vasalge. It's for men. It's a one time injection that the doctor does, which is a little ... It blocks the vas deferens, the tubes where the sperm come down into the semen. Yeah. It's low maintenance and one thing I'd like to do after I put it in place, and when a man is ready to have a baby, then he has a second injection to wash it away. It's currently undergoing clinical trials that they're trying to crowdsource [inaudible 00:27:26] because big pharma, nobody is [inaudible 00:27:28].

Steph G.: Right.

Dr. Lara: I think there in Berkeley, there's a non-profit organization who's spearheading this trying to bring it to market, which I think will be a game changer for everyone for couples for women.

Steph G.: Yeah. That's fascinating. Thank you for the run down on all of those. I will give a plug for a fan, something I've been using for over three years. It's very simple and for me, it's easier than when I had to remember to take a birth control pill at the same exact time every day. Yeah. The thing that I really like about it is that it's really taught me to be very in tune with my body, and to just pay more attention. I think that that knowledge and the women that I talked to that it's gotten off of birth control and are relying on some of these other methods, they're just like, "I had no idea that my body did these things," and that is normal and that I have this knowledge of myself that's so much deeper than what I was experiencing before. Will definitely link to that blog post, so that folks can go and check those options out in further detail.

I know one of the other things that you write about is if you're on birth control pills and you want to get off of them, that ideally there's probably some think about or

consider, and I know a lot of women who are on hormonal birth control because they've been on it for many, many years and perhaps when they were younger and had ... This is my story. Had problematic periods growing up and were in birth control, and that was just that. For me, it was like 15 years. Some women are longer, but there, I think are a lot of women who want to come off of it, but they're sort of reluctant because they're like, "My periods used to be a wreck, and I'm afraid of what's going to happen." Can you rundown some of the different concerns that you try to help women understand could be potentials if they do want to come off birth control? Then, what are some of the things that they might want to consider before they just go cold turkey and just come off of it 100%?

Dr. Lara: Yeah. This is an important part of the conversation because what happens is if the woman doesn't go through this thought process in making a plan, it just comes off and then gets hit by quite difficult symptoms at times [inaudible 00:29:53]. She's really going to have no choice, but just to retreat that birth control and then feel like she fails, and then feel like something is wrong with her and there's a whole ... The shifts that I experienced with some of my readers [inaudible 00:30:03] comes in, it's like, "Oh, I guess I just can't be without the pill." But my message to women is yes, you can. In my experience, I've worked with thousands of patients over the years. Since then, I've spoken with thousands of my readers or hundreds of my readers and in almost every case, it is possible to find another way.

I will, towards mentioning at this early stage of this part of the conversation, that I understand that there are some health conditions that are a bit more serious and so, we mentioned that. One is endometriosis, which certainly can become quite serious. With my own patients, I asked them about that if they have a history or their doctor thought they might have endometriosis, and that's been why they've been using the pill, then I will ... Often before they even come off, I'll make a little plan out and unfortunately at this stage, there's no way to just test for endometriosis yet, although that might be coming with the saliva test, which is going to be great news. I'll often make a plan that let's just assume you do have it, and put in place the natural treatment even before you stop the pill, so that you have made a bit of progress and then, hopefully the symptoms won't be bad. Then, monitor it and obviously don't let it get too bad.

Yeah. So many other listeners might be out there listening and thinking, "Oh, yeah. That would be great. I'd love to come up, but I have endometriosis, so I can't." I just know that's not always the way it is. There's still a way off. The first question is what were your periods like? What were your real periods like before you took birth control? Understanding that the blades on the pill or the [inaudible 00:31:48] blades on an injection or whatever they are, those are not real periods. They are not a cycle that included ovulation and a luteal phase and a surge in progesterone and all the different parts. Those were just drug induced blades. They don't tell you anything about what your periods repairs might be like when you stop, so you have to go back in time. Think, were they painful? Were they heavy? Were they non-existent or were they irregular? Because that's another set of problems that are going to get is periods not coming back after the pill and say, "Well, I lost my period when I stopped the pill."

It's like, "Well, no. Your last pill was when you were 14 and even then, you are only having two per year. We need to go back to the join board in terms of why perhaps you're not getting periods." I'd like to do that sooner rather than later in terms of testing, blood testing to investigate reasons why women might not be

getting periods. Then, one other just final thing to mention at this stage is skin. It's very common when women will say, "When on the pill to control [inaudible 00:33:04]." Then, I will say for your listeners that this is important if you've been on a pill for acne, which should be like Yas or Yasmin or Diane or Brenda or some of the ones that have an androgen suppressing drug in them, when you come off, your skin could be a lot worse than it ever was before. That is not a very nice thing to happen.

Typically, it will be okay for the first couple of months, starts to floor off three to six months off the pill, and it usually starts to turn the corner after that and hopefully about another 12 months starting to really calm down as the body withdraws from that drug and the skin gets used to the new reality, but it can be a difficult process. I have a blog post called, "How to prevent and treat post-pill acne?" To make a plan for that. You can see it's going to be different for every women and also some women, honestly guys, some people out there who might just ... If their periods were fine before, they just stop and they're fine and periods just come back and there's nothing much to report, so that's always a possibility as well.

Steph G.: One of the things that you mentioned when I read your first book and you wrote about and I just thought, "Oh my gosh. This makes so much sense as to why there can be so many issues coming back off of birth control," and you sort of wrote about this idea of these channels and the longer we're on birth control, the deeper these channels can go and it's going to take time to reverse that and in some cases like you may not ... Correct me if I'm wrong, but you may not restore it to what it was before because you've dug these channels very deeply. Can you explain that analogy? Because I think for me, that like I'm such a visual person that really clicked in my brain when I heard that in your book.

Dr. Lara: Yeah. I'm glad to get that feedback because my first editor really liked that too and I was not sure whether to leave it in the book, but two people said they liked it. It talked about a hormonal river system where it's like our hormones are water carving out that channel. As you say, channel or river and that's not just going to change overnight. An analogy might be if you had a strong torrent of estrogen from high estrogen pill for example, and then you just stop that and you go back to lower level of flow from your own natural estrogen. It's not going to be quite a good fit between, I guess your hormonal receptors or the riverbed if you will and what's happening now. It does give, I think women a better sense of the body's need to adapt over the long term and in the new edition in that hormonal river section, I did include an interesting comment from Professor Prior, the endocrinologist who helped me with the book.

She was quoting a study where she made this statement that it takes a woman, it takes us 12 years to mature our hormonal systems. That's the communication between our brain, our pituitary and our ovaries, the flow of this pituitary hormones, the flow of estrogen and progesterone and starting to ovulate and make progesterone in that hormonal river, that takes 12 years.

Steph G.: Wow.

Dr. Lara: Let's say you start periods at 13, by 25, you can expect to be in the full swing of things like the imbalance, if you will like you're making a lot of progesterone. When Dr. Prior made that statement, I heard her on another podcast say this. I was trying to remember where I was sitting and everything in the moment I hear

her say that, and the interviewer said, "Well, that's interesting. What does that mean if you put a 14-year old on the pill?" She's like, "Well, that causes the maturation process and that's going to have to start over when she comes off at 31." You can imagine this is why the experience to some women is they come off the pill at 31, try to have a baby and they don't ovulate, it's because those channels are not there. The system has not matured enough to get her there, and it can take a few years and that is not [inaudible 00:37:32] start to ovulate, and that is not convenient when you're wanting a baby right now.

It's distressing. I understand that, but I guess that's why I argue that the sooner, the better to get off really for a lot especially if the problem was before a regular periods are not ovulating, then you're only way forward is to get off the pills, so you can all start to ovulate and ensure your hormonal system.

Steph G.: It's such a great way of visualizing it and I think making the point that we're not always just going to respond immediately and you write a lot about how even taking a supplement to help to rebalance your hormones, this could take three months or longer. It's not necessarily going to happen overnight and I think sometimes we think by the next cycle, things are going to change and sometimes it doesn't and it's like hints at this fact that these cycles are a lot longer. 90 days and stuff like that, and we have to be a little patient sometimes when it comes to ...

Dr. Lara: Yeah. Let's talk about that study for a second. That 100 days or 90 days, that's to do with the life cycle of the egg and the ovary, which is going to become the gland that makes progesterone ultimately. It also could make a baby, but if you don't want a baby, it's still going to do some good things for you, but it takes 100 days to mature from its most dormant stage all the way to ovulation. It needs to be healthy, have everything it needs, have all the hormonal signaling happening for all of those 100 days to get there, which is why I wrote a blog post called "The Roadmap to Progesterone." It's a minimum three months to ovulation for the progesterone. That would include supplements for interventions like that. That also includes diet [inaudible 00:39:24] say at this point, this is really important that you cannot ovulate if you're not eating enough and that would be enough food in general or enough carbohydrate in particular.

This has been close to the topic of women who lose their periods to a low carb diet, then they'll say, "Oh well, I tried going back to the carbs for a month, nothing happened." It's like, "Nope. Because [inaudible 00:39:50] three months to get there." Even then, it might be four or five before your ovaries can go all the way there. It is important to respect that just natural timeline within our body.

Steph G.: Absolutely. I'm not [inaudible 00:40:05] because that's really something that you talked about in your talk, and I think I clapped during your talk.

Dr. Lara: Yeah.

Steph G.: Much of this idea like low carb diets can be helpful for some people and obviously there's going to be a continuum and a spectrum, and we have some different bio individuality there and how you tolerate carbs and stuff, but in your talk, you gave this range to shoot for to at least start to see that your carb intake is going to help support ovulation and healthy period, and I think it's a little bit higher than most people would expect. Can you talk to that for a couple of minutes?

Dr. Lara: Yeah. Well, in terms of number of grams, I guess I'm in the 150 to 200 grams, probably minimum to ovu ... Yeah. I quote in a paper there where they were suggesting, I think the number was 150 grams of glucose intake per day to signal the hypothalamus and the pituitary to signal ovulation. Women have a very ... That part of our physiology has specific requirement to carbohydrate, which always makes me ... I'll see on Twitter people saying, "We have no physiological requirement for carbohydrates." Well, that's not true if you're a woman of reproductive age, then you do, but said there is quite a bit of variability. The phrase I used was ovarian set point, so some women can still ovulate with a minimal amount of carbohydrate.

They had ancestors who were adapted to famine probably and could get away with that, and some women just need more. It's very simple story. If your hypothalamus perceives that there's not enough food coming in, and that includes carbohydrate, it will decide that you should not ovulate and it's pretty hard to dissuade it differently. There's no herb or supplement that can overwrite that. If the brain has decided we're in a famine situation, that's it for periods until you eat again.

Steph G.: Very, very interesting. Will you give our listeners some examples of what you would recommend in terms of carbs? Because I know people are so freaked out about carbs right now.

Dr. Lara: I know.

Steph G.: Like I used to be fat, and then butter was on the cover of Time Magazine in 2014 and everybody is like, "That's cool now, you guys. Let's just eat enough fat." Now, everybody's freaked out about carbs again. What are some of the carb sources that you recommend for your patients, because I know this is something that women are going to be so worried about what kind of carbs they're eating? Can you shed some light on that for us?

Dr. Lara: Sure. Yeah. My take is the phrase I use is gentle carbs. By gentle carbs, I mean not high dose fructose. I'm in the camp, I really do think that the sugar, the concentrated fructose is another whole another conversation and can impair insulin sensitivity quite profoundly. I think the dessert and dessert type foods can be left off the menu. A gentle carb is one that's not sugar and potentially one that's not weight, because we have to acknowledge that a lot of people have a genuine problem with weight, whether it's the gluten or the [inaudible 00:43:17], or the lectins or whatever goes in weight, but the reality is it doesn't need to be weight, but a gentle carb in mind definition would be root vegetables including potatoes. I want to reclaim that potato is a food.

Steph G.: Yes.

Dr. Lara: Including rice. I eat rice. I think I wouldn't want people sitting down to a bowl of rice and nothing else, and that's obviously not an approach and depending on where someone is at with their insulin sensitivity. If they know they have pronounced [inaudible 00:43:52] resistance, then there would come a time, I think for restricting the amount of rice, but the average women I don't speak too much in terms of quantity. Here's what I do with some of my patients. Say someone who's attending to a little bit of insulin resistance. I'm a big fan these days of a low carb breakfast, so protein for breakfast and I think if you're doing to do low carb, I think that's the meal to do it. Then, lunch is a bit more flexible.

What I say to my patients and what seems to work is also have protein and vegetables with dinner. Then with your dinner, eat as much starch as you need to feel satisfied and to be able to sleep and feel well and that's your amount.

I think in listening to your body and trusting your body, you're going to know and it's going to vary depending on stress level. It's going to vary depending on where you are in your cycle. It's normal [inaudible 00:44:48] before the period, that's okay, but using our intuition there and also eating enough at that meal in the long term get a period. I feel that's another factor as well and also eating enough that you don't have to have dessert later. I can still make distressing conversations with patients who are like, "Okay. I've cut potatoes because they are aa bad carb. No potatoes. I had salmon and asparagus, and then I had two paleo ice creams [inaudible 00:45:20]." I was like, "Wait a minute. That's like agave or honey." That's the concentrated fructose that I don't want to have. That's the carb that I'm most concerned about.

Steph G.: Yeah. I ate 10 pounds of data balls.

Dr. Lara: Yeah, exactly.

Steph G.: [inaudible 00:45:33] but it's okay. It was gluten free and paleo.

Dr. Lara: Yeah. I think date ball is sugar. Date ball is carbohydrate. It's carb. [inaudible 00:45:40] a lot of the worst carbs.

Steph G.: Yeah. Well, I think that's going to be really helpful for people listening to this to have a little bit ... To relax a little. I think paleo has been and still one of great things for people, but I think it's also made a lot of people really freaked out about eating carbohydrates, and as a coach, it's one of the very first things that I asked women when they're talking about their carbohydrates isn't great or they're feeling way more stressed out than normal, they're perhaps amenorrheic, all this stuff and carb is one of the very first things I asked about. I think there's still a perception that, "Okay. If we want to be lean. If we want to lose fat off our body, we have to push ..." If pushing the boat toward lower carb is good, then pushing it really hard is even better.

Dr. Lara: Yeah. A strange logic that some ... I had one patient just on that topic of how far to go. I talked to a patient, "We have to get your insulin down." She's like, "Okay. Do you mean to zero?" I'm like, "No."

Steph G.: No.

Dr. Lara: [inaudible 00:46:49] zero. There's a sweet spot, and so there's a sweet spot of cutting the concentrated sugars, cutting back on ... Getting the grid out of breakfast and that's going to get results, but at some point, there's a new curve of there's a sweet spot. That's just the amount you need to nourish yourself and to feel well, and to watch for all those signs. You mentioned some of them, signs that you're too low carb, I would include hair loss and weird things starting to come up on your blood test like low T3, low cholesterol and also low insulin. I do a lot of testing insulin of my patient, so fasting insulin that goes too low is a problem as well. The other thing I look for signs of too low carb is actually low LH. That's one of the pituitary hormones. LH is an interesting hormones because it's high in PCOS or high when there's insulin resistance and it's very low when

they're under eating carbs, so it's starting to become, to me, a little marker of what's happening here?

Women can swing ... I think worth mentioning is you can swing from a safe state of say, PCOS and insulin resistance and needing to reduce your carbs, you can swing all the way ... If you're too strict with your diet, you can swing all the way to the other side of things where you're under eating and not getting a period because of that. In which case, yeah, you've missed your sweet spot, your periods.

Steph G.: For sure. There's definitely a lot to consider, but I think you've really laid it out here pretty well. Are there any other foods? This is a leading question because I hope that you were going to talk about one that's on my mind right now. We know each other well enough. We know where this conversation is going.

Dr. Lara: Yeah.

Steph G.: Are there any other food groups that women who are experiencing difficulties with their period may want to take out for a while and see what happens?

Dr. Lara: Dairy.

Steph G.: Yeah. You say gluten, excess sugar or like high fructose sugars and dairy.

Dr. Lara: Yeah. Cow's dairy is a problem or can be a problem for women's periods, and the truth is science has not looked up it at all. If you're trying to look to the data to find something, it hasn't been looked at and I hope it will be one day, but my clinical observation, overwhelming clinical observation is that cow's dairy can make periods heavier and make them more painful and be a driving factor in certain conditions like endometriosis and something called adenomyosis, and it doesn't mean it causes those conditions, but it seems to be in many women, not all, but seems to be generating quite a bit of information that worsens those conditions. I will say at this stage, I find that one cow's dairy, so goat and sheep or a certain types of cows that don't have what's called the A1 casein, I find they do not have the same negative effect on periods. For most women, most of my patients, they're fine.

I said, "Please just stop having normal dairy. You can have goat cheese. You can have coconut milk in your coffee. If you can find like an A2 jersey cream or something like that, you can have butter because there's no casein in butter. Very little." But most people, it's quite a simple shift to make in a diet and can pay off really big in terms of some of those difficult period symptoms and also for skin. Acne is the other place. Avoiding sugar and quitting sugar and changing the dairy is a big part of my "How to prevent post pill acne" strategy as well.

Steph G.: I know there's a lot ... It's so funny because I have been paleo-ish in the whole [inaudible 00:50:45] now for almost eight years, and out of all the people I've ever spoken to about, "What food was hardest for you to take out of your diet or which food do you miss the most?" It's never bread really. It's almost never something like if someone decides to give up alcohol, it's always cheese. People are like, "You can take my bread. You can take my alcohol, but don't touch my cheese or I will hurt you."

Dr. Lara: Yeah. I love cheese, too. It's yummy. Yeah.

Steph G.: It's so interesting that that's sometimes one of the most resistant things that people want to give up. You wouldn't think like it would be that, but I can speak personally and say, "Taking it out can be a little bit weird at first, but after you get used to it, it's fine."

Dr. Lara: Well, I'll say again for most women, there's goat cheese and sheep cheese, which is ... Well, some of my patients, I permit that and it's easy to ... More [inaudible 00:51:43], they have more artisan food and more just variety with our food that's available to us. It's pretty easy to find those cheeses.

Steph G.: Totally. Even in our local natural food store, which is called sprouts here in the states, there's A2 dairy now and all sort of goat dairy, goat milk. There are all sorts of alternatives, which is nice that people have that. They can just make swaps and not feel like they're completely missing out on any enjoyment in what they eat. Besides the post-pill acne and this is sort of a circling background to that question I asked you a while ago, is there anything else that women need to look out for when they're coming off of birth control? I know you write about a couple of other things, so should we just have our minds on perhaps some of these other issues that can [inaudible 00:52:41]?

Dr. Lara: Yeah. Well, one is having PMS for the first time in years or you're now thinking, "Where did all this PMS come from?" Again, it's because pill blades are not real periods, so the pill may cause mood problems, but it's not typically the pre-menstrual shifts that women experience. That's just a way of ... In the book, we talked about just understanding. That's what you're maybe experiencing PMS things for the first time and also just talking them into some of the strategies for that, and on the topic of PMS, this follows on from what we just said about dairy. I also recommend women to avoid normal cow's dairy to help with PMS, and I think one of the reasons it works is that by avoiding normal cow's dairy, we can also reduce the amount of histamine in the body.

In the new book, I talked a bit about histamine intolerance and histamine intolerance and PMS have a lot of things in common. There's a lot of overlap between the symptoms. I'm more and more convinced that histamine intolerance is part of PMS for at least some women part of the irritability and the over stimulated feeling that we can get.

Steph G.: Then, in terms of PCOS, because I know we could probably do a show in the future just about PCOS and you write extensively on your site about the different kinds of PCOS and very, very detailed. If women are like, "Hey, I'm here for the PCOS," like you can talk about that that will direct them to your site and to your book, but any big picture things that women want to look out for there?

Dr. Lara: Yes. Just be careful how you were diagnosed and take it with the grain of salt. There was an interesting brand new, just a few months ago, article on the British Medical Journal about the over diagnosis of PCOS and how the conversation needs to change that women need to understand or the doctors need to explain to them that a couple of things about this condition that one, that it cannot be diagnosed by ultrasound. Two, that it may be temporary. It may be just while they're young or while they're just adapting to coming off the pills. If a doctor's told you you have PCOS, don't necessarily panic. You know that it might sort of itself out and then you will be free of the diagnosis. The very first question to ask if you've been given that diagnosis is, "Do you have insulin resistance?" Because that defines the condition in a way. There's the insulin resistant PCOS, which is

basically caused by insulin resistance. Then, there's all the other women that don't have insulin resistance but they get given the label of PCOS kind of way.

Yeah. It's a big conversation, but I think I just talked it through step by step in the book is how are you diagnosed? What's the next step for diagnosis? Then, how do you choose treatment? Because the reason it's so important to know if you have insulin resistance or not is if you don't have it. You restrict carbs too much, you are just going to lose your period from under eating carbs, which we spoke about before and you're just going to get more and more confused and more and more upset and your hair is going to be falling out and you don't know what's going on and in the end, the PCOS diagnosis wasn't serving you. You really just needed to eat enough to get a period.

Yeah. Also, maybe perhaps allow some time because there's a natural ... Some women can take six or 12 or 18 months off the pill to get a period, and that's just the way it is. That's the nature of that drug. It suppresses ovulation and sometimes for some women, ovulation doesn't bounce back. It doesn't mean there's something wrong with them. It's the drug that they're recovering from and every individual is going to be different in recovery, and the other thing to know is during that time when you're not getting periods, waiting for your periods after you've come off the pill, you were potentially fertile any of those days. You need to kind of be aware that you can [inaudible 00:56:41] pregnant, you can become pregnant without ever seeing a period. During those waiting times before you can even get to the point of using fertility awareness method, that you need to be using a barrier method.

Steph G.: Right. Absolutely. Great reminder.

Dr. Lara: Yeah.

Steph G.: One last thing I wanted to ask you about really quickly because we're inexplicably like almost done in the time here, which it pains me, so we can't talk forever is perimenopause. You write about this in the second edition in ... I'm getting closer to that timeframe. I know a lot of my peers are women who are really getting to this stage where they're interested in their own health and they're ready to start taking the power back so to say in advocating for themselves and learning about how the stuff works, and I know for a lot of women, this idea of like, "Okay. You're having babies or you're fertile and you're doing your thing," and then there's this menopause further down the road. Then, there's this weird scary really stressful thing that happens in between those two and you're sort of like you don't know it's going to happen, and it's going to come down and strike you.

I think there's just a lot of fear around perimenopause and for women that are going through this now or who are anticipating going into this stage of life, are there some big ... I know this is probably another show we can do, but are there some big things that you would like to ... Like some advice you'd like to pass on to women in terms of how to help manage this because it is such a time of volatile hormones and things shifting very unpredictably?

Dr. Lara: Yeah. There are so many things to say about it. I'll try to just speak through what comes first to my mind about this. Well first is that the message is that it won't last forever.

Steph G.: Right.

Dr. Lara: Because most of us, the few years have potentially sleep disturbance or worsens PMS or crazy heavy periods. The perimenopause is officially anywhere between two to 10 years before the period stopped. Then after the period stopped, the research show in my observations with patients is that most women move into a pretty chilled happy space after that. That helps, I think just to know it's not going to last forever. This isn't the new you. It's just a transition time it's been compared to teenage years, so it's like we have puberty. Then, we have perimenopause. It's the winding down. It's a change. That's point number one.

The second point I want to make is I really want to start all of us, and I'm glad we're speaking about it today reclaim this, flip the script a little bit on it in terms of taking away some of the stigma and the shame of it because what I hear from a lot of women is, "Oh, gosh. This can't be perimenopause because I can't be that old." It's the intersection between our culture between misogyny and ageism is I think aging women take the brunt of a lot of misogyny. Anyway, it's a political side of things, but I think in this stage of life, if we can speak up and still be seen and still be heard, then that will just make it better for all women and be able to know that where they are is normal and this is nothing to be ashamed of. That's the next thing.

Then, you caught me at the right time and by the time this podcast comes out, probably I will have written it. I'm about to write a post on what I call the rescue prescription for perimenopause.

Steph G.: Oh, awesome.

Dr. Lara: Which is just to deal with some of the symptoms, I guess I'll speak about the mood on a slate symptoms is one, magnesium. I'll use it in the formula together with the amino acid, taurine, the two of those together in the body and that can really stabilize things, changes the brain is undergoing as it loses exposure to progesterone. Magnesium plus taurine, one, for about 50% of the women that I treat, that's enough. If that brings them back into alignment, they're good. They're sleeping. They feel better. Then, I would ... Potentially step two would be looking at some herbal medicines that what I call adaptogens to stabilize the HPA access, which is having to recalibrate during perimenopause, which is fascinating.

Then, beyond that, I will start looking at natural progesterone either as a cream or a capsule called Prometrium, which is very soothing and calming and sedating, so it can help with sleep problems and PMS around perimenopause, but also has a very beneficial period lightening effects. It can help with heavy periods especially when there's something present like something like adenomyosis happening. It can be a life saver for women, not everyone [inaudible 01:01:52] and eat something like that, that's a natural replacement.

Steph G.: Well, thanks for sharing that and we'll definitely link that article if it's out by the time the show comes out.

Dr. Lara: Yeah.

Steph G.: Gosh. So many great topics, and I have you touched on this and it's something that's been on my mind, in the back of my mind for quite a few years now. It's this interesting way that western society treats women of a certain age, and it's heartbreaking to me that in more tribal and traditional cultures, women in a lot of

cases were ... As they were older, were revered for their knowledge and their wisdom and now the script seemed very different, and it's saddening in a way and I think there's also the potential for people to recognize that that's happening and to say, "Yeah. You know what? We don't like that."

Dr. Lara: I made a little bullet list task list. What I realized that even I as a woman, had internalized this. I hate to use the word ... I don't need to strike a word, but internalize this non-attention or this dismissal of women because I think as young women, we do it too. It's not just men who internalize that.

Steph G.: For sure.

Dr. Lara: We do that, and so I could see that in myself, which is becoming less comfortable as I get to that stage myself. One of my things is now when I'm in a room full of people, I personally listen to the women over 50, the women over 60, the gray haired women like I am just going to make the concerted effort to treat them as people, which sounds crazy, but I know that's ... Just really bring them into the conversation and seeing that's going to be me, too. I hope the future of society will value all the women more. It's becoming worse probably because of social media right now. We have a youth obsessed culture. To be on social media amidst all the 20 something phases. It's a different landscape now. Anyway, that's [crosstalk 01:04:23].

Steph G.: [crosstalk 01:04:25]. This has all been so fascinating and before I let you off the hook here, I'm going to ask you some rapid fire questions and close that out with something fun.

Dr. Lara: Yeah.

Steph G.: All right. Ready?

Dr. Lara: Mm-hmm (affirmative).

Steph G.: I will start an easy one. Coffee or tea?

Dr. Lara: Coffee.

Steph G.: Okay. I don't know. Sometimes people are very passionate about their teas.

Dr. Lara: For sure.

Steph G.: A nighttime ritual that you love that you do all the time?

Dr. Lara: A bath. A hot bath. Yeah.

Steph G.: Nice. Awesome. Let's say you could go to any restaurant you wanted and order sort of your favorite meal, what would you order?

Dr. Lara: Japanese. I'd go to ... Yeah.

Steph G.: Oh, nice.

Dr. Lara: Either sashimi or Japanese cafes. Yeah.

Steph G.: [Delish 01:05:15]. A book that you are really into right now or one that just stands out in your mind that is an all time favorite?

Dr. Lara: I'm going to mention one that I just finished last night, which I'm pretty [inaudible 01:05:25].

Steph G.: Awesome.

Dr. Lara: It's a book about grassland birds. It's about slow and then more rapid extinction of the birds of the North American Prairie, which is where I'm from. Yeah. It's just fascinating to look at agribusiness, and why we need to return to a different kind of farming and farmer culture and to create habitat for birds.

Steph G.: Fascinating. Birds are amazing.

Dr. Lara: Yeah.

Steph G.: They're like little dinosaurs. It's crazy. Advice if you can go back to being a teenager and cast your mind back there? A piece of an advice that you would give yourself at that days?

Dr. Lara: Yeah. To not worry so much about what other people think of me. I might have said this last time on your show too, but I just love cracking my young self and think, "Oh, gosh. I'm so worried about all of that." The truth is I know now that the majority of people aren't thinking about me at all, not in a good or bad way, but just not at all.

Steph G.: Yeah.

Dr. Lara: It's refreshing.

Steph G.: Yeah. It is. It's kind of freeing when you're like, "No one is paying attention. That's great."

Dr. Lara: Yeah.

Steph G.: It's amazing. It's an interesting thing too and to see how that really changes and for a lot of people as they get older and they're just like, "Perspective matters," and it's so freeing in a lot of ways.

Dr. Lara: Yeah.

Steph G.: Then, we'll see how this ... I don't know if I remember what your answer was last time, but in your opinion, what is the most important ingredient in building unbreakable humans?

Dr. Lara: Yeah. Steph, it has to be to know that your female hormones give you vitality and to value them.

Steph G.: Completely. I love it. So awesome. This is so great. Very cool. Give us a quick run down of where we can find you online and certainly we'll link that in the show notes, but if people want to hear that and go jump over to what you're doing right now, where is the best place for them to find you?

Dr. Lara: Yeah. It's easy. It's larabriden.com. It's all this Instagram, Twitter and Facebook app, Lara Briden.

Steph G.: Perfect.

Dr. Lara: My book is "Period Repair Manual," and it's the pink edition is the new one.

Steph G.: The pink one. It's a fantastic, fantastic resource. It's something that I have and that I use and that I recommend to anyone who I can make listen to me. It has all these things that we talked about today and then including what to do with different conditions, what to treat with, and it's really just a valuable resource and you walk people through very ... In a ton of detail how to handle these things and in my opinion is a resource that every women should have on her bookshelf. It's fantastic.

Dr. Lara: Thank you.

Steph G.: Yeah. Dr. Lara Briden, thanks so much for being back on Harder to Kill Radio.

Dr. Lara: Thank you.

Steph G.: That is a wrap on episode 89. Whoo! Such a good show. We could have kept going and talking more, and I'm sure in the future that I will have Dr. Briden back to talk more about these things in different detail, but I'm hoping that this was helpful to you in some way and I'd love to hear. Leave us a review on iTunes or however you listen to podcasts and let us know what you liked about this show and what you learned, and that would be so helpful. You can get the show notes for this episode including links to lots of the stuff that Dr. Briden and I talked about over at stupideasypaleo.com. You can grab all the links in the show notes there. Until next Tuesday when I released a brand new episode of Harder to Kill Radio. Stay healthy, happy and as always, harder to kill.