

*Stephanie
Dodier*

**The Beyond The Food Show
PODCAST TRANSCRIPT**



the
BEYOND THE FOOD
Show

WITH STEPHANIE DODIER

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Stephanie: Welcome to The Beyond the Food Show. I am Stephanie Dodier, clinical nutritionist, weight loss and emotional eating expert, speaker and founder of the Keto Connector program. As an ex-corporate executive turned health expert, I went through my own healing journey, losing 100 pounds and overcoming a number of diagnosed conditions. The secret to my transformation, the moment I realized that the solution was more than just about food. It was about connecting my mind and my body and listening to my body messages. Each week, I'll bring you a guest or answer your question to help you listen and observe your body in a curious and compassionate way with a French accent and a little bit of humor. The most important relationship you have is the one with yourself, so get ready to embrace it and rock your body and mind to the life you desire. Let's do this.

Welcome to Episode 53 of The Beyond the Food Show. This is the second episode of The Crave Cure Series. Today is all about women, hormones and cravings with a functional medicine doctor and OB/GYN, Dr. Kyrin Dunston.

My name is Stephanie Dodier. I am a clinical nutritionist and at 35 I was trapped with severe anxiety, panic attacks, and my health collapsed. I needed a solution and that's when my journey began.

Each episode of The Beyond the Food Show will bring you an expert or a message that will help you achieve your health goal, unlock your self-confidence and live a better life. Let's dive in.

This episode is brought to you by stephaniedodier.com. And as I said, today's episode is actually of the second of The Crave Cure Series. It's an awaited episode because we want to talk about female hormones and the role that they play in our cravings. If you're craving right before your period or you've recently entered perimenopause and you've had an unexplained weight gain, well, you're not dreaming. Your hormones – our hormones – are playing a role in our cravings. And here's the thing, we don't have to be a victim of it. There's actually a solution and that's what Dr. Dunston is going to talk to us about today.

Here's what you need to do. The first thing, you need to go and download your Crave Cure Guide, which can be found at stephaniedodier.com/cravecure. And you want to listen to the 10 episodes with the 10 experts because there are many reasons why we crave. And I want you to share this experience with two, three or many more women in your community. I want you to take this journey as a learning journey but also where you can connect and create a tribe of women where you can work together on your

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cravings or your relationship to food. Listen to the episodes, sit back, set up a time and chat about it and support each other on the actions you're going to take to transform your relationship to food. Together, we are stronger. It's not just in my head. Science is demonstrating that group programs for health goal achievement are always more successful than an individual journey towards our health goal.

You can also come to our community at stephaniedodier.com/community to share your journey. Make sure to download your show notes also at stephaniedodier.com/052 where you can get the link to actually watch me on Youtube. Are you ready to do this? Let's dive in with Dr. Dunston.

Leading by example, Board Certified OB/GYN Kyrin Dunston lost 100 pounds and healed herself from serious, chronic and medical conditions using holistic and natural treatments. Her book, *Cracking the Bikini Code: 6 Secrets to Permanent Weight Loss Success*, details the path for women to achieve the body and health they are wanting. Dr. Dunston used to deliver babies but now she delivers exceptional wellness for women. Welcome to The Crave Cure Series.

Dr. Dunston: Thank you so much, Stephanie. Glad to be here.

Stephanie: Very happy to be able to spend the next 45 minutes talking all about hormones. But before we get there, I want to talk about your own personal journey because that's quite impressive. Tell us a little bit more about how you came to do what you do today.

Dr. Dunston: Sure. That's a great question. Well, I was a very successful OB/GYN. I had a huge practice, a 9,000 square foot office. I had three other doctors working for me. I had mid-level providers, a staff of 30, and delivered lots and lots of babies, probably thousands in my career. So from the outside, people thought I had it all because I was a successful doctor, I was married, I had two kids, I lived in a gated community, we went on great vacations. You know how that is. But the truth is, on the inside, I was really dying.

The one external visible was that I weighed 243 pounds. But also, I looked 20 years older than I was, I suffered with chronic fatigue, I had fibromyalgia, depression, anxiety. My hair was falling out, so I looked older. So people should have known that I didn't have it all but people thought that I had it all.

I kind of didn't know what to do. I tried everything I knew as a Board Certified MD to lose the weight and get healthy. And of course – probably you know this, Stephanie, and all the viewers know this – when you're having health issues, the weight is the most

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visible part of that and you want to lose the weight more than anything else. That is the bottom line. Do you want to get healthy? Yes, but you really want to lose the weight.

I tried everything that I knew – Weight Watchers, Nutrisystem, Jenny Craig. I would go to my doctor, I'd say, "Sharon, there's got to be something wrong." She would run tests. They'd all come back normal. I'd run tests. I'd say, "There's got to be a problem." Normal.

Luckily, I discovered this thing called functional medicine. It's a branch of medicine that I had never heard of. Basically, it's naturopathy for medical doctors. We learn all about the function of the body – which we actually learned in medical school but then we're told promptly to forget when we became residents and we were told, "Just give this drug because I told you to give this drug, and do this surgery because you're supposed to do this surgery, and don't worry about how the body works." But we went back to that in functional medicine.

I started learning about it and going to conferences. I started using natural treatments on myself. In fact, looking at those same lab tests that I had had that were normal, with the right perspective and realizing that normal is not optimal, and despite the fact that I had checked my thyroid no less than 10 times and it was normal, it actually was not optimal and there is a difference. That difference could keep you in bed all day or have you up and functioning.

I discovered these hormonal imbalances that I had. I treated them naturally. I actually worked with a naturopath and little by little, slowly but surely, I started losing the weight and getting healthy. The pain in my body started subsiding. My hair started growing back.

It took a total of two years for me to get down – I actually was down to 134 pounds at one point, which was probably too little, but I had energy like when I was 20 and I looked 20 years younger. Of course, all my patients are middle-aged women with the same problems I'm having, so they're like, "What are you doing Dr. Dunston? Because you look great and we want that?" So I started doing it with them, too, and they got the same results.

Actually, in 2011, I closed my OB/GYN practice and I've done this full-time since. I wrote my book, I've created online programs, the Bikini Code Boot Camp, to help women from anywhere lose weight, get optimally healthy, because there is such a need for this. So that's just a little bit of my story.

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Stephanie: That's quite impressive. It's impressive because you lost weight but, for me, what's most impressive is that you were open to see a different perspective on what you had spent so many years getting trained on and be open-minded enough to see that there were other possibilities. That to me is the most profound aspect of your story. Congratulations.

Dr. Dunston: Thank you. I call it the gift of desperation. We doctors are not generally an open-minded lot but I was so desperate. How it happened was one of my patients was having some kind of menopausal, perimenopausal issues and I didn't really have answers for her as a regular gynecologist. She went away and she came back and she gave me one of Suzanne Somers' books and she said, "Oh, Dr. Dunston, I read this book. It helped me."

At first I was so resistant because I'm like, "I'm a Board Certified MD, what am I going to learn from Suzanne Somers?" I wouldn't read it. And then I just said one day, "Let me just look at it so I can give it back to her and tell her I looked at it." And it just opened up this world because she introduced this field to me.

Stephanie: It's the same thing for me. It was an actual book that was gifted to me, the Anatomy of the Spirit, that actually changed the way.

Dr. Dunston: That's my favorite. That's one of my favorite books.

Stephanie: It is very profound. But I want to get in to the topic because our time is limited and I want to be appreciative of your time. Today, what I want women to learn is how their hormones – in perspective for women – affect their food cravings, because there is a link. But I want to start with the basics because I believe that for people to understand and really take action, they need to have a basic understanding of the topic we're talking and today is hormones. What about if we go through a regular cycle of hormones for women and how it actually works and what's the name of all those hormones are. Do you want to do this for us?

Dr. Dunston: Sure. When we're born, where our main female hormones, estrogen and progesterone, are created is in our ovaries, in the eggs in our ovaries. We have millions of eggs when we're born but our ovaries are in a sleep state so they're not active, so we're not maturing eggs, we're not producing much of those hormones. You can make some of these hormones in your adrenal glands, and we get a little from there, but the most comes from our ovaries.

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When we go through what's called menarche – it's the technical term for puberty – when we actually get our period, the ovaries start waking up. The brain has hormones that signal the ovaries – FSH and LH hormones that signal the ovaries, "Okay, start maturing eggs." As the eggs mature, that's the first half of your cycle. You start producing estrogen predominantly. Then once the egg reaches maturity, about two weeks, at mid-cycle, the egg is released. The remnant of where the egg was becomes what's called the corpus luteum, which means yellow body because it actually looks yellow. That produces progesterone, which is dominant in the second half of the cycle. If pregnancy doesn't occur, meaning the egg is not fertilized by a sperm, then that egg is shed with the lining of the uterus and that's how you get a period. That's the normal cycle.

Stephanie: We produce estrogen in the first phase, progesterone in the second phase.

Dr. Dunston: Yes.

Stephanie: And we go through that for 20, 25 years, and then we land into what's called perimenopause, correct?

Dr. Dunston: Right, yes.

Stephanie: What does that affect our hormones?

Dr. Dunston: What happens is every month we're born with millions of eggs, but every month we may mature only one, typically. Some people do two, and that's where you get twins. If you have two eggs, that's identical. But also, every month, many thousands of eggs die. They become defunct and go away.

As we age, our eggs die at a faster rate. Also, the eggs that are remaining become older. And it becomes much harder for the body to mature an egg. It usually starts around the age of 35. Say you're 40 years old, brain gives the signal – FSH, LH – to the ovaries, "Mature that egg and pop it out." Eggs are kind of like, "I'm tired." Just think about after a hard work a week, "Yeah, I'm tired. I just don't know if I feel like it." And the brain actually starts screaming at the ovaries, "No! I said make an egg!" And the ovaries will go, "Okay, okay." It's like telling your kids to clean their room. Finally, they just go, "Okay. You're screaming so much I'll just do it."

But that egg, it takes a longer time to mature and it's just kind of a crappy egg. And it tends to make – oh, I left this part out. When you mature an egg, you don't just mature

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one. You recruit several and the fastest, biggest, best one – the baddest one – wins. What happens with early and when you're having a normal cycle is that dominant follicle, it usually very quickly matures and the others just go away. When you get in the perimenopause, not so much, because all the eggs are kind of old and slow, they all start developing and none claims the leadership spot until much later. What happens is you have all these eggs producing estrogen for a long period of time. What happens is your estrogen goes much higher than it did when you had a perfectly normal cycle. So you get this estrogen dominance going on.

One egg will eventually become dominant, although eventually when you get even older that doesn't happen. One egg will become dominant, it will release the egg, the corpus luteum will make progesterone. But just like that egg was kind of a crummy egg and didn't mature well, it doesn't make such great progesterone. So what happens is you get way more estrogen and you start getting way less progesterone. Does that make sense?

Stephanie: Totally makes sense. It's the most intelligent way of having it explained. That's brilliant. Keep on going.

Dr. Dunston: Okay. We're talking about food cravings, right?

Stephanie: Absolutely.

Dr. Dunston: Even when you have a normal cycle, some women will say, "Oh, I get cravings before my period." What's that all about?

What's that about is estrogen is the weight gain, water retention, depression, anxiety, PMS, I-want-to-eat-sweets hormone. Progesterone is exactly the opposite. It's the weight loss, diuretic, anti-depression, anti-anxiety, I-don't-want-to-eat-sweets, I-feel-great hormone. If you get cravings before your period, typically that means that you have an imbalance between estrogen and progesterone.

Now, we don't know unless we test you as to – is it that you have just too much estrogen or just not enough progesterone or do you have both? When you get to perimenopause, all women are kind of in the same boat. Like I said, it starts around 35 – estrogen going up, up, up, up, progesterone going down, down, down, down. You want to eat the whole box of Oreos because your hormones are driving you to it. It's not a moral failure. You are not weak, you are not bad. You are at the will of your hormone.

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Stephanie: That's brilliant because that's my message all the time – it's nothing to do with willpower. Your body is speaking to you through cravings. As we're going through this Crave Cure Series, there could be different messages your body is trying to give you and one of them could potentially be hormonal imbalances as you speak about right there.

Dr. Dunston: There are other hormonal imbalances which – may I talk about this?

Stephanie: Yeah, absolutely.

Dr. Dunston: It's not just your estrogen and progesterone. Is that a part of it? Absolutely, especially once you get into your 40s. But more than that, you're cortisol, your stress hormone. It has everything to do with your sugar cravings and your salt cravings. Some people are kind of like the crunchy-salty people and some are the sweet-sugary people. If you're a sweet-crunchy-salty, then most definitely you have to look at your cortisol first. If you're a sweet-sugary, actually the first place I look is cortisol.

It depends. If it's more cyclical and someone's having a menstrual cycle when the cravings occur, then I'll probably look more at the sex hormones. But if it's kind of any old time, that's a cortisol issue.

Stephanie: Let's dive into this. What is the impact of stress on female hormones?

Dr. Dunston: Great question. Remember I said that these hormones could be produced in the adrenal glands?

Stephanie: Yes.

Dr. Dunston: Your adrenal glands are these little glands that sit on top of your kidneys and your back. They're really tiny and most people never hear about them because regular doctors typically don't talk about them. They don't check them, they don't do anything for them. But in functional medicine, we know that that little organ is absolutely essential not only to your survival but to you living a healthy, happy life.

With your adrenals, you can make all of what we call steroid hormones. All of these hormones are made from cholesterol. You all know what cholesterol is, it comes from animal fat. They're made from cholesterol in the adrenal glands.

Your adrenals can make cortisol. They can also make estrogen, progesterone, testosterone. They make aldosterone, which helps you regulate your salt and water

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balance through your kidneys. They make DHEA, pregnenolone. They make lots of different hormones in multiple chemical reactions.

When you have stress in your body – and stress can be for instance a psychosocial stress when we talk about "Oh, I'm so stressed," that could be life stress. It can be stress from inside your body, which is typically due to inflammation. It can also be blood sugar stress. Those are three types of stress that affect our bodies.

The organ that handles that stress in your body, that's your adrenal glands. And cortisol is the hormone that tells all the cells in your body what's going on with stress and what to do. When you have these stressors in your life and in your body, cortisol up regulates and starts being produced at a higher rate.

All of these chemical reactions that are intertwined to make all of these hormones actually will shunt and take all the other hormones and start making cortisol. Because you don't need estrogen to live, you don't need progesterone to live. You need those to reproduce but you don't need them to live. But you need cortisol to live. You can't live without it. So your body says, "I'm going to take all these – yeah, I'd like to have them but I don't have to them hormones." It's kind of like with your budget when you go to the supermarket. You're like, "I have to have protein and I have to have vegetables, but I don't have to have potato chips or cereal so I might not get them." It's the same thing. Your body says, "Okay, I'm going to take all of you. I don't have to have you. And I'm going to put you into cortisol."

The number one hormone that it takes is pregnenolone, which we call the mother hormone, and it's the mother directly of progesterone. So your progesterone goes down. What are the symptoms? Progesterone is also the menstrual time keeper. This is when people worry that they might be pregnant and they don't get a period. Worry – cortisol cuts off your progesterone and you don't get a period. So it directly affects. It doesn't affect your estrogen as much, it actually affects your progesterone more and your progesterone goes down. And for that reason, you get sugar cravings.

But you also get sugar cravings because insulin hormone keeps your blood sugar from going too high. Well, the bookend to that is cortisol hormone, it keeps your blood sugar from going too low. Well, when your cortisol gets stressed out, it starts messing with your blood sugar and your body wants sugar to help balance out your cortisol. Because in the short term it will, but don't be fooled, in the long term, it's going to wreck havoc

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with your cortisol. That's why when you're so stressed, you want to eat sugar because it calms your cortisol down in the short term.

Stephanie: It's a survival mechanism basically.

Dr. Dunston: Yes, right.

Stephanie: I want to wrap this up in saying stress could be a cause as to why we have female hormone dysregulation, because of the impact of cortisol on the female hormones. Am I correct to say that?

Dr. Dunston: Absolutely.

Stephanie: What could be other causes that would affect our female hormones pattern leading us to have food cravings?

Dr. Dunston: Well, most of them have to do with an imbalance between the estrogen and progesterone. You can get that from cortisol but you can also get it from a primary insulin problem. You can get it from a primary thyroid problem. But those inflammations that we talked about that cause stress, it can come from that. So gut dysbiosis – if you have abnormal bacteria, if you have yeast, all of these are going to affect your female hormones.

If you have toxicity in the body, that's going to affect your hormones. Toxicity – think of it as bad things in our body that we need to get rid of. Just by us living and breathing, we make toxins but particularly if we're eating food that's not organic and in our water when we're not filtering it, we get toxins. Medicines that we take are toxins. It's everywhere.

Stephanie: And cosmetics.

Dr. Dunston: Cosmetics, cleaning products.

Stephanie: Fragrances for women.

Dr. Dunston: Off-gassing from our furnishings. We are swimming in toxins.

For everyone listening, if you are not doing something actively to detoxify your body, you are going to have a problem. Maybe sooner, maybe later, but your need to detoxify. The main detoxification area in your body is your liver. I call it the sanitation department. If you have toxins in your liver, in the sanitation department, causing

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problems, well guess what? Your female hormones – how does your body get rid of them? Your body has to get rid of everything that it makes. So when it makes these hormones, it has to get rid of them. Where does it get rid of them? In the sanitation department. In the liver.

Here, your poor liver is trying to deal with cosmetic chemicals and inorganic food and all these junk. And here come these hormones and it's like, "Yeah, no. I have to get rid of these chemicals first. I'll deal with you later." Well, what happens is – and particularly estrogen, it starts going up and up and up and up. And sometimes I'll do salivary hormone testing on patients and their total estrogen is 400 something. That's over twice the normal range. And that – you're going to be craving sugar all the time because – remember what we talked about – estrogen is the craving hormone, it's the weight gain, water retention.

Really, everything in the body works together. It's like – I used to have a mobile in my old office over the desk because I would show people – you can't touch one part and not have it affect the other. And there isn't anything in the body that doesn't affect your female hormones, everything does.

Stephanie: That's the message that we need to get to people because yes, we start with food – and the name of the podcast is Beyond the Food – but yes, you can clean up your diet, go on this organic diet and low carbs and regulate your insulin, however, there could be many other things that affect your health and your cravings and one of them hormone imbalance. How do we determine as women that we could potentially have a disregulated hormonal pattern?

Dr. Dunston: Well, the first sign is you're typically going to have some menstrual irregularity, whether it's irregular periods – your periods should be very regular. You should be able to set your timer by your period. If you're a 28-dayer, you should be a 28-dayer, usually give or take a day or two. If your timing is off, they're coming too early, too late, you've got a hormone imbalance.

Next is the amount of the flow. We talked about how in the first half of the cycle, estrogen, second half, progesterone – well, it's affecting your whole body but its main intention is to affect the uterus and prepare that uterus for a fertilized egg to make a baby. Estrogen builds up the lining in one way and then progesterone comes and prepares it finally. Think about it, if you have too much estrogen, what's going to

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happen? Too thick a lining. Then you go and shed that lining, and what happens? Menstrual flooding. You burn through a tampon and a pad. So heavy periods.

Other things happen, painful periods. If you're properly balanced, you should not have a heavy period and you should not have a painful period. In the US, we've come to think that dysmenorrhea or pain with periods is normal. I'm here to tell you, that is not the case. You should have no pain with your periods. If you do, you've got a hormone imbalance, you've got toxicity.

That's what most people are going to notice. Some people will notice symptoms right before their period starts, like PMS-type symptoms – bloating, weight gain, weepy, irritable, tired, cravings. Infertility is another big one, if you can't get pregnant. These are kind of the main hallmarks of female hormone dysfunction.

Stephanie: Let's talk about women that are going through perimenopause and menopause. That's a myth that I always talk about and I want to hear your opinion on it – what is a normal perimenopause?

Dr. Dunston: A normal perimenopause – we talked about the eggs get old, they're kind of slow, they don't want to mature, and so lots of them get recruited and your estrogen starts going up and up and up. I call perimenopause a menopause – the straw that broke the camel's back, because here comes this dysfunction or change –

Stephanie: Which is natural.

Dr. Dunston: Which is natural – and everybody blames it on the change. "Oh, I'm tired. I gained 30 pounds. I have no sex drive. All because of my female hormones." But what you need to understand is you have other imbalances that have accrued over your years of living. And then perimenopause comes and it's just the straw that breaks the camel's back to let you know what's going on, but it's never the only problem. But what people will typically experience is the symptoms – the excess estrogen and decreased progesterone like we talked about. So it will be – everybody gets irregular period.

Sometimes people will get painful, heavy periods. Think about it, if you don't get a period of two to three months and your estrogen has been building, building, building, building, and then here comes the little bit of progesterone, you're going to have a flooding crazy period and it might be painful. And that's nature, that's how we're made.

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When you go through menopause, meno period pause, stopping, you have no periods whatsoever. So hopefully I'd answered your question.

Stephanie: Wanting to kill the world and not being able to sleep anymore, gaining 50 pounds, it's not a normal perimenopause that we should expect, am I correct?

Dr. Dunston: Well, what I would say is a lot of women get those symptoms. Is it only due to the sex hormones? No. Most people, for instance in countries where they don't eat a processed diet, they don't have a high sugar content, they don't have the toxicity that we have, it's nothing like the perimenopause that we go through here. The only reason we have that is because we live such toxic lives.

Stephanie: Amazing. I'm sure that's helping a lot of women out there, understanding if there is something that could potentially be imbalanced in their body. Now what's our option? What do we do? Let's say we have some of those symptoms and we finally understand that maybe our cravings are not just due to us being weak but there's actually an imbalance. What do we do first?

Dr. Dunston: Well, if you go to the regular gynecologist, what you're going to get is a prescription for birth control pills. You'll probably get a few sample packs, save you a few bucks. But what I'm here to tell you is you don't want that. Or maybe you'll get hormone replacement like Prempro or Premphase, something like that.

If you want to be healthy, you do not want birth control pills. Birth control pills are synthetic hormones. Someone took chemicals in a lab and created a hormone that looked kind of like your natural hormones but different enough that they could get a patent on it and call it their own and sell it and no one else can make it. But that is toxic – very toxic to your body.

Your body doesn't know what to do with that. It doesn't know what to do with progesterone with a methyl group on it. In fact, studies have shown, like the Women's Health Initiative, that synthetic hormones like that, that have been altered, will increase your risk for things like breast cancer, stroke, Alzheimer's. You don't want it. It's increasing your toxicity.

What are good options? Let's put it that way.

Good options are, first, address the other issues that are boosting your perimenopausal symptoms. That is your toxicity level. Detoxify your body. And that's a whole other topic

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which we could talk about because it's not a simple – you don't just buy like, "Oh, I'm going to take this detox shake," or go to the whole foods and get a detox thing. It's not simple. There are lots of different things you need to do to get all that gunk out of your body. That would be the first thing.

The next thing, I would say, is look at natural options to balance your hormones like vitex, also called chaste tree. It's an herb and it stimulates the ovary to function better. It's also great for people who are younger, who are having infertility, PCOS, any type of ovarian dysfunction. It's fabulous. That's something that can help in the perimenopause, too. It can kind of squeeze the last good bits out of your ovaries and your eggs.

You can use chaste – we talked about chaste tree, I'm sorry. Dong quai and black cohosh are some herbs that do have a little bit of – kind of estrogenic hormonal activities so they can quell some of your symptoms. Getting a natural progesterone cream, which is over-the-counter, actually can help with a lot of these symptoms because that's what you're lacking in, the progesterone. And then you could always go have your hormone levels checked, you can get a salivary hormone test. If your doctor says, "I'll check you in blood," no.

Stephanie: Why is in blood not good versus salivary?

Dr. Dunston: We talked about that all of these hormones are made from cholesterol. Cholesterol comes from animal fat. All these hormones are fat-loving hormones. Blood is water, these hormones are fat-loving like oil. Do oil and water mix? No. These hormones have to be carried around inside proteins. I call them FedEx trucks. So they're carried around in FedEx trucks. The FedEx truck will deliver the hormones to the cells. It throws – take it, take it. But the hormones go so quickly from the FedEx truck into the cell that you cannot get an accurate reading of what we call the free fraction. You can get how many FedEx trucks you have but the free fraction is notoriously inaccurate. Whereas the salivary gland, those cells have exactly the same hormone concentration of all your other cells. Ultimately, that's what we want to know – how much hormones do these cells have? We don't really want to know how much is in your blood. We want to know what's in the cell. So your saliva is a direct way to get at that.

You can check metabolites in urine also, but I like to do – actually, for a first time, I usually like to do the blood and saliva just so I have a baseline. And when I'm following people, we typically do urinary hormones.

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Stephanie: If somebody has a traditional doctor and it's not available for them to have salivary test done, how do they go about potentially getting a salivary test? Do they have to consult with a doctor like you or is this something they can get for themselves?

Dr. Dunston: Typically they do need some type of practitioner who can order it for them and get it for them. For instance, I work with people in the United States, in all states, and in Canada and in other countries, and I can have salivary test kits drop-shipped to them from the lab. They can collect it, send it in, and then I have the reports and I work with people virtually to go over it with them and get them whatever it is they need.

Stephanie: Amazing. So once we get those tests, we might need some complemental hormones. I want to dive into synthetic hormones versus bio-identical hormones because that's a big place of question for women out there.

Dr. Dunston: Right. A very important distinction, Stephanie, the difference between a bio-identical and non-bio-identical or regular hormone. Like I said, if you go to the gynecologist, they're going to give you a birth control pill or some type of hormone replacement therapy. Those are hormones that have been synthesized in a lab, and that's not even the important point. The important point is that they're different from what your body naturally has.

Bio-identical mean biologically identical to what your body naturally has. What you want is biologically hormones. Sometimes we call them natural hormones but I want to make sure that people listening understand that natural doesn't mean someone went out in a field and collected it. You can get progesterone from yams but most of the natural progesterone that you're going to buy, whether it's over-the-counter prescription, was synthesized in a lab but it was synthesized to be exactly the same as what your body naturally has. That's what bio-identical means. The distinction is crucial.

Stephanie: That's what makes it "safer" and more balancing to the body than a synthetic hormone, correct?

Dr. Dunston: Right. You're just replacing what you're missing naturally. I always tell people, I'm not the kind of doctor who says, "Do this because I tell you to. Take this because I told you." I like to educate people so that they can make an educated choice for themselves.

People listening, which makes more sense to you? Does it make sense if you're deficient in a hormone to give you the same shape, size, color hormone that you're missing to get you to a normal level? Or does it make sense to give you something that's different from

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what you have that doesn't behave the same way in the body, hasn't been studied other than to have certain effects that we want? Like maybe it will control your period but we don't know what it's doing over there in the breast and we don't know what it's doing to your brain, but we did this study and we know that it's going to control your period. We don't know what the side effects are. Which makes more sense to you and which do you want?

Stephanie: Absolutely. One more question around hormones and then we're going to wrap this up. I want to talk about the woman that potentially had surgery, either lost a uterus or a uterus and ovaries. How can that compound the effect on their cravings?

Dr. Dunston: I love this question. This is one of the reasons why I don't practice gynecology anymore because what we would do is – female problem, menstrual problem, birth control pill. If that didn't work, try that birth control pill. If that didn't work, try another. "Oh, take out an ovary. Take out another ovary," and then eventually hysterectomy. And what I would see is people never really got better. You just were doing things to them over time and eventually they'd end up with hysterectomy and possibly their ovaries out.

If that's you and you've been through that and you've had a hysterectomy, one thing that can happen is, if you have your uterus removed and your ovaries are left, it disrupts the blood flow to the ovary because the ovaries actually are attached to the uterus and attached to your main vascular system, so you get it from two sides. When you take the uterus out, you disrupt the way blood flows to the ovary. So actually a lot of women will go into menopause sooner than they would have naturally if they have a hysterectomy and that's going to affect your hormones. It's going to accelerate perimenopause and menopause and therefore, give cravings.

One thing, I think, it's really important for people to understand is, just because you remove the symptom of the hormone imbalance, it doesn't mean you fixed the hormone imbalance. If you're having heavy, painful periods, fibroid, endometriosis, all of these problems are due to a hormone imbalance. You take the uterus and ovaries out, you still have that hormone imbalance. All you did was stop the symptom. And that's crucial for everybody watching to get because you are not served properly by just having body parts removed or just being put on a drug, even if you go on the birth control pill. That does not fix your hormone imbalance, it only masked it. It's still a problem.

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A part of my greater mission in life is to increase – and I thank you so much for asking me to come and talk with you about this, Stephanie, because people need to know the truth. You're not going to see this on the nightly news. You're not going to read about it in Glamour mag. You're not because the status quo is the drug companies run medicine and drug companies – medicine is a business and they're making a lot of money off of drugs in surgery, so you're not going to hear about it. You heard it from me. I hate to bash people but I think that people need to understand this.

Stephanie: That's absolutely right. And in the analogy is right when we talk about craving. Like I always said, there's no magic pill or solution that you can temporarily remove craving. And there are some pills out there that says it's going to remove the craving, but you're not fixing the root cause problem of your craving. It's the same thing for women who've had surgery, I would highly recommend that you seek other guidance to get to the root cause as to why your organ had to be taken out because you had hormonal issues and investigate that because that could lead to other potential issues in the future of your health.

Dr. Dunston: Yes. Typically, that would be functional medicine trained physician or naturopath, some chiropractors know about this, some acupuncturists, not all, but you want to check somebody who's trained in that because – I've had patients in the past that they'd end up with a hysterectomy but they had other health issues. Typically that's not the only one. Depression, anxiety, insomnia, fatigue, autoimmune disease, ulcerative colitis, you name it, and that hormone imbalance is contributing to those problems. Here you have a hysterectomy and you think, "Oh, I'm good." No. That hormone imbalance continues.

Stephanie: For people to understand, most people have come to me or to listen to the podcast because they wanted to lose weight. Weight gain was a symptom that underneath that were cravings that we're now at a point where we understand that our weight gain is due to our cravings. Now what I want you to understand is those cravings are still just a message that there could potentially be among other 10 experts that we've learned, hormonal imbalances that are driving all these complaints or symptoms that you are experiencing today.

What could be three easy steps to implement a solution to reduce our cravings that could potentially be due to hormonal imbalance?

Dr. Dunston: Number one is manage your stress. We talked about cortisol. And more than female hormone imbalance with estrogen and progesterone, cortisol is the number one cause

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of your cravings, both salty and sweet. That means not doing too much, learning how to say no.

Stephanie: Which is hard for ladies.

Dr. Dunston: Learn how to say no. And it means taking care of yourself first. It means meditating. Meditation has been shown in several studies to improve your cortisol. Every day. I'm not going to leave the house without meditating. You have to make meditation.

You have to have your stress reduction in place. You have to decrease the incoming stress. And you've got to reduce what's already in there. So that would be number one.

Number two would be mind your menses.

Stephanie: That's a good one.

Dr. Dunston: Mind your menses. Get your periods straight. Whether you're a younger menstruating woman or perimenopausal, you want to get your periods straight. We talked about some strategies you can use. Vitex is probably one of my favorites.

I did forget to mention that there are some soy supplements. There are things called phytoestrogens or plant-based estrogens that can help. But like I said, most women are estrogen-dominant so actually it's not always a good idea. The progesterone cream is a better idea. That would be number two.

Number three would be get your toxicity in order and detoxify. We talked about the liver is the sanitation department in the body, it gets rid of all these hormones. Most of us are estrogen-dominant, we have too much estrogen. If you detoxify, that will help you to get rid of these extra estrogens and start balancing out.

All three of these three actions will help to decrease your cravings.

Stephanie: Okay. That's amazing. Those are three easy things that we can do to help ourselves.

How can women find out more about you?

Dr. Dunston: They can find out more about me on my website, which is kyrindunstonmd.com. But I'd love it if you visit my Facebook page under the same name and join us because on there you can join my free 30-day online program that I created for women just like you, dealing with cravings and weight and all kinds of things. You get a little daily email and video, nothing too taxing but to tell you something you can do today to move towards

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health and weight loss. And then we have a private Facebook group you can join once you join that program where I actually do an exclusive Facebook live every Thursday just for my groups. I do all kinds of special things for my people and my special group. I also do a Facebook live on my page every Thursday evening at 7 Eastern Standard Time. So I'd love to welcome all of you to visit me there.

Stephanie: I think that would be brilliant. We'll link to both the website and the Facebook page in the show notes, which can be found at stephaniedodier.com/053, which is the show for today. And we can have all those links for you and go and find you. If you recognize in yourself into what we talked about today, what would be a great place for you to start is on the information that Dr. Dunston is giving you today.

Thank you very much for being with us today and sharing all these brilliant information with us.

Dr. Dunston: Thank you for having me, Stephanie.

Stephanie: Thanks.

There you have it, everything that you've ever wanted to know about your hormones, ladies. I hope you enjoyed. I'm so glad you actually stuck around until the end, which means you likely learned something about Kyrin Dunston's speech today, and I want you to help me get this message out to other women. Share this episode, either on the device to which you're listening in or you can also go to the show notes at stephaniedodier.com/053 and share the full show notes, tag me on Instagram and on Facebook and tell me why this content impacted you and is going to help you in your journey.

Also, leave me a review because right now I'm talking to a camera, into a phone, I have no idea what you're thinking. So you can leave me a review at stephaniedodier.com/review, and that's going to take you through the portal to leave the review. And it's also going to help us get the show to rank higher so more women can get this message and transform their own life.

Now we've got our next episode of The Crave Cure Series, Episode 54, coming in, and it's with Dr. Carolyn Ross and she's going to dive in to overeating and bingeing and how we can actually learn from that and change our behavior. I'm so glad you were with me for this episode and I thank you.

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If this is your first time here, then welcome. I'm happy to have found you and that you found me. We do The Beyond the Food Show every Sunday and Thursday. Make sure to subscribe to the show so you get every episode. If you've enjoyed the show and believe that someone else would benefit from this experience, please share. It would help me spread the message and help thousands more. If you have a minute and could take a moment to review the show on iTunes with an honest review, I would absolutely appreciate it. Thank you again and looking forward to serving you in the next episode.