



Reverse Autoimmune Disease Summit

Dr. Keesha Ewers Interviews Dr. Anna Cabeca

Dr. Keesha: Welcome back to the Reverse Autoimmune Disease Summit. I'm Dr. Keesha Ewers and I am just really delighted to have one of my very favorite sisters on to talk about hormones and everything that has to do with getting you balanced on all levels including immunologically. This is Dr. Anna Cabeca. She's a triple board certified Emory University trained physician and hormone expert. She was diagnosed with early menopause at age 38. Devastated, she set out on a personal wellness journey to reverse her menopause side effects, which resulted in the delivery of a healthy baby girl at the age of 41. Baby wasn't 41, she was. After experiencing her own health successes Dr. Cabeca began counseling others ultimately changing the lives of thousands of women across the globe. Her new book, *The Hormone Fix*, and other empowering transformation programs have helped women of all ages become their best selves again. Welcome Dr. Cabeca.

Dr. Cabeca: Thank you, Keesha. Great to be here with you as well.

Dr. Keesha: You know, we were talking a little bit offline and one of the things that I always love to hear is not only that you were diagnosed at 38 with menopause; and then you were able to come back and say, well actually that's not accurate and deliver a healthy baby girl. But also how did you even get into the space in the first place? Everyone has a story and I always love to hear what people's stories are. How did you decide to become an OB-GYN?

Dr. Cabeca: I've always been a strong advocate for women's health. And let me tell you, I remember one day I was coming back from high school at age 16; got off the bus, walking up the hill, and typically smell my mom's cooking. As you're getting off the bus, as you're halfway up the hill and walked into the house, nothing. It was completely quiet. My mom was getting cardiac bypass surgery and she was only 52 years old. I was 16 and the house was empty and she was in the hospital for quite a while. And it was like this whole realization like what's going on here? And that's when I started digging into research, honestly. And I looked at the research, it was done on men, not women. And that frustrated me.

Dr. Cabeca: And at that point I started, we had strong family history of heart disease. I need to do everything possible in my life to help my mom not suffer, not suffer this way. And that led me to a career in women's health. A strong advocate for women's health in so many ways because they're just, again, this is back in the 80s, early eighties, like 82, you know, when I was really digging in and finding out the research just wasn't there to make the same recommendation. And we know men and women are different.

Dr. Keesha: Yeah, just a teeny bit. Yes. And I don't know if all of our listeners actually realize that, but this is the same for research that's done on pharmaceuticals. On the lab results that are set as the normal ranges on your lab test that you can get back from your doctor. This is all done on men and then extrapolated into the general population, including women and children, which should raise some alarms.

Dr. Cabeca: I want to emphasize that because when I first started in private practice in southeast Georgia where I am now I had a patient come in, one of my first patients, first week in practice. Here I am, straight out of Emory feeling pretty confident. This patient comes in and she's a 63 year old woman, five foot 10; thin, audio inaudible] of a tech company [audio inaudible] I've not been any vaginal therapy and have no desire for sex. It hurts to have sex and I'd rather die than live this way. Help me, right? Whoa, [audio inaudible] look at my doctor's bag. I hadn't anything. I had to go to research and to like look and see safe vaginal estrogen, safe to [inaudible] looks like it's safe, maybe we can do; well she consented and changed her life.

Dr. Cabeca: She's now 83 and she just published a book. I mean she is cognitively amazing and doing really well and that therapy can really change your life. One thing I did, I checked all the blood work, Keesha, I check her blood work and I looked at testosterone levels and her testosterone was at that time, 1989 you know, it was not have the sensitive LCMS type of testing that we do now. Plus all the averages were done in men; so testosterone was zero. And guess what that was read at by the lab?

New Speaker: Normal.

Dr. Cabeca: Normal. Exactly. Testosterone zero; normal.

New Speaker: Women don't have any testosterone.

Dr. Cabeca: At 63 right? Like, yeah, yeah, yeah. Even though this says it's normal, I don't believe that's optimal for you. Maybe we should do something about this.

Dr. Keesha: Yes. This is one example of changing someone's life by going against what a lab result that traditional medicine pays for and an insurance paradigm, right? But most of the things that we're actually testing for and really need to know for root cause insurance doesn't pay for, you know, as functional medicine testing, really looking at a salivary or urine cortisol, how well your body processes estrogen, you know, are you leaving behind metabolites that puts you at risk for those kinds of things. We want to really know and insurance doesn't pay for that. And so I think that we've come to a space in our culture where we've got this inside the Matrix, outside of the Matrix Paradigm, especially when it comes to hormones. There's a lot of misinformation. So you have a wonderful new book.

Dr. Keesha: I'm very excited. That's why I had you on today because I really want people to get some good information that's relevant to us. Now you're on an autoimmune disease summit. And so people might say, now why? And you know, one of the things that my listeners

have heard me say is there are always three p's with everybody that has autoimmune disease. Perfectionism is one of them. People pleasing is another one. And then the poison of held onto pain from whether it's emotional or physical is a third. And so the talk title for you is, how do I stop snapping at everybody around me; my husband and my kids, my work, my coworkers. When we start talking about patients and perfectionism and people pleasing, we're really talking about self-care, right? At the end of the day, we're talking about self-care and when we're not setting good boundaries and saying no, if we're not being able to put ourselves at the top of our own list. People have been hearing this for a while now that you have to be at the top. You've got to put that oxygen mask on yourself before you put it on your child. But when we're talking about snapping at everybody, we're talking about something that shows that your hormones are probably pretty dysfunctional by the time you get to that point; your adrenals are probably pretty burned out by the time you get to that point. So how do you recommend that people track that?

Dr. Cabeca: I think awareness is really key. One thing I always tell my clients, if you only hate your husband two weeks out of the month, that's your hormones, not necessarily your husband, right? It's important to remember because we lose relationships that way. We lose connection and it's actually physiology driving behavior. And so what I let clients know is, okay, your physiology is kind of like a messy stew. And you know, that's why you're feeling messy, irritable, you know, kind of confused like, hey, this, I heard from clients like I don't know who this monster is that comes out from me. Not only did I hear it from clients, did I experience it myself, right? So who is this monster that comes out with me? Like, Hey, I didn't want to snap at my kids. I should never have never overreacted that way.

Dr. Cabeca: And it's like who? It's reacting and not responding and we have to get to that center again; that grounding; that firm foundation. And that's really through self-care and also healing the physiology, like optimizing our fuel sources, nourishing our body through the food we eat; through our perspective, the lens that we look out on the world from and through; nurturing activities, bringing play back in, increasing oxytocin through play, pleasure, intimacy, all those things to bring that into light because that does help balance us out. And we get a lot of clarity from that. And so if physiology is driving our behavior, we can certainly use behavior to improve our physiology. It works both ways and that's the empowering part, right? More than I can write on a prescription pad; more than I can do with a surgical knife. These lifestyle behaviors, nutrition and lifestyle behaviors, can really empower. And some, I'm a big bioidentical hormone person, right? That's what I've trained in. And so sometimes we need additional bioidentical hormone support too, especially as we're older post-menopause.

Dr. Cabeca: Those are key areas.

Dr. Keesha: But what about the study, the Women's Health Initiative study?

Dr. Cabeca: We're still talking about it. It's really fascinating--

- Dr. Keesha: [Inaudible] western medicine that shut down any idea that women can have hormone replacement of any kind; it's still being debated on an FDA level.
- Dr. Cabeca: Which is ridiculous. Really, when you look at the research, and also we didn't use bioidentical hormones, we did not use bioidentical progesterone. And it is different than progestins that were in the Provera that have a negative cardiovascular profile and affect us in adverse ways compared to bioidentical progesterone. So that's number one. Studies that have---
- Dr. Keesha: Urine versus bioidentical. Radical difference.
- Dr. Cabeca: Radical difference. So mare's urine for the estrogen, conjugated estrogen is like over 30 in that combination. Right; versus a pure estradiol; or estriol, and then progestin part of the Provera component. And so the estrogen hormone arm didn't show an increase in breast cancer, but the progestin estrogen arm absolutely did. However, bioidentical progesterone studied as much as 50,000 women in the French Fournier study; The Epic trial- showed a no increased risk with bioidentical progesterone, no increased risk. And that's clinically what I found when I started using bioidentical hormones. I had to do less needle aspirations. Less breast biopsy exams, less breast ultrasounds because they would smooth out when I use bioidentical progesterone and other nutrients like omega threes and GLA and methylated folate and iodine. Different things.
- Dr. Keesha: I find iodine is a game changer for people with fibrocystic breasts.
- Dr. Cabeca: Yeah. And we can get it from our diet too. So using Nori leaves, eating Sushi can change, change. Exactly.
- Dr. Keesha: Game changer. And then we're going to hear it cause it's an autoimmune summit, the people with Hashimoto's saying, wait, we're not allowed to have iodine.
- Dr. Cabeca: You got to have some, you still got to have some; get rid of all the other stuff.
- Dr. Keesha: The thing is, not everybody's the same. You can't start taking giant amounts of iodide. That's where those studies come from. Whenever we're doing a study, we're doing supra therapeutic dosing across the board on everybody instead of monitoring levels to make sure that the amount that you're being given, you're actually absorbing and can utilize. And so if you've got a ton of iodine hanging out in your system that you're not using, then it can cause trouble. So it's important that you know the difference between, you know, how to track your iodine and then just taking a giant amount. Because if a little bit's good, a lot must be better is the American way. Right? Oh, we might've just had a little pause here. So you know, the American way says that a little bit is good. A lot must be better. And that's actually not true when it comes to hormones and iodine. Right?
- Dr. Cabeca: Absolutely, absolutely not true. And again, it's essential. Iodine is part of every receptor. It's necessary for estrogen to function well at the receptor site. Progesterone, vitamin D,

it's really critical; thyroid, right? It's critical. It's really critical. We can't eliminate it, nor should we, where there's other stuff we can really eliminate and do well without, iodine is not one of them, but massive doses you take in the short term and someone without antibodies. Now I've still used that to heal fibrocystic breasts, to help with ovarian cysts and uterine fibroids. But you know with Hashimoto's, more careful, but eat the Sushi, you know have some--

Dr. Keesha: I take these and paint patches on people. And if you put a little bit on your forearm, if you should be able to see that patch for about 48 hours, if you're deficient in iodine, your body will suck it in and then you'll wind up not seeing that patch pretty quickly within 24 hours. But if you have enough iodine then it'll pool on the top and you'll wind up seeing that patch for a long time and then you're not deficient in iodine. So it's really important to make sure that you're doing a good job checking.

Dr. Cabeca: Yes, absolutely. You know [inaudible] what's right for you. Okay.

Dr. Keesha: Yeah. So one of the other things that we talked a little bit about before we came on was auto immune disease and the Pill. So this is really important subject. There's research out that shows that that oral contraceptive pill actually puts people at a higher risk for autoimmune triggering; and also developing an autoimmune disease. And you know, I think that the oral contraceptive pill was a big revolutionary change in women's health at the time that it happened. But I think we're finding just like with antibiotics, which are also very revolutionary in our population's health, that there's a time and a place and the overuse is not a good idea.

Dr. Cabeca: Absolutely, absolutely. I mean there's the short term indications, but long term just for this, putting the young girls on it for acne control, putting the perimenopausal woman on it. And I'm angry because again, I trained at one of the hundreds of thousands of dollars' worth of education, right? At the best institutions in the nation and we weren't taught them. There's research out for a long time on the adverse effects of birth control pills. We weren't given any of that. We, that wasn't part of our education, our learning, we think blood clots as a risk. Don't give it to someone with hyper coagulopathies, you know, but we weren't looking at autoimmune at that time. You know, this is the nineties right? Early nineties and so you know that, and also the drug reps, when they come, they came to the office and they're bringing their different birth control pills.

Dr. Cabeca: They're not talking, this wasn't part of the conversation. It wasn't part of the consent either for our patients. Look, I'm going to give you this birth control pill to help you out here for this amount of time. And, but these are the risks you need to know about. And this is why we don't want you on its long term. We're going to have to come up with a better solution. You know, that should be the discussion. I'm not ditching them because there's time and a place and they can really get us to balance, you know, menstrual cycles sometimes very, very quickly. Especially if we're having a lot of irregular bleeding, if we need it for birth control and we can't do anything else in the short term. I mean that's something that we need to consider. But I'm a big, you know, Paragard IUD or copper T IUD fan and condoms. Right?

Dr. Keesha: Same here.

Dr. Cabeca: So that's a safe, that's a safe way. And it's an ethical way for us to regulate our birth control. But again, it's, you know, really important. I think now we're talking about it more than ever is that okay, what we talk, we talk about these antigens, you know, foreign bodies into our body as women. That includes semen, sperm, it's a foreign body. And I'm telling you, I tell my girls, be very careful. You've got to know who you're swapping your microbiome with. And that's from kissing on down. Right?

Dr. Keesha: It's so true. And I remember it actually made a huge impact on me sexually and I'm a sexologist, but before I was a sexologist, I think when I was a 19 year old nurse and I was standing in the big trauma hospital that I worked in and I was waiting for the elevator and there was a big poster, I'll never forget this poster. And it had like stick figures, you know, like the figures you see for the bathroom, gender doors. And it had a man and a woman and it said whoever you have sex with, that person you're having sex with everybody they had sex with. And I just remember that visual just going, oh, I never thought about that before.

Dr. Keesha: So you're having sex with everybody that they've had sex with. Oh my gosh. And it really, really made a big impact. And it made me very careful about who I was swapping my microbiomes as a result.

Dr. Cabeca: And talking about STDs at that time, that was the big STD posters. And we get now we know with autoimmune disease, well maybe there's more to the story than just STDs and pregnancy risk,

Dr. Keesha: Right. Well now we're knowing that sperm and healthy sperm is actually part of a big part of the equation when it comes to our rising autistic issue, you know, with kids being born with autism. So it used to always be thought to just be the female body that we needed to monitor and make sure it was healthy, but actually sperm quality and count is diminishing in our country, in our men. And so as that decreases below I think 10 whatever it's measured in per ejaculate that that increases birth defect risk. And that's alarming. So yeah, so that's why our autistic rate and of course glyphosate is one of the big things like our risks, autistic risks has gone right along the side of use of glyphosate in Roundup and our food supplies since 1990. So you can see the charts just go right alongside each other. And this is really affecting us.

Dr. Cabeca: There's another huge component here that as a gynecologist and obstetrician that really is eye opening to me and I'm watching, I'm watching the research. This is not to bring alarm to anyone, but you know, like also, you know, autism is, like there's an oxytocin deficiency with autism. And that's my one area of my specialty is oxytocin research. I've been fascinated by it for a decade now, over a decade now. That high dose Pitocin that we thought was so safe may not be so safe. Right> And then combine that with multi layering with a c-section without having maternal microbiome, you know, combine those insults on injury and then maybe, maybe there's a component there. So re-establishing, like that whole thought, you know, nurture, nature versus nurture and

really nurturing habits and nurturing maternity and paternity means that those aspects become really important to resuscitate oxytocin receptors and important for us in the long haul. That early nurturing increases our overall oxytocin-ness,

Dr. Keesha: Yeah, it's a good word. This is where we had a guest on talking about conscious conception, making sure that we really consciously conceived children. Now we're not just flippantly saying, I think it's time to have a child or even accidentally; that our built up toxins in our bodies and our partner, if we're heterosexual, they're built up toxins are actually now kind of a combustible combination that we need to make sure that we're drawing that down a bit before we start thinking about conceiving. We've gotten to that point and our culture now, you know, this is the generation that's supposed to live fewer years than us. That's never happened. So let's talk about how we can actually balance hormones for each of the three stages of female [inaudible]

Dr. Cabeca: If we're having PMS, the perimenopausal symptoms, and the post-menopausal symptoms, the whole thing is we want to live joyfully, right? And pleasant peace. The peace that surpasses all understanding, we're promised this. We've got to empower our physiology to this. And so this has been, of course an area that I love talking about because it just changes our life. I mean it changes our lives and raising daughters, right? I've got four daughters so I get to with my youngest who's 11, I'm 53 and then 11 year old. And so, we're going to be going through this again. Lord, you know?

Dr. Cabeca: All right. So hopefully I've got it really dialed in because you knew that the same like when we exit our reproductive stage, when we enter our reproductive stage, it's a time of a lot of hormonal transition. Now these periods aren't mandatory, but there, you know, but suffering is not, suffering is optional. Menopause is mandatory, suffering is optional. And that's really important. What we do early on to help our youngsters to empower their natural hormonal rhythm, their natural menstrual cycle, empower them to have painless periods it is simple for our quality of life for the rest of our lives. So important. The answer is not in the [inaudible] So what to do. However old we are, something that I did when I learned more functional medicine, which in the biogenic hormones and so a patient comes in, she's having PMS symptoms, irritability, menstrual cramping, irregular cycles, whatever the situation; head, menstrual Migraines brain fog, memory loss associated with their cycles or whatnot.

Dr. Cabeca: What do I do for them? And the first thing is I do, now I call it my keto green way. I've really optimized it, but this is the diet that's let's shift from, let's get off the glucose and let's cycle into using ketones for fuel, which is critically important as we get older because over age 40 and actually even from 35 to 55, I call this a period of neurologic vulnerability. This is where we see more irritability, more memory loss, more agitation, more insomnia. And the common prescriptions at this time are SSRI and benzodiazepines like Xanax and Ambien. Well, we know that these two medications for sure add on an anticholinergic all three of these medications, which are commonly prescribed to women. As we get older, all increase the risks of dementia exponentially.

- Dr. Cabeca: So as patients came in to see me and I started saying, okay, let's detox, let's get on this modified, elimination diet, right? Let's clean up your system, add in some liver support, herbs and nutrients to help with that. Like Maca milk [inaudible], vitamin C turmeric [inaudible] in combination, which is my Mighty Maca Plus. But you know like really lets help detox and because the liver is burdened by toxins and hormones and we need to metabolize them healthfully as possible and add in a lot of good, healthy alkalizes, plant-based alkalizes to help with the diversity of the microbiome. And that helps with again, hormone metabolism and hormone detoxification, regular bowel movements, elimination, which is a big game changer for hormone stress, right? For PMS, for perimenopause, for mood disorders, et cetera. I mean we've got to get not constipated; have a bowel movement every day; And so, started doing these things, check lab work and I may or may not have initially prescribed some bioidentical progesterone.
- Dr. Cabeca: Typically if they're over 40 I probably would, but I would see them back over the lab results and already they're feeling 90% better, 90% better. Keesha, this was needle moving for me in such an eye-opening experience because I used to operate, you know again I'm classically trained, and I used to operate two to three major surgeries every one to two weeks. Something like that. Going from that twice, two to three a year. So we empower the body's hormonal balance and we don't need so much intervention. I didn't say zero surgeries a year, but I said a significant amount last; because our body's empowered.
- Dr. Keesha: If you go on a bioidentical progesterone because this has happened in my patient population before and you gained weight, then your liver is unhappy. So you have to know like I do genetics on everyone, on my autoimmune patients. And the reason is because what I have observed, I've not seen this in the research, I just have seen this in my patient population because 99.9% of my patients are, that's who comes to me. And there's a mismatch between phase one and phase two liver detoxification. And so, you know, when we start talking about Quercetin and resveratrol and milk [inaudible] we're talking about phase one, that's up-regulating that one, that phase two, the conjugation pathway, if there's a mismatch and we're only up regulating phase one, you're going to wind up with detoxification symptoms and you're going to gain weight when you go on a hormone. So that's actually a really nice thing for you guys to hear. That's not normal. Not Normal. They gain weight on hormones, right?
- Dr. Cabeca: Absolutely, that's really true. You got to say, well, what's happening, right? It's also, they can progesterone's going to shunt to cortisol when you're under stress and that's going to make you gain weight. So sometimes it's that as well, right? It's the adrenals and hyper function. And so progesterone, you know, if from progesterone or mother hormone, pregnenolone, progesterone from cholesterol, we get progesterone and pregnenolone. And from there we'll get cortisol or we'll get DHA and the reproductive hormones, estrogen and testosterone. So if we are gaining weight or we are not feeling rested, calm and peaceful with bioidentical progesterone, then we are, we're shunning to cortisol and we have hormone toxicity. And it's really important to look at that.

Dr. Keesha: I always say 50% of the shift is going to be how you're perceiving your world, which is here. And so like I always start people right away and the stress busting toolkit, which is autogenic training and moving from sympathetic nervous system to parasympathetic. So you have to practice that. And I've said it in a million times, like it's a skill that you're learning. You have to practice so yes, pregnenolone [inaudible] or progesterone [inaudible] that we call and I just talked about. And so you have a number of things that can be going wrong and it actually is great. I always think it's great when someone gains weight on progesterone because then we've got to look a little further and we haven't just landed right on it. We have to go down and dig a little deeper and find out what's going on. So it's just feedback from your body. I'm not quite there yet.

Dr. Cabeca: Exactly. And keep asking them questions like these symptoms or signals that we have to get to the root cause. What's underlying the symptoms and that's critically important. You know, Keesha, you remind me, you know one of the best talks I've ever heard was your talk at IFM last year and it was, it was the best talk you, you know, just brought to light how important regulating our physiology with behavior modification, no matter what we've dealt with in our lives. Adverse childhood experiences and how bad affects us. And if we've had adverse childhood experiences, we know now the perimenopausal transition, the menopausal transition is much harder for us if we've had trauma, PTSD, this peri-menopausal, this menopausal transition is much harder for us veterans of foreign war, harder transitions. And why is that? It's interesting because progesterone is a neuroprotective hormone and it is declining and estrogen is declining.

Dr. Cabeca: Those are neuroprotective hormones. And now we know that the importance of these hormones because also the fuel we use is dependent on these hormones. So using glucose for fuel in the brain is dependent on estrogen. I believe progesterone too, because the curve of, you know, Gluconeogenesis in the brain drops the same as the same curve as progesterone declines versus estrogen. So progesterone's playing a big role there, we just don't understand it yet. And so that's why like this, again, to get clarity, to get this piece that surpasses all understanding, we shift from using glucose using ketones and that's even more powerful as a gynecologist, I want to say it's all about progesterone, estrogen, testosterone, but it's really, it's really, those are minor hormones in comparison to our major hormones. And that's insulin, cortisol, which you talk a lot about. And oxytocin, the other very powerful neurogenic hormone, right? And so when we can become more insulin sensitive, use ketones for fuel on a regular basis, regulate cortisol, right? Get it back in balance. So it's not like pedal to the metal any chance it gets. It's like going, going, going until I can't go anymore. And then it's going, going, going at 3:00 AM till it can't go anymore. Right. We had to reset that.

Dr. Cabeca: Gone. And that's the dangerous phase. And I talk about this in my book in Chapter Eight, that's when the paraventricular nucleus is saying, okay, shut down adrenals. You're freaking frying me out with this hypercortisolism. Right? Like you're burning me out. Literally, you're frying my nervous system. I think that's the conversation. Anyway, Keesha, that's the conversation my brain had. And so the paraventricular system, that's your immune system. That's the conversation everyone's having in their body. You're giving it a really good voice right now. And that's like that cortisol is the key that unlocks

the gate. There's leaky membranes, whether they're in our intestinal track, whether they're in our cardiovascular system, whether they're in our brain. Cortisol is the key that opens those gaps, right? And we don't want that. And so that's critical. The paraventricular nucleus shutting down adrenal secretion of cortisol and also same center shutting down oxytocin at the same time.

Dr. Cabeca: That's where we get this disconnect. This burnout. I don't feel love for my husband anymore. I know I love him, but I don't feel that for him. I used to love my job but I don't feel like even going to work. The thought of it's terrible. I used to love painting. I can't even pick up a paintbrush anymore. It's been years. That is physio. That's a physiologic response. That is behavior from a physiologic response is oxytocin, cortisol disconnect. And so you teach it so well; , creating the mindset too that empowers oxytocin and helps regulate cortisol. Right? And then we can recover and like heal the holes in our foundation essentially.

Dr. Keesha: You'll save yourself time and money and energy if you will practice those parts because you can be on a five month protocol with bioidentical hormones and cortisol, you know, regeneration for your adrenals and doing all of the functional medicine testing and all of the supplementation. And the reading. And you know that if you don't do that part five months later, you won't see very big of a shift, if any. You know? And sometimes it's even worse because we caught you as the nose of your plane was coming down. So, you know, the idea is that as you do this, it's 50% of it that's happening up here, that we get the nose of the plane to come back and go where it's supposed to go back on a trajectory. So, you know, like people that come to see me are usually really angry that they've been spending so much money on supplements and on programs and protocols. And I always say, well, there's this thing called trauma, and if we haven't really healed it and dealt with it, then it's going to be playing in the background, like white noise all the time, sending your cortisol off. So, and then that does disconnect. Like you've just said that the oxytocin, like I call it the yummy hormone, right? So it's the yummy one. It makes our lives yummy.

Dr. Cabeca: So true. So true. That is the life worth living hormone, right? That's it.

Dr. Keesha: Beautifully put. Yes. Exactly. So you have a quiz that people can take.

Dr. Cabeca: I do the hormone toxicity quiz, and if it's really helpful cause you know, we're fine tuning what gets measured gets managed. So this is a very inexpensive way to look. Say, how am I doing? What's my toxicity score? And you're only competing with yourself. What is it a month from now? Is it better? And typically clients will see very, very quickly their symptom scores go way down, way down. And, and that's what I want people to say. I want them to feel empowered by the actions they're taking. Sometimes it takes a little while to see it in blood work. But if we can see it here on the symptom score, that's our quality of life, right? So we just see that number, you know, a high number is bad. So we want to get that number as close to zero as we can.

- Dr. Keesha: Beautiful. And then of course you can get The Hormone Fix at any book outlets. Is there anything you want to leave with our listeners?
- Dr. Cabeca: Because auto immune disease is something that is so challenging, right? And we're worried about our families facing the same thing. It really stems like your family's lives will get better because you're better. And when you are energetically more vibrant, healthy, inspired, they will magnetize to you. I've been at the opposite end of the spectrum. Right now. Keesha and I were talking and we were just singing, I will survive, you know, in the kitchen; I was singing with my four girls, we were like, oh, you know, harmonizing together really bad voices, but we're doing it and that, because I've magnetized them back to me. But let me tell you, after, you know, our accident, we lost my son in 2006 and in a tragic accident. I remember wanting to die, my whole family fragmented, you know, divorce, fragmentation, struggling through teen years with the girls.
- Dr. Cabeca: That was a fragmented time period. And I know like that the energy, like I know what it feels like to not want to get out of bed. I know what it feels like to want to die. I mean, I know that and I just want to let everyone listening and you, wherever you are right now know that you can get better and phenomenally so; because I, you know, God has given each of us a purpose and a passion and just starts with healing this temple, this temple of your spirit, healing the spirit at the same time. I want to encourage everyone to take heart in that.
- Dr. Keesha: You're so beautiful. Thank you so much for sharing your path of healing and for helping so many people on their healing journey. Thank you. All right everybody, until next time, have a good one.