

A Mind/Body Medicine Approach to Women's Health

A Teleseminar Session with
Christiane Northrup, MD
and Ruth Buczynski, PhD

The National Institute
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of Behavioral Medicine

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A complete transcript of a Teleseminar Session
featuring Christiane Northrup, MD and conducted by Dr. Buczynski Buczynski, PhD of NICABM

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with Christiane Northrup, MD
and Ruth Buczynski, PhD

Dr. Buczynski: Hello everyone, I want to get started and welcome you to this series on Women's Health. We are *so* glad that you are here participating in this series. We have practitioners calling in from all over the globe, from almost every time zone - so whatever time you are calling in, wherever you are from, we just want to say welcome - we are awfully glad you're here.

We have physicians, and nurses, and psychologists, and social workers; we are marriage and family therapists, we are counselors, we are dieticians, occupational therapists, physical therapists, clergy...

I don't remember if I have forgotten any but we are a *wide* range of practitioners all getting together for this community series, to focus on an extremely important topic - and that is women's health.

And I am *so* excited to welcome my friend and our special guest. She is the seminal leader in women's health: Dr. Christiane Northrup. She is the author of five books including two *New York Times* Bestselling books, *Women's Bodies*, *Women's Wisdom*, which goes back about as far as when all of this began; and *The Wisdom of Menopause*.

I am sure many of you have seen that already. And you have also probably seen her on public TV if you are part of the United States community of practitioners.

So, Chris, welcome to the call - I'm so glad you're here!

Dr. Northrup: It's *wonderful* to be here! And you and I go way back as well; we have been pioneers in mind body medicine - so what a fantastic thing, to be able to reach the world through the Internet. Fantastic!

Dr. Buczynski: Yes, isn't that something! You know, I think of you from all of the conferences in Hilton Head that you have participated in; and the other reason I think of you is - people might not know this - but when we first got approved to give continuing education for physicians, just months later someone wrote in and said "There is no credibility in mind body medicine" and NICABM had thirty days to refute that - and you were a *huge*, huge help to us, gathering the sources and the citations and so forth.

And of course we prevailed!

Dr. Northrup: Yes, it is interesting to see that what was considered hearsay back in my beginning stages in OB/GYN is now mainstream. And that has been heartening. I really felt that my work wouldn't be accepted in my lifetime. And I was okay with that because I knew that the work was correct and I never was out to change the world anyway - I just was out to help people.

Dr. Buczynski: Well, you just brought up I think an important spiritual lesson; sometimes when you give it up and say, "What will be will be," or the Serenity Prayer, "The courage to change the things I can" - and to let go what I can't change, "and the wisdom to know the difference" - and it changed on its own through time.

You think about way back when you were first coming to the Conference, women were still considered hysterics if they said they didn't want to take hormone replacement.

Why Society Should Care about Women's Health

Dr. Northrup: That's correct. They were often fired from practices by their internists or their OB/GYNs if they didn't want to take Premarin and Provera, which I knew were the two worst types of hormone replacement that a woman could take - and there was preliminary evidence to that extent.

But with all things - and it is very important that your listeners know this - commercial interests, in *all* walks of like, influence science. And we like to think that we are objective - but we are not objective.

And right now most of medical school hospitals and so on in the United States are run by commercial interests. We have evidence that coronary artery bypass surgery, for instance, really does *not* save lives; all it does is cost money; but without it, our hospitals would go bankrupt at this particular time.

"We have evidence that coronary artery bypass surgery really does *not* save lives; all it does is cost money."

You can do the same thing with diet and exercise; and by the time those vessels are closed, they have already collateralized. So I was just talking with a leading-edge cardiologist about this, who wrote *The South Beach Diet* down in Florida; but he said that the mainstream cardiology people are just coming around to this notion and you have to "play well with others" until the paradigm shifts.

Dr. Buczynski: Well, and sometimes that happens from the consumer. I think women actually have done a lot to change women's health. I mean, obviously you have done a lot - probably more than anyone else, as a physician, and you had a role that a lay woman couldn't do.

But in addition to that, women have for *years* said to their physicians, "I am concerned about HRT" - hormone replacement therapy - or other things that they seem to intuitively know...

Dr. Northrup: Oh, it's always that way. And I would agree with you: In women's health more than any other specialty, it is women who change the practice of medicine. No other force does it.

"In women's health more than any other specialty, it is women who change the practice of medicine."

I was in residency when the home pregnancy test was introduced. Now, imagine this - the home pregnancy test! The physicians were shocked; they felt that this was one of the worst things that could ever happen; clearly a woman had to come in and be examined in order for her to *understand* the importance of a pregnancy, and she wouldn't want to let her go to a drugstore, get the test and find this on her own.

Look at how far we have come from then. And back then women wanted their mates in the delivery room. The old guard obstetricians were *scandalized* by this.

I was there at a time of a huge sea of change, because it was the second coming of the women's movement - with the first one, well, the *really* first one, probably being right after the Civil War when women realized that freed slaves had more rights than they did - and that became the Women's Suffrage Movement, which

didn't end until Alice Paul and all the other early Suffragettes won the right to vote - by *one vote!* - under Woodrow Wilson in 1920.

And the reason they got that one vote was that one of the senator's mother's wrote to him and said, "Please vote yes for this." An amazing story - you can see it in a movie called *Iron-Jawed Angels* starring Hilary Swank.

So anyone that thinks that women's health and the culture and all that are not connected, please watch that movie because it is a beautiful example of how really short a time women have even had the right to vote - in geologic years we are doing very, very well.

You know, let alone owning and operating the wonders of their own female bodies; owning and operating the wonders of the menstrual cycle, breastfeeding, labor, menopause, sexuality - all of the things that are imbued with wonderful wisdom that can help a woman lead a flourishing life. All of those are posited as "illnesses needing to be cured."

"The menstrual cycle, breastfeeding, labor, menopause, sexuality... All of those are posited as 'illnesses needing to be cured'...and the medical profession is all too happy to help her 'cure' those particular problems with surgery or drugs."

And so that is what a woman begins to believe - and then that becomes her experience, and the medical profession is all too happy to help her "cure" those particular problems with surgery or drugs.

Medical Model vs. Holistic Women's Model

Dr. Buczynski: Now, you have put together what I think of as a fascinating table in your book that contrasts the medical model from another kind of maybe a more holistic women's model for the body as process. I wonder if we could just start - because I think it is really a good orientation to mind body medicine - but it *certainly* is a good orientation to thinking about women's health.

The first one, the medical model, is "The female body and its processes are uncontrollable and unreliable, and they require external control." What are *you* contrasting that with?

Dr. Northrup: That the female body reflects nature and the earth. And I recall when I first began to see these patterns, when I was in medical school at Dartmouth, they actually put "Diseases of Women" up on the blackboard - and pregnancy was one of them! Diseases of women...

Dr. Buczynski: And menopause...

"Childbirth *clearly* is treated as a disease; we now have a caesarian section rate that is one in three deliveries in the United States."

Dr. Northrup: And menopause, obviously. Childbirth *clearly* is treated as a disease; we now have a caesarian section rate that is one in three deliveries in the United States. Now, when you get to a point where birth has to happen through major surgery in one out of three women, you know that you have gone around the bend! I mean, it is so bad that all I can do is laugh. Really, all I can do is laugh.

I have put out this information about “Female body reflects nature and earth, and the female menstrual cycle is connected with the cycles of the moon, the phases of the moon and the tides.” And this is very nicely documented. Many cycles of life in the ocean are also ruled by the tides.

When you know that your body is part of that magic, there is a mystery about it; there is a sense of reverence and awe, and you are far less apt to take birth control pills so that you become in-tune with a pharmaceutical company, versus the moon.

“Female body reflects nature and earth, and the female menstrual cycle is connected with the cycles/phases of the moon and the tides.”

Dr. Buczynski: Right. And then another one you have was about how “Thoughts and emotions are entirely separate from the physical body.” What would you contrast that with?

“The cell membrane is the brain of the cell—*not* the nucleus.”

Dr. Northrup: The thoughts and emotions are *mediated* by the immune, endocrine and nervous systems, and they are biochemical events. I would say that this is *the* most important of everything that I have taught. And we now know from the work of Bruce Lipton that the cell membrane is the brain of the cell - *not* the nucleus.

The cell membrane transmits energy from a thought through the entire body simultaneously, electronically, even *before* the immune, endocrine and nervous systems have a chance to get their work done. So we actually have a very quick, a lightning-quick messenger system within the body; and then a humoral, or hormonal, messenger system that is slower.

But all that to say we now know that thoughts and beliefs are biochemical realities in the body; they are physical. Bernie Siegel, with whom I used to be Co-President of the American Holistic Medical Association, said that most people give themselves “Die messages” when what we need to do is give ourselves “Live messages.”

We have fascinating studies from people like Ellen Langer at Harvard, Becca Levy down at Yale, showing that the belief system someone has by the age of nine determines what they believe about aging. And those who believe that as you age you become wise and that there are positive things associated with aging, add seven years to their life.

They have controlled for high blood pressure, smoking, obesity, lack of exercise, crappy diet - *all* of it! And despite all of that, the *belief* that getting older has benefits trumps every kind of behavior - the belief itself adds seven years to your life.

Now, imagine, Ruth, if we had a drug that added seven years to your life and you didn't tell anyone about it - it would be unethical, wouldn't it?

Dr. Buczynski: Right.

“The *belief* that getting older has benefits trumps every kind of behavior—the belief itself adds seven years to your life.”

Dr. Northrup: And that is why I tell people this stuff. And you can quote the Bible - you know, “Those that have ears, let them hear. Those that have eyes, let them see.”

Dr. Buczynski: Right. In thinking about that - and I am just trying to think about how practitioners on the call would be able to apply this - some of the people on the call are nurses; maybe they are nurse practitioners, maybe they are family physicians. Is that something you would see them even asking in an interview - "How do you see aging?"

How Women Can Overcome Guilt and Other Self-Perpetuating Abuse

Dr. Northrup: Yes. What you do is this: You must switch your focus from everything that can go wrong to everything that can go right. So here is what you could do: You could say to whoever it is, "What would you like your life to look like in ten years? What do you see yourself doing?" and ignite within them their inner wisdom.

"The power of your authority helps them connect the dot to what they already know."

And then at the same visit - let's say that they have come down with an ache or a pain, or they have something going on - you ask them, "What is going on in your life?" When you, as a physician, or a nurse practitioner, an authority figure, a medical authority, when you stand there acknowledging the unity of someone's life and what is going on in their body, the power of your authority helps them connect the dot to what they already know.

Because the number one compliment that I have received on *all* of my writing is, "I already knew this. I just never heard a doctor say it."

My work is an articulation of what people, men and women, intuitively *know*, but the medical model - which is thoughts and emotions are completely separate from the physical body; you know, the tumor just jumped out of the closet or I have PMS because I'm in Iowa and my hormones are in Maine - that is so much a part of the medical model that we actually disconnect people from their most powerful medicine, which is the medicine of their thoughts and their beliefs, and what they know in their heart.

And you know the work of the HeartMath Institute where they show that the heart has a little electromagnetic field that is thousands of times greater than the electromagnetic field of the brain. Now, the brain, the left hemisphere, always thinks it knows - but the heart always wins. And what I say, in men and in women: The heart always wins - even if you have to drop dead in order to get a rest!

"The medical model is thoughts and emotions completely separate from the physical body."

So let's say you hook someone up to the software from the Institute of HeartMath, people can *instantly* see the effect of their thoughts and their emotions on cardiac coherence. And cardiac coherence actually wires-in hormonal health.

We know from the work of Rollin McCraty that when someone is thinking with their heart, when they are in cardiac coherence, their levels of DHEA, the mother hormone produced by the adrenals, those levels increase - and when that level of hormone is high, then progesterone / estrogen / testosterone are balanced.

Now, that is a direct physical effect from cardiac coherence. We also know immunity is better and the stress hormone levels decrease when you are in cardiac coherence.

“Women’s health today...is nothing but mammograms, test smears, and removing things before you get disease.”

And you are in cardiac coherence when you are talking about things you love, feeling things you love; living the life of your dreams. And to me, it is a healthcare practitioner’s role to illuminate the path toward health instead of constantly beating the drum with disease.

Now, this is women’s health today: “Keep coming back. We haven’t found it. We will.” Women’s health is nothing but mammograms, test smears, and removing things before you get disease - there is no health in that at all! It is disease screening. And what I am talking about is actual vibrant health.

Dr. Buczynski: Yes. Now, many developmental organizations are targeting women as a way of improving the health of the entire community. And, you know, that is so fascinating, that people are coming to that. Why is women’s health so important - or the lack of women’s health so critical or such an emergency - for the larger society?

Why Is Women’s Health So Important for the Larger Society?

Dr. Northrup: I was so thrilled when Sheryl WuDunn and Nicholas Kristof two Pulitzer prize-winning journalists wrote the book *Half the Sky: Turning Oppression into Opportunity for Women* (the book came out in 2009).

They pointed out that focusing on the needs of women and girls was *the* issue of this new century. And in an article in the *New York Times*, they said that “The dirty little secret of global poverty is not because of such low incomes but because of unwise spending by the poor, especially by men.”

And they talked about women whose children died of malaria for want of a \$5 mosquito net that the family couldn’t afford because their father was in a nearby bar going out three evenings a week spending \$5. Now, it is interesting that their research also showed that wherever girls and women are educated, terrorism lessons and economic development increases.

Now, what I love about this is these are *not* American-style, 1970s feminists. At my fiftieth birthday party, one of my brothers got up and his summary of my work was, “Men are pigs.” I’ve never said it. I never felt that way. But there was a feeling that he had, or a misunderstanding - when women and girls are educated, they, by their nature, want everyone to do well.

“Their research also showed that wherever girls and women are educated, terrorism lessons and economic development increases.”

Who is the person who prepares most of the meals, creates most of the fun at birthday parties and the holidays? It’s women. And women *adore* keeping their families and their communities healthy and happy.

So in the third world, the most fun part about this book, *Half the Sky* and the documentaries that have gone along with it is that in situations, for instance in Afghanistan where a woman starts a cottage industry and

then pays other women to do embroidery and they sell the stuff to the United States, and on, and on, and on, and on, the husbands of these women become proud of the endeavor; their mothers-in-law become proud of them.

The collective is raised up. The man who typically went to the bar and mortgaged the family field so that they starved because they no longer had a place to grow beets, they come back home. And they are proud of the endeavor.

Then they do their role as "husband" - you know, the very word, "animal husbandry" is that you are husbanding the entire enterprise. And it is a work together kind of thing.

The old feminist model from the Seventies was perhaps where we had to go initially to take back our power. But now we are into a partnership model. The old model - you remember the old t-shirt, "A woman needs a man like a fish needs a bicycle."

For a while there it left men out in the cold. Men actually *want* to please women. Men *need* to be heroes. They *need* to contribute. And women have not known, in the West, anyway, how to do that because we were *competing* with them.

"Violence against women translates into chronic health conditions for those women later on in life."

When I went to med school, I was told, "You're taking the place of a man" - and therefore my job was to be *better* than a man. But I didn't know how one works in partnership. And now I do.

Dr. Buczynski: Okay. It is wonderful to see us evolving because the older model, while it was important - and as you said, perhaps a stage of that had to be gotten through - alienated a lot of people - not just men, but some women.

Dr. Northrup: Absolutely!

Dr. Buczynski: Yes. I want to move on to some of the research that is showing that abuse against women translates into chronic health conditions. Violence against women translates into chronic health conditions for those women later on in life. Can you talk some about that?

How Violence in Younger Women Affect Them Later In Life?

Dr. Northrup: Yes. We know from the work of Vincent Felitti at the Southern California Kaiser Permanente Group in San Diego who did the ACE Study - Adverse Childhood Experiences Study - that those people who grew up in a home where there was an addict of some kind, an alcoholic, or someone with mental illness (and this was a study of middle-aged, middle-income adults - so just the average person; we are not talking about the third world, or poverty or anything), these people were far more apt to use the emergency room than other groups, and they were the ones who had far more illness, and they died much sooner. So this was the impact of adverse childhood experiences of *all kinds*.

So when a girl is abused, one of the things I noticed back in the eighties was that sexual abuse was associated with chronic pelvic pain. And at the time my colleagues thought I was *crazy!*

"Back in the eighties... sexual abuse was associated with chronic pelvic pain."

You know, back then we thought, "Well, it's all in women's heads." But the body isn't lying! And round about mid-life, all of these adverse childhood experiences come up and hit you between the eyes because, developmentally speaking, you have ego strength and it's time to heal them!

So the impact of *any* kind of abuse is major because it not only leads to a greater incidence of depression, helplessness, and hopelessness; it leads to all kinds of autoimmune problems. So more than eighty percent of all autoimmune problems are in women! That is Graves' disease, Lupus, rheumatoid arthritis, multiple sclerosis - more than eighty percent in women.

"Autoimmune" means your immune system is attacking *you*. And when your immune system is getting that message, the message is coming from a child consciousness within you - the inner child, the wounded child - and that part of you that was abused can't make sense of it and gets the idea that something is dreadfully wrong with them, and so their self attacks *them*.

"Any kind of abuse is major—it leads to a greater incidence of depression, helplessness, hopelessness; all kinds of autoimmune problems."

That is the impact of abuse - until later on, through therapy or through learning non-violent communication, or through a reparative love relationship, another human being looks deep into your eyes and you understand that what happened to you was wrong, you never deserved it and you are worthy of the best that life has to offer.

Dr. Buczynski: Now I think some of the practitioners on the call might want to look up that study by Vincent Felitti?

Dr. Northrup: Vincent Felitti. And it is the ACE Study - the Adverse Childhood Experiences Study. And he has continued to do a lot of work on this. One of the things that I loved about it - and this is in the *Kaiser Journal*, a fairly recent edition, where he points out that they started their work in the Obesity Clinic, by the way, and they found that obesity was not the problem - obesity was the *solution* for people.

So here we are with one in three people being obese in the country. And what he found was the people who - we all know this and you practitioners know - people get bypass surgery, it doesn't matter - you can drink ice cream through a straw...

"Obesity was not the problem—obesity was the *solution* for people... Overweight is overlooked. And that is exactly what I need to be."

Dr. Buczynski: You are talking about bariatric surgery, not cardiac surgery.

Dr. Northrup: Yes, that's right - bariatric surgery - a GI bypass. What we find is this kind of surgery generally does not work long term because, as one of their initial patients said, "Overweight is overlooked. And that is exactly what I need to be."

So often, there is some kind of sexual abuse or physical violence in the family, and the obesity is protection. Until you understand this, then a lot of what we do as treatment just doesn't work.

I can feel all of you practitioners, I can *feel* you, and how it is to be in the office, and to know when someone comes in - so many of you *know* this - and you have ten minutes to delve into this.

And as Felitti says, "This is so uncomfortable for us, as practitioners, because we know this - but how are you ever going to go in there and deal with this in such a short period of time?"

Dr. Buczynski: Yes. It is quite a challenge. Especially - it is so much faster to prescribe a medication or sign someone up for a procedure.

Dr. Northrup: Yes. And it is also what is *expected*. So let me be very clear: At any given time in a holistic practice, only five to ten percent are ever going to *do* any of these mind body things because, until they are ready, they *want* a pill, they *want* a procedure. I would be telling you a lie if I told you, "Oh yes, everyone's going to sign up for..."

"Only five to ten percent are ever going to *do* any of these mind body things because, until they are ready, they *want* a pill."

Because things do not land in our physical bodies unless they are too painful to deal with in the moment. But it is, to me, it is contingent upon the healthcare practitioner to know this and, when it is *possible*, to help the patient connect the dot and understand that healing is possible.

But one of the things that has to happen is they must, for an instant anyway, feel the pain that ends the pain.

"We docs are so afraid that someone would actually have a *breakdown* in our office—but that is what healing is: *breakdown* to breakthrough."

When you have a loving presence say to you, "You are wonderful. Nothing is wrong with you" and in that moment your heart cracks open and you weep for the four-year-old within you who hasn't been seen until that very moment. And then you have a breakdown - and we are so afraid of that

We docs are *so* afraid of that; that someone would actually have a *breakdown* in our office - but that is what healing is: *breakdown* to breakthrough.

Dr. Buczynski: Yes. Now, I want to jump ahead a little bit and talk about the myths of youth. People often think that health peaks at about age, I don't know, twenty-five... And that it's downhill from there! What is your perspective on that?

The Myth of Youth: How Women Can Flourish as They Age

Dr. Northrup: Yes! This is most interesting. First of all, the lead elephant in my tribe is my mother, and she went to Everest Base Camp this past spring, early in May, at the age of eighty-four. Now, that is at 17,500 feet. There is no air there. And it is one of the most grueling forced march treks that one could ever do - but it fulfilled a lifelong dream of hers to trek in the Himalayas.

When you have a role model like that, then all of the stuff that you have been taught about aging simply does not apply. So one of the things that I noticed about at the age of fifty is I did not... I went through a divorce around about then and I didn't want to be alone the rest of my life, so I said, "Okay, now I need to become the kind of woman that the kind of man I'm interested in would want."

Let me be very clear with all of you; we have our big professional personas - but at the end of the day all human beings want personal love. Period. End of story. And it takes a lot of courage and vulnerability for each of us to say that. But it is just the truth.

So I set about reinventing myself. And what I noticed is I began to do a lot of research on nitric oxide. Nitric oxide is an odorless, colorless gas produced by the endothelial lining of every blood vessel in the body. Dr. Ferid Murad won the Nobel Prize in Medicine for his work with nitric oxide - and he was the co-author on my book *The Secret Pleasures of Menopause*.

What he states is that nitric oxide is the molecule of Chi, or life force. When an egg is fertilized there is a huge burst of nitric oxide from the fertilized egg; during orgasm there is a huge burst of nitric oxide - and it increases circulation but it also is the uber neurotransmitter. It is instantly transmitted to every cell in the body and it balances serotonin, dopamine, and norepinephrine.

"Nitric oxide...is instantly transmitted to every cell in the body and it balances serotonin, dopamine, and norepinephrine. From that research, I learned that the more we can do that is sustainably healthy and pleasurable, the younger we become."

From that research, I learned that the more we can do that is sustainably healthy and pleasurable, the younger we become. So there is, as you know, a huge difference between chronologic and biologic age.

Baby boom women now look younger than they ever have - and that is because collectively we are a tribe that said, "Don't trust anyone over thirty." And now the leading edge of the baby boomers is over sixty.

And if you notice how the icons look - there is Cher, there is Helen Mirren, there is Susan Sarandon, there is Meryl Streep - for the first time in *history* women older than thirty are seen as sexy. Now, when the collective begins to change their perception, then the collective changes for everyone - and so people begin to look younger.

Today's fifty-year-old looks like yesterday's forty-year old. And chronologically they may be a certain age on their driver's license, but biologically they are much younger than that.

And this has to do with your thoughts, your beliefs, and your behavior. We go back to the world of Ellen Langer who did an amazing study in Harvard. She is a mother of mindfulness.

"After two weeks of living as though they were in their prime, hearing, eyesight, and vital capacity improved—all of the parameters that we associate with normal aging began to reverse."

She took two groups of men; one group went into a monastery where she had them live as if they year was 1957, when they were in their absolute prime - so there were television shows from then, magazines from then, pictures on the wall of them at their prime.

She measured vital capacity, pulse, EKG, hearing, eyesight, cardiac output, exercise tolerance before and after they went to this place. After two weeks of living as though they were in their prime, everyone's hearing improved, eyesight improved, vital capacity improved - all of the parameters that we associate with normal aging began to reverse.

By the way I hate the term "anti-aging medicine - my friend Gladys McGarey, who is an MD at ninety, says "Anti-aging? What are going to do?" So, you know, it is much better to realize that we begin to get old the moment we are born!

The mind and the mind challenger simply see time as cyclic - and by the way, I was just in Mexico talking to an expert on this and for what it's worth they said that "The mind calendar does not end December 21st, 2012. It never did. That is a complete misreading." They believe in cyclic creation.

It would help all of us if we stopped this incessant belief in a linear model; that you are meant to start to get decrepit, and Alzheimer's and all the rest at about the age of forty, or thirty or whatever it is.

Having a mother like I had, I just learned long ago to just ignore it. So on my elliptical trainer, my age is permanently forty. When you plug in an age - and I don't even *think* about it! After the age of fifty just say, "I've ended my time with years" and don't mention it again!

"... 'ageism' is one of the last truly acceptable 'isms' in our culture—and it is ridiculous."

That's how you have to do it because... "ageism" is one of the last truly acceptable "isms" in our culture - and it is ridiculous.

Dr. Buczynski: Let's talk a little bit about menopause. How can the practitioners on this call help their patients see menopause differently?

How Can Practitioners Help Their Patients See Menopause Differently?

Dr. Northrup: Well, first of all there are two issues here. One, menopausal women should not be suffering through this time of hormonal swings.

"Menopausal women should not be suffering through this time of hormonal swings."

The first thing that changes is progesterone drops. Estrogen remains dominant, and in the face of too much cortisone and epinephrine stress hormones, the estrogen is metabolized into catechol estrogens that act like additional stress hormones, and therefore women get headaches and they get all kinds of problems. They also often develop insulin resistance; in the face of too much insulin and high blood sugar, hormone havoc is created.

You need to understand this biochemistry to get your patients back on the right track. If they have been eating high glycemic foods for the past twenty years, what they are going to notice is right around mid-life it won't work any more, and that is when they get the spare tire around their waist and so on.

So lifestyle that they used to be able to get away with they will no longer be able to get away with, starting about the age of forty-two. And you have a role to play in getting them on the straight and narrow.

I say it is not aging that causes these problems; it is the fact that your body has been trying to get you to pay attention for the last twenty years and you have ignored your body. Now it says, "Okay, time's up!"

The other thing that happens - and I mentioned this earlier: the ego container is stronger by about the age of forty to forty-five/fifty. You have skills in the world, you have some clout - and therefore your body

"...the ego container is stronger by about the age of forty to forty-five/fifty."

will give up the secrets of the first part of your life; your unfinished business with your mother, the unfinished business with a spouse, or a brother, or a sister.

Because to be well and healthy, you come to a crossroads at midlife (the same thing happens with men), one part says "Grow," the other says "Die." And everything in your life that is not working will come up and hit you between the eyes during the perimenopausal transition, which is six to twelve years.

"Many, many women just need natural bioidentical progesterone for getting through this time period."

You have time to reinvent yourself. But you have to pay close attention. Many, many women just need natural bioidentical progesterone for getting through this time period.

If they are not sleeping, progesterone is a calming hormone. Most need more magnesium - another common hormone; Epsom Salt tabs help a great deal; valerian root / passion flower - those are all helpful for sleep - progesterone probably being the best.

There is a subgroup of women who get depressed with progesterone, even natural progesterone. So watch out for them - they are usually the ones, the "Vincent Felitti" people who had the abuse in the family of a schizophrenic mother, this kind of thing.

The other thing that you can do - there is an herb from Thailand called Pueraria Mirifica; Solgar makes a type of Pueraria Mirifica. You take one tablet in the morning, one tablet at night - 80mg a day. And in studies head-to-head with Premarin this has shown to be just as good; helps with sleep and hormonal balance and so on. It is an adaptogen.

There is so much misunderstanding about plant estrogens, plant hormones. Herb hormones *do not*, they *cannot* increase the risk of breast cancer. I have been in touch with Dr. Margaret Ritchie - she is a world expert on the estrogen receptor - and things like soy foods actually *decrease* the risk of breast cancer because they sit on the estrogen receptor in the breast tissue and prevent it from being over-stimulated by estrogen dominance.

Women also need iodine. Breast tenderness, which so many women get during perimenopause - most of it comes from suboptimum levels of iodine. Safe ways to get this are just by eating kelp tablets; organic eggs also work. You can also get iodine on the Internet - Ioderol 5.5mg per tablet works very, very well for some women.

We have an epidemic of subclinical hypothyroidism and much of it is because there isn't enough iodine in the diet because bromide is used now in bread-making, not iodide. Also we have too much fluoride in the water and too much chlorine in the water and these are all halogens and they compete in the body for the iodine receptors.

"Herb hormones *do not*, they *cannot* increase the risk of breast cancer...soy foods actually *decrease* the risk of breast cancer because they sit on the estrogen receptor in the breast tissue and prevent it from being over-stimulated by estrogen dominance."

We know there are big iodine receptors not only in the thyroid but in the breast tissue. So if you want to help women with breast pain, give additional iodine - you will be amazed. And it also decreases levels of estrogen that are too high.

"We know there are big iodine receptors not only in the thyroid but in the breast tissue. So if you want to help women with breast pain, give additional iodine."

So those are some of the things that you can do during perimenopause.

Dr. Buczynski: Okay. I just want to go back a little bit because we went through that so fast. We were talking about stress hormones - cortisol and so forth - and it briefly led into talking about insulin resistance. And I see it is a big area - so I want to go back through that again; the stress to glycemic load, to insulin resistance and so forth.

Dr. Northrup: Okay. It is very, very important that practitioners understand that all of hormonal havoc that so many women experience premenstrually and also during perimenopause is caused by a diet that is too high in sugar. Very, very simple. And so when you eat foods that are very high in sugar - and by the way, you all know this, white bread, like wonder bread, is number 100 in the glycemic index scale - in fact white bread has a higher glycemic index than table sugar!

Dr. Buczynski: Wow!

Dr. Northrup: When you follow a diet that is low in total sugar - and you have to teach your patients to read labels; if they go to the grocery store and they look at yogurt, they will see that one little container of low-fat yogurt can contain 13g of sugar.

If I had *my* way I would say that everyone should be on 15g or less of sugar per day - total sugar. That means some foods, like soda pop, are just out. Why would you *ever* do that to your body?

"...hormonal havoc that so many women experience premenstrually and also during perimenopause is caused by a diet that is too high in sugar...white bread, like wonder bread, is number 100 in the glycemic index scale—in fact white bread has a higher glycemic index than table sugar!"

Because high sugar content, which is very new on Planet Earth, high sugar content increases insulin levels - and then, when there is more sugar, the insulin has to get higher and higher to get the sugar stored in the cells as fat if you are not exercising enough to use it up; and the high sugar in the blood vessels creates what is called glycemic stress.

It is the beginning of cellular inflammation in the blood vessels. They literally, from too much sugar in the blood vessels, begin to get a sort of brown sugared coating on them that eventually leads to atherosclerosis and increases the risk of cancer. This is cellular inflammation.

"...everyone should be on 15g or less of sugar per day—total sugar... too much sugar in the blood vessels...is cellular inflammation."

Now, any of you know, if you've ever flown on a plane and you ate the crap they gave you because you were hungry and all the rest of it, you get on the scale the next day and you will have gained 2-3lbs.

That is from water retention from high cortisol and epinephrine levels in the face of too much sugar in the diet. And you will find that that is the cause of insomnia, perimenopausal symptoms, PMS, seasonal affective disorder and so on.

When you lower the sugar in the diet, you will be *astounded* at how many “dis-eases” simply disappear.

Dr. Buczynski: And where does stress play into that? Because we know that when cortisol goes up, testosterone goes down. How does that interact with insulin resistance and so forth?

“When you lower the sugar in the diet, you will be *astounded* at how many ‘dis-eases’ simply disappear.”

Dr. Northrup: What happens is that high cortisone and epinephrine levels, in the face of high insulin as well, create a metabolic cascade that takes estrogen and turns it into a more androgenic substance - but not testosterone. It turns the estrogens into substances that act like catacholomines; like additional epinephrine and so on, and contributes to PCOS, polycystic ovarian syndrome, and perimenopausal symptoms, infertility, PMS - all of this.

“Comfort foods are guaranteed to raise your blood sugar...And when you are under stress, that combination of the sugar, the insulin, the stress hormones creates profound hormonal imbalance.”

So it is this deadly combination - because the more stressed you are, the more you crave sugar. And then it is this vicious cycle; you know, when we have all these comfort foods. Comfort foods are guaranteed to raise your blood sugar - mac and cheese, garlic mashed potatoes - that kind of thing. And when you are under stress, that combination of the sugar, the insulin, the stress hormones creates profound hormonal imbalance.

I think it is interesting that if you were to be on the Amalfi Coast in the summertime in Italy, chances are you can eat the bread, and pasta, and have the tiramisu and it wouldn't have the same effect - because you would *not* have the stress hormones.

It is important for people to know this. There are times when you can get *away* with eating some high glycemic foods as part of life's celebration. But not as a chronic daily thing.

Dr. Buczynski: Yes. I want to move on to genes - specifically genes versus the environment. You have said that over seventy percent of what happens to women's health is related more to the environment and not so much to genes.

Genes vs. Environment: How this Age-Old Debate Plays out in Women's Health

Dr. Northrup: That's right. And the seventy percent figure actually comes from identical twins, which is really of interest to me. Clearly, identical twins that come from one fertilized egg that was split in two - that is as close to having the same genes as you can come. You have the same genes; it is your identical twin. And you were brought up in as close to the same environment as you can.

But anyone who has been an obstetrician knows that the percentage is a little different with each of the twins; and one twin comes first, and then the second twin often gets the short end of the stick and this kind of thing. But, still, they have the same genes.

Seventy percent of what happens to their health is related to the environment. And it is the same with all of us. About eighty percent of what happens in our health is related to our environment.

So let me give you an example from my own life. Everybody has died of heart disease, so I could say, "Well, heart disease runs in my family and sooner or later that is what is going to get me because everyone has died of it." So I looked at that for my whole life, and at the age of thirty-five my HDL cholesterol - that is the good cholesterol - was 35, dangerously low.

"About eighty percent of what happens in our health is related to our environment."

I was eating mostly a vegetarian diet. The foods were too high glycemic - you know, donuts are vegetarian, right?

Dr. Buczynski: Of course.

Dr. Northrup: So my diet was contributing to HDL being too low. And genetically the HDL was too low anyway. Now my HDL is 70. This is much later, decades later.

And so I changed that legacy by changing the diet - but also by living fully. There was a time when I picked up my daughter from camp, and I was going through a divorce and I was desperately lonely and I thought the two of us would be talking all the way back from camp, but she did what most teenagers do - she fell asleep in the car, and then when she got home she ran in to just talk to all of her friends and left me to unload. And I literally got chest pain.

So I have learned the language of my heart so that it doesn't have to speak to me through a heart attack or through an aortic aneurism, or a cerebral aneurism - this sort of thing.

I like to study the people who are the black sheep of their families because they will tell you every time, "Oh, everyone in my family is fat and they all have diabetes." "Well, you're not." "No, I'm not like them - I'm the black sheep."

"So I have learned the language of my heart so that it doesn't have to speak to me through a heart attack or through an aortic aneurism, or a cerebral aneurism."

What you find is the person who is thinking different thoughts, doing different activities has gene expression that is completely different from the other family members.

I want people to know that it is almost impossible to separate out what is environmental and what is genetic because we learn from the people we are around what our behavior should be like.

"One person going to the gym, one person changing their diet in your office environment has a very, very positive effect...when a group does *anything* it reinforces all of it for us!"

There was a fascinating study in the *New England Journal* - I don't have the citation in front of me - but they pointed out that when one person stops smoking they have an impact toward health in people four degrees of separation from them; that the effectiveness is far more robust than they ever expected.

You see, because in the Western model we are always studying disease - but when they actually study something that is health-enhancing, like you quit smoking, *that* affects everyone around you. *One* person going to the gym, *one* person changing their diet in your office environment has a very, very positive effect.

And then you get the group doing it together. And when a group does *anything* it reinforces all of it for us!

I went to Sanoviv - it is a wonderful holistic hospital in Mexico - and everyone takes shots of wheatgrass, and everyone does juice, and everyone does organic vegetables; and you run around in these green cotton PJs - that's your uniform for the week. And it is very, very, *very* easy to maintain a *perfect* holistic lifestyle? Why? Because that's what everyone's doing. And then you have the herd thing going on.

"...part of the reason that we spend so much money on heart disease, is because it has been a men's disease. But really it is a big killer of women."

Dr. Buczynski: Now, we don't have a lot of time left - but we sort of alluded to heart disease in the story that you talked about just now, and I would like to spend some time there because we used to think of heart disease a men's disease - and I think that is part of the reason that we spend so much money on heart disease, is because it has been a men's disease. But really it is a big killer of women as well. So can we talk some about your thoughts on what we can do to prevent heart disease for women?

The Under-Acknowledged Threat: Heart Disease Risk in Women

Dr. Northrup: Well the thing that I like most about heart disease (not that I *like* heart disease!) but it is, yes, like you said, the leading killer of post-menopausal women - and the thing is that it begins in childhood.

We have studies from the Bogalusa Heart Study showing that heart disease, or streaks in the arteries, those are present in six-year-olds, seven-year-olds, eight-year-olds.

"If there is one thing that I would recommend for people it is fish oil—every day, every day."

It is not like this is landing on you all of a sudden. Chances are very good that you have been incubating a little heart disease for a *very* long time. We know that taking fish oil is head to head better than statins every time.

If there is one thing that I would recommend for people it is fish oil - every day, every day. And if you are a vegan then you can get the Neuromins brand made from marine algae.

We know that when your heart isn't in something, you will get heart disease as a way to get out of it. Then there is one point that I feel so strongly about - and that is no-one should be on synthetic progestin. And the medical literature *still* doesn't understand the difference between synthetic progestin like Provera and natural bioidentical progesterone.

A study at the Oregon Primate Center induced heart attacks in monkeys by injecting chemicals into several groups whose ovaries had been removed so that they were menopausal. One group was on Provera, one was on estrogen and one was on estrogen plus natural progesterone, and then one was on no hormones at all.

"When your heart isn't in something, you will get heart disease as a way to get out of it... one point that I feel so strongly about—and that is no-one should be on synthetic progestin."

The monkeys on Provera has unrelenting constriction of their coronary arteries, cutting off blood flow. These monkeys would have died if treatment hadn't been initiated. The chemicals produced the same effect in those monkeys not on any hormones at all. Monkeys on estrogen alone - that on estrogen plus natural progesterone, the blood flow was quickly restored.

It is important to know that chemical-damaged coronary arteries in monkeys is actually enhanced by synthetic progesterone, progestin. And very few practitioners seem to know how to tell the difference. These are two *completely* different molecules.

When the Women's Health Initiative abruptly stopped in 2002 because women were having more heart attacks and more strokes on Prempro - that is Premarin and Provera - I was not surprised because they were using hormones that actually *contribute* to heart disease - like Provera.

I can't say enough about this - and I have said recently on a TV show, "Wake me up when it's over!" You know, I have been talking about this since 1990!

They are very different. Remember, though, a natural bioidentical hormone cannot be patented and that is why you don't hear about it as much. And, you know, lifestyle for heart disease is the key, the key, the key: exercise, low glycemic diet - and stay away from synthetic progestin.

Dr. Buczynski: Okay. You know, we are out of time. We shouldn't be out of time - there is so, so much more to go through and to cover. But that was about the fastest hour I have ever seen!

"...in 2002 women were having more heart attacks and more strokes on Prempro... because they were using hormones that actually *contribute* to heart disease—like Provera."

Dr. Northrup: We just breezed right through it!

"...lifestyle for heart disease is the key: exercise, low glycemic diet—and stay away from synthetic progestin."

Dr. Buczynski: Yes! And I have got notes here of all kinds of things that I ended up skipping because we *did* breeze right through, with so many little detours that were fascinating.

I want to say to everyone first of all, thank you for being part of this call. I know that people are calling in from all over the world, and that is important for our community of practitioners to *be* together as we hear this. And now we are going to be going out applying what we have heard.

And tonight, just as soon as this call is over, I am going to send you an email, and in that email I am going to give you a link to the Comment Board. If you would, go to the Comment Board, put your first and last name, your city and state or country, and your profession - and talk about how you are going to *use* what you heard tonight.

There are so many ideas that we had here. If we can all get into that Comment Board and talk about how we are going to apply these ideas to our patients; something that you say will stir someone else on the board, and something that they say might stimulate ideas for you. So that board is really important.

The other thing that I am going to do when I send you the email, which will go out momentarily, I am going to give you the link to Chris's book. This is Dr. Christiane Northrup, and she is the author of five books but the one that we have been talking about most tonight has been *Women's Bodies, Women's Wisdom*. You might also look at *The Wisdom of Menopause*.

I am going to send you the link to both of them, which will connect you to Amazon. I am not saying you should buy the book - if you want to, go ahead and get it; or you might take it to your library and recommend that they buy it. You may, though, also want to recommend the book to your patients. These are very, very valuable books and so you are going to want to check them out.

So everyone, thanks for being part of the call - and especially to you Chris, thanks. It has been *wonderful* to catch up and spend time together and reminisce a little bit over our collective journeys through women's health. Thank you also for all that you have done for health, and for women's health, and for women. I think your work has influenced women throughout the world. And so thank you for persevering - even when no-one was listening!

Dr. Northrup: Thank you Ruth. My pleasure.

Dr. Buczynski: So goodnight everyone - take good care!

Dr. Northrup: Goodnight.

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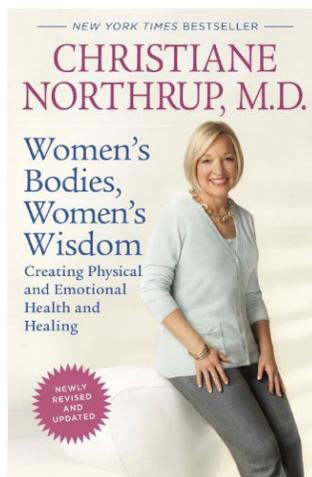
About The Speaker:



Christiane Northrup, MD is a visionary pioneer and beloved authority in the field of women's health and wellness. A board-certified OB/GYN physician who graduated from Dartmouth Medical School and did her residency at Tufts New England Medical Center, Dr. Northrup was also an assistant clinical professor of OB/GYN at Maine Medical Center for over 20 years. Recognizing the unity of body, mind, and spirit, Dr. Northrup helps empower women to tune in to their innate inner wisdom to transform their health and their lives. Dr. Northrup is the author of two New York Times best-selling books, *Women's Bodies, Women's Wisdom* and *The Wisdom of Menopause*. Her third book, *Mother-Daughter Wisdom*, was a 2005 Quill Award nominee and voted Amazon's #1 book of the year in both parenting and mind-body health in 2005.

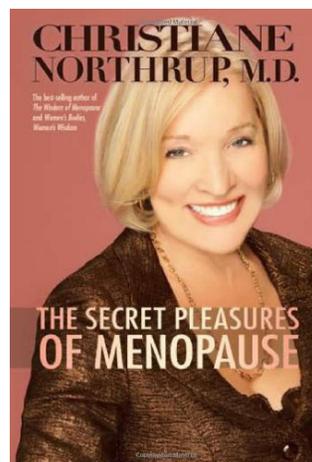
Books by Featured Speaker: Christiane Northrup, MD

*Women's Bodies, Women's Wisdom (Revised Edition):
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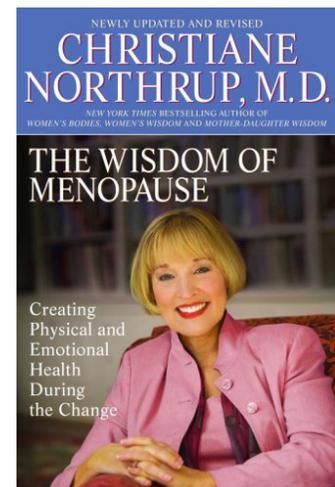
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