

Hacking Menopausal Weight Gain – Interventions with Dave – Cheryl Fraser, Ph.D. – #904

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey, formerly...Bulletproof Radio.

Dave:

Welcome to Interventions with Dave. I really like helping people upgrade themselves, make their biology work better. And this is about performing better. But when you have enough energy, you're nice to other people. When you have enough energy, you think about things instead of reacting to things. In fact, when you have enough energy, you might even be dangerous because who knows what you might do when you can do what you want because you feel good. And I want to build a world full of people like that.

Dave:

And that's why I'm hosting this new series as a part of my podcast. I will be working one on one with select members of the Upgrade Collective. This is my mentorship and membership group with tons of people. It's a tight knit community. And we meet every week to talk about the latest things, and also, to go through all of the courses, video courses I've put together for all the books I've written. So, I'll teach you my books. This is a really powerful group.

Dave:

And what you're going to hear on this is going to be somewhat detailed, but you're going to learn the mindset for troubleshooting and upgrading. And this is not meant to be a medical show. That's not what this is about. We will talk about medical conditions, but I am not a doctor. I'm going to talk with people about how to manage whatever is going on with nutritional and lifestyle strategies. And then here's what you might want to go ask your doctor about.

Dave:

To be really clear, this is not a replacement for doctors, but you should be prepared when going to the doctor. So, sometimes there's an idea. You can plant a seed working in partnership with a functional medicine provider and magically, you get better outcomes. That's what we want to do here.

Dave:

Now, today is going to be really interesting because it's one of the most challenging cases that is a perimenopausal or a menopausal woman has a hard time losing weight. So, we're going to jump right in and see if we can think about this in a way that's helpful for you. So, even if you're saying, "Well, I'm not a perimenopausal guy because I'm a guy," you're going to learn some stuff in here.

Dave:

So, this is how to think about your own health. And if there's anything that is medical, I will refer whoever's honors say you should talk to your doctor about that but here's what to ask. So, this is how to prep for meeting with a functional medicine physician and I am not one. On that note, Dr. Cheryl Fraser, welcome.

Dr. Cheryl Fraser:

Hello, Dave. Great to be here. I'm excited to get some hacks and help all the other women out there with what I'm calling personally, menopausal metabolic mayhem. It's like what the hell. Come on, mother nature. It's not fair.

Dave:

Well, it's kind of intimidating because I saw your request. I'm like, "It's a doctor. Great, we're going to go nerdy on this." But you're a sex therapist, a psychologist kind of doctor.

Cheryl:

Yeah. That is correct. I work with couples. Yup. And help them biohack their sex lives, which I know is something you're very interested in as well.

Dave:

Yup. It matters. We just had a big panel on that at the Biohacking Conference. Now, what's the deal? What are you trying to hack?

Cheryl:

Well, very simply, weight loss that is stubborn since menopause. I'm 57. I hit menopause right on Canadian female average, right at 52. Not a bad menopause. Pretty graceful. I do use bioidentical hormones. Functional medicine doctor years ago put me on those.

Cheryl:

But to cut to the chase very quickly, pre-menopause, if I would get lazy and sloppy and have an extra 8, 10 pounds, if I would use a wise eating program for about a month, six weeks, two months, boom, seven, eight pounds off a pound, pound and a half a week. I'm 154 pounds now, pretty much the fattest I've ever been. I'd say I've put on 15 pounds in the last five years.

Cheryl:

And what has changed is when I do a wise eating program, whether that's Bulletproof eating, when you first debuted Fast This Way and did the course, the first 14 day fast, I did it to the letter and I think I lost maybe one pound. And that's a radical change. So, when I do it "right" and when I do a plan, I'm very methodical. I do everything that is ... I don't cheat. Let's cut to the chase. I don't cheat.

Cheryl:

So, doing a plan correctly and not seeing results is the issue and what kind of hacks or what's going on that when I'm doing things right, I exercise well, I train with a trainer three times a week. When I do a plan, I do it exactly as it's laid out. I don't cheat. I don't muck about. I've got great discipline.

Dave:

Hold on a second here.

Cheryl:

Uh-oh.

Dave:

You have to lose weight on the Fast This Way challenge. And since you didn't lose weight, therefore you're eating Snickers bars all day every day, right?

Cheryl:

Was not, not true. I would confess if I had cheated. Hence, the frustration.

Dave:

That's how the doctors talk to me. I'm like, "Look, yeah, I weighed 300 pounds. But I've been working out an hour and a half a day, six days a week. I'm in a low-fat diet." And they literally look at you like you're crazy and say, "No, you didn't, because that can't be."

Cheryl:

Yeah. You big fat liar. You're nocturnal driving to McDonald's and eating fries, right?

Dave:

Right. Okay, so you've been compliant. I totally believe you.

Cheryl:

Yeah. Thank you.

Dave:

And for listeners, if you go to a doctor, functional or not, and they simply don't believe what you're saying, it's because they've been trained that if you have five or 10 symptoms, then you're crazy, because real patients only have one or two symptoms. And that's not actually how biology works. The symptoms are all intertwined. And this is just a deficiency in older medical training, the functional people should be ahead of that.

Dave:

So, keep that in mind as you're going through this. You can actually do something that's supposed to work when it doesn't work, it's not you. Well, actually, it is you. Is that you're different than others and that's okay.

Cheryl:

And can I confess one thing, which is I generally have a very positive mind state. I'm a hard worker. I'm used to achieving. But after multiple "failures," doing the correct things from wise guidance and doing them to the letter and having them not yield a result, in terms of weight loss, fat loss, inches loss, I got discouraged. And that's not something that is a Cheryl thing very much. So, I was kind of like, well, maybe this is just the new body. And I can adapt to the new body. But I don't think that's it, because I don't think that's it.

Dave:

There's a name for it you described. You're a psychologist. You know what it is?

Cheryl:

A really intelligent person who doesn't want to give up, so she asked Dave for help?

Dave:

Well, that's what's happening right now. But that feeling of discouragement you talked about is learned helplessness.

Cheryl:

Exactly. Yeah. You do things and you don't get results. You try them again, you don't get results. And eventually, even someone with kind of the tenacity of myself feels like, well, it's not working, I guess things have changed, and I need to accept it.

Dave:

Things have changed, but you never need to accept it. There's always a way. It just might not be the way you thought it was. And you've shared a great amount of information now just in describing the situation. Like all right, I've got more weight than I want. I am diligent. Tell me about your exercise habits. What do you do in there?

Cheryl:

I go to a personal trainer three times a week for a 45-minute high intensity training. And he's really focusing on metabolism and doing the sorts of things that can help with this issue. And then I live like you do on beautiful Vancouver Island. So, I hike a lot. Just kind of relax 90-minute hikes in the woods with my dogs.

Dave:

Wow. So, you're barely doing anything right.

Cheryl:

I'm a big, lazy bum and it's all my fault.

Dave:

You're a classical example of why I started writing my blog. Because you would be where I was when I was in my mid 20s going, "Oh, what the heck, I'm doing everything and it just keeps going the wrong way. And I don't know what to do." So, you're in a very common circumstance. And the people have the hardest time losing weight usually are menopausal or perimenopausal women. And perimenopausal goes all over the place.

Dave:

And it just requires a lot of lab testing in order to see what's happening this month. And eventually go, "Oh, maybe when I'm hitting this feeling and this is happening in my body, I need to take more progesterone or less. But to get there can be unacceptably expensive." Right now, that isn't covered in a lot of medical plans in Canada, even it's hard to get any good labs because it's government stuff.

Dave:

So, I just want to put that out there that if you're having a rough time with perimenopause, that is an issue. And if you don't have labs, it's okay to say, "I'm going to try taking more progesterone for this

month without the labs and see if you get the results." That's what I did in my 20s when I didn't have enough money. People are like, "Oh, do you know Dave was born a billionaire," whatever they think. No, I actually scooped Baskin-Robbins ice cream to help pay for my college. So, I definitely was on a budget for a lot of my early biohacking out of necessity.

Dave:

So, what's going on with you, when we look at your labs here. I'm seeing and this is a Dutch test that you had done. And again, you're okay with talking about all these numbers in public and all of that.

Cheryl:

100%. Because I think it's going to help a lot of other women, which is very motivating because I know there's a lot of us out there in the same situation. So, go for it.

Dave:

Awesome. And so, anyone on earth, at least in any country that I'm aware of, you have a right to take any of your medical information and publish it however you want. It's that your doctor cannot publish your medical information, even your name without it under HIPAA in the US or the equivalent thing in Canada. So, we're not under that because you've released your information. And so, if someone tells you, "You can't talk about medical," no, you can talk about whatever you want, it's your body, it's your biology.

Dave:

And you can put up pictures of whatever surgery you had done on Twitter if you want to and people who want to see it can see it, but your doctor can't do that. So, that's just like a cool setup here where we have the right to talk about stuff.

Dave:

Now, when we look at your Dutch test, which is one of the many ways you can look at your sex hormones and some other things, your DHEA is at the very low end of the range. Well, not quite very, but it's the low end. It goes from 20 to 750. And you're at 75, which is very, very low. And the way it works is there's pregnenolone, which is the mother hormone. And then it turns into DHEA, which then turns into all of your various sex hormones.

Dave:

So, if you're low in DHEA, then you're going to have a hard time making sex hormones. And because you are menopausal, that means that you're already not making some sex hormones in ovaries the way you would have before. So, what happens is if you're low in either pregnenolone or DHEA, then you're likely to be low in all of your other sex hormones. And especially menopausal, you aren't making as many of them in your ovaries as you were before.

Dave:

That's okay, because they are made in other parts of the body, especially adrenals. And people don't know this, but your mitochondria themselves can make sex hormones. They're distributed throughout the body. They just make smaller amounts of them.

Dave:

So, I see that your DHEA is at the low end of the range. You're androsterone, one of the male hormones, so to speak, the more testosterone family hormones, it is below range. And your testosterone itself is 2.9 on a scale of 2.3 to 14. And that's not ideal at all.

Dave:

So, what I'm seeing is you have low testosterone. And is it any wonder that the hormone that makes it easy to lose weight and put on muscle, if it's low, in fact, it's quite low, 2.9 on a scale of going up to 14, and this is for women who are in their luteal range. In other words, when you're not menopausal. So, when you're postmenopausal, there isn't even a range provided. They're saying, "No, you shouldn't have that."

Dave:

So, there's a reason that women when they're in menopause almost universally put on substantial amounts of weight. And the few who don't who work their asses off, they're gifted with good metabolisms. And they're exercising all the time and they're eating very little. And it's a major focus of life. It's very difficult if it even works at all.

Dave:

So, one strategy, now that we know you're low on DHEA, would be for you to try taking DHEA. I want to caution listeners. When I was 18, "Oh, DHEA is good for you. I'll take DHEA." And I took it. And two days later, I'm like, I have no sex drive at all, and I'm 18. This doesn't seem natural. And taking DHEA when you don't need it is not good for you. It is a full-on hormone and it is available over the counter in the US. You can just get it at any health food store. I like that. Everything you can buy should be available at a health store. You shouldn't have to have a permission slip for it.

Dave:

DHEA is a very powerful thing. Don't mess with it unless you already know that it's low like we do here with Cheryl. So, that would be kind of step one. And I don't see a number on here. But pregnenolone would also be another potential thing you could take. Pregnenolone is one of the other precursors and see if it raises your levels. I will tell you, it probably doesn't, although your training, I'm assuming you're doing some lifting with your trainer.

Cheryl:

Yeah, yeah.

Dave:

Okay.

Cheryl:

Weightbearing as well, yeah.

Dave:

You're probably not going to get a lot of testosterone out of that, but that's about as good as you're going to get. So, I started with DHEA, but if I was lazy and want to get results quicker, I would talk with

your functional medicine practitioner who's working with you on bioidentical hormones, and say, "Look, my testosterone is at the very low end of the range. I have symptoms of low testosterone." In the Canadian scales, they go from 2.3 to 14. I don't remember off the top of my head to convert those to American scales. But as long as you guys know the range, she's the very bottom of it.

Dave:

When she says, "I want to be in the middle or maybe three quarters of the way up the range." And when you do that, you may find, "Wow, my energy in the morning comes back," but I don't think testosterone's huge in the morning. Your sunny outlook is good that you still have that because you've just tossed around drops low enough, it actually is correlated with depression. Yeah, I don't feel that good. I just don't have a zest for life.

Dave:

So, I don't want you on testosterone for sex drive, although you might find benefits from that. I went on testosterone for drive. They're just different things. You don't have lots of drive, but you might find there's a little spark that you remember when you go back on.

Cheryl:

Like the energy to support the natural drive I have. The energy is lacking. It's like the gas tank is low, although the mental emotional focus is really strong, and the attitude is strong. The body's not supporting it.

Dave:

Got it. So, that may not be testosterone. That may be the other thing that stood out in your labs here when we're going through them.

Dave:

Let's talk about drive. So, we're going to assume that your testosterone helps with your fat loss to a certain extent and some of that vibe, but you've got to have electricity to make that happen. Since we've already talked about DHEA, which is an adrenal hormone, there's also cortisol, which is an adrenal hormone. There is an epidemic of cortisol problems with people. What would have been called adrenal dysfunction in the '90s, or adrenal burnout.

Dave:

I have dealt with this personally. I've had low adrenal function probably my whole life. There's a genetic thing for that. I've had low blood pressure. And my cortisol levels are always low. People say cortisol is the bad hormone. But if you have no cortisol, you will get sick or if it's low, you won't be able to fight off infection. You will hate your life. You won't have enough blood pressure in your brain to power you. It's a really big thing. And it happens all over the place.

Dave:

So, when someone says, "I'm really low on energy," especially if DHEA is low, you look to cortisol. And fortunately for you, you're one of the few people I talked to who has a 24-hour test of cortisol. And the way this works, this was a urine test, which is the most expensive and annoying to do because you have to pee in a cup sort of thing. But it's also the most accurate. There is a 24-hour salivary test, which is

pretty cool, because it's less work. And it's generally accurate for cortisol from what I've heard from the functional medicine doctors, I speak to a lot.

Dave:

So, what we're finding here is you're at the low end of range when you wake up. So, waking cortisol. This is important, because if your body's working right, right when you start getting a bit of light in the room, maybe or right when it's just time to wake up, there should be a surge of cortisol. This is really important, because if you sit up or stand up without cortisol, you won't have enough blood pressure to keep letting you head. You'll pass out and then a tiger will eat you.

Dave:

So, your body has very carefully made sure that you will have cortisol in the morning because it's mission critical. And barring that, it will also do it with adrenaline, which is another way to do that. And adrenaline can feel good. So, does cortisol. Cortisol is incredibly energizing. So, you describe that you wake up in the morning feeling pretty much like crap, right?

Cheryl:

Yeah. The time those tests were taken, which is about a year ago, I felt like I had the flu for the first two hours of the day, just really crappy. And at that time, I hadn't discovered Bulletproof Coffee Tea. And when I did, I'm a tea drinker. So, I make it with black organic tea. That started helping along with beginning to address some of the things you're identifying today to get some mental clarity and a bit more juice in the tank in the morning.

Dave:

Okay. One thing that a cup of coffee, or in your case tea, will do but coffee more so than tea, it will create a small increase in cortisol. Oh, no, right when you need it in the morning when there's a circadian rise in cortisol. But I thought you had weak adrenals, you can't have coffee. Okay. If you're a functional medicine doctor, listen to this. You want your patients to feel good as they're recovering from adrenal dysfunction.

Dave:

I was in stage four adrenal dysfunction, like no DHEA, and cortisol, very, very low, all that kind of stuff. If you're going to go to work and you're going to feel good, do a clean cup of coffee, one cup, or tea, maybe two cups in the morning, and see if you feel different. Now, you have enough energy to actually do what your doctor tells you to do. It's a compliance thing and a quality of life thing as you're on the road to healing.

Dave:

If you need five cups, especially with sugar and other stuff in it, other than butter and MCT, okay, then you're probably doing it wrong. And there's blood sugar issues, et cetera. But it is something that helps both. It's an adaptogenic herb when taken in the morning.

Dave:

So, in your case, low cortisol at the low end of the range when you wake up. And then in the morning, it was normal within ranges that 70 on a scale of 30 to 130. And then in the afternoon, you had a crash

even to lower than when you woke up. So, in the middle of the afternoon, you must have felt really bad. It was below seven.

Cheryl:

It was incredibly hard to stay awake.

Dave:

Yeah, because you had no oxygen in your brain.

Cheryl:

Yeah. About 2:00 to 4:00, it was just a wash. Yeah.

Dave:

What did you do to fix that?

Cheryl:

At that time, I rested. I would basically rest because the brain wasn't working well. Everything I do is highly intellectual. So, I adapted to sort of in the way you don't want to have to adapt to what the body was not capable of doing in the afternoons. And then I will tend to get brighter around 4:00 or 5:00 PM and finish off my workload.

Dave:

Even at 4:00 or 5:00 PM in the afternoon, your cortisol would go up, but it was still below the normal end of the range.

Cheryl:

Yeah. My practitioner at the time said, "How the hell are you getting through the day, Cheryl?" And I said, "Sure, bloody minded willpower."

Dave:

Yeah. You're not supposed to get through the day with willpower. You're supposed to serve through the day and use willpower to do things like big things. And so, I feel you greatly here because this was exactly the situation that I was in. I have accelerated push all the way to the floor and my muscles are getting tired from pushing harder, but there's nowhere for it to go. And I don't know how long I can do this.

Dave:

So, you started doing the coffee in the morning, which helped you raise your cortisol in the morning, which is great. And interestingly, your 24-hour free cortisol was within the range, at the low end of the range. But so, your average was okay, but your timing was all wonky.

Dave:

That points to me to a sleep problem or a lighting problem. You are in Canada. And let's see, what time of year, this is in summer. So, this is when it's light until 11:30 at night. And a lot of people have a hard

time there because it's pretty rough. You have to black out your room. And for me, I just have to wear my glasses, the true dark glasses. Because we were very, very similar latitude. I'd have to wear them pretty much like two hours before bed or I just would never get good sleep.

Dave:

And if you do that for four or five months straight, all of a sudden, you're going okay, I'm deleted or not deleted, I'm depleted. Deleted is something that happens when you say that people should take bioidentical hormones.

Cheryl:

[inaudible 00:21:51].

Dave:

Now, you're in a better situation from cortisol today, you're saying? You have newer tests?

Cheryl:

I don't have newer Dutch tests, just some regular blood tests, I would say subjectively and what's going on in the body and energy. I recovered a reasonable amount over the subsequent say, six, eight months to that. And then I've had three very, very intense work months, and I'm feeling a lot of the same symptoms again, currently, as we're speaking. So, I went back and saw the practitioner, and she's reinstated some of the natural supplements and whatnot. So, it's a really good time to be re addressing all of this.

Dave:

All right.

Cheryl:

Yeah.

Dave:

Do you have a history of autoimmunity?

Cheryl:

Not that I'm aware of, no.

Dave:

Okay.

Cheryl:

I had malaria, but I think my immune system is fine.

Dave:

All right.

Cheryl:

Yeah. Not that I'm aware of.

Dave:

So, no arthritis kind of stuff. No, Hashimoto's, nothing like that?

Cheryl:

No.

Dave:

Okay, good. So, that's something that I would look at there. And say, all right, is that a part of the picture here. Since it's not, sometimes people who are lifelong low cortisol, they're much more likely to have autoimmunity and there's some weird genetic stuff for that.

Dave:

So, one thing that is an anti-aging hormone, and this will be controversial, but I will say, when people are pushing it really hard, whether it's jetlag, and this is only for a few days, or whether you're saying I'm getting the symptoms returning, there is no rule against bioidentical cortisol replacement at the time of day when it's low. What this does is it allows the adrenals to relax. And what I'm talking about here is working with a functional doctor. It's a prescription medication. The trade name is Cortef. But it's basically cortisol, or hydrocortisone, depending on which little brands difference you get.

Dave:

The normal dose for someone who is deficient is five milligrams four times a day. People with autoimmune conditions and lots of health problems that have been there their whole life, they go on that and they get better, and they stay better for decades. And then they go off of it, and they get worse again in three months.

Dave:

So, what I'm seeing here is you're low on DHEA and you're low on cortisol, which is an adrenal function thing. And what I would look at there is working with your doctor on DHEA levels. I think in Canada, DHEA actually might not be over the counter, in the US it is. And then, I would consider at least during times, when you're pushing it really hard, you didn't get enough sleep, like 2.5 milligrams of cortisol in the morning and afternoon.

Dave:

There's a very low dose, but enough to just let your adrenal say, "I'm going to stop flogging you." And people say "But you might get addicted to it." Well, don't do it every day. You've got a great night's sleep. Or you could say, am I addicted to thyroid hormone or the other replacement hormones? You're not addicted. You're using them so that you don't experience the downsides of aging that people think are normal. So, that's not addiction. That's just I chose my state any more than you're addicted to food because when I eat food, I'm not hungry, and then I don't starve to death. So, I don't know sometimes it's just good for you.

Dave:

So, I talk with the doctor about saying, "You know what, on days when I wake up, and I'm not myself and I can't get out of bed. I'd like to try this." The step to do before looking at cortisol is an anti-aging hormone is try up to a teaspoon of sea salt or Himalayan salt in water when you first wake up. And what's going on here is your body is working to raise sodium when you wake up, and it can use that to help raise blood pressure. So, there's a circadian rhythm of sodium as well in the body, which almost no one knows about. The Russian space program figured this out. It's super cool.

Dave:

But basically, sodium in the morning can be life changing. So, since your adrenals appear to be relatively weak, you could say, "Okay, I'm going to have some sodium in the morning, maybe with a squeeze of lemon," which I've recommended for years when people use that lemon as a way to raise acidity in the body. Turns out acidity gives you energy as well. And alkalinity gives you endurance. So, you want a spike in acid. By the way, coffee has fruit acids that spike it and as they metabolize, they metabolize into an alkaline substance, which is great.

Dave:

So, anything like that, lemon does the same thing. It's got citric acid and then it metabolizes in your alkaline. So, lemon and salt in the morning, even before you get out of bed if necessary, you could try that. Or you could say, "All right, on the days when I wake up and go blah." Hey, look at we had for dinner, did you have wine, et cetera. And if there's no cause for it and you know that feeling, a small dose of cortisol into the tongue is going to be amazing.

Dave:

Surprisingly, it can help with weight loss. But if you had chronic high cortisol, either total or during the day, you had really high spikes, I would say that's causing weight gain. And cortisol, weight gain is usually belly fat, like in the front.

Cheryl:

Right.

Dave:

And you see that more in men, but you can see it in women, too. It's the shape of the body. There are still some people say fat deposition is about the amount of calories and you can't determine hormones by where fat goes in the body, except those people are part of the calorie police. And they're mostly angry debunker people who need a therapist.

Dave:

So, the way it works, actually is what Charles Poliquin, who worked with a couple hundred gold medalists. I dedicated all my books to him before he passed recently, or actually, after he passed, I dedicated it. But he was probably the top guy I'd say looking at someone saying, "You have too much estrogen because the fats in one place versus too much cortisol, it's another and so got cortisol." Do you notice a pattern of your fat deposition? Where's it going in your body?

Cheryl:

It's pretty much belly, sort of that muffin top belly. A little bit around thighs and butt.

Dave:

Interesting.

Cheryl:

Yeah. I know it's a bit of a puzzle. Hence, I'm here.

Dave:

Because if your cortisol is not too high, but there may be some transient spikes and I don't know, that one's a curious thing. But we do know that if you were to get your DHEA or pregnenolone and or DHEA up, your testosterone might go up. So, I'd be looking at raising testosterone and raising cortisol at times when you need it, which is going to allow your adrenals to rest and let your body reset. And then, there's the other big smoking gun. I was looking at your thyroid function here.

Cheryl:

Which like so many of us, I've had multiple tests with regular MD saying, "Oh, your thyroid is fine because it's 'in range.'" But I'm very interested to hear what you're seeing.

Dave:

I always want to be in range for my age group. Yeah. Because my age group is doing so great than average.

Cheryl:

Fair point. I don't want to be like my age group. Thank you very much.

Dave:

Do you want to be average? You have to be average from 1970s. Just watch any movie, any movie from the 1970s, and there's a crowded beach scene. Everyone's about normal body weight. And you do it now and we aren't and it's because we've got soybean and corn and omega-6 oils and corn syrup and pollutants and glyphosate, all kinds of bad stuff. So, you don't want to be average. Average sucks.

Dave:

All right. I'm looking through your other lab here. This is from a different probably a local accelerates. Oh yeah, this is a local Canadian thing. And it also shows low testosterone. And you have an average amount of sex hormone binding globulin, which we needed to look at. SHBG is something that the body makes that binds to sex hormone. So, you can say I have enough of something, but it's all bound up with this. So, you don't have a problem with that.

Dave:

Interestingly, when people go keto for too long, their SHBG levels typically rise. This is one of the many reasons that if you read the Bulletproof Diet, I teach you to cycle in and out of ketosis. You don't have to go into ketosis. You just control the amount and timing of carbs, whether or not you want to go full keto and you can get results. Good thing is you don't have a problem there.

Dave:

I also want to rule out do you have some sort of systemic infection creating stress? Your C-reactive protein is probably the best measure of inflammatory markers. It's not particularly high, it's of 3.2, and you want to be below 4.8. And it's the high sensitivity one, which looks at coronary artery disease and another stuff. So, you don't have that going on.

Dave:

Somewhere in here, and you have lots of labs, which is cool. Here we go. We've got your TSH. And this is a relatively recent one. That was August 2020. So, guys, you're listening to this, TSH, what the heck. So, the way thyroid works is the body says, "I don't have enough energy." You need thyroid, it's the thermostat for the body. So, this is energy in the brain and energy to burn fat, really important. It also is part of your vibe.

Dave:

So, if you have enough testosterone and the right mental conditioning, which you clearly have, okay, that's great. But if there's no electricity flowing, you can't do it. And if there's no blood flowing because your cortisol is too low, you can't do it. I don't like using word can't. It's a weasel word, maybe you can. It's just really hard.

Dave:

So, what's going on with thyroid? Well, the body says, "Hey, I need more," raises his hand with TSH. And that's what most doctors will look at. And they'll say, "Oh, if it's above some number, then oh, you're fine." And yours is 1.85. I like to see a TSH for a healthy person who's aging at one. And some doctors say well, 1, 1.2. But here's the deal. If you have any symptoms of low thyroid, I'm having a hard time losing weight, I'm tired, et cetera, et cetera, then, hey, crank it up a little bit and see what happens. Are you taking thyroid hormone now?

Cheryl:

No. I never have because it's always in range, although I've wondered.

Dave:

Well, it's in range. And we didn't talk about your age, are you okay to talk about your age?

Cheryl:

Yeah, yeah. I said it already. I'm 57.

Dave:

Fifty-seven, okay, cool. Maybe we did talk about it, BUT I wasn't storing that. So, yeah.

Cheryl:

It's because I look so damn young.

Dave:

Exactly. I thought you were 37. I was getting all confused here.

Cheryl:

That's good. Let's just make the outside match the inside.

Dave:

There you go. You do have a ton of young energy, which is awesome. And I'm not saying that to just be complimentary. You can actually feel it. If you're a psychologist, you already know this. Someone walks in, they have youthful energy, doesn't matter if they're 85, the young thing. So, yeah, you've got that for sure.

Dave:

What I'm seeing here is that your TSH is 1.85. So, it's relatively high. A lot of doctors say, "Oh, it's not above two or three, or whatever their number is." Dude, you have symptoms. It doesn't matter. If you have symptoms, then you treat the symptoms. Your free T4 is at 14.4. And the range goes from 10.6 to 19.7, the range for a 57-year-old woman. And your T3, the free T3 is at four. And the range goes from 2.6 to 5.8.

Dave:

So, what I'm seeing here is, oh, look, you actually ... Oh, wait, hold on what's going here. Your thyroid globulin is a little high and your reverse T3 is slightly high. Why is thyroid globulin high? Let's see what's going on with that. Did they say anything about your thyroglobulin?

Cheryl:

I can't recall, because there's been a lot of data. I'll take a look.

Dave:

I'm not see anything in the notes that you sent me.

Cheryl:

No. I don't recall. But I've never had any kind of thyroid supplementation either with naturopathic or traditional medical prescription.

Dave:

Okay. I think this is going to be pretty darn incredible. So, I'm assuming when they say your thyroglobulin antibodies here are not meaningful, which means you don't appear to have Hashimoto's. But your thyroid globulin is high. And I don't know why that would be because there are people who are super experts in that stuff, who go beyond that. I usually look at thyroglobulin because I'm a biohacker looking at energy. I'm not a doctor. And if it's super high and yours is about twice the reference range, and that's the time when according to the stuff that I know about, they're looking at growth of nodules on the thyroid.

Cheryl:

Oh, wow.

Dave:

And people can get thyroid nodules from acesulfame potassium or ASK, which is a common keto sweetener. And when it first came out, I used to eat buckets of it because it tastes really good. And what

do you know, I grew those nodules on my thyroid. I quit taking it. They went away. But I would have your thyroid palpated and I'm guessing your functional medicine practitioner, who sees this level has probably already done it, but it's worth having someone check your thyroid.

Cheryl:

For sure. No, I haven't had that done. And interestingly, I did very meticulous keto last summer for several months as the one time I did lose eight, nine pounds. And then, I gradually put it back on, which is on me. And I was Keto Mojo'ing. I was testing blood. I was really tracking as best I could with the tech I had when I was in ketosis.

Cheryl:

And I don't use sweeteners in general life. I don't use regular sugar in my coffee and whatnot or my tea rather. But I started using some of the keto sweetener, just because you're little ways to say, "Oh, it's a bit of a treat," when you're being that diligent in what you're eating.

Dave:

Xylitol appears to be very safe, but too much of it is gas and bloating, especially if it's the stuff from Chinese corn, which probably has glyphosate and stuff in it. Stevia for most people is fine. Monk fruit is fine. But then you get into all the other stuff, it's not as fine. And oh, and allulose, it appears to be really good.

Cheryl:

I was in the xylitol, monk fruit, bit of stevia realm, but anyway.

Dave:

Okay, good. So, you weren't taking [crosstalk 00:35:52].

Cheryl:

I'll read the labels again.

Dave:

Got it. So, I would definitely just have someone double check your thyroid. Not your levels, but actually physically just palpate it and make sure everything's good. And then, if you show them this test, they'll know if you should have imaging or anything done in order to see what's going on.

Dave:

Interestingly, I've had Hashimoto's since I was in my mid-20s. This was diagnosed then. And when I had a very high resolution MRI done of my whole body, one that looks for early cancer and cardiovascular problems, they noted, "You don't look like you have had Hashimoto's, your thyroid is plump and healthy." And that's because I take thyroid hormone, but you don't have Hashimoto's.

Dave:

So, I do know that your T3 is kind of right in the middle of the range, but your body's asking for more. So, I would work with your doctor and say, "Look, let's see if it changes how I feel and change my weight loss." And my recommendation is that anyone over 50, maybe 60 is from Super Human, the anti-aging

book, you probably should ... Everyone, unless you have markers and symptoms of high thyroid, you should be taking an eighth of a grain of thyroid as part of your anti-aging strategy.

Dave:

Because your thyroid gets old. It starts producing less thyroid hormone, which is a primary energy signal for the body. And we say "Oh, I'm just used to that. That's how I'm supposed to feel." And like "Screw that. No. Let's make sure you have proper thyroid function."

Dave:

And I'm seeing the body asking for more. And I'm seeing levels of T4 that are in the range in the middle. I'm seeing levels of T3 that are in the range in the middle, but I'm seeing a person who's gaining weight. So, when you get your testosterone, your thyroid and maybe your cortisol working, you're going to go, "Oh, this is fantastic. Look what's happening to me." And it's going to feel very different for you.

Cheryl:

Well, which is primarily, I mean, if I needed "to hang on to the weight" because that was the new chubbier body, okay, if I felt, great. I would do the tradeoff if I felt great. I suspect there is you're suspecting intimately intertwined.

Dave:

They are intertwined. And before we wind up, I think there's one more thing that comes up here. I think you might not have been cycling keto enough where the Bulletproof Diet, I'm really clear, because I went full on keto for a long time called Atkins Diet in the late '90s. And you can lose half your weight on that. But the other half won't go off. That's the cycling part. The other thing here is you don't eat red meat, right?

Cheryl:

I do not. Not for the last 25 years anyway.

Dave:

You might find that it's time. There is high quality red meat available on the island. And the reason is that your ferritin levels are a little bit low. So, you're low on iron, and this is one of the good ways to get it.

Dave:

The other one is that omega-6 fats make you fat. They harm mitochondrial composition. They harm cell membranes. And aside from soybean oil and corn oil and things like that, guess what the No. 1 source of omega-6 fat is, one of the richest foods?

Cheryl:

Uh-oh. Salmon?

Dave:

Chicken.

Cheryl:

Oh, chicken.

Dave:

Yup. So, this is one of those things where if you're going to eat chicken, you got to get the organic free range stuff and then throw away the fat. The chickens I raise, we raise a few meat birds for Asprey Farms, we feed them a ton of lamb fat, so they have a higher saturated fat content. I haven't had an assay, but I know chickens genetically makes stupid amounts of omega-6 fats. We're not dinosaurs. So, trying to use those fats to make our cell membranes just don't work very well. We're warm blooded.

Dave:

And fish, okay, you're going to be getting mercury to feed a ton of fish. But you might be surprised even if just twice a week you have a fatty, even fatty hamburger or sausage from local grass fed, organic, high end ethically treated, you might find this as a big part of the key for you in order to get those important fats in and to help suppress the omega-6s.

Cheryl:

Right. So, overall, the recommendation is really around the hormones, the thyroid, the cortisol, taking a fresh Look at those see what kind of support. When you said a grain of thyroid, here in Canada, that's a prescription from an MD, the one [crosstalk 00:40:08]?

Dave:

Thyroid is always an MD. And I was saying an eighth of a grain. A grain is relatively high. A grain is about 65 milligrams. And the thyroid I'm talking about is mixed T4 and T3, which is usually called Armour Thyroid. There's other brands that are out there, WP Thyroid, Westhroid. In Canada, they're different names. Usually, compounding pharmacies will have the full spectrum versus you go to a regular MD, they're just going to give you either T4 or Synthroid or maybe they'll give you some T3 if they think that T4 isn't working.

Dave:

But it's weird. We only measure what the body's yelling, and we only give you the stuff that doesn't work until your body converts it into the stuff that works. But they don't measure whether the body converted it. So, that's why a functional medicine doctor is going to help you look at that picture.

Cheryl:

Okay, great. And have an entirely different question. Because I'm blessed enough to live an hour from Upgrade Labs in Victoria. I'm wondering if any of those hacking technologies, I did a tour the weekend you open, I came down and did a tour. Then I was away a lot this summer on a meditation retreat. But I'm wondering if you would recommend any of those technologies for metabolic boost to kind of wake things up again to help with overall wellness and weight loss?

Dave:

Absolutely. I mean, it's a bit of a haul for you to come down there. But even once a week, we have a variety of technologies at Upgrade Labs that could be helpful for you. One of the things we do is we

have a specific kind of medically certified compression pants. And there's all kinds of compression things out there. But they don't actually work with the limp channels the way the ones that we used to.

Cheryl:

That was like the bodysuit thing that looked like the Michelin man or something?

Dave:

Yeah. And it pops up with air. So, it's pretty easy to make something like that. But to make it in a way that works in studies is very difficult. So, the stuff that we're using is not I'm sitting in a balloon kind of thing. And that kind of squeezing can really help with lymphatic drainage. And we have people lose dress sizes doing it a couple times in a week. And that's about getting detox systems up and running.

Dave:

And then, we have the AI bike, which is a way for in five to eight minutes of sweat free exercise to kick up your metabolism, which works really well. And use the cold plunge either at night before bed, if it helps you sleep. And it does that for some people. For other people, it tweaks them. If you're feeling adrenal exhausted in the morning, it's not going to work. You're going to do it and feel completely jangled and just so wracked.

Dave:

So, if you wake up and you feel okay, do it in the morning. You can try and see if it gives you a burst of cortisol and adrenaline, which it does for a lot of people. Like yeah, I feel great because of cortisol, adrenaline are energizing, so you can get away from the tiger. But if your body can't make those because it's already kind of tapped out at that time, you want to be a little bit more gentle.

Dave:

So, the time of day may vary for you. But doing it for three days in a row will change levels of cardiolipin, which is part of the mitochondrial membrane that makes a really big difference in efficiency of the system. So, three days in a row of suffering, and the fourth day is not going to be nearly as bad. So, just for three days, Dave's a jerk, Dave's a jerk, Dave's a jerk. And then, it's okay. And then come on in and try what we've got there.

Dave:

And then the other thing that might be really beneficial is we have a thing called the Red Charger, which is a high-powered red and infrared LED bed. And a whole body exposure to that just gets electrons flowing, gets blood flowing, and it has effects on nitric oxide. And that could work really, really well.

Dave:

But for you, honestly, you're already hiking a lot. You're already working out three times a week. So, I don't feel like I need to push you on the cardio or weight because we can do those in very small amounts of time. It's more on the recovery set of technologies that we have there. And I think you might get some benefit from that at Upgrade Labs.

Cheryl:

Okay. Specifically, and for anybody listening, too, if I'm going to jump in the ocean or use a shower at home, how many minutes and I presume you need to immerse everything including your head?

Dave:

You need a minute, just one, and you can do cycles of it if you really want to do that. And if you're going to do Wim Hof breathing or something beforehand, you can go more than a minute, but the studies show one minute is enough to get the benefits that you want.

Cheryl:

Okay.

Dave:

You also want the water to hit your forehead and your upper chest, because that's where you have the most temperature sensors. But if you're in the ocean, you're probably not going to stick your head in the water anyway. And that's okay. If most of your body is submerged in cold sloshy water, you'll be okay. You're going to get all you need. But in the shower, definitely face, head, chest.

Cheryl:

Okay. Thank you.

Dave:

You are welcome. I hope this was helpful for you gave you some directions. I'm hoping for you guys listening, is this useful for you? Did you see how we went through the thoughts on this? If it's useful, let me know, daveasprey.com/podcasts.

Dave:

And there's comments there hit me up on Instagram. And just say, "Hey, I want more of these. I want less of these. They're too long and they're too short." Whatever the deal is, and I'll work to tune them so that these are educational resources for you and that they're fun to listen to.

Dave:

Thank you for listening. And thanks for being our human guinea pig and being your own human guinea pig, more importantly. Cheryl, it's awesome you're willing to share this stuff and just talk openly because you're not alone. There's so many people, men and women, dealing with exactly what you have going on. And maybe we helped a few of them.

Cheryl:

Yeah. And I'll check back and let you know how it went and what I observed.

Dave:

Please do. I will see you guys on the next episode, which will probably regular episode of the Human Upgrade Radio, formerly Bulletproof Radio. And as always, leave a review if you like it. See you all later.

Dave:

If you'd like more content like this or you'd like to work with me directly, definitely join the Upgrade Collective, which is my membership and mentorship group that you can join. There's more than 200 videos including four courses where I teach you every one of my books because not everyone learns by reading. That gives you discounts on tons of health and performance products that I actually use. You get to be in the live studio audience, interact with guests on the show, ask me questions, type things back and forth.

Dave:

And every week, there's community coaching calls. And every other week or thereabouts, I am on a call delivering new content and answering questions for you. So, this is a way to be part of a group of people who really care a lot about upgrading themselves and upgrading humanity, which is part of my core mission. Just go to ourupgradecollective.com to join.