

Steph G (host): Welcome to Harder to Kill Radio, a top-rated health and fitness podcast. It's Steph Gaudreau, your host. This show is all about finding out what it takes to build unbreakable humans and passing that knowledge onto you so you can unleash your inner badass and change the world. We have another amazing guest on the show this week, so let's do this.

Well, hello there. This is episode 71 of Harder to Kill Radio, and this week, my guest is the fantastic Dr. Brooke Kalanick, better known online as simply Dr. Brooke. She has a fantastic website all about hormones. Everybody's talking about hormones and what to do with them when they're not playing along.

Dr. Brooke is a functional medicine doctor and hormone expert, so she has you covered. She also co-hosts a wonderful podcast called Better Everyday Podcast with Sarah Fragoso, so if you want to check out Dr. Brooke's website, in this show, anything that we talk about, we're going to be getting into all sorts of hormone stuff, PCOS, thyroid, insulin, cortisol, I mean, you name it, it's in this show. There is so much good stuff.

If you want to easily get to the show notes, just hop over to [stupideasypaleo.com](http://stupideasypaleo.com). Again, this is episode 71, and as always, please hit subscribe in iTunes. That way, we can spread the word about Harder to Kill Radio. Time to jump in.

Thank you so much for tuning into this week's episode of Harder to Kill Radio. I'm very, very excited and very pleased to have a really super smart hormone expert and doctor and just all-around amazing, badass human with me today, and that's Dr. Brooke Kalanick. Welcome to Harder to Kill Radio.

Dr Brooke: Thanks, Steph. Happy to be here.

Steph G (host): Better known as Dr. Brooke, so let's just get it out of the way, a co-host of Better Everyday Podcast with Sarah Fragoso, who's like one of my long-time girl crushes from the paleo world. I was on your show, episode 44, so I want to link that up in the show notes so people can go listen to that and get in on all the good stuff you're talking about on your podcast, but I think the overarching theme for today will be hormones since-

Dr Brooke: Sounds good.

Steph G (host): ... that's what you do-

Dr Brooke: Yup.

Steph G (host): ... and man, I mean, when I poke around on your website, you've got it all covered from, I feel like from soup to nuts, and anyone who's, particularly

women, looking for information and really good quality advice and tools and stuff like that about hormones will find it there. We're going to talk more about that in this show and hopefully get into some of the stuff that you're talking about in your practice and on your blog and on your podcast, but I would love to know if you can give us your quick, like how you got here? How did you get to this point of doing what you're doing, and maybe even more interestingly, why take it online? I mean, I know a lot of people are practitioners. They have their physical practice, but you do a lot in the online world too, so give us the Dr. Brooke super story of how you got here and why you love doing what you do.

Dr Brooke:

Yeah, well, what a lot of people don't know is I was a pharmacist before I was a naturopathic doctor. I started on the other side of this whole thing and always known I wanted to do something in medicine, but was not quite sure if I wanted to be a primary care doctor and do that every day, and when I applied to pharmacy school, I was a little bit young. I applied when I met the bare minimum requirements to get in, and I didn't think, it was pretty competitive, I didn't think I'd get in that first year, but I thought, "I will apply, and we'll see what happens."

Well, I did get in right away, and so I just went for it. Even though my heart wasn't necessarily in it, I figured, I got in. Maybe that's a sign. Let's just go for it. I started down that path, and I think, I'm really grateful for that training because I think I do have a pretty middle-of-the-road approach. I'm not really anti-conventional medicine. In the end, it ultimately wasn't what I wanted to do every day, and I didn't think that was by any means the best use of my time on this planet and how to help people, but it was really good training for me, and during that whole process for me, of course, as a overworked, stressed out grad student in my early 20s, I was not doing very well. My own health was really suffering, I had a lot of anxiety and insomnia.

It's funny, I talk a lot about PCOS because I have PCOS, but at the time, I didn't even really know I had that. I was 16 years old, I think I complained of a breakout or a cramp or maybe my period was a little irregular when I was younger, and they instantly gave me the pill, so I just didn't even really have a conversation about why that was happening or there really weren't any other options explained to me. I don't even know if anyone discussed the diagnosis at the time or if they even checked. I just go the pill and went about my way.

In my earlier years in college, I was not doing very well. I uncovered this PCOS diagnosis, but again, my option was just, "Stay on the pill, and if you need it, we'll give you metformin to control the insulin resistance, and we'll see you when you need Clomid, if you ever want to get pregnant." That was sort of my option.

I was not doing well. I was tired, anxious, all these PCOS things were flaring up, and I ended up getting helped by my mom's naturopathic doctor, so I started seeing her, and I know now what she did was really pretty benign. I mean, it was not really even high-level hormone work.

It was pretty simple, but I wasn't eating right. I was eating too many processed carbohydrates. I was kind of a low-fat, higher-carb girl doing a lot of running and doing a lot of things that were making my adrenals worse, and I ... She even took out a few what she might thought food sensitivities, and I was just amazed by how much better I felt because my options on the other side were like, "Oh, you're going to get diabetes. You're going to need metformin and these medications." I was having a lot of headaches. They thought, "Well, maybe you need to be referred to a neurologist," and it all sounded really scary, whereas her approach was like, "Here's some things you can eat to feel better. Here's a couple supplements you can take," and it really turned my life around.

After being helped by her a number of times, I said, "That's it," even though this is what I already invested time and energy, I'm going to put everything on hold there and apply to Bastyr University where I graduated from, and did that, and I've been so glad ever since.

Steph G (host):

That's such a cool story. It always really makes me smile and have so much respect for the other person when they relate these stories of how they've had these personal challenges and have not only gone through the journey of taking care of all of it and the trial and error that comes along with it and in persisting through all these challenges, but then turning that around and use that as fuel for what they do professionally because they're like, "I don't want anyone else to have to suffer with this like I did," or wanting to make that impact. I just think that's just so, it's so amazing to hear those stories including yours of, "Hey, I struggled with this thing, and now that's what I help other people with," and I think that's just so awesome.

Dr Brooke:

Yeah, so I kind of always knew I had to work with women with crazy hormones because that's what I had, and they're just ... Like I said, I felt like the options were so bad, like, "Just take the pill until you want to get pregnant," and I didn't react well with the pill. I know someone may feel totally fine when they take a birth control pill, I feel terrible. I mean, I was really moody, and I had a lot of water retention, and I just did not feel ... I was kind of depressed on it. It was not ever a good fit for me, but that was what my only option was.

As I learned more options ... I never, ever intended, really, to go into primary care. I had always intended to go into working with women and hormone issues and certain things, because I also had a emphasis in fitness, and that turned into a lot of trying to be a little smarter in the weight-loss space and fat-loss space and help women know how to exercise and how to do some of those goals better and smarter, because I'd done it all wrong. I'd been like a, really just focusing on cardio and never really learned about strength training when I learned about exercise as a younger person, so my practice evolved because of my own interest and my own hormone issues into that right from the get-go, right when I was still in school. That kind of ... You asked me about how did I end up online.

I got really lucky. When I first graduated, we moved to New York City right away, which was a dicey battle because naturopathic doctors are not licensed in New York. I came from Seattle in Washington where I had a full scope of practice as a physician, prescribing rights, it was just a whole different ballgame there to somewhere where no one knew what I did, and everyone was like, "Are you like a massage therapist or a yoga teacher." It was really new here at the time.

I ended up having to really network and educate people about what I did, and I got really tied into a great group of trainers right away in New York City, and so I got to work with a lot clients that were getting good training, but I was filling in the gaps with all of their hormone and nutrition information, and only, gosh, I think it was maybe five years, four to five years after being out of school, living in New York, I got asked to write, to co-author a book. It's with Joe Dowdell, who owned Peak Performance here in New York City.

It's an amazing gym. Good guy. He had a huge platform, and so that put me on the, more of the Internet map. That was never something I really knew how to do, or it sort of happened by accident, and because I had a book out, I was getting people calling me from all over the country saying, "How do I work with you?" so sort of organically evolved to what I do now where I don't see anyone actually in person. Everybody is over the Internet, and I have clients all over the world now.

Steph G (host): It's endlessly fascinating to me how, the Internet's been around for a while, but at the same token, it seems like, especially in the last, I don't know, 10 years maybe, the amount of people who are, who sort of talk about it like online dating, like I met my husband through Twitter, which when we met wasn't all strange, but yet not all that common at the time. You think back like 20, 25 years, and people are meeting each other online, and you're like, "Oh, God. Oh, that's so weird," and now-

Dr Brooke: [crosstalk 00:10:58].

Steph G (host): ... it's completely ubiquitous, so it's interesting to see how that's evolved, and maybe at the time, maybe 20 years ago, it would be odd to get online and search for PCOS and come across your website and say, "Okay, I want to work with her. She's amazing," and now, it's totally normal that that would happen.

Dr Brooke: Yeah. Yeah, and I mean, women are really, women, especially, are really in this situation where many women, most women, by the time they get to me, they've been falling through the cracks for like 5 to 10 years with their doctor, where they're just like, nothing's really wrong, like there's nothing overtly pathological on a blood test, but they're not doing optimally.

They're not feeling that great, and they just sort of told, "Well, nothing's really wrong. You're getting older. Of course, you're tired, you have two kids and a job," and everything passed off because it's so common as normal, and so

women have to, in this position [inaudible 00:11:52] they're really having to look to figure out how they can get help, and unfortunately working with me out of pocket, and where our system's a little bit broken. I think we all know that, but I think it's changing, and I think that the market's going to demand all of us do better because people can take to the Internet and suss out someone to help them, which is a really good thing.

Steph G (host): For sure. Where's your furthest client? Do you know? Do you know off the top of your head, like how far away from your actual physical location in New York are you working with somebody?

Dr Brooke: I mean, I have some clients in South America, and I have clients in Europe, so I don't know-

Steph G (host): Wow.

Dr Brooke: Australia's probably, I've got some clients in Australia. I actually have a handful of clients in Australia.

Steph G (host): Amazing.

Dr Brooke: They may be the furthest. I don't know, I'm never good with geography stuff. I think I need a globe.

Steph G (host): I think you hit on something really important when you're talking about this idea of normal test results, and this is something that I hear from a lot of people, especially, like you said, women, they know something is not right, they don't feel great, but yet they go and get tested and run panels and stuff, and doctor's like, "Oh, everything's normal." Can you comment on that? I mean, how do you self-advocate at that point when you're, like you said, 5, 10 years go by, and you're told everything's okay, and you're just not getting anywhere.

Dr Brooke: Well, this is a big topic. So many things can go wrong with we pop into our doctor's, or thinking conventional model, go into your primary care or your OB and say, "Hey, this is off." So many things go wrong there.

The first thing is, sometimes the tests that are ordered as screening are just not very thorough, so thyroid is a great example of this, so if you pop in for, "Hey, doc, something's wrong with my thyroid," or even a regular checkup, it's typically just a TSH screen, which is just that signal from pituitary to the thyroid gland, so there is a number problems with that.

One is, it's really only evaluated if it's elevated where the signal's really loud, your brain's trying to tell your thyroid to do something, and that classic hypothyroidism, but we know now, there's so many other patterns of being low thyroid. If that signal is low, for example, below 1.8 on a blood test, that tells us

as a functional medicine doctor, pituitary's not doing a super great job of sending a signal.

Maybe that's the problem. Maybe you need to look to your brain, or someone's got just the TSH or maybe a T4, and we don't look at all of the things that flow from that so as we're coming out of the thyroid gland, we're making T4, that has to be converted mostly in the liver to T3, a few other places, and that has to be metabolized through various means, and not too much in one way, and not too much in another. We have to make sure that the end result, those free active hormones are not all bound up or there's not too many free ones. We have to make sure we don't have too much inflammation or cortisol or healthy gut.

All of those things are going to impact thyroid function, so that's just looking at how we should evaluate just if someone might be low thyroid. Typically, if we get one or two tests done, it's not really that it's the wrong test, it's just really inadequate. Also, many women look normal on a TSH and maybe a T4, but they still feel very hypothyroid, so it could be all of that T3 stuff, or it could be, what's getting more common to talk about, I'm sure if your audience has Hashimoto's, so if it's an autoimmune-based process, that can be going on up to 10 years before, like we can see antibodies positive on a woman 10 years before they actually look hypothyroid, so it's really worth checking that, but that's not the way we do it.

Usually, they check those bodies if they're requested of if you're already hypothyroid or you're showing some other autoimmune signs, and that immune activation causes so much inflammation that that can really make you feel hypothyroid, even if your thyroid numbers look pretty normal.

One thing is, we're not always thoroughly evaluating things. Another good example is sometimes you get, let's say an estrogen run. Well, what day of your cycle was that? That's really going to vary depending on when we do that. That is something I see all the time, where you go in, that was the day of your appointment, so we just do some hormone levels, and you're told that everything's okay.

There's that, but there's also, we can't always see hormone metabolism based on a blood test. A blood test is really a snapshot in time of what that's doing, and we have better tests, but they're just not always run every single time we go in, and so when you're working with someone like me where we're thinking about the big picture, we might be looking at urinary metabolites or a salivary free hormone levels. I always really like to look at the metabolism of the whole hormone cascade so we can see maybe it was normal on this blood test, but what you do with it after that is wreaking some havoc for you.

PCOS, great example there where free testosterone might be okay, total testosterone might be okay, but we're looking at androstenedione or DHT or some of these other metabolites of the androgens, and those are the ones

causing problems, and those aren't always done on a blood test, so a lot of things can go wrong. I think we just have to consider the source.

When we go into our primary care doctor, their job is really to screen you and make sure we're not missing anything, that you don't need further evaluation, and then when you're going to work with someone like me, we're like, "How can you be more optimal? In all of your biochemistry and mechanism, is there anywhere that's breaking down where we could better support you?" because we're always interested in the mechanism because that kind of works you back to the original event or the main cause of what's going on giving you the symptoms that you have.

Steph G (host):

Yeah, I think you hit on such an important point, and this is something I was going to ask you about anyway, but we sort of, I guess in the lay population, we hear about hormones, and we think they're super isolated, like estrogen, testosterone, thyroid, and in reality, these are things are all part of it, a cascade, they're part of a hierarchy, if you will, where they're, it's made from something, and it becomes something else.

I think it's, you brought that point up, and I think it's really important for people to understand is like, it's not just necessarily a singular thing, and that seems to be where some of the confusion comes in in terms of, I mean, we don't expect everybody to walk around and know detailed biochemistry, but at the same time, it's important to know that they're not necessarily just isolated.  
Compound-

Dr Brooke:

Yeah, mostly our system lays it out. If you've got a problem with your female hormones, you go to your gynecologist, if you got a problem with your thyroid, you go to your endo, if you're breaking out, you go to the dermatologist, if you're having problems in your digestion, you go to the GI specialist. Well, if you have a thyroid problem, you should be looking, or an estrogen problem, we have to look at all of those things, so just the fragment in nature is I think that's what we came into this life with, like that's the system we've all inherited. That's how we went to the doctor and how our parents went to the doctor, and it's just, it is really broken that way.

I mean, I think most people have had that experience where they bring something up with ... You're talking to your gynecologist, and you're like, "I'm feeling really depressed," and they're like, "Well, you need to go see your psychologist for that. That's not me," or you're like, "I am just really getting bloated and uncomfortable every time I eat," and they're like, "Okay, here's a referral for the gastro person."

We don't stop and think like, okay, this is a woman coming to me for, or as let's say in my office, if we've got, she's coming to me because she's having some sort of hormonal imbalance, [inaudible 00:19:19] periods are getting weird or more emotional of PMS, breaking out, all those things, and we're always going

to ask about digestion and all those other things because if you don't have a healthy gut, you can't have healthy hormone metabolism.

We are so interconnected but ... As we start to grasp that, it brings up ... One of the problems I really try to solve is to make all this high-level hormone information somehow tangible for women to apply to their own symptoms, so on my website, I have that quiz, so you can go through and check off those symptoms and see areas where you might be struggling with hormones. I think there's two really important things that we need to remember when we're on the Internet gaining information.

One is that it's really easy if you have a thyroid problem or an autoimmune problem or you're pretty sure your estrogen-dominant or low on progesterone that we don't focus too much on the peripheral part of that when we're not addressing what I think are two really fundamental hormones we can't ignore and get lost in the weeds of estrogen, and that's insulin and cortisol.

They're, by no means, the only hormones. They're not only ones at play by any means. Thyroid is also super important. I feel like thyroid's a little harder for people to manage on their own. You do need some testing and somebody to interpret that, but when we think about insulin and cortisol, they have such a profound effect on every other hormonal system. You can't balance your estrogen if your blood sugar is wacked, and you can't sort out the fact that you might be gaining weight, thinking it's progesterone when we haven't made sure that your stress is managed, so I think that those are so important not only because they have such a ripple effect throughout your metabolism and affect all your other hormones, but there are also two things.

One, both of those are talking to us all day. I mean, they're talking to us by way of cravings, energy, moodiness, sleep problems, so we're getting this real-world talk from our hormones, and I feel like women need a hormone-decoder ring. We should have got that when we got our periods the first time.

Steph G (host): That would've been helpful, yeah.

Dr Brooke: Yeah, because we're getting new symptoms that it's like, "Okay, I'm getting cravings every time I eat. Right after I eat, I want something sweet. Well, what's that?" Well, that's you overstressed your insulin capacity either by carbohydrate or excess calories or too much fat and carbs mixed together or, "I'm waking up every couple of hours throughout the night," well, that's your low cortisol talking, most likely. Sometimes, that's brain chemistry, but we're getting these signals all throughout the day. We just don't necessarily know how to interpret those, so that's another reason I think cortisol and insulin are important because they are talking to us, so we're getting realtime feedback, and we can make an adjustment that day to change the outcome of that hormone that same day.

The other thing I think [inaudible 00:22:05] real important is they are two that we have a lot of control over. We can ... It doesn't always seem like we can control what we eat, but we have a lot of say in what goes in our mouth in the Western world.

It feels hard sometimes, and I know there's a lot of ... Many of us have dieted many, many times, and there's a lot of issues around restriction, there's a lot of convenience, the time, so I get that there's a lot around that, but when we take all that away, can we ultimately decide what goes in our mouth? Yes. Can we ultimately decide if we prioritize sleep and decided to meditate every day and not to get too wiggled out about stuff we can't control? Those are all things that we can do impact those hormones so you do have a lot of say in the health of insulin and cortisol levels. I think those are really, really important to do first.

Then once you get into accepting the fact that, yes, we have ... No one comes to me and they just have a thyroid problem, they've got, or just a blood sugar problem. Multiple hormones are pretty much involved unless we catch you in your early 20s. For the most part, it's not as simple as one thing. Then you start looking around, and you're like, "Hey, this website says, and this expert says, 'You have weak adrenals ...'" which commonly termed adrenal fatigued. You guys can pop over to my stuff to see what ... That's not the best name for that. We should be calling it this brain-to-adrenal dysregulation, so the HPA axis dysregulation, but the lay term adrenal fatigue, I don't think it's going anywhere. It's easier to say, for sure.

You might look at someone who says, "You've got adrenal fatigue," or, "You've got low thyroid," or, "You're dealing with autoimmunity. You can walk and maybe a little yoga. Do not go to the gym." Then you also say you've got a low thyroid, but you also have PCOS, so you're looking at another website that's like, "Hey, you need a lot of exercise. You need to be strength training, and you need to do cardio," and so what do you do when you've got, because we've all got multiple things going on.

I like to remind us we have to address them all, but we have to do it in the right order, so we always have to deal with those low cortisol and low thyroid issues first. Then I would say high cortisol, then insulin resistance, and then by then, estrogen and progesterone because those will kind of have sorted themselves out if you can address the top on down. If we don't do that, we end up making those more delicate systems even more out of balance because we overexercise, we overtrain, we restrict our calories too much, we restrict certain food groups too much.

Steph G (host):

I think that's really, really, what you, all this stuff you just said about insulin/cortisol is going to be extremely helpful for women who are in the fog. You're like, "Something's wrong. I'm trying to educate myself so we're being proactive, looking things up, going to different websites, some different doctors, whoever it is, and trying to be proactive," like I said, educate and figure it out and yet, it's easy, it seems like it's increasingly easy to get lost in the weeds and

to focus on the more micro movers instead of like, okay, let's not miss the forest for the trees here, like what's the big picture?

I think what you just said there is going to be very, very, very helpful because I know I get a lot of clients as well who are like, "I just don't know. I have this diagnosis. Maybe it is PCOS, and I'm not 100% what to do."

In terms of like, I know you mentioned really quickly some things to decrease stress like meditate, get your sleep, that sort of stuff, but what are, in terms of the insulin, if somebody is listening to this for the first time, and they're like, "I don't even know how to begin to try to get my insulin management back into a better range," what are some simple things that people could do? You mentioned you have to control what food goes in your mouth, ultimately, but what would people be choosing to try to get that insulin rollercoaster to flatten out a bit?

Dr Brooke:

The first thing to do if you're pretty much in doubt of any of your hormones is to eat more vegetables. I mean, have a pound of vegetable a day. It's going to balance estrogen, your blood sugar on both sides. It's going to keep you from going too low, it's going to keep you from overeating because you're getting nice and full. It's a really good blood sugar stabilizer. Really important for the guts who are going to help your hormone metabolism over all. That's the first one.

I'd say the next more important thing is to figure out if your eating anything in your diet either unique to you like a food sensitivity, gluten, dairy, something like that, or something we know causes inflammation like processed fats and hydrogenated oils and packaged foods or way too much nuts and stuff. I see sometimes on our paleo diet, sometimes we're just really overdoing some of those nut-based fats where we're eating a lot of nut-based goods, like baked goods because we're avoiding gluten.

Inflammation is the, probably the most important thing or maybe even probably the most important thing because I call insulin like, I'm sorry, I call inflammation the great hormone mess maker. It's going to muck up the works for pretty much every other hormone you have.

In functional medicine, it's one of our top four priorities, and that's addressing any source of inflammation, and so that can be a lack of sleep, that can be other kinds of stressors, so vegetables, whatever's unique to you for inflammation. I really, I can't write those blogs that are like, "Five Best Snacks for Your Busy Workweek," because it's different for everyone. My snack's probably totally different than what works for you, and having had my book out and stuff like that, I mean, I get contacted by Shape and all those magazines all the time, and that's what they want. They want, "Seven Ways to Use Greek yogurt for Fat Loss." I'm like, I just can't do it because there's just so much that's so unique to us. I mean, haven't we all read that article like 20 hundred times anyway? We

really have to find out what, again, what is unique to us that is inflammatory for sure.

The next thing, especially when it comes to insulin, however, this plays in for cortisol, and because those are my two favesies, they're going to affect everybody else, the other thing is finding your, what I call your unique carb tolerance. This is probably the number one blog that's visited on my website because like I said, PCOS again, really good example, insulin resistance is a piece of that condition that takes someone else who ... Sarah Fragoso, my partner, she deals much more with low adrenal fallout, and I deal more with high insulin, but we both have to find how many carbs at what meals, how many times a day, what types of carbohydrate, and what amount work for us, and they're going to be very different.

While I think most people would look at the two of our diets and think they're both pretty low carb by a standard, especially compared to the standard American, but my low-carb diet should be nothing like someone else's low-carb diet, and we just, we have taken that low-carb or low-fat or any of those things, we've put a number on it, like it's below a hundred grams, it's below 50 grams. Really, it's about how many carbs you need to keep your metabolism running at its optimal speed, you feel good, you don't have out-of-balance ACES I call, appetite, cravings, energy, and sleep.

Then if you're having any other performance or fat-loss goals, those get layered in secondary. That's probably the next most important thing is rather than just going, quote-unquote, "going low-carb," is figuring out, are you somebody that ... I'm in this boat now since I'm having, having children, I don't get enough sleep. I used to just need to go low-carb. That was what always helped me manage my PCOS symptoms, and now I have much more adrenal issues. I have a harder time sleeping through the night. I have a harder time keeping my blood sugar up, so I can't just live that low-carb life that used to work. I have to now have a small amount of carbs because I can't over do it at any one meal because that taxes the insulin side of things, so I do better with a few bites a couple times a day.

Some people need to do that, some people need a lot of carbohydrates. Some people need just one serving at night to offset the cortisol and get some rest, and I think the takeaway from that, which is more than what you asked me, is that women, especially, our hormones are a moving target. They change not only throughout our lifestyle, and they change throughout the month, they change after we got a baby, they change we've gone through a stressful event or get a new diagnosis and so we have to be on our toes and not cling too hard to what worked for us in the past and be willing to take the next step and listen to that hormone talk, those variables, those symptoms, and tune in and say, "Okay, this isn't working for me anymore, and I need to listen."

I think we so often cling to what gave us results in the past, sometimes we don't think about it. Sometimes, we're clinging to it because we know that worked

before. Other times, we're just doing what we're doing. You're going about your life, and you're focused on other things, you don't realize you're starting to really feel like crap.

Steph G (host): I wish I could hit "like" on all the things that you just said because [inaudible 00:31:02] interactive podcast or something because yeah, for like, one of the things that frustrates people so much about when they ask me questions about nutrition, I'm like, "It depends." You know-

Dr Brooke: I know. "I know that you've got answer," right?

Steph G (host): There's this umbrella of general things that generally work for a lot of people, but then everybody is different, so that's super frustrating for just to not be able to give the 10 fat-burning tips for Greek yogurt that everybody wants to know and distill it down into if you could just follow this list of A, B, C, X, Y, Z, then you'll be perfect forever.

The second thing I really loved that you said was just about going with the flow, like being fluid and realizing that what you did when you were 20 might not work when you're 40. I think that's one of the things that, it's one of the gripes I have with macros. I get it. I understand the quantification. I understand splitting it up into three different piles and kind of knowing what your intake is and stuff like that, but I hear from a lot of women who are like, "What I was eating ... " and to put it in the context of carbs for example, " ... I was eating much lower carb three years ago, and I looked and felt great, and now, I feel, I'm following the same macros, and I just don't feel great."

It's like, okay, well, let's listen to that and make those adjustments, so I think that's such an important point that I just want to underscore is exactly what you said, just, it has to be, you're like you are an ever-changing pile of bones and muscle and hormones and stuff so, it's just-

Dr Brooke: Yeah, no, the macro thing is really frustrating because I get a lot of that too, like, "Well, this is what's on my macro plan," and it's like, you have, you can use that as a template, like use it as a jumping off point, but if your current macro plan is making you crave everything starchy and sugary under the sun or making you exhausted after you eat it or making you cranky between meals, you gotta go back and listen to ... Nothing will ever trump what your body is telling you. We just have to make sure that we listen, and I always tell, like my motto is be your best friend.

Steph, if you called me up, and you're like, "Hey. I'm really stressed out. I've got all this stuff going on. I'm not doing very well, and I'm starting to have X, Y, and Z symptoms," I would be a good friend to you, and I would say, "Okay, great. Let's talk about. Let's address this before it gets worse. Let's think about it. Let's make some changes," but to ourselves, our bodies are like, hey, I'm talking to you by giving you some breakouts and some PMS and some, you can't fall

asleep for three hours every night, and you're bloated, and you feel yucky every time you eat and have sugar cravings, and you need to run to Starbucks again later in the day.

You don't, what we do to ourselves, we turn it on ourselves, and we're like, "I'll get back to you in six months when I have time," and that's a terrible way to treat your best friend. We have to make sure we show ourselves that respect and gives ourselves the time of day. If you ... Don't be a jerk if your friend comes to you and needs you and says, "Hey, I'm not doing well," but with ourselves, we're like, we will have more time later. "I will have more energy to deal with this. It's not going to get any worse." Then you end up having to my office because we didn't address it for the last five years, and now things are really out of wack.

Steph G (host):

For sure. I wanted to switch topics really quickly and get back to something you mentioned earlier. You have this awesome guide to exercising for your hormones, and again, something that a lot of women are like, "I've been told I have Hashimoto's," or, "I've been told I have PCOS," or, "I've been told I have ... " whatever other condition is out there like adrenal dysfunction, " ... and I'm not sure, I don't know how to exercise. I don't know what I should be doing. Should I be doing more cardio? Should I only be walking and doing yoga? If I'm doing yoga, should it be hot yoga or regular yoga? Should it be strength training?"

The questions just seem to escalate on and on and on, and there's just a lot of confusion. I know this is a huge resource, but I'm wondering if you have some best practices that women can take away from this little chat that we're having about exercising for your hormones.

Dr Brooke:

Yeah, so the guide, which you can find on my website, walks you through each individual hormone issue, but the big takeaway is that in going back to that hormone hierarchy, when we're thinking about our hormones, as you approach all of these things, we need to go deal with low cortisol, low thyroid first, high cortisol next, insulin resistance third, and then any lingering estrogen and progesterone issues, and that's true for diet, exercise, that's definitely true, I would say, in my practice, that's the way I work on it too, but back to the macro idea, we need a plan. We all are saying, "Do what works for you," and women are like, "I would love to. I don't know what works for me. That's why I'm looking for your blog."

Steph G (host):

For sure.

Dr Brooke:

There are many, many types of exercise. I kind of, with yoga being its own separate thing because it's a little bit of strength, it does a lot of different benefits and variables that depend on what kind of yoga you do, so I'll set that aside for a second, but when just thinking about strength training and cardio, I really, really hate it when someone is like, "I've got low thyroid, low cortisol, autoimmunity, and I've been told I can't do anything but maybe walk," or just do not lift weights.

Strength training is fundamentally so, so important, and we could talk for hours about that. It's antiinflammatory, it's antiaging, it is building your strength, it is strengthening your bones. Ladies, we have to be putting ourselves under that kind of stress, not only to help our bones and to make ourselves capable as we age. That's going to be fundamentally important. What is a squat? Getting up and down out of a chair or off the toilet. These are really, really important skills we need to be able to have. We need to be able to get off the floor, and we definitely do not want to have any hip fractures or anything like that, so there's all those things that we talk about.

I don't think that everyone fully appreciates always the antiinflammatory benefits of strength training, and this is not just exercise. This is more specific to weightlifting, and so if you've got an autoimmune condition or you're low thyroid or a high cortisol or low cortisol or insulin resistant, what is fundamental to all of those? Inflammation. We need ... Exercise is really medicine. I just posted this on my page the other day.

It's really, really important, so we need the strength, we need the immune system modulation that comes with strength training, so the last thing we ever want to tell someone to do is to not strength train. We don't want it to tax you. If you're low cortisol, low thyroid, we can't do it in a way that wipes you out, and if you're high cortisol, we can't do it in a way that ramps you up too much because we're trying to dial down the crazy, we're trying to dial down the high cortisol, but high cortisol, if you're really stressed out and you're in that ... that is really going to be eroding to your muscle mass, so we can't tell them ... Anyone with adrenal issues, I don't think should ever be told not to lift weights.

The way that I teach it, there's two ways I can give you a template for this. With the strength training, what we want to do, especially if you're really wiped out or you're trying not to overtax yourself, is just keep it heavy, lots of rests. I usually recommend two exercises in the five by five. Five reps, five sets, and with lots of rest and as heavy as you can go, and again, super relative. I like to do those bigger lifts that are more full body lifts obviously to the capacity that you've got some base strength or some knowledge in the gym. We're talking goblet squats on to back squats, deadlifts, bench press, overhead press, rows, those types of things.

I really like that to be fundamental, and then walking, for the most part, walking, it's a great hormone normalizer, so it usually doesn't stress us too far one way or the other. If we can do more strength training, what I will often add is a circuit, more of a metabolic circuit, but not too crazy. Again, I'm talking about anybody with hormonal issues. This is maybe not the protocol's going to get you into the crossfit games. It depends on our goal, but I definitely encourage the heavy lifting for everyone, obviously to their safety.

If you can tolerate it, you can do a circuit, more metabolic work after that, and most people can tolerate walking. I do have people with Hashimoto's that they walk for half an hour, and they're wiped out for three days, so again, we have to

take that as you can do it, but we need to not wait until you get better just to do anything. We want to use the exercise to help you get better.

I have, in the guide and what I talk about in my work a lot is this 5, 4, 3, 2, 1 protocol. Five walks a week, and I should back up a little bit about cardio because we're probably going to get some questions about that. Cardio's one of those things, I feel like it's gotten a pretty bad rep for the most part, and there are some people that do still need to do some of that aerobic work.

I mean, a woman with PCOS or insulin resistance, they're still going to really benefit from some type of cardio, so I think most of us, save those really, really, easily fatigued ones, can do the walking, and then I usually recommend if your adrenals and your thyroid are okay, then we can go ahead and do some metabolic-type cardio, and if all of your adrenals seem okay and you really want to work on insulin resistance, you can do more traditional cardio or even a little bit longer duration, more intense cardio. Again, you're just going to take it step by step. Can these, if insulin, I'm sorry, if thyroid and low cortisol have been managed, then you can tackle the next variables by adding more and a little bit more intense exercise.

The 5, 4, 3, 2, 1, and this is what I recommend all of us do, anybody dealing with their hormones, and then you would adjust that template depending on what your unique thing is because again, like you said, really depends.

The 5, 4, 3, 2, 1 is five walks a week, four meals a day, so again, you would adjust that. Somebody might only need three. Someone with a really low cortisol might need five, so these are kind the place you start, and then you tweak them. My guide kind of walks you through how to tweak them, but that's four meals a day, roughly the same size. Veggie and protein template, customize your carbs and your fat on top of that. The three is for three strength training sessions a week to your capacity, and then two is at least two liters of water a day, and one is prevailing positive thought about yourself or your body.

I feel like mindset's something really most of us need to spend a lot of time working on. I feel like that template, any woman can take that and make just a couple of adjustments to it, more if you had a little bit of coaching, but I feel like that takes out the crazy, keeps us from ... I always say, when you can't do everything, don't do nothing. At least do something. I think it keeps us moving, keeps us getting some of the benefits of exercise, not losing our muscle mass, not losing some of the really cool benefits, particularly of strength training. Yeah, that's my template. That's my macro plan.

Steph G (host):

I love that. You're obviously a woman after my own heart with talking about strength training and lifting, I say kind of air quotes "heavy" because that's going to be completely relative to the person and their progress and where they're starting from and how long they've been doing it, but I've recently, I've been reading this book called Roar by Dr. Stacy Sims, which is talking about training and particularly the menstrual cycle in, that's main focus of the book, but

there's this statistic that I read in the book. It just sort of was, it was just eyeopening was that 45% of women between the ages of 55 and 64 struggle to lift 10 pounds, and that's like a bag of-

Dr Brooke: That's your purse.

Steph G (host): That's like a bag of cat food, basically. It just, it sort of, hearing that just was so sobering and stunning because I'm like, "I'm not going out like that," but it really is just so, so, so, so, so important for all the reasons that you mention to do some strength training.

I know, I'm the first person who likes to tell people to do what they love because then they're going to do it. You'll be more consistent when you actually like what you're doing, and in the longer I go in this capacity with my clients and my coaching and just my own journey and where I want to take everything that I'm doing, I'm like, the more nonnegotiable it becomes to me. It's like, we just have to get over the fear of it, and that's where good trainers and good advice and good facilities and stuff come in, but if you have the means, and it doesn't have to be fancy, you can get a lot done with simple equipment and a cheap gym membership if you can have one, but it's just so important. It always makes me happy to hear other women talking about that as well.

Dr Brooke: There's a lot of women, and I have those women too. They're like, "I know what you're going to tell me. You're going to tell me I have to go in the weight room." I mean, there's the intimidation, there's the unfamiliarity, there's, "I don't know what to do there," there's a fear of getting hurt, there's a fear of getting bulky, there's so much fear around that. When women start to do it, most of the time, they bust through those fears, like, "Okay, now I'm comfortable because I learned."

You're always uncomfortable when you don't know how to do something. That's not exclusive to the weight room. That's just, that's life, so sometimes they just have to push past that and learn and get familiar and we have to get past the idea that everyone at the gym is staring at us. Everybody is way more narcissistic than that. They're working on their own thing, and if you do do something crazy, they forgot about it five minutes later, but I do still ...

Most of the time, when women start feeling the confidence and the power and all of those things that come from strength training, I still have a handful that are like, "I appreciate what it's doing for my health. I definitely feel better. I still don't love it," and so my advice, if you don't love it and you've tried, or if you haven't tried yet and you think you don't love it, find something to love about it. Don't go there hating it, but don't also not go because you just hate it.

You gotta find something to love about. Maybe you love the biochemistry about it. Maybe I can explain to you exactly what this is doing to your IL-6 and you're going to be like, "Great. I love what this is doing to my cytokines and my

immune system." Maybe you just love the way it feels. Maybe you love that you ... How many times are people going to the gym and you step on the scale and nothing happen, and it's really defeating, but you go to the gym, for the most part, you can always see progress. There's always something that felt a little easier that day.

My advice is find something about it that you don't hate and cling to it, and if it's that you love gaining strength, then start working towards things like putting more plates on or being able to do a better pushup or full pull-up. If those things that are sometimes feel so out of reach for women, focus on that and find something that you really love, whether that's again, some people love the chemistry part of it, and some people just want to see some results because we do have to keep going to gym. That is really, or exercising. Maybe your gym is outside, so I shouldn't just say the gym, but I think it's, we don't leave the gym, look in the mirror, take a blood test, we're like, "Okay, done. It's all finished. It's all better." It is a lifelong habit.

Steph G (host):

Yeah, it's an ongoing process, and that's part of the thing I love about it. I know there's so many people that just want, they're like, "I want to achieve this level of strength or this body composition by next week," and to me, that's a huge amount of pressure. I love that fact that it's open-ended, and it's like, this is a lifelong exploration. It's like a lifelong pursuit. It's going to take different forms. You'll be interested in different things as time goes on.

Maybe right now, you love barbells, and then you go to a cert and you learn about kettlebells, and you're like, "Oh my God, kettlebells are the next best thing in my life," and so you fall in love with that. I mean, it's so great to see how that evolves over time, but the overall core of all that is something that's strength related.

You're so right. I mean, find something that you love about it. Everybody is not looking, I mean, and even if they are looking at you, they're more concerned with themselves and looking silly so we're all worried about the same thing, really, but I just challenge women to try it for a month. If you hate it, and you're like ... Well, you can come back and tell me that I was wrong, but if you stay in it, like for a month, most people are like, "Okay, well, this isn't so bad." You get over the initial fear and the awkwardness, and then it's okay.

Dr Brooke:

Yeah, and I think that there are some things in life we do because they're good for us. We ... I hate drinking water. I truly ... I don't know why. It's, of all this, healthy things I pull off every day, drinking enough water has always been a challenge for me. It's one of those things like, well, I still have to do it. I gotta figure it out.

I like it better when it's in a pretty class. I like it better when there's lemons in it, so I need to make that stuff happen for myself so that it's removing some of those barriers to the fact that for whatever reason, I would just let that one go. It's not something I enjoy the taste of. It's not something I ever consider, I just

forget to do it. We all do stuff that we don't necessarily like, and I think that getting in good mindset, getting outside and getting some walking and getting some strength training, eating vegetables, those are all really not things we should try to get out, we can't hack our way out of some of those fundamental things.

Steph G (host):

Absolutely. Just changing subject here, recently you and Sarah recorded a podcast where you both talked about some big stuff going on in your life, but one of the things that you, and so we'll link to that episode if everybody wants to get in on all the dish, but you did bring up self-care, and I think you said something that was really interesting and curious to me in that it was a pattern interrupter. I was like, okay, this is good stuff because [crosstalk 00:49:12] said something to the effect of self-care can't just be manicures and massages.

I know self-care is a topic more people are talking about these days, so I'm interested if you can give us the quick take on what self-care is to a lot of people and what you have come to actually think that it means on a deeper level.

Dr Brooke:

I think that's what we talk about, and I'm glad that there's been a push for women especially, mothers especially, to make time when you're busy and you're taking care of everyone else and the work and sometimes the family, that you're, quote-unquote, "self-care," taking some time out for yourself, recharging, connecting with your girlfriends, going out, taking a bubble bath. That time sometimes gets missed. We do need that.

I mean, I think that those things are amazing. I love getting a massage. I love getting a facial. I mean, I'm pretty sure I have not had a facial since I had kids, so it's been a while, but I do love those things, and they are a really good way to reset. I think you feel good when you make yourself a priority. I think it's important, and I'm not saying we shouldn't do those things, but ultimately, how do we feel when we walk out of a massage? You feel good for a while, and then if something happens, like let's say you go to the gym, and you're feeling now insecure, like people are looking at you, and you're being really mean to yourself in your own head or something happens when you leave the massage place, and you start feeling guilty and beating yourself up, to me, that's the self-care we really need to work on.

I think manicures and massages are super fun, and they're great, and we should keep doing them, but to me, when we distill down what is something that's so fundamental as caring for ourselves to more things to do, that's not really something we need either. It's not really what we do. It's who we be. Who are we being to ourselves? What is the internal constant chatter and dialogue going on? That, to me, is really where self-care needs to focus. We really need to upgrade that critical voice, and it's not always as easy as just thinking positive. Sometimes, you really have to take a hard look at, why do I talk to myself that way? Where does that come from? How can I heal that, and how can I do a better job?

That episode was really juicy. That was our, by far, our most rapidly downloaded show, and Sarah and I talked about marriage, we talked about a lot of things. The real quick synopsis of my story was I had a major breast cancer scare, and it was super scary, and what was happening was I had not been in for a check up, so as this whole thing is playing out over the course of a few days, or weeks to days, I'm just beating myself up that I did not get an ... So I was like, what if this is the worst, and I didn't take care of this because I've been busy being a mom and working and ...

I'm beating myself that I didn't care of this, what if I could've intervened sooner, and as I'm calling trying to get an appointment, everyone I'm talking to on the phone is like, "Oh my God. You haven't been in for a mammogram yet? You're 42. How could you not have a mammogram?" and I'm just, so I'm being whittled down to like less than an inch tall. I'm already freaked out, but I could have a life-threatening thing on my hands, and now I'm getting in trouble for not taking better care of myself.

That's the words I kept hearing people say, "You need to take better care about yourself," and it was funny because what was happening was just this, I'm just feeling really guilty and really beating myself up, and I was like, you know, it's funny because that's what we think of as taking care of ourselves is making the appointment. It's not so much that. It's that, all it took was a few words from this woman on the phone that I was totally in her camp. I totally let her take me down, and I was being really, really unkind to myself.

That's how my self-care thought process has evolved, is that is really, go ahead and get the manicure and all that stuff, but we're responsible for maintaining that, that good feeling and the self-care and what happens in your quiet moments and what happens when you screw up because I mean, we could say I screwed up. I didn't get my mammogram on time.

When you do that, we make the mistake, or heaven forbid, we eat the cookie, we go off of our gluten-free plan or we miss a bunch of workouts or we haven't been prioritizing our sleep, like what's in your voice in your head? Is your voice like, "Hey. I'm going to help you do better. We're going to get things back on track, and you are not a bad person for messing up," and that's definitely not where a lot of our heads go. That, to me, is really where I think we need to spend the energy to do better self-care.

Steph G (host):

I love that, and it's not something I'm hearing a lot of people talk about, and yet, it's so powerful. I love how you talk about, you talk a lot about mindset on your blog, you talk about it a lot on the podcast and in your practice and the things that you offer people for resources and your 5, 4, 3, 2, 1 even includes that.

I think I would just ask you to keep talking about that for women. It's so important. It's like in those, like you said, those moments in between your time that you treat yourself, I guess, is like the treat yourself thing is great, but what,

are you just constantly tearing yourself down or you're having a little bit of compassion for yourself too along the way. So powerful.

Dr Brooke: Yeah, and even the healthy things. I always say it's how we do what we do matters as much as what we do. I mean, how many of us have gone to the gym because we think we're not good enough the way our body looks or how many of us go on a diet because we think we'll look better and be more lovable. I mean, we've all done that to some degree. Some of us have done it more pathological and some ... That's not about punishment. That's all about you're not good enough until you meet this goal, and we have to get to that place where those healthy behaviors don't feel like a punishment. They feel like nourishment.

I guess I believe squats are nourishment. I believe in those. We can go to the gym and feel bad or we can go to the gym and consider that good self-care and consider that a way to love ourselves and take care of ourselves. I think how we do stuff is really, really important, and I always say that nourish not punish, just check in with yourself. How are you ... Maybe we're doing the right things, but when the motivation is to, because I'm not good enough now, that spurs what I like to deem crazy crap because then you start doing more extreme diets or overexercising or putting ourselves and our hormones in harm's way as a means to an end that we think will somehow make us worthy or lovable or any of those things.

Steph G (host): So powerful. So amazing. Thank you so much for sharing that, and we'll link to that podcast episode so folks can go dig into that as well. With that, we have just a couple more minutes but I would love to play the rapid-fire question game with you. Hey, you're down. We'll start with easy one. Your ideal meal.

Dr Brooke: My ideal meal. You know what, right now is that I've, if you guys follow me at all, you know I've been doing like a crazy histamine intolerance over the last couple of months, and it's so much better, and I feel so much better under control, and one of the things I have not been able to have is any shellfish, and so that's always been ... It's funny, I grew up in Montana, I did not grow up near the ocean. I don't know why, but it's always been one of my favorite things, and we have a great little crab place down on the water here in Brooklyn, and my daughter really wants to go, so that's one of my favorite meals. I think that I'm going to try it and see how my mast cells hold up to crustaceans.

Steph G (host): Wishing you luck on that one. Coffee-

Dr Brooke: Thank you.

Steph G (host): Coffee or tea?

Dr Brooke: Tea. I do not do well with coffee. Fortunately, I also like tea, so.

Steph G (host): What's your favorite tea? Do you have one?

Dr Brooke: I like probably any kind of English Breakfast, Earl Gray. I like kind of a heavy, dark cup of tea in the morning.

Steph G (host): Strong cup of tea, I like that.

Dr Brooke: Yeah.

Steph G (host): Well, we'll go along our lines of our self-care talk. Favorite treat-yourself self-care?

Dr Brooke: Oh gosh. Now that I have kids, I just don't prioritize that as much. Probably facials. I really love getting a good facial, and I really need to, bad. I mean, I like a massage too, but yeah, I think I would actually pick a facial.

Steph G (host): What you would tell your teenage self, like best advice?

Dr Brooke: This one's really near my heart because I do a lot on my younger self that didn't get what she needed. Probably the thing that I would tell my personal teenage self is that to appreciate who you are, your body, all of those things now.

You look back at how insecure I was at my body and always feeling like I hated my thighs and all this stuff I tormented myself with, when I certainly look back now, I'm like, "I was adorable. I don't know what I was thinking," and then I would really lived in a hell of my own making well into adulthood about all that stuff, so I would definitely tell myself that I'm kind of worthy of love and belonging as Brené Brown says, just as I was.

Steph G (host): That one hits home for me as well. Thanks for that. The last one would be, in your opinion, the most important ingredient in building an unbreakable human.

Dr Brooke: Probably the one we just said because if you've got that sense of self and that who you are and how you feel about yourself cannot be swayed by just one person's comment, ill-informed or not, and whether that's someone close to you or someone on the Internet who says something, we have to have that unshakeable sense of self.

It doesn't mean things don't hurt. It means that if someone says or does something that who you think you are doesn't just totally fall apart, that you just don't forget who you are and have to build yourself up every time, that that really something like solid and true to you that you can always hold on to no matter how hard it gets. I don't think that's an easy thing to come by. I think some of us have it easier than others, thanks to whether that's genetics or how we were raised or whatever, but that is something I've had to really try to cultivate and build on myself. Now, at 42, I'm still very much working on it, but

yeah, I feel like that is the worst thing to feel like everything can crumble by what someone else does.

Steph G (host): For sure. Awesome. Well, thanks so much for playing along. That was fun. To wrap up this show, let's tell folks where they can get in touch with you online.

Dr Brooke: My website is [betterbydrbrooke.com](http://betterbydrbrooke.com). I do have some online resources on there, like the exercise guide. There'll be a PCOS, do-it-yourself program. You can also get in touch with me. My blog is there, which I put a lot of effort into. Again, try to make all this high-level hormone stuff feel really accessible and doable for the women that come there. On Facebook, I'm [betterbydrbrooke](https://www.facebook.com/betterbydrbrooke), and as well on Instagram, and I'm not very good at Twitter, although I am on there. I'm not very good at it.

Steph G (host): I'll link all that in the show notes so that folks can head there and easily find you through those channels.

Dr Brooke: Yeah, and our podcast, I should mention. Sorry, the Better Everyday with Sarah and Dr. Brooke.

Steph G (host): Amazing. Well, this has been so fun to talk with you and get all of your input on hormones and self-care and everything in between and just always a pleasure to connect with you, so Dr. Brooke Kalanick, thank you so much for being on Harder to Kill Radio.

Dr Brooke: Thank you, Steph. Anytime.

Steph G (host): Right? I told you, this episode was so full of just great knowledge bombs and so much juicy stuff about hormones and where to get started. This was super practical with Dr. Brooke. You can grab the show notes for this episode with links to the stuff that we talked about including her guide to exercising for your hormones at [stupideasypaleo.com](http://stupideasypaleo.com).

Again, this is episode 71, and if you have just a few seconds, please hit subscribe over on iTunes. It helps people to find that show that normally might never actually come across the show in their travels, and I think you'll agree that this is all such valuable information that we really need to get out into the world, so please share. I would be so incredibly grateful to you.

Stay tuned for next week where we're going to have another incredible guest talking all about how to build unbreakable humans. Until then, stay healthy, happy, and yes, Harder to Kill.