



Dr. Anna Cabeca

The Menopause &
Hormone
Expert

Hormones, Testing and Self Discovery



Dr. Anna Cabeca

Balancing Hormones – Why?



The Seven Dwarves of Menopause!



**Itchy, Witchy, Sweaty, Sleepy,
Bloated, Forgetful & Moody**

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Haywire hormones
Weight
Energy/Vitality/Endurance
Moods /Self Esteem
Sleep
Hot flashes and Night Sweats
Memory
Libido/Intimacy
Skin Health (Looking Younger)
Dry eyes

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Hormones are the body's
control mechanism and we're
100% dependant on them.

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- **Relief of hot flashes, night sweats**
- **Treatment of vulvar & vaginal atrophy**
 - Bone health
 - Fracture prevention
 - Heart health
 - Brain & Memory
 - Cancer risk reduction

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We want to
achieve a
balance

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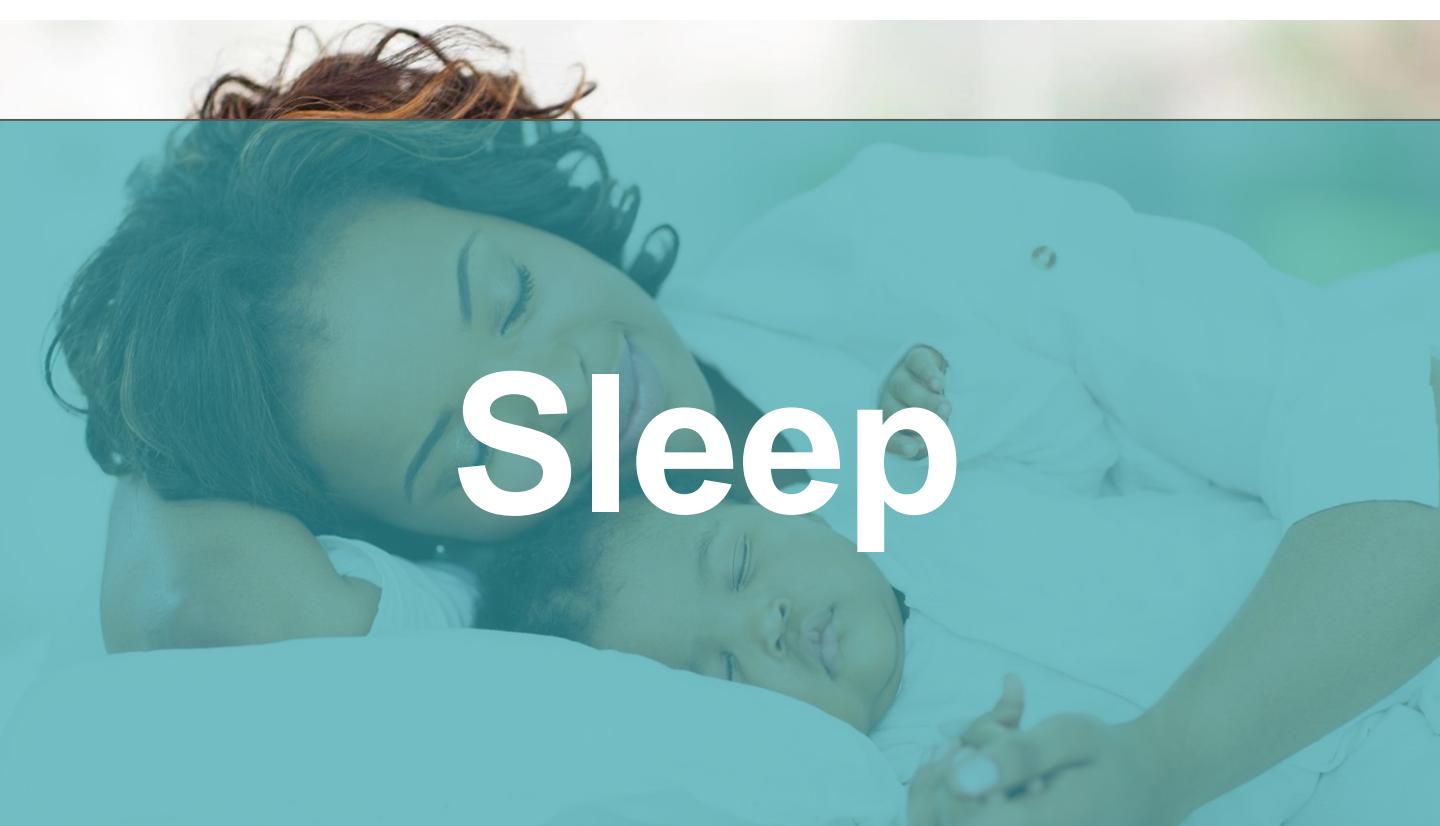




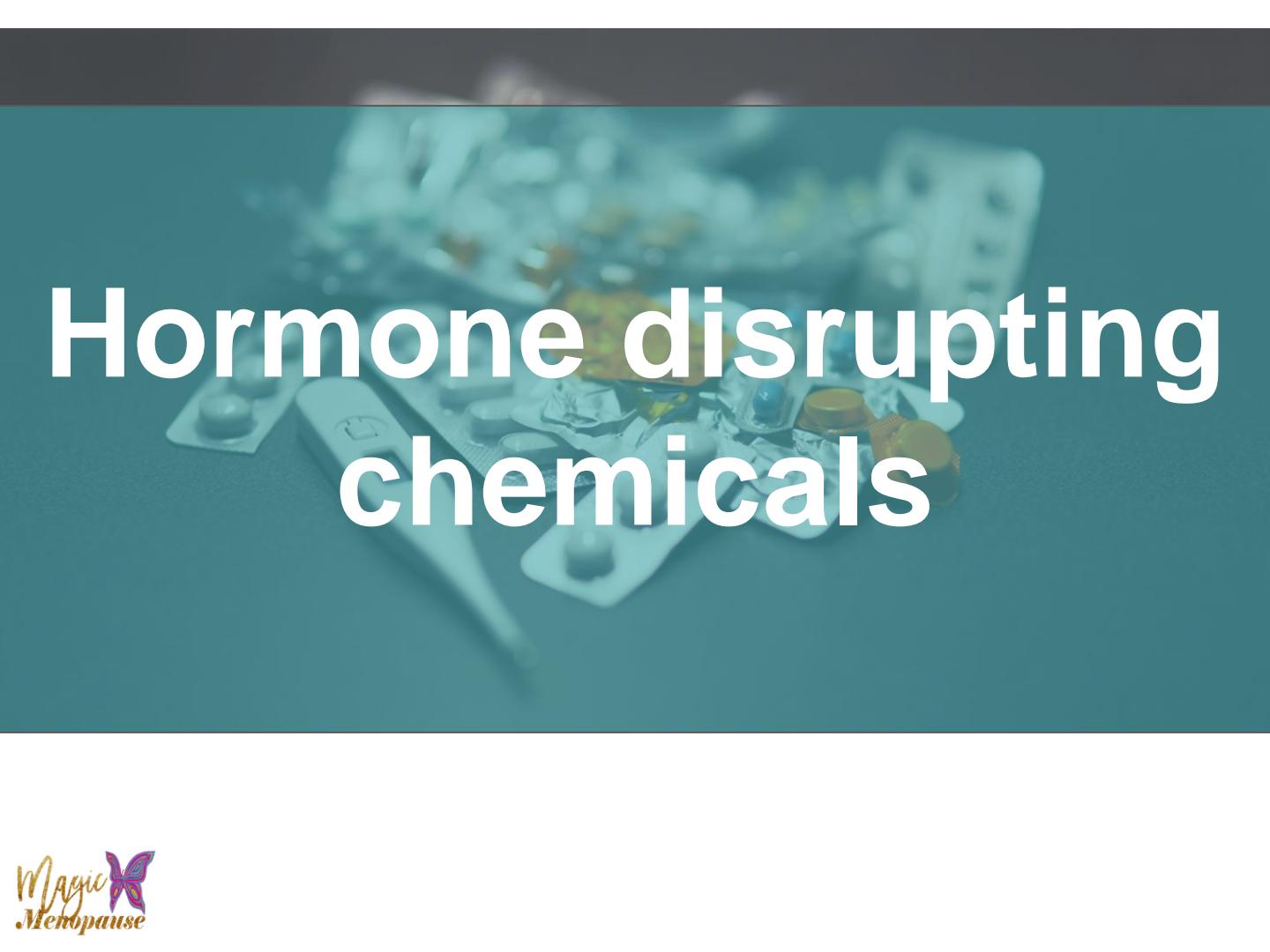
So many things affect your
hormones like...

A close-up photograph of a hand holding a bunch of dark blue grapes. The grapes are plump and glistening, suggesting they are fresh. The hand is positioned in the center, with fingers wrapped around the stem of the bunch. The background is a soft, out-of-focus green, which provides a natural and healthy feel to the image.

Food



Sleep



Hormone disrupting chemicals

Stres s

Physiology
drives behavior.



Stress
causes...
cortisol



oxytocin

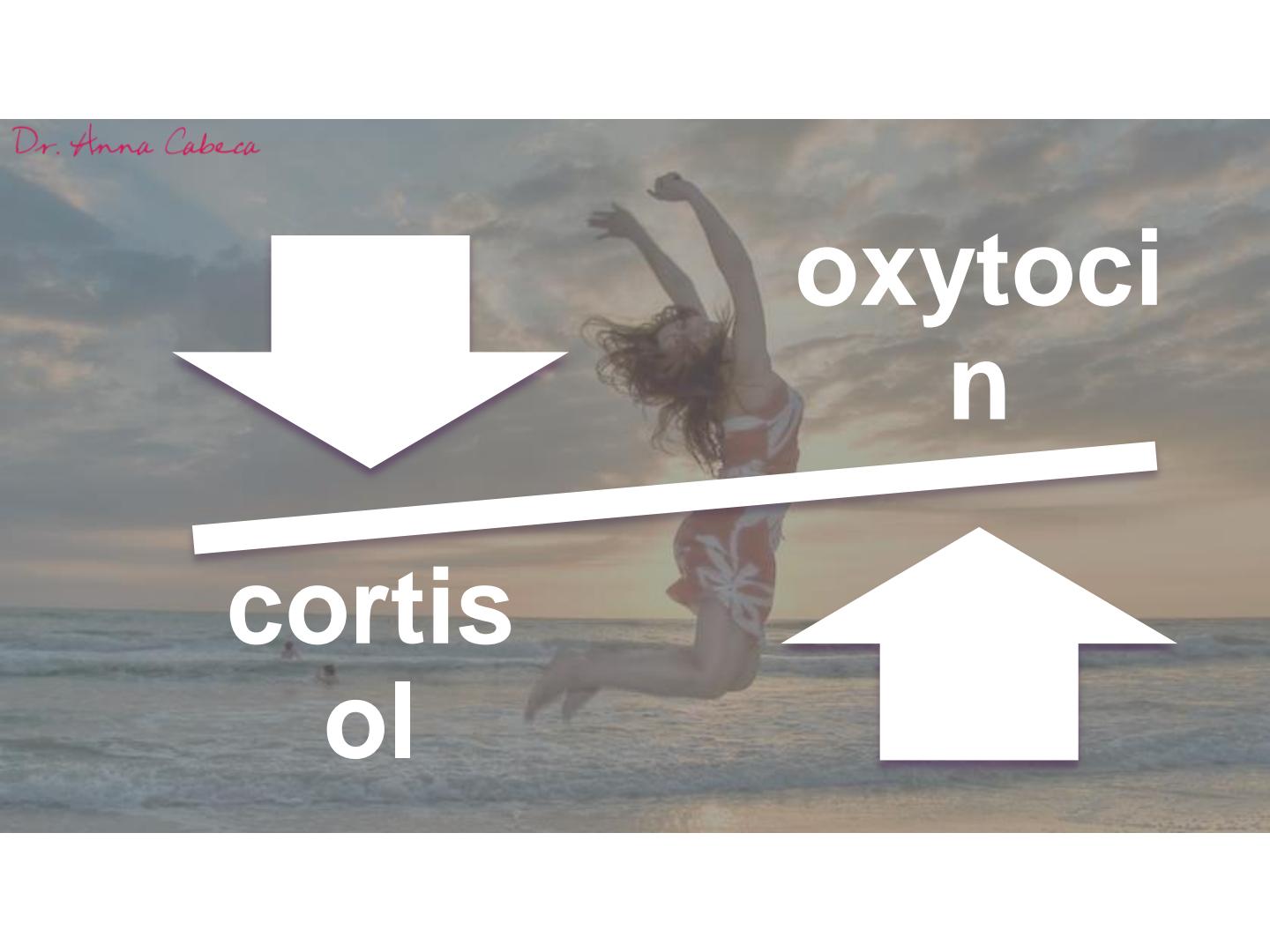
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Life

Living

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oxytoci
n

cortis
ol

My mom :)





MY STORY - **BEFORE**

- 40 years old with 4 children
- Worked over 80 hrs/week
- Primary bread winner
- Losing hair
- 80 lbs overweight
- Menopausal and infertile
- Depressed



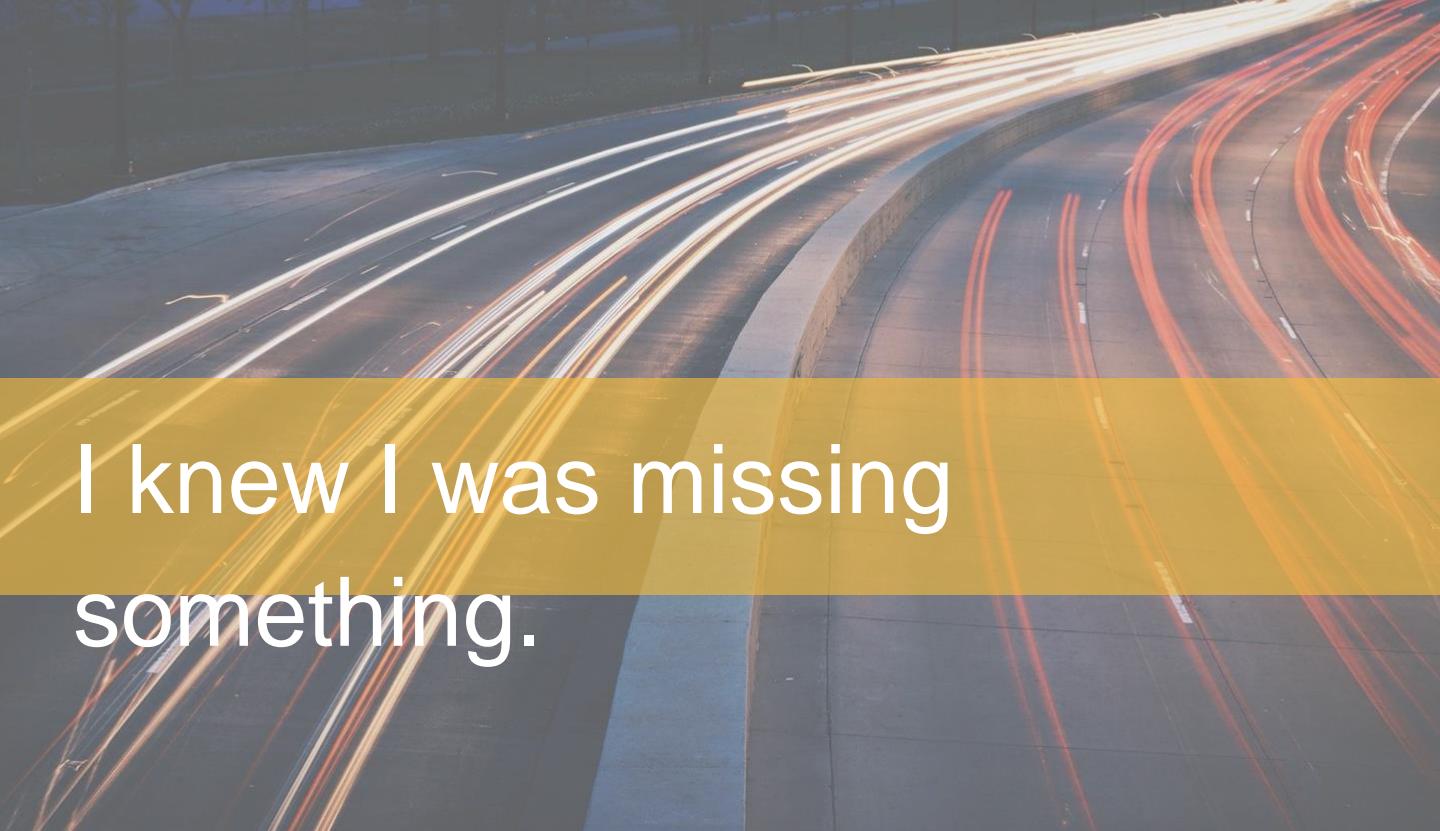
“The soul suffers when the body is diseased or traumatized, while the **body** suffers when the soul is ailing”
Aristotle



MY STORY -
AFTER!
Hair grew back
Lost over 80 lbs
Fertile again... meet my
miracle!
Wake up excited each
morning
Reclaimed sex drive

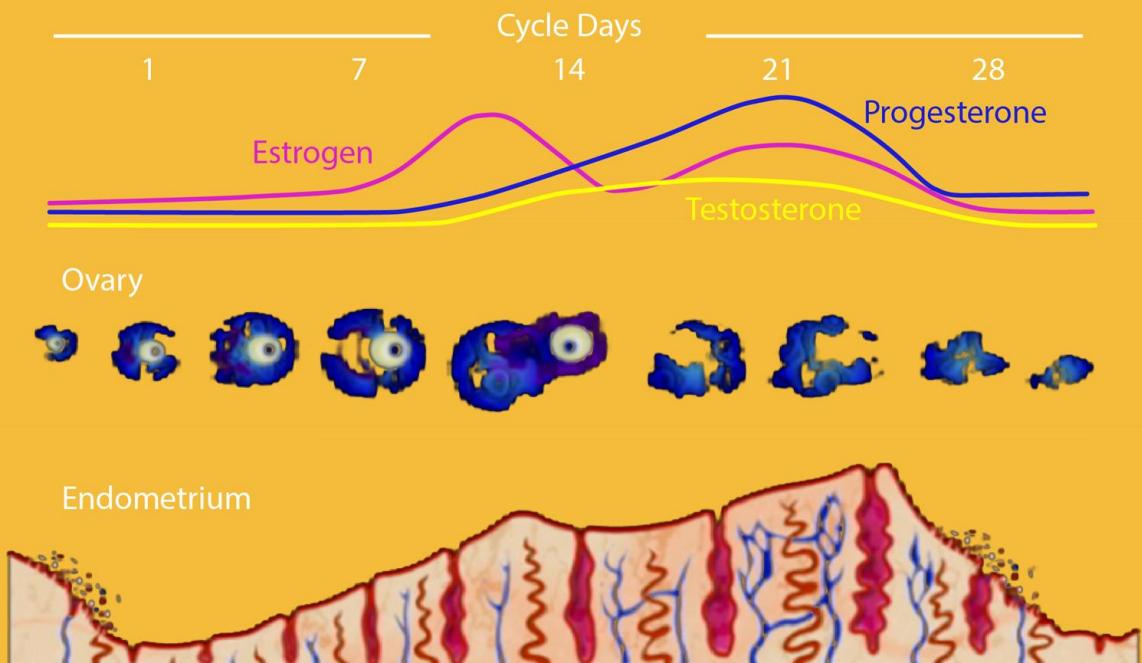


AND WHAT'S MORE...

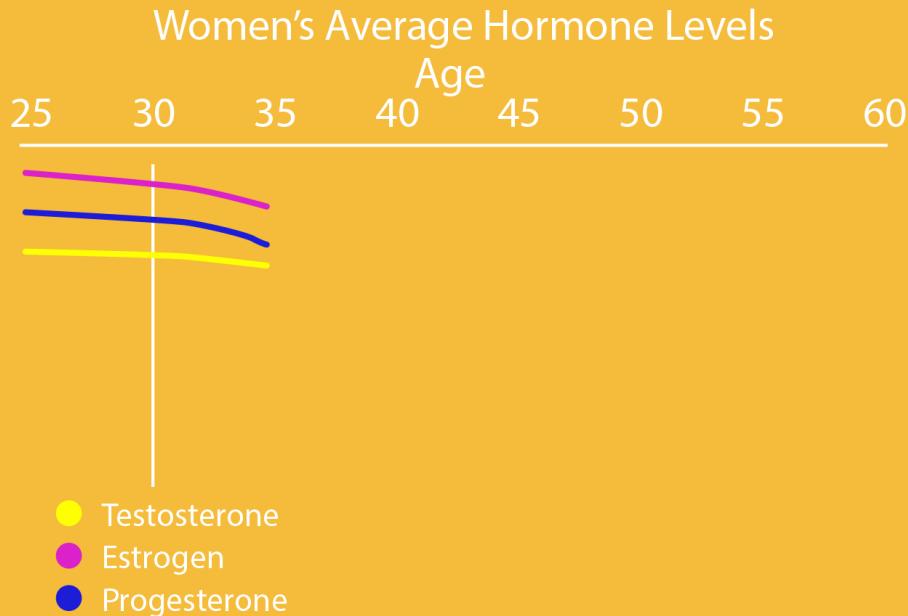


I knew I was missing
something.

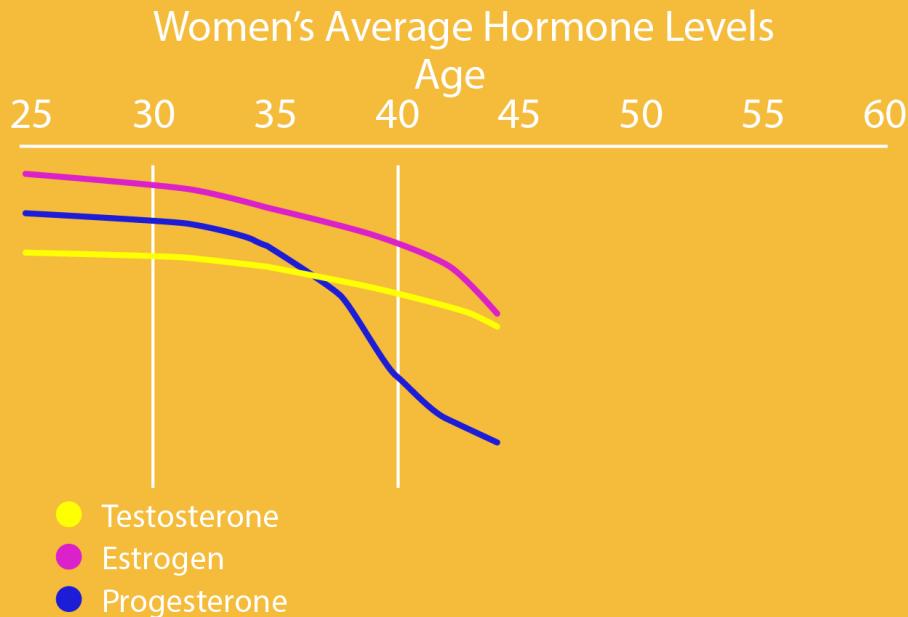
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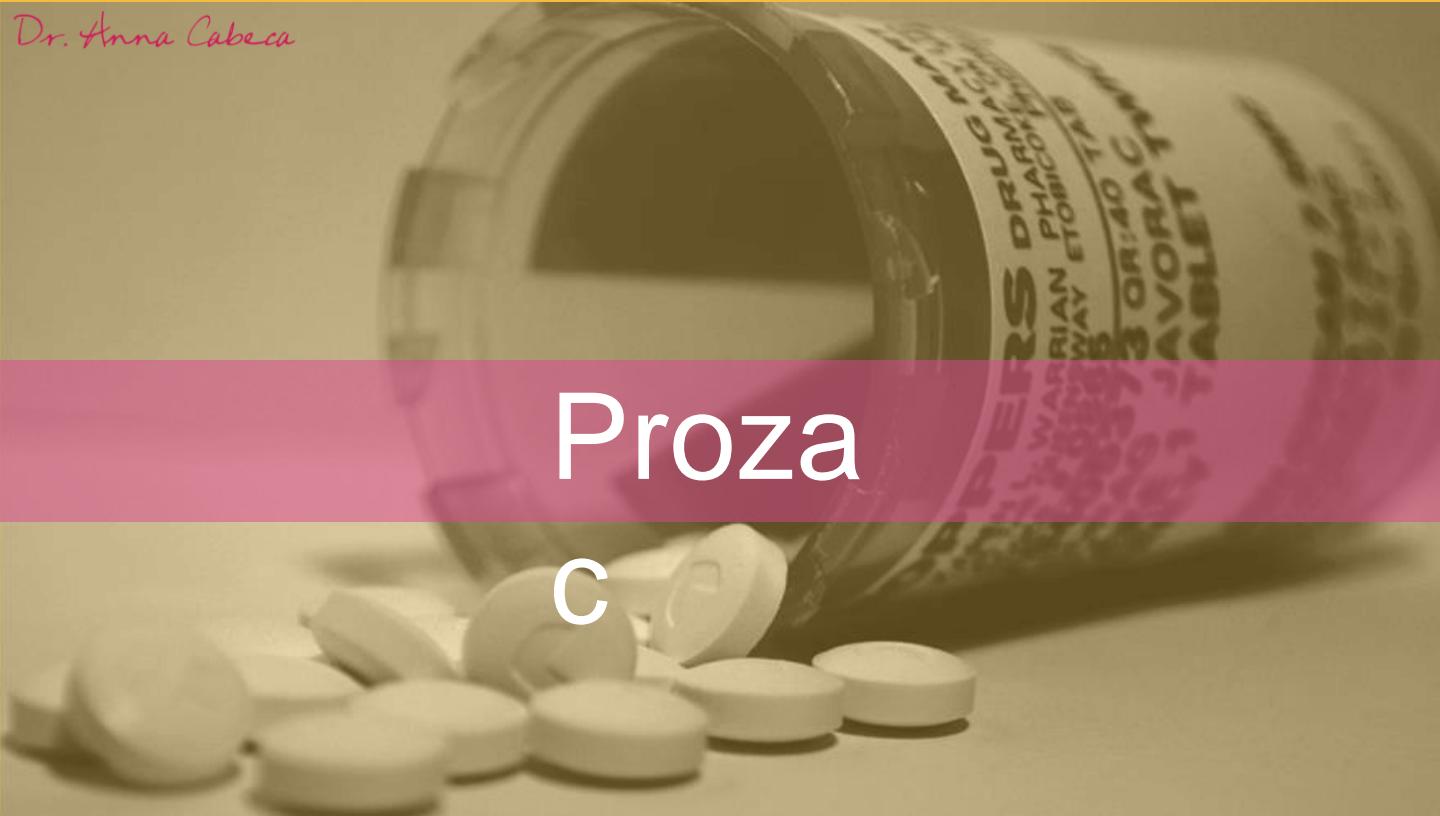
Symptoms of Estrogen Dominance

- ★ Mood Swings
- ★ Irritability
- ★ Depression

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Proza

C



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Symptoms of Estrogen Dominance

- ★ Irregular Periods
- ★ Heavy Menstrual Bleeding
- ★ Dysmenorrhea
- ★ Ovarian Cysts

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OCP'

S



A surgeon in a white coat and mask is performing a hysterectomy on a patient in an operating room. The patient is lying on an operating table, and the surgeon is focused on the procedure. The background shows other medical staff and equipment.

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Hysterectomy

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Symptoms of Estrogen Dominance

- ★ Decreased Libido
- ★ Headaches
- ★ Fatigue
- ★ Short-term Memory Loss
- ★ Lack of Concentration
- ★ Thinning of Scalp Hair

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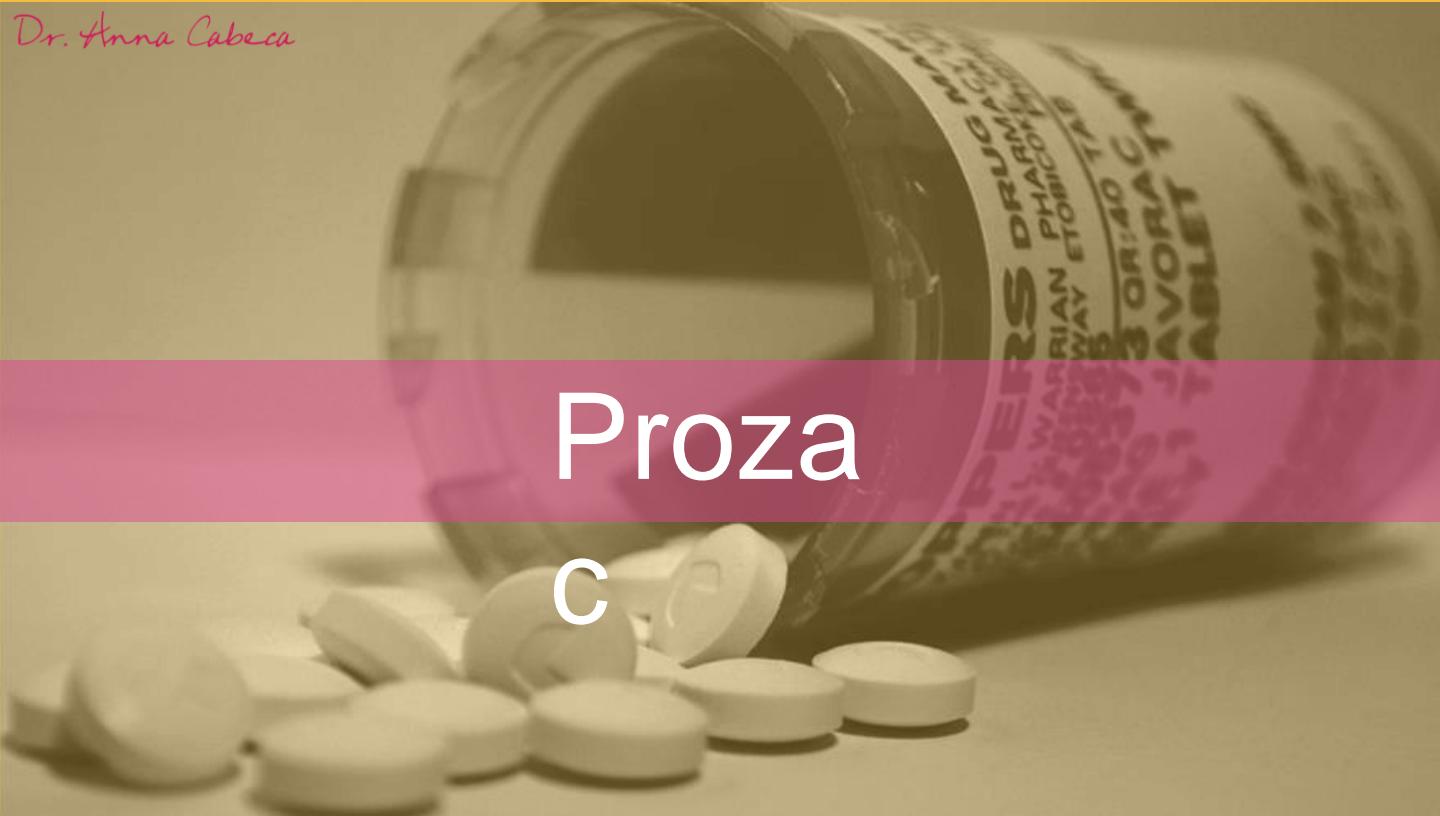
Symptoms of Estrogen Dominance

- ★ Dry, Thin, Wrinkly Skin
- ★ Increased Facial Hair
- ★ Diffuse Aches and Pain
- ★ Vaginal Dryness
- ★ Water Retention
- ★ Weight Gain: Hips, Thighs, and Abdomen

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Proza

C



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OCP'

S



A surgeon in a white coat and mask is performing a hysterectomy on a patient in an operating room. The patient is lying on an operating table, and the surgeon is focused on the procedure. The background shows other medical staff and equipment.

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Hysterectomy

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A man and a woman are in a living room. The woman, wearing a pink cable-knit sweater, has her hands to her ears and is looking at the man with a weary expression. The man, wearing a light-colored polo shirt, is gesturing with his hands as if speaking. The background is a plain, light-colored wall.

Divorce

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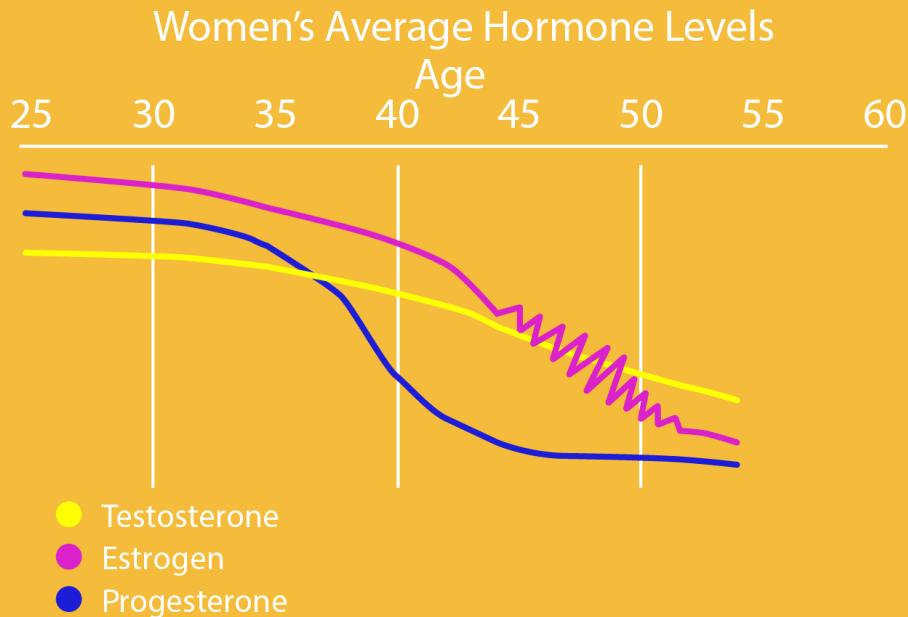
Estrogens Functions

- Development of sex characteristics
 - Stores fat
 - Increases Serotonin
 - Improves insulin sensitivity
- Stimulates growth of endometrial tissue
- Stimulates development of follicle
- Stimulates growth of breast tissue
 - Supports vaginal integrity
- Maintains collagen in the skin and connective tissue

Carol found her own way of coping with the hot flushes



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Progesterone

Our Mother Hormone

Progesterone Functions

- Stabilizes the endometrium
- Essential for maintaining pregnancy “Hormone of Pregnancy”
 - Supports Th2 immunity
 - Neuroprotective
 - Anti-inflammatory
 - Promotes normal sleep patterns
 - Calming effect on the brain/GABA receptors

Progesterone Functions

- Reduces cholesterol
- Inhibits coronary vasospasm
 - Diuretic
- Enhances thyroid hormone activity, ↓TBG
 - Anti-depressant
 - Promotes Osteoblasts
 - Promotes cell differentiation
- Promotes normal cell death (apoptosis)

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Progesterone

Need it with or without a
uterus!!!!

Association with breast cancer

- May be protective pre-menopause
- Undetermined risk post menopause
 - Induces apoptosis (programmed cell death) - Up regulates P53

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Fournier 2005 – French study: 54,548 PM♀

- Little or no increased risk with oral or transdermal E alone or combined with oral micronized Progesterone
- Increased risk when combined with synthetic progestins.
- Conclusion: “The association between HRT use and breast cancer risk most likely varies according to progestogen used.”

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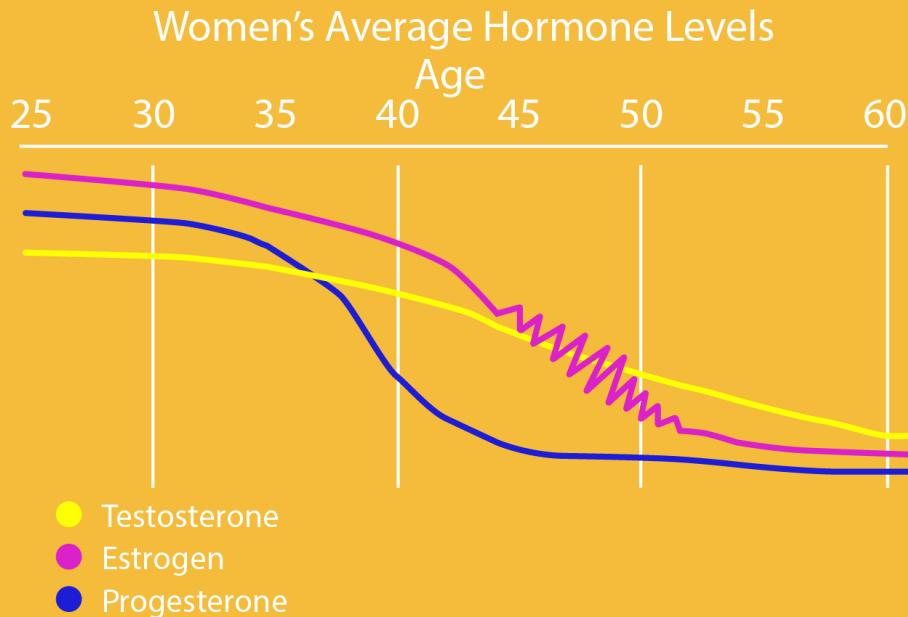
No increased risk was apparent among EP therapy users treated with natural micronized progesterone. Among users of EP therapy containing a synthetic progestin, the odds ratio was 1.57 (0.99-2.49) for progesterone-derived and 3.35 (1.07-10.4) for testosterone-derived progestagen.

Conclusion: “Formulation of EP therapies containing natural progesterone, frequently prescribed in France, was not associated with increased risk of breast cancer.”

Cordina-Duverger E, Truong T, Anger A, Sanchez M, Arveux P, Kerbrat P, et al. (2013) Risk of Breast Cancer by Type of Menopausal Hormone Therapy: a Case-Control Study among Post-Menopausal Women in France.

PLoS ONE 8(11): e78016. doi:10.1371/journal.pone.0078016 French study: 1555 PM ♀

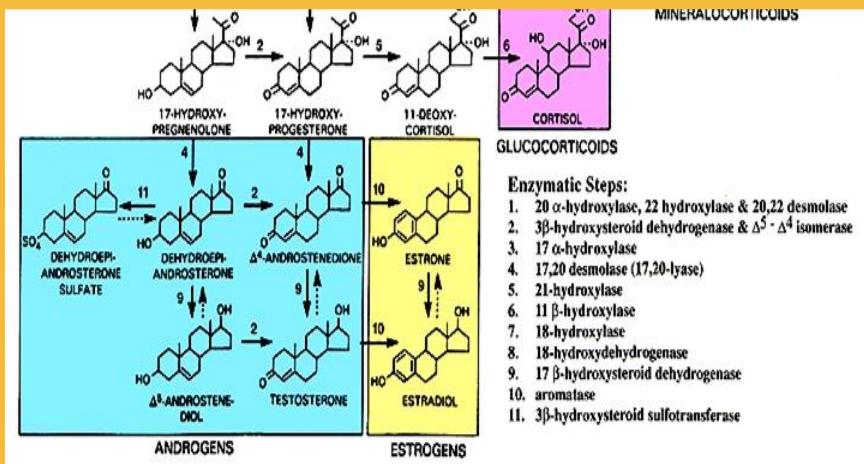
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Testosterone

- Secreted by adrenal glands and ovaries ♀ and testis ♂
- Converted to E2 to E1 via aromatase



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Testosterone

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Functions

Improves sleep

Improves sense of well being and vitality

Essential for libido, arousal, and orgasm

Inhibits fat accumulation

Improves bone density

Helps to maintain lean muscle mass

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Reported Effects of Low Testosterone

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- Decreased libido and potency
 - Memory failure
- Loss of ability to concentrate
 - Moodiness/emotionality
 - Depression
 - Reduced activity
 - Passive attitudes
 - “General tiredness”
 - Nervousness, anxiety
 - Irritability

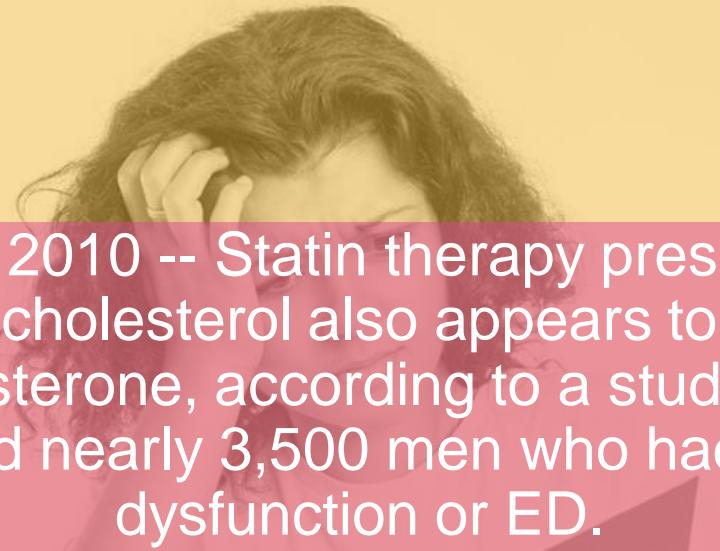
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Statin tx lowers libido

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April 16, 2010 -- Statin therapy prescribed to lower cholesterol also appears to lower testosterone, according to a study that evaluated nearly 3,500 men who had erectile dysfunction or ED.

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"Current statin therapy is associated with a twofold increased prevalence of hypogonadism," - Giovanni Corona, MD, PHD, a researcher at the University of Florence in Italy

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Stress and Hair loss

Causes

- Stress -> 5-alpha reductase
- B vitamin deficiency
- Protein deficiency
 - High fat diet
- Thyroid disease

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Decline of DHEA with aging



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Adrenal dysregulation

Testing is key



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Test - don't Guess

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Why
What
Where
How
When

Evaluating & Balancing Hormones

- What do you want to know and test for?
- When should you test for it?
- Where should you test for it?
- How should you test for it?
- What information is the test giving you?
- How will you use this information to treat the patient?
- What follow up testing should you do?

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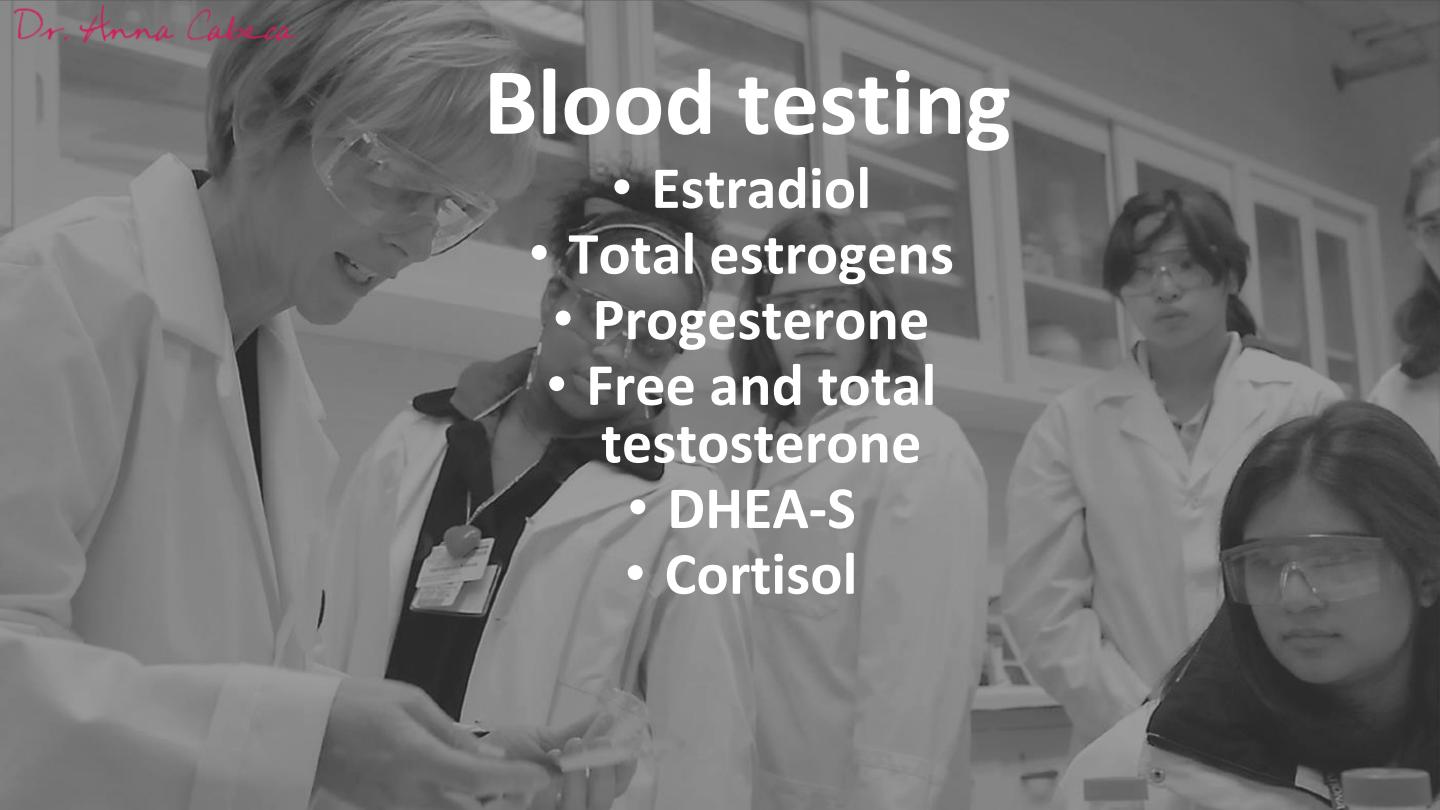


Practice medicine
that makes sense!

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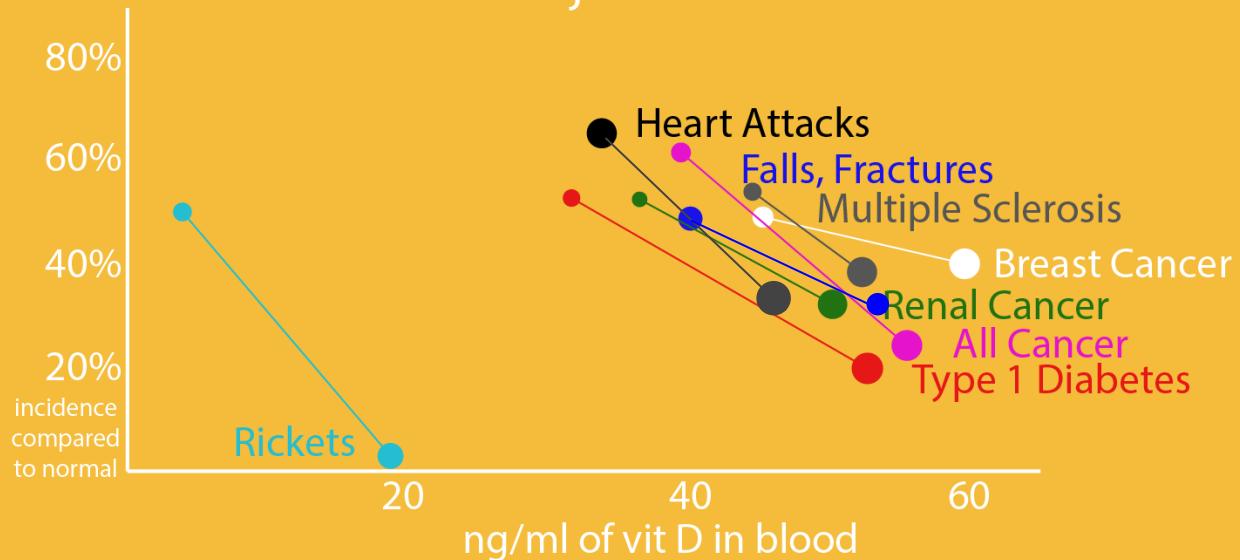
Blood testing

- Estradiol
- Total estrogens
- Progesterone
- Free and total testosterone
- DHEA-S
- Cortisol

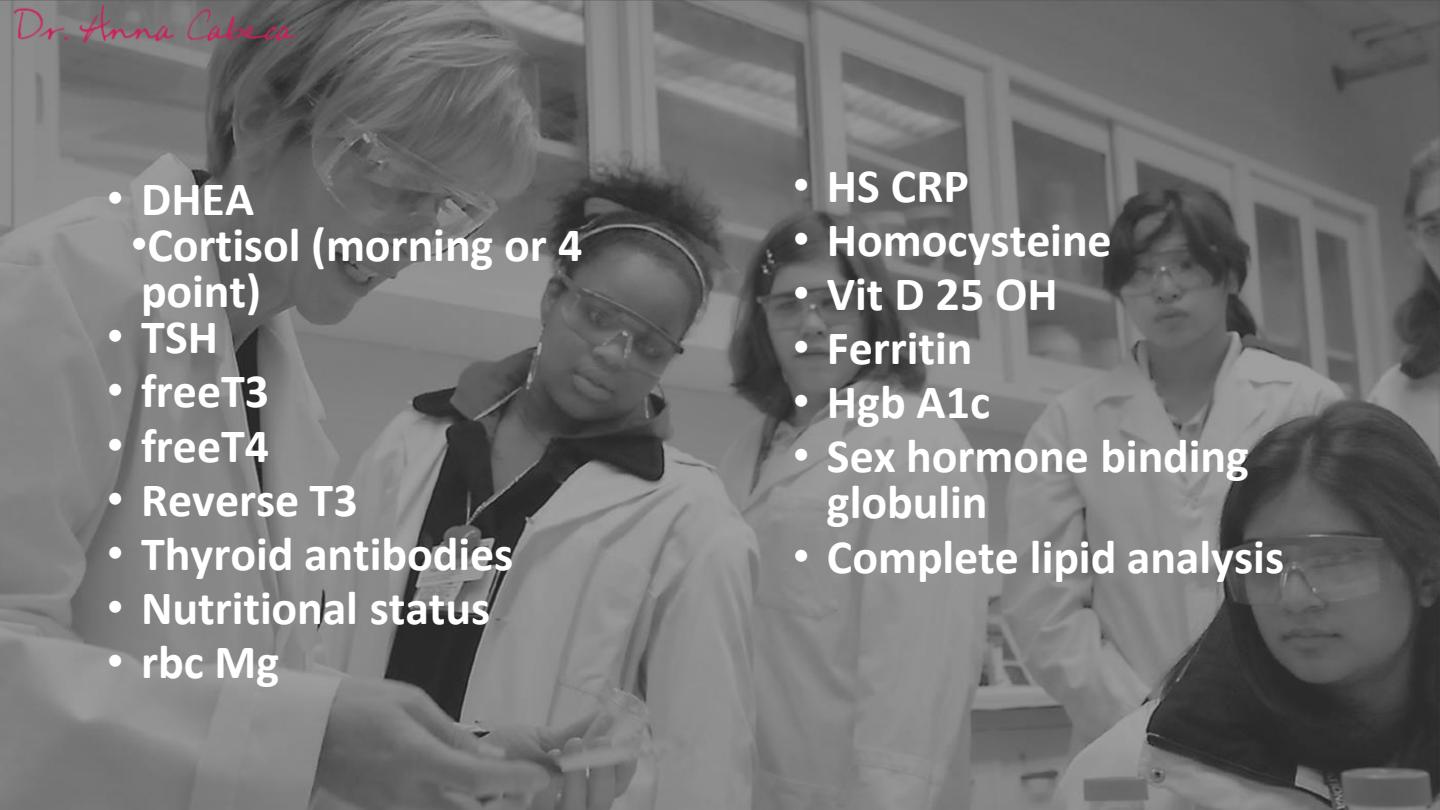


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More Vitamin D in Blood Reduces Incidence of Major Health Problems



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- DHEA
- Cortisol (morning or 4 point)
- TSH
- freeT3
- freeT4
- Reverse T3
- Thyroid antibodies
- Nutritional status
- rbc Mg
- HS CRP
- Homocysteine
- Vit D 25 OH
- Ferritin
- Hgb A1c
- Sex hormone binding globulin
- Complete lipid analysis

What hormones do we see where?

Serum

VS.

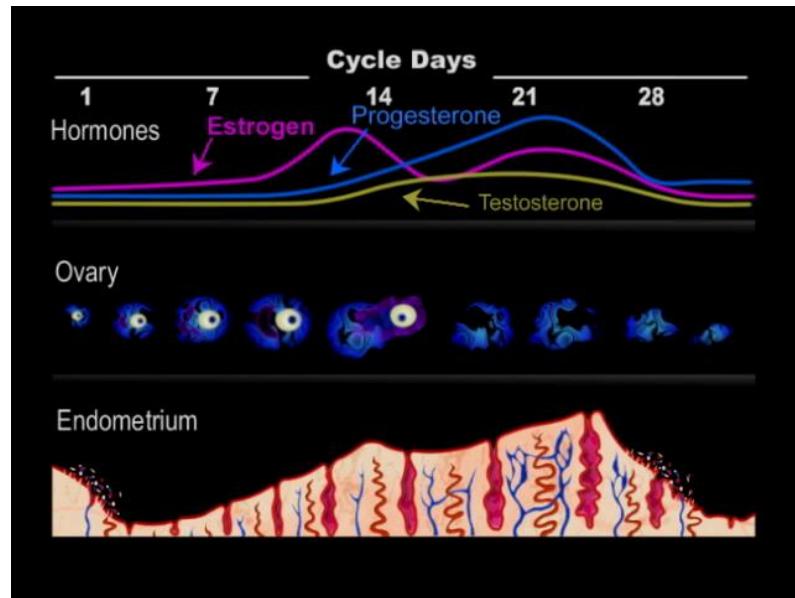
Saliva

VS.

Urine

68

When do we want to test it?



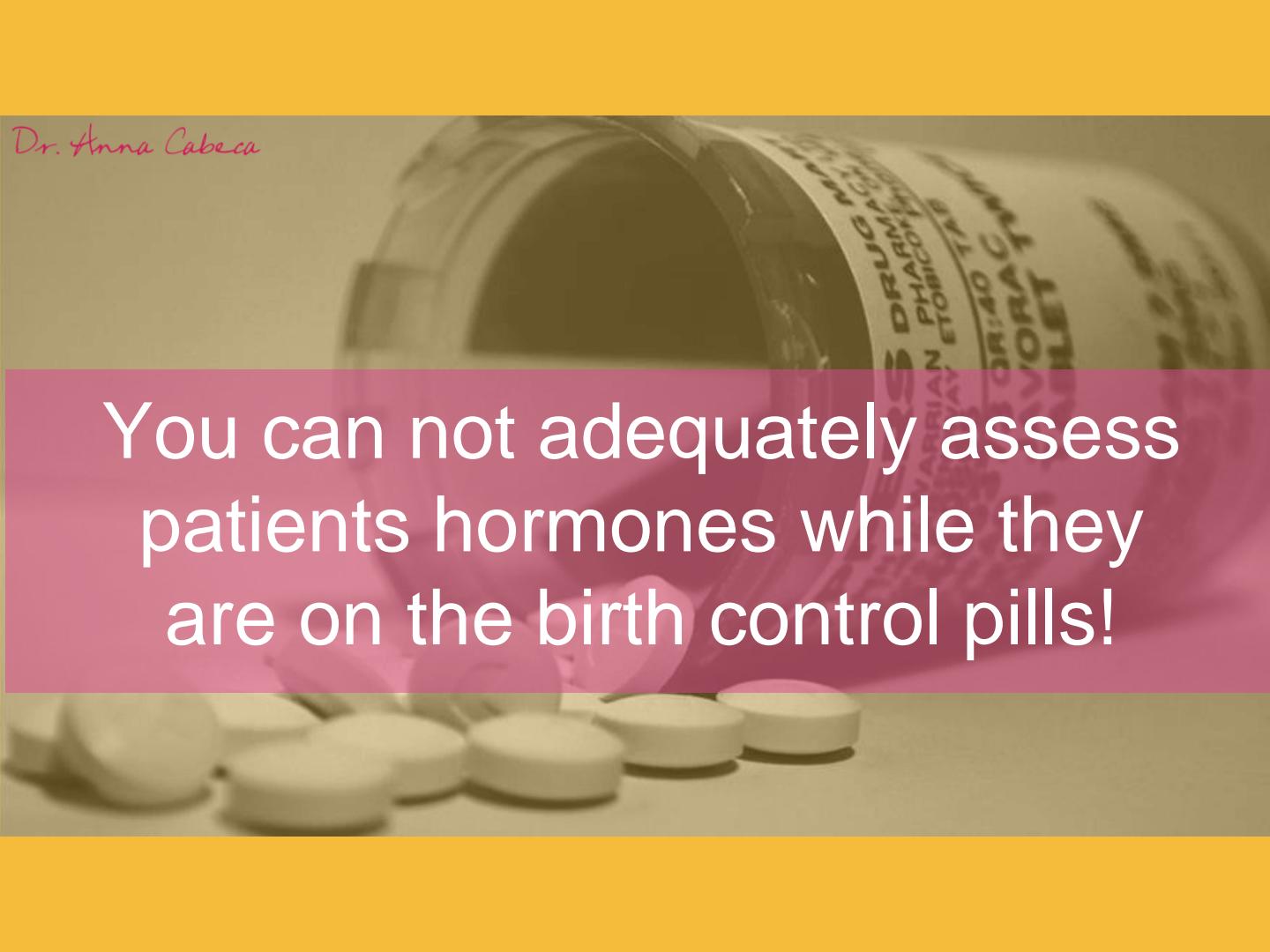
When do we want to test it?

- In a menstruating woman
 - Cd 19 – 21: Peak luteal phase hormone levels
 - Cd 3: Baseline levels ex. FSH, E2
- Diurnal variation
- Trough levels
- Consistency
- “ We must draw the specimen at the same time every time”

Instruct Patient on Proper Sample Collection

- Serum:
 - Collect blood 8-10 hours after last dose of HRT (all forms except patch).
 - Once/week patch collect ~3 days after applying.
 - Twice/week patch collect ~19 hours after applying.
- Saliva:
 - Collect saliva 8-12 hours after last dose of HRT (all forms except patch).
- Urine:
 - 24 hour urine collections should be used with HRT, in order to average hormone peaks and troughs with once or twice a day dosing.

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You can not adequately assess
patients hormones while they
are on the birth control pills!

Treat the
patient, NOT
the labs

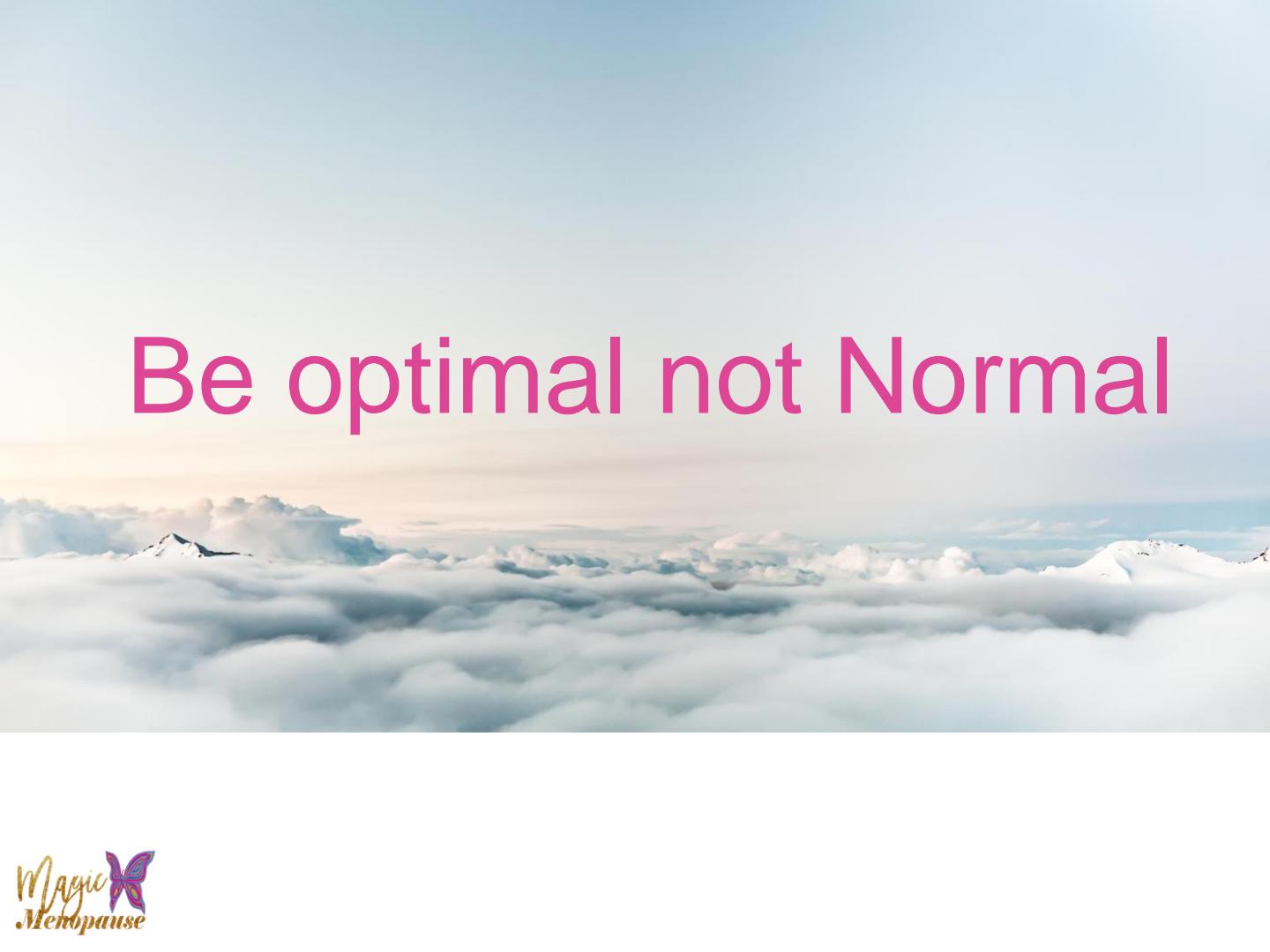




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“In medicine, 90% of our diagnoses is based on our H&P

In healing, 90% of the cure is through therapeutic lifestyle changes (TLCs)”



Be optimal not Normal

Home Testing





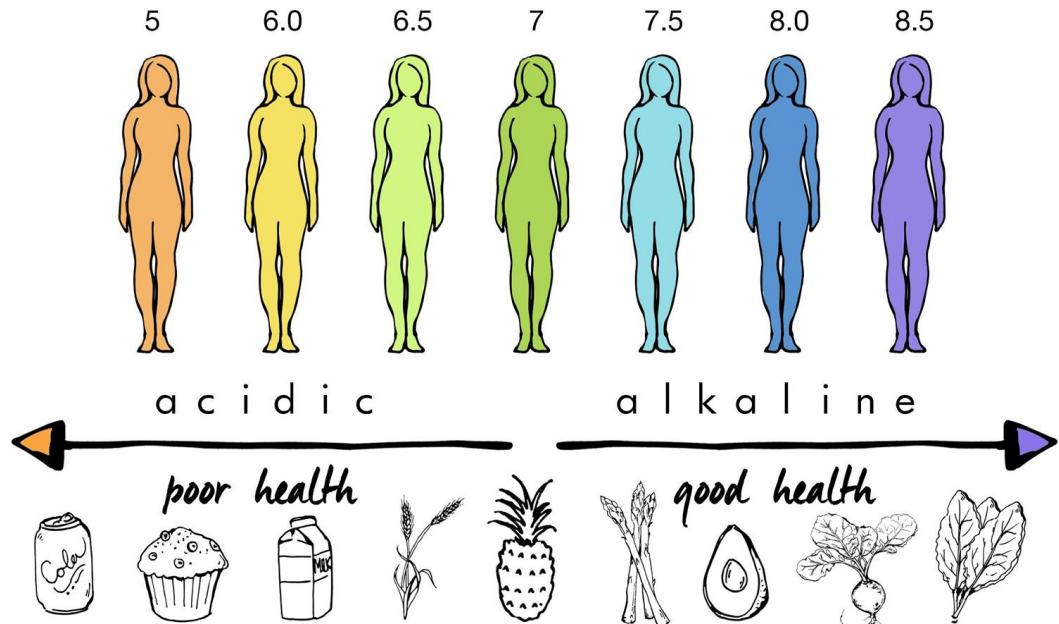
Getting KetoAlkaline

1. Staying Alkaline



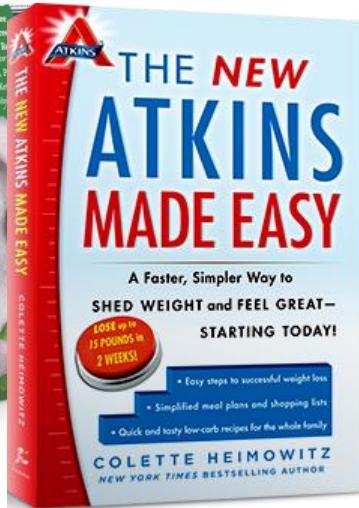
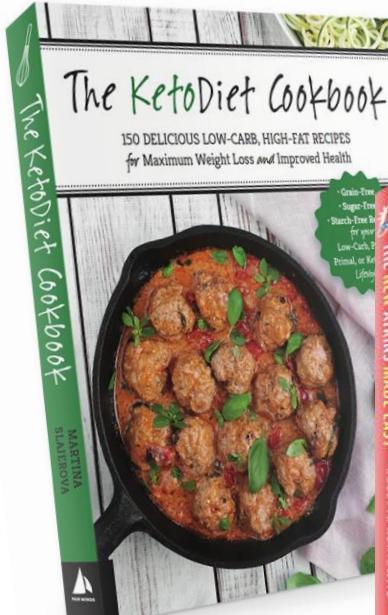


Maintaining Alkalinity & Discovery



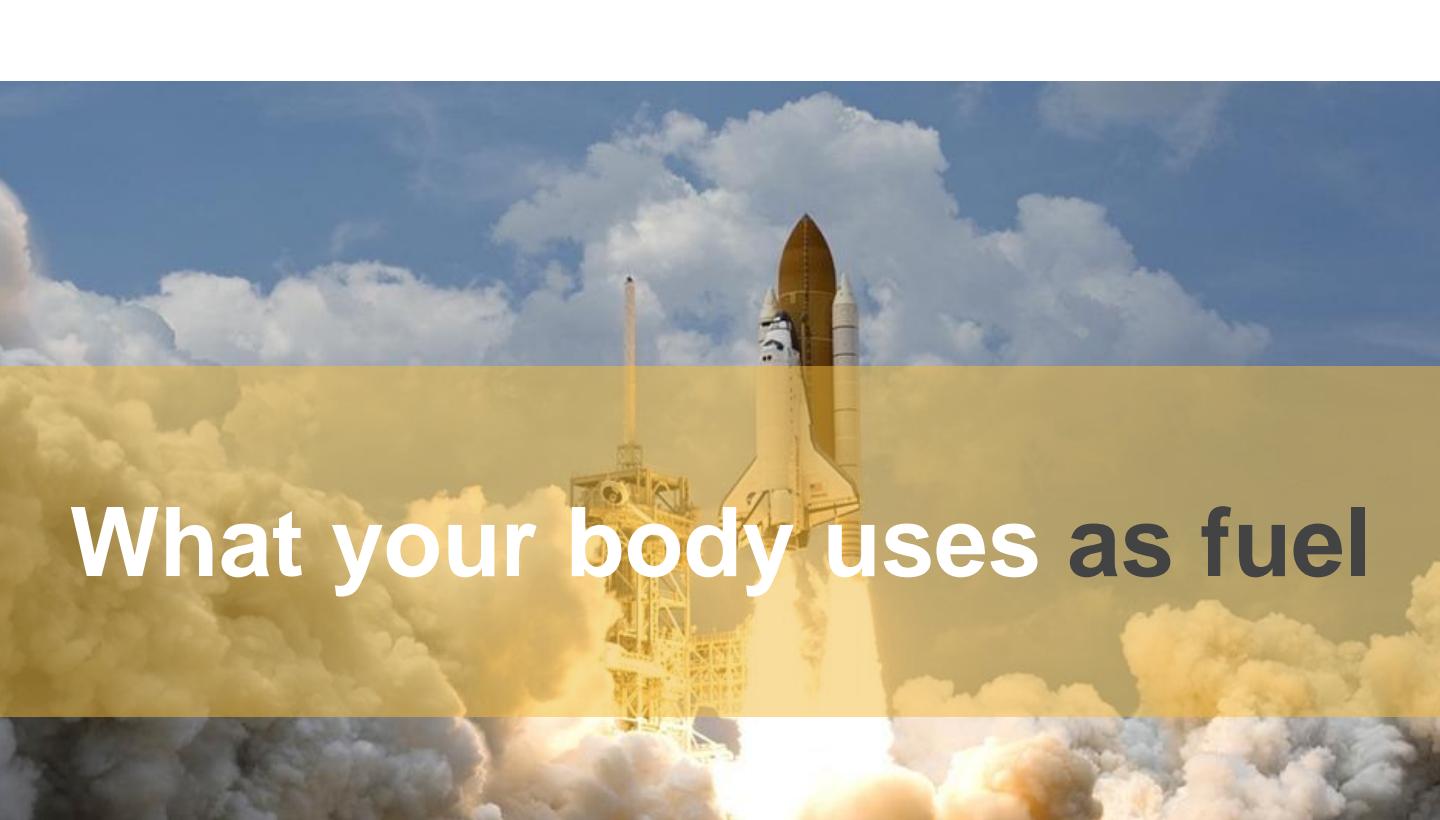
2. Getting into ketosis





**Keto is
everywhere...**

What is Ketosis (and why do I want it)?



What your body uses as fuel

Research shows improved...

Memory



Immune system health

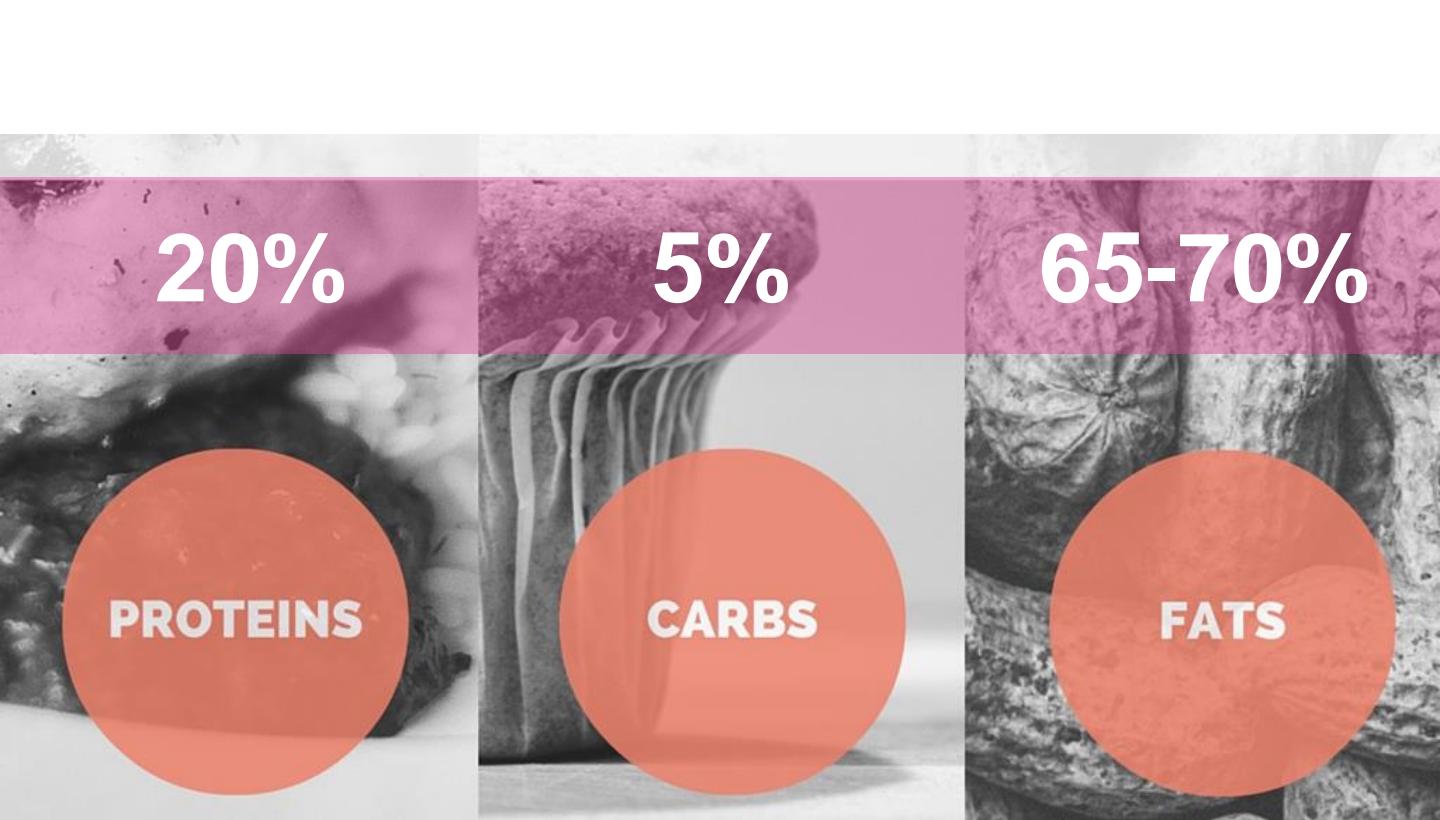


Weight loss



Lack of hunger & cravings





20%

5%

65-70%



PROTEINS

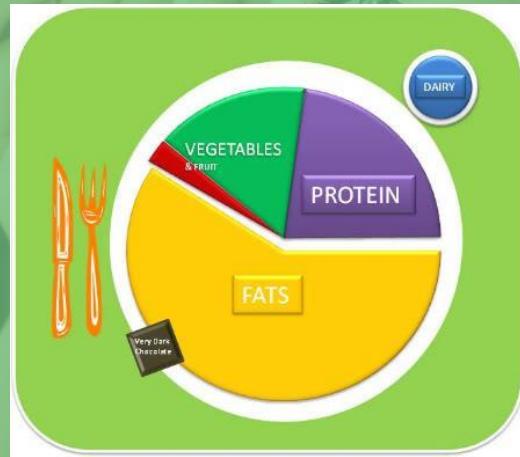


CARBS



FATS

Keto-Alkaline™ Lifestyle



Intermittent fasting

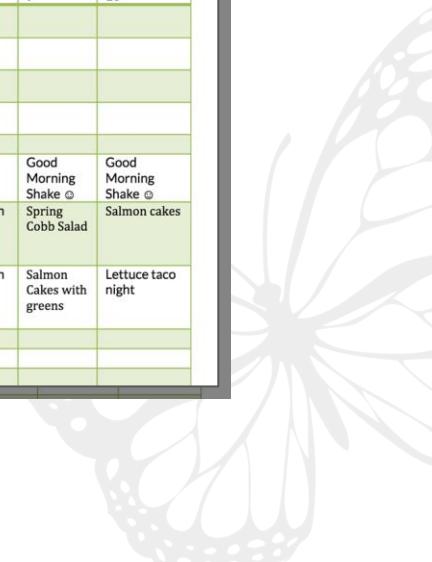


Getting the Magic Started



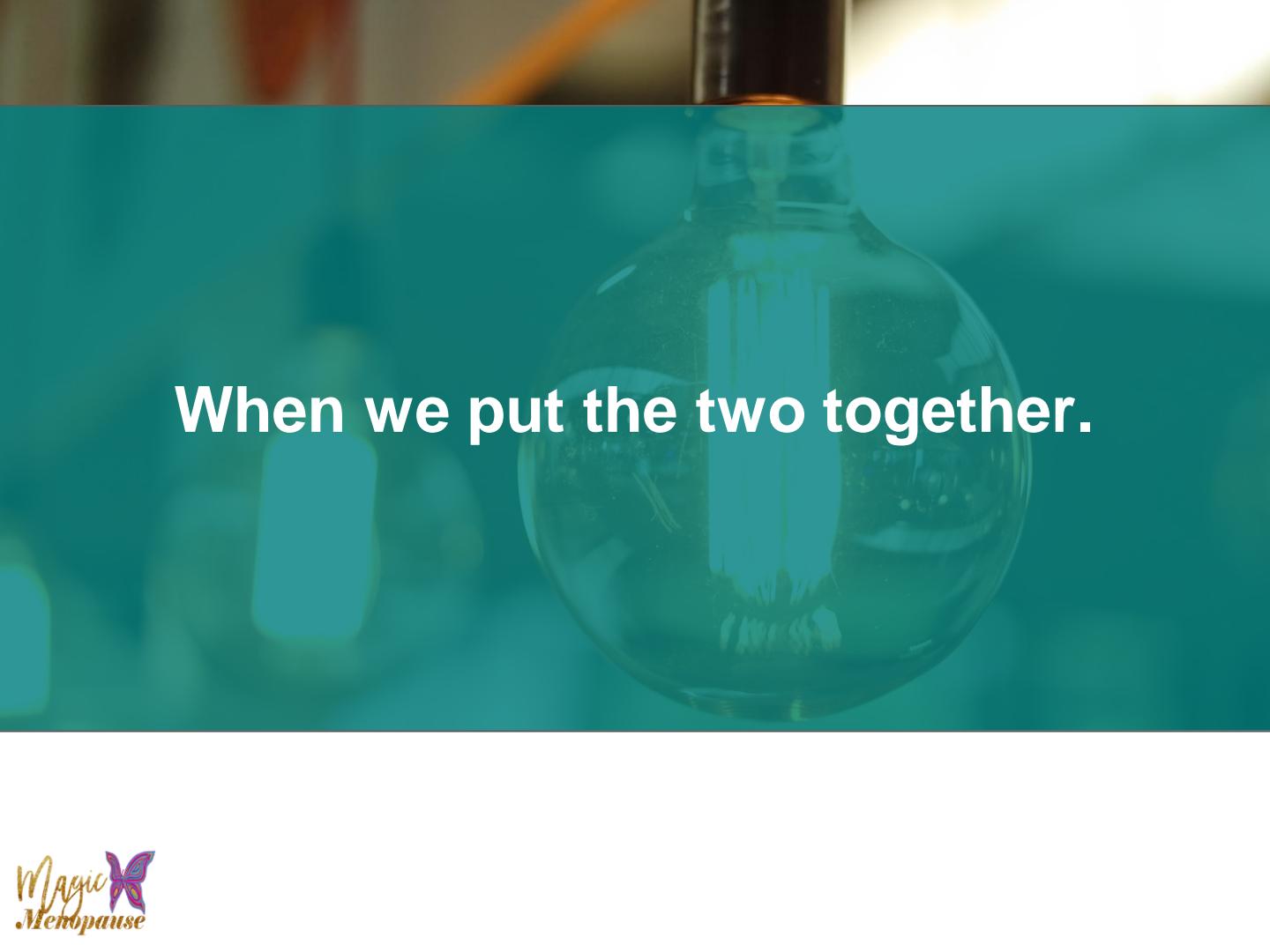
10 Day Keto-Alkaline Menu Plan Week 2

Connect	1	2	3	4	5	6	7	8	9	10
Grateful for:										
My cheer word is:										
Connect with:										
Movement today:										
Oxytocin *										
Morning	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺	Good Morning Shake ☺
Mid-day	Kale salad with tuna or beef	Spring Cobb Salad	Tomato soup (DF) with tuna salad	Egg salad & broccoli slaw	Cleansing spring soup salad	Avocado stuffed with chicken salad	Anytime salad, with pumpkin seeds	Bone broth + 1-2c KA shake	Spring Cobb Salad	Salmon cakes
Evening	Pistachio Mahi mahi w veggies	Shish kabob Cauliflower mash	Sautéed Shrimp, eggplant, onions	Bone broth + 1sc KA shake	Oysters or shrimp, w Cole slaw	Crock pot chicken & veggies	Bone broth + 1sc KA shake	Bone broth + 1sc KA shake	Salmon Cakes with greens	Lettuce taco night
pH										
Ketones										
Water										
EXERCISES										

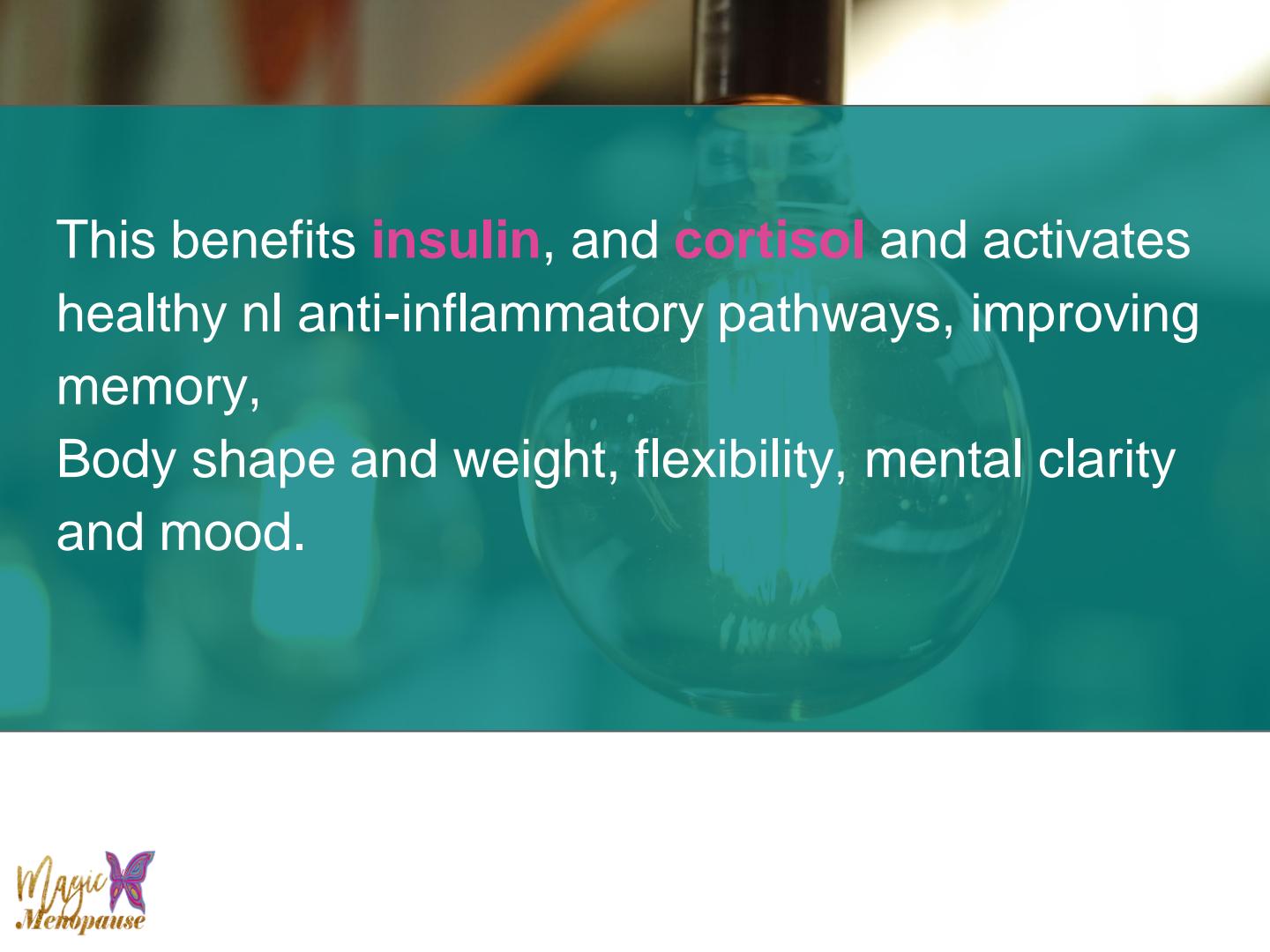




**Keto-Alkaline™ concept is
revolutionary and brings us into
energized enlightenment - Current
science and all the hundreds of diet
plans, missed this basic research.**



When we put the two together.



This benefits **insulin**, and **cortisol** and activates healthy nl anti-inflammatory pathways, improving memory,

Body shape and weight, flexibility, mental clarity and mood.

A close-up photograph of a glass of white wine. The glass is partially filled with a light-colored liquid, likely white wine, with some bubbles visible. The background is dark and out of focus, creating a shallow depth of field that emphasizes the glass.

...And what we find too is improved organ function, less reliance (or reduced dosages of) thyroid and other hormones, our body performs and functions better!!!



What gets **measured...**
...gets **managed**



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100 Strips

IMPORTANT:

Keep away from light and moisture.
Promptly replace cap after taking out strips.
Do not remove desiccants.
Do not touch test areas of reagent strips.
Use it within the expiration date.
Read insert carefully before use.

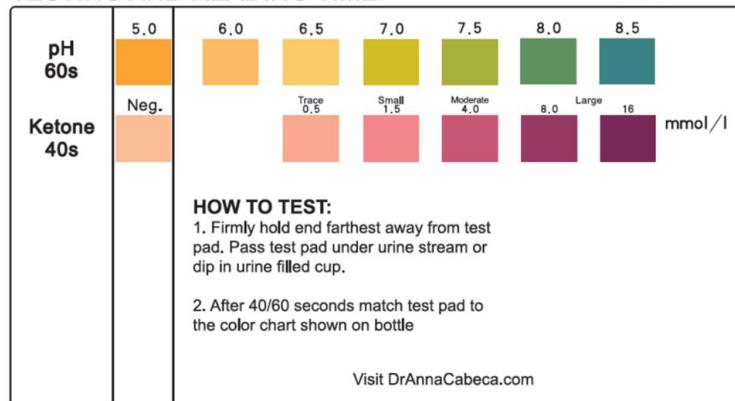
LOT



Keto-Alkaline Weight Loss Solution

TESTING AND READING TIME

Rev.01/2016



Keep track with the app

Keto pH
Free :-)



Here's a quick preview

Record your pH and Keto

1. Tap on pH to record your pH.
2. Tap on Keto to record your urine Ketones.
3. Return to this screen by tapping on home button.

pH test dashboard

1. Tap to start 60 sec count down as you start pH testing.
2. Select a score that matches your test.
3. Tap info button to know how to do the test.

Ketone test dashboard

1. Tap to start 40 sec count down as you start Ketone testing.
2. Select a score that matches your test.
3. Tap info button to know how to do the test.

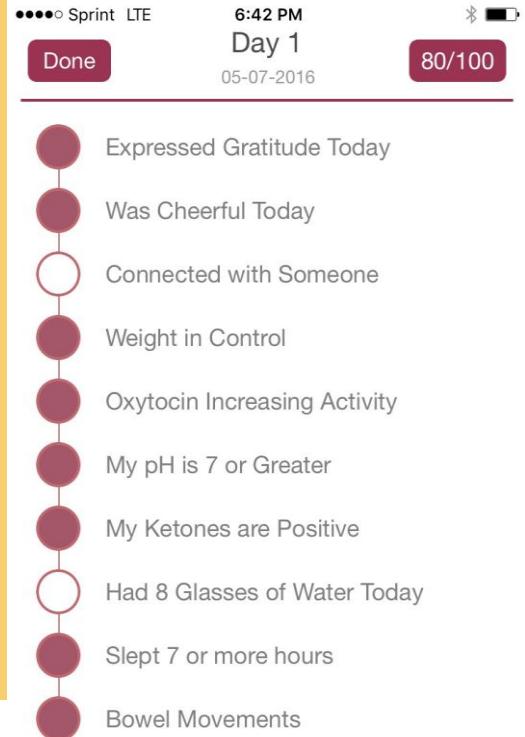
Magic Nutrition Plan

1. Tap to open Magic nutrition plan screen.
2. Tap to select a date to start your first 10 day plan.
3. Select on each day to answer questions.
4. Check your total points.
5. See line graph of your progress.

Online store

1. Tap to open Online store.
2. Name of product.
3. Image of product. Tap on the image to buy product.

Keep track of your progress...



Hormonal changes in the peri-post menopause

Vaginal folds

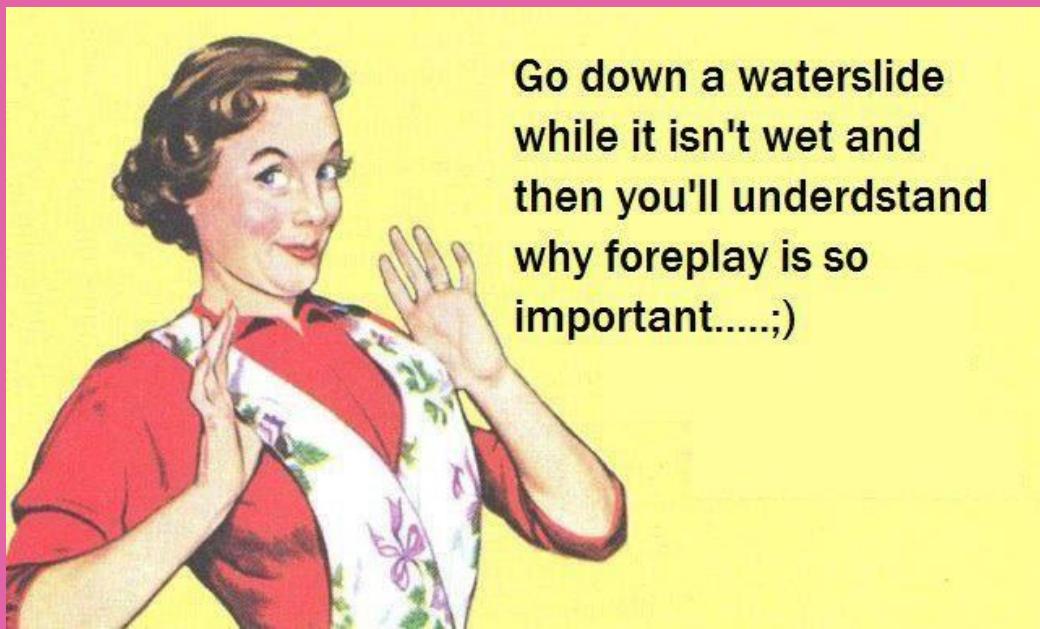
Healthy lining

Loss of folds

Thinned
vaginal lining

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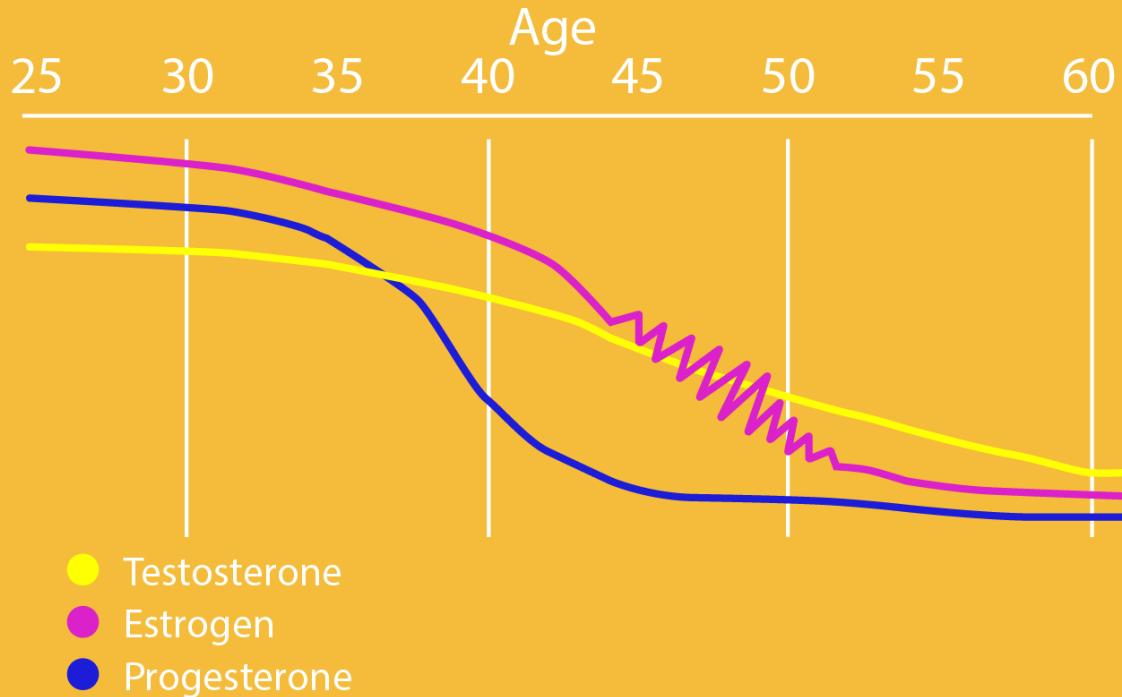
Hormonal Therapies



Go down a waterslide
while it isn't wet and
then you'll understand
why foreplay is so
important.....;)

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Women's Average Hormone Levels



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Balancing Hormones

Hormonal Causes of Sexual
Dysfunction

OXYTOCIN

Adrenaline Cortisol Insulin

Estrogen

Progesterone

Testosterone

DHEA

Melatonin

Vitamin D

Pregnenolone

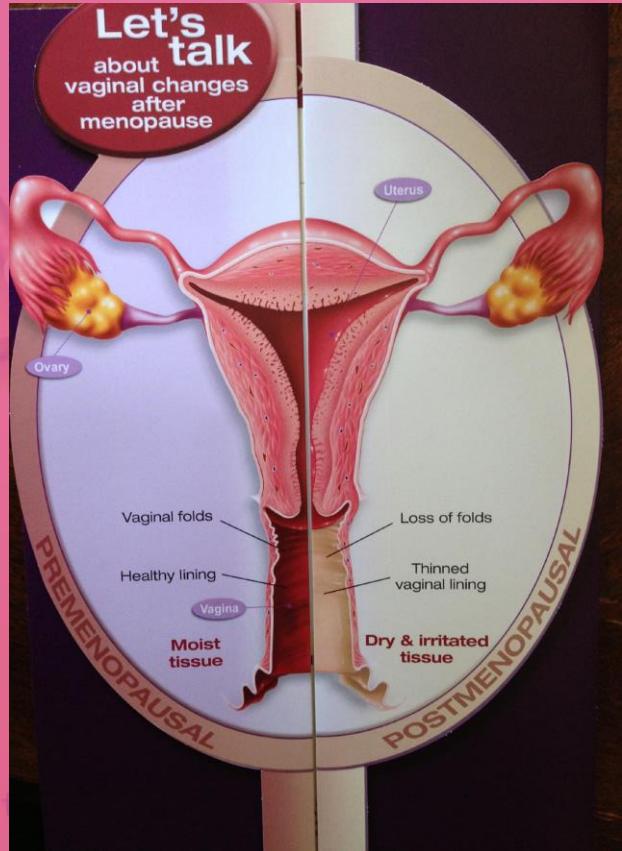


whatever
happened to
our sexual
relations?

I don't know.
I don't even
think we got
a Christmas
card from them
this year.

after menopause

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Healthy Vagina!

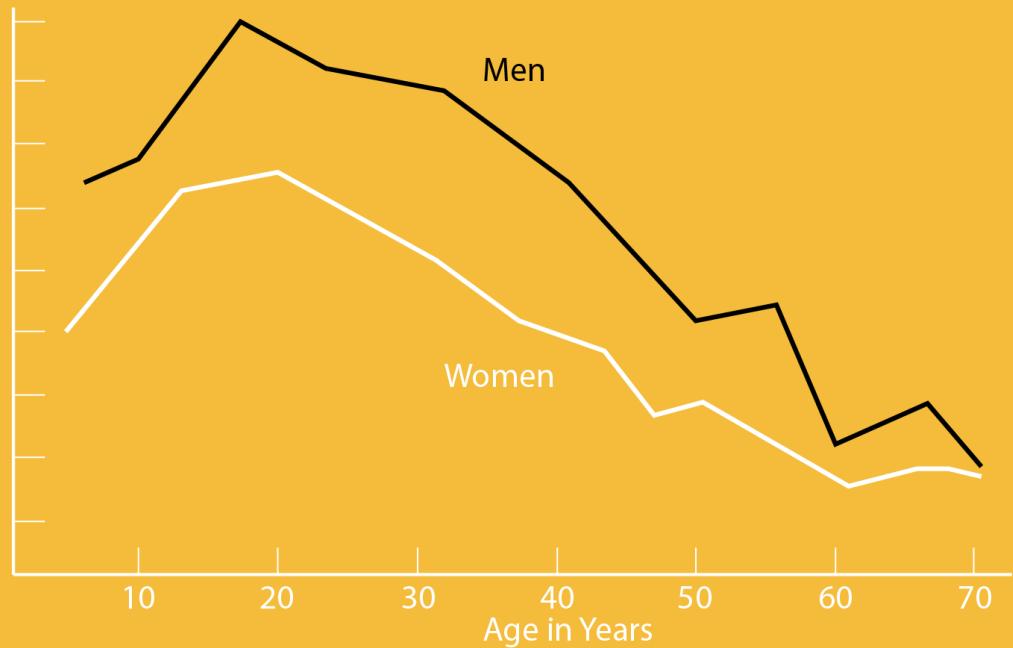
- pH: 3.5- 4.5
- Flora: predominantly lactobacilli – multiple strains
 - Secretions:
 - Glandular: vulvar, sebaceous, sweat, Bartholin's and Skene's
 - Exfoliated cells
 - Secretions of the cervix, endometrial cavity, fallopian tubes

What effects the Vagina

- Declining hormone levels
- Estrogen, progesterone, testosterone, DHEA
 - Atrophic epithelium
 - Decreased musculature
 - Increase in pH: alkaline
- Decline in glycogen levels
- Decreased normal flora

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Decline of DHEA with aging



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Effect of intravaginal dehydroepiandrosterone (Prasterone) on libido and sexual dysfunction in postmenopausal women

Conclusions

- Objective: The objective of this study was to provide evidence that daily intravaginal application of DHEA exerts potent local beneficial effects on all four aspects of sexual dysfunction in postmenopausal women. The study was conducted in a double-blind, placebo-controlled, randomized, crossover design. The study included 100 postmenopausal women with sexual dysfunction. The women were assigned to receive either 100 mg of DHEA or placebo daily for 12 weeks. The DHEA dose was chosen to provide a serum steroid level similar to that of premenopausal women. The placebo dose was chosen to provide a serum steroid level similar to that of postmenopausal women. The study was conducted in a double-blind, placebo-controlled, randomized, crossover design. The study included 100 postmenopausal women with sexual dysfunction. The women were assigned to receive either 100 mg of DHEA or placebo daily for 12 weeks. The DHEA dose was chosen to provide a serum steroid level similar to that of premenopausal women. The placebo dose was chosen to provide a serum steroid level similar to that of postmenopausal women.
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- Results: The study was conducted in a double-blind, placebo-controlled, randomized, crossover design. The study included 100 postmenopausal women with sexual dysfunction. The women were assigned to receive either 100 mg of DHEA or placebo daily for 12 weeks. The DHEA dose was chosen to provide a serum steroid level similar to that of premenopausal women. The placebo dose was chosen to provide a serum steroid level similar to that of postmenopausal women.
- Conclusion: The study was conducted in a double-blind, placebo-controlled, randomized, crossover design. The study included 100 postmenopausal women with sexual dysfunction. The women were assigned to receive either 100 mg of DHEA or placebo daily for 12 weeks. The DHEA dose was chosen to provide a serum steroid level similar to that of premenopausal women. The placebo dose was chosen to provide a serum steroid level similar to that of postmenopausal women.

By a local action in the vagina, DHEA applied daily at doses at which serum steroids remain well within normal postmenopausal values exerts relatively potent beneficial effects on all four aspects of sexual dysfunction. Such data indicate that combined androgenic/estrogenic stimulation in the three layers of the vagina exerts important beneficial effects on sexual function in women without systemic action on the brain and other extra-vaginal tissues.

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Endocrine and intracrine sources of androgens in women: inhibition of breast cancer and other roles of androgens and their precursor dehydroepiandrosterone

- Endocr Rev. 2003 Apr;24(2):152-82.

- Labrie F, Luu-The V, Labrie C, Bélanger A, Simard J, Lin SX, Pelletier G.

- Molecular Endocrinology and Oncology Research Center, Laval University Medical Center (Centre Hospitalier de l'Université Laval) and Laval University, Québec City, Québec G1V 4G2, Canada. ernan.labrie@chul.ca

- Serum androgens as well as their precursors and metabolites decrease from the age of 50-40 yr in women, thus suggesting that a more physiological hormone replacement therapy at menopause should contain an androgenic compound. It is important to consider, however, that most of the androgens in women, especially after menopause, are synthesized in peripheral intracrine tissues from the inactivation of DHEA and DHEA-S into androgens and/or estrogens. Much progress has been made in this new area of endocrine physiology called intracrinology. Intraconinology has followed the cloning and characterization of most of the enzymes responsible for the transformation of DHEA and DHEA-S into androgens and estrogens in peripheral target tissues, where the locally produced sex steroids are then made available in the same manner as their precursors. In fact, the androgens diffuse into the circulation, thus self-reinforcing the local effect on peripheral tissues. On the other hand, the androgens that are produced in peripheral tissues are then inactivated locally into more water-soluble compounds that diffuse into the general circulation where they can be measured. In a series of animal models, androgens and DHEA have been found to inhibit breast cancer development and growth and to stimulate bone formation. In contrast, dihydrotestosterone has been found to stimulate breast cancer development, but it does not stimulate vaginal maturation with the same intensity as the androgenic precursors. The advantage of DHEA over other androgenic compounds is that DHEA, at physiological doses, is converted into androgens and/or estrogens only in the specific intracrine target tissues that possess the appropriate physiological enzymatic machinery, thus limiting the action of the sex steroids to those tissues that contain the appropriate enzymatic machinery for their formation, while leaving the other tissues free of the action of the androgens or estrogens administered systemically.

In a series of animal models, androgens and DHEA have been found to inhibit breast cancer development and growth and to stimulate bone formation.

Dr. Anna Cabeca

Endocrine and intracrine sources of androgens in women: inhibition of breast cancer and other roles of androgens and their precursor dehydroepiandrosterone

- Endocr Rev. 2003 Apr;24(2):152-82
- Labrie F, Luu-The V, Labrie C, Bélanger A, Simard J, Lin SX, Pelletier G
- Molecular Endocrinology and Oncology Research Center, Laval University Medical Center (Centre Hospitalier de l'Université Laval) and Laval University, Québec City, Québec G1V 4G2, Canada. fernan.labrie@crchul.ulaval.ca

In clinical studies, DHEA has been found to increase bone mineral density and to stimulate vaginal maturation without affecting the endometrium, while improving well-being and libido with no significant side effects.

Dr. Anna Cabeca

DHEA and the intracrine formation of androgens and estrogens in peripheral target tissues: its role during aging.

- *Steroids. 1998 May-Jun;63(5-6):322-8.*
- [Labrie F, Bélanger A, Luu-The V, Labrie C, Simard J, Cusan L, Gomez JL, Candas B](#).
- Laboratory of Molecular Endocrinology, CHUL (Le Centre Hospitalier de l'Université Laval) Research Center, Québec, Canada.
fernand.labrie@crchul.ulaval.ca
- Human and some other primates are unique since their adrenals secrete large amounts of dehydroepiandrosterone (DHEA) and its sulfate (DHEA-S), which are converted into androstenedione (4-dione) and then into potent androgens and estrogens in peripheral tissues, therefore providing autonomous intracrine control to target tissues that can adjust the formation and metabolism of active sex steroids according to local requirements. Knowledge in this area has recently made rapid progress with the elucidation of the structure of most of the tissue-specific cDNAs and genes that encode the steroidogenic enzymes involved in the formation of active sex steroids in peripheral tissues. In women, the adrenal contribution to total androgens is 30 to 50% of total androgen levels, but the peripheral contribution is 50 to 70%. In the premenopausal woman, the peripheral estrogen formation is even more important, the best estimate being 75% before menopause and 100% after menopause. The marked reduction in the formation of DHEA-S by the adrenals during aging, especially before the age of 50 years, results in a dramatic fall in the formation of active sex steroids in peripheral target tissues, a change which is thought to be associated with a long series of age-related decreases such as insulin resistance, obesity, osteoporosis, cardiovascular diseases, and memory loss. In contrast, the formation of DHEA-S in peripheral tissues is of great biological importance. This relatively rapid change was associated with an increase in plasma osteocalcin, a marker of bone formation, while a decrease in bone resorption reflected by a decrease in urinary hydroxyproline excretion was observed in parallel. In addition, the estrogenic stimulation of vaginal cytology in the absence of any sign of estrogen effect in the breast, uterus, and ovaries, is a potential sign of aging, the level of which is a hallmark of menopause. Furthermore, the inhibitory effect of DHEA on the growth of human breast cancer xenografts in vivo in nude mice supports the beneficial use of DHEA as hormone replacement therapy in women.

• [PMID: 9218795 \[PubMed - Indexed for MEDLINE\]](#)

Furthermore, the inhibitory effect of DHEA on the growth of human breast cancer xenografts in vivo in nude mice supports the beneficial use of DHEA as hormone replacement therapy in women.

Dr. Anna Cabeca

Management of sexual dysfunction in postmenopausal breast cancer patients taking adjuvant aromatase inhibitor therapy.

- Curr Oncol. 2007 Dec;14 Suppl 1:S20-46.
- Derzko C, Elliott S, Lam W.
- Obstetrics and Gynecology and Reproductive Endocrinology, St. Michael's Hospital, and University of Toronto, Toronto, Ontario.

In patients with estrogen-dependent breast cancer (notably those receiving anti-estrogenic adjuvant therapies) and severely symptomatic vaginal atrophy that fails to respond to non-hormonal options, menopausal hormone replacement or prescription vaginal estrogen therapy may be considered.

may be highly effective, the concern remains that in patients with estrogen-dependent breast cancer, including those receiving anti-estrogenic adjuvant therapies, the use of these hormones may be attended with potential risk. Therefore, non-hormonal alternatives should in all cases be initially tried with the expectation that symptomatic relief can often be achieved. First-line therapy for urogenital symptoms, notably vaginal dryness and dyspareunia, should be the non-hormonal group of preparations such as moisturizers and precoital vaginal lubricants. In patients with estrogen-dependent breast cancer (notably those receiving anti-estrogenic adjuvant therapies) and severely symptomatic vaginal atrophy that fails to respond to non-hormonal options, menopausal hormone replacement or prescription vaginal estrogen therapy may be considered. Systemic estrogen may be associated with risk and thus is best avoided. Judicious use of hormones may be appropriate in the well-informed patient who gives informed consent, but given the potential risk, these agents should be prescribed only after mutual agreement of the patient and her oncologist.

Dr. Anna Cabeca **July**
Dr. Anna Cabeca's
a
Alpine Rose plant
stem cells
DHEA
Emu oil
Coconut oil
Rose essence
DrAnnaCabeca.com
30 ml, 1 oz

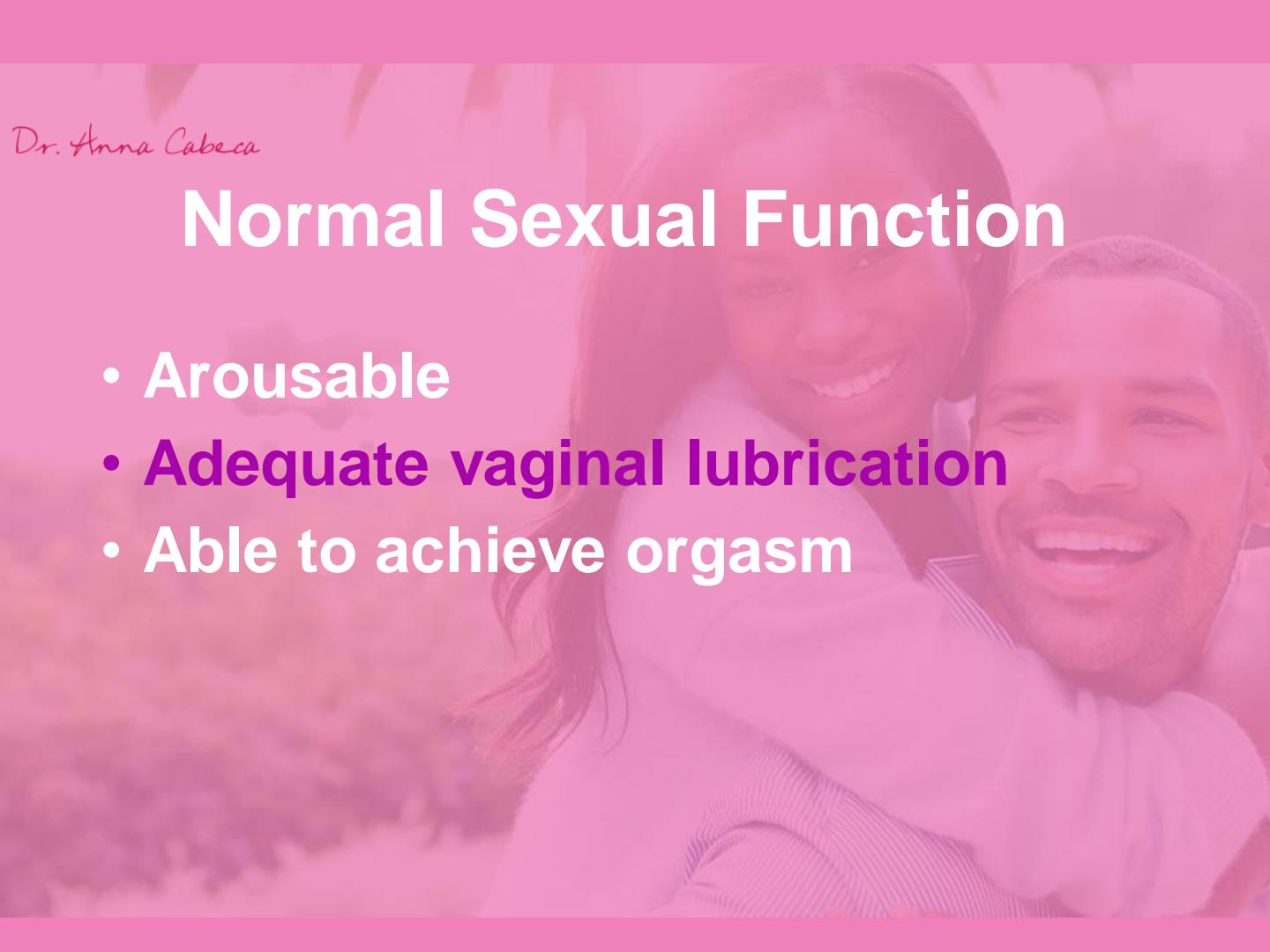




Dr. Anna Cabeca

Normal Sexual Function

- Good Health
- Hormone Balance
- Comfortable with body
- Able to communicate desires
- Has an interest in sex

A soft-focus photograph of a smiling couple in bed. A woman with long brown hair is on the left, wearing a white top. A man with a beard and short hair is on the right, wearing a striped pajama top. They are both smiling and looking towards the camera.

Dr. Anna Cabeca

Normal Sexual Function

- Arousal
- Adequate vaginal lubrication
- Able to achieve orgasm

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7 Key Areas of Sexual Health



Dr. Anna Cabeca



Treatment Options

Dr. Anna Cabeca



- **Hormonal balance (Bigger is not Better)**
 - Address adrenaline, cortisol, insulin, oxytocin & thyroid
 - **Progesterone**
 - Progesterone therapies are available in pill, cream, and vaginal forms. Consult with your physician about which form is correct for you.

Dr. Anna Cabeca



Treatment Options
Hormonal balance
DHEA
Testosterone ♀

A photograph of a woman with long dark hair, seen from the waist up, standing on a beach. She is wearing a light-colored, patterned top and dark pants. Her arms are raised high above her head in a joyful, celebratory pose. The background is a dramatic sunset or sunrise sky with deep orange, yellow, and blue hues, and scattered clouds. The ocean is visible in the distance.

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Treatment Options

Pregnenolone

Melatonin

D3

Vitamin

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Vaginal hormonal treatment options

- Compounded DHEA vaginal suppositories/tablets or topical cream
 - 5-10 mg
- Testosterone
 - 0.5 – 10 mg suppository (higher doses with incontinence)

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Vaginal hormonal treatment options

- Estriol/Estradiol
- Progesterone
- Oxytocin
- Ex: Bi-est 0.5 mg+ T 2mg + DHEA 3mg combined

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Non-hormonal treatments for vaginal dryness

- Coconut oil
- Ayurvedic Ghee
- Probiotics

Dr. Anna Cabeca



Practice medicine
that makes sense!

Dr. Anna Cabeca

MEN



WOMEN

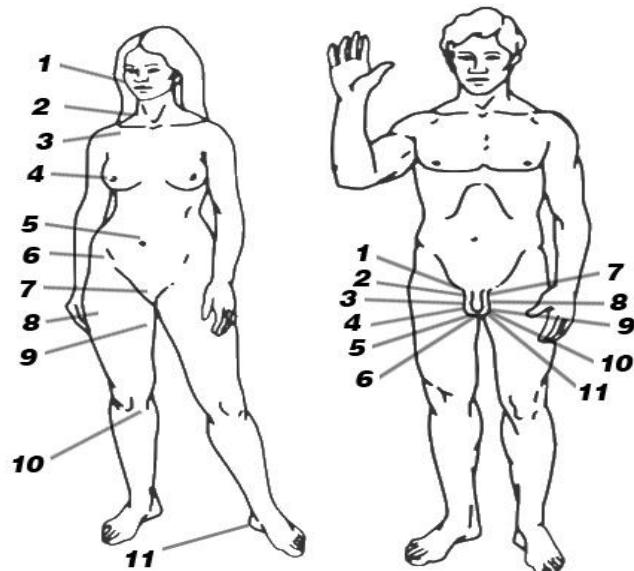


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THE HUMAN BODY

MOST EROGENOUS ZONES



Dr. Anna Cabeca



Dr. Anna Cabeca

Morning Takeaways

- Nutrients to decrease inflammation, support cell membrane integrity and function and adrenal function
 - DHA
 - Maca
 - Quercetin
 - Resveratrol
 - Grape Seed extract
 - Turmeric

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Morning Takeaways

- Supplements
 - Vit D
 - Progesterone and/or Pregnenolone
 - DHEA
 - Probiotics

MACA

- Menopause. 2008 Nov-Dec;15(6):1157-62. [Links](#)

- Beneficial effects of *Lepidium meyenii* (Maca) on psychological symptoms and measures

Preliminary findings show that *Lepidium meyenii* (Maca) (3.5 g/d) reduces psychological symptoms, including anxiety and depression, and lowers measures of sexual dysfunction in postmenopausal women independent of estrogenic and androgenic activity.

Employing up to 4 mg/mL Maca extract (equivalent to 200 mg/mL Maca). CONCLUSIONS. Preliminary findings show that *Lepidium meyenii* (Maca) (3.5 g/d) reduces psychological symptoms, including anxiety and depression, and lowers measures of sexual dysfunction in postmenopausal women independent of estrogenic and androgenic activity.

MACA, TURMERIC, FLAX,
OAT BETA GLUCAN

MANGOSTEEN, RESVERATROL,
QUERCETIN, FLAX

Dr. Anna Cabeca

Did you know that 90% of all disease begins with inflammation and hormone imbalance within the body?

BRAIN/NEUROLOGICAL SYSTEM
MACA, TURMERIC, FLAX,
OAT BETA GLUCAN

HEART/CIRCULATORY
MANGOSTEEN, RESVERATROL,
QUERCETIN, FLAX

IMMUNITY
MACA, MANGOSTEEN,
SPIRULINA, CHLORELLA,
OAT BETA GLUCAN, CAT'S
CLAW, GRAPE SEED EXTRACT

METABOLISM
CINNAMON, GREEN TEA

DETOXIFICATION
SPIRULINA,
CHLORELLA, MILK
THISTLE, CAT'S CLAW

BLOOD SUGAR
CINNAMON

INFLAMMATION
MACA, MANGOSTEEN, OAT BETA
GLUCAN, CAT'S CLAW,
RESVERATROL, SPIRULINA,
CHLORELLA, BROMELAIN,
PAPAIN, AMYLASE

GI/DIGESTIVE SYSTEM
BROMELAIN, PAPAIN, AMYLASE

HORMONES/ADRENALS
MACA, FLAX, LICORICE

DETOXIFICATION
SPIRULINA,
CHLORELLA, MILK
THISTLE, CAT'S CLAW

BLOOD SUGAR
CINNAMON

INFLAMMATION
MACA, MANGOSTEEN,
GLUCAN, CAT'S
CLAW, RESVERATROL,
CHLORELLA, BROMELAIN,
PAPAIN, AMYLASE

HORMONES/ADRENALS
MACA, FLAX, LICORICE

INFLAMMATION/ADRENALS
MACA, FLAX, LICORICE

Power Up!



Morning Takeaways

- Empower your patients with Self Discovery!
- Get Alkaline first
- Bump into keto-alkaline
- Empower our body, mind, spirits, and relationships



Dr. Anna Cabeca

Gifts for DrRitamarie's Audience!

DrAnnaCabeca.com/Shine

get 50% off Mighty Maca (exp. 11/15)

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