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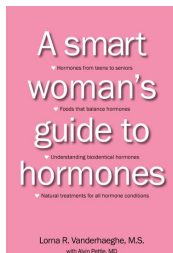


## 115 - A Smart Woman's Guide to Hormones

Interview and transcript topic

Transcript:  
Interview with Lorna Vanderhaeghe

**HEALTH QUEST** PODCAST



Lorna Vanderhaeghe

Steve Lankford, host  
PO Box 372

Suamico, WI 54173  
920-662-0444

SteveLankford@gmail.com  
HealthQuestPodcast.com

Steve Lankford:

Hello, and welcome back to Health Quest. Thanks for joining me. I'm glad you're here. I'm your host, Steve Lankford. I have what I know is going to be a very interesting interview today. I'm going to be talking to Lorna Vanderhaeghe. You may know of Lorna. Her name is around. She's been a prolific author. It's in that capacity I first met Lorna, as the author of a book called *The Immune System Cure*. This goes all the way back to 2001. It is, in my mind, still a very important book about the immune system. If you want to understand how the immune system functions, how it affects you, I recommend you look up that book. It is still a vital resource for us.

She's also a prolific author. She's written many different books. We're going to talk about one of them today, *A Smart Woman's Guide to Hormones*, an important issue a lot of women ... every woman, in fact, has hormonal issues, and they are becoming more paramount. We live in an environment where hormones seem to be changing, and seem to be affected by a lot of different forces. A lot of women are concerned about, how do I deal with these in a more natural way?

Lorna has certainly led us in that direction. She's a woman's health expert. She's been researching nutritional medicine for over 30 years. She has her degrees in nutrition and biochemistry, so she understands the science very well. This is very important to me. We want to know that what we're doing is based on good science, and there is wonderful science in the realm of natural health. She educates people on how to combine the best mainstream medicine with scientifically backed nutrients and diet changes, lifestyle, all to achieve optimal wellness.

She has a website called [hormonehelp.com](http://hormonehelp.com), and I want to suggest to you that you go to her site. There is a lot of very good information. There's access to free books. If you want to learn more, you have a lot of resources after this interview. It's in that capacity that I'm very pleased to introduce to you, once again, Lorna Vanderhaeghe.

Lorna, welcome back.

Lorna Vanderhaeghe: Thank you so much for having me. It really is a pleasure.

Steve Lankford: You've been such an inspiration to me, and your books have been meaningful to me and my family. Going back to the immune system cure, as I said, it's so full of good information. It's helped us actually improve our health. I won't go into the ways that it has, but just my personal endorsement on that book in particular, I think, is so important, because everybody it seems, these days, has immune issues.

Lorna Vanderhaeghe: Yes, I agree with you, and I think finally we understand that allergies are actually an immune system problem, and that skin disorders are an immune system problem. We've come a long way since I wrote that book.

Steve Lankford: Yes, we have, and so thank you so much for setting that stage for us. Because you are so good at articulating these complex issues so that the average person like myself can understand them, that's why I appreciate so much the books that you've written.

We're going to give, say, an overview today, of the book that you've written and the topic, *A Smart Woman's Guide to Hormones*. I think many women are looking for answers. They're searching for things that are natural, because we're concerned about the problems, say, with some of the conventional treatments and medications.

Why don't you lead us in an overview of this topic? Why is it and how is it that you became so interested in hormonal health and wanted to convey this message to your readers?

Lorna Vanderhaeghe: It's an important book, *The Smart Woman's Guide to Hormones*. We have to understand that hormones are powerful messengers. They tell thousands of things what to do in the body. Men have hormones, too. Women's hormones tend to fluctuate a lot more. That's where we start to see the problems.

I started to realize that there were young women that were having hysterectomies that shouldn't be having hysterectomies. There were older women that were taking harmful hormones. Nobody really seemed to understand what was causing our hormones to be balanced, nor what was causing our hormones to be a big problem with lots of hormone havoc. I wanted to explain to people, where do you hormones come from, how does the body make them, how are they disrupted, and how do they affect you through all the different years, from the time you're a child right until you die, so that we could actually get to the underlying causes of some of our hormone problems and solve them early, before they become bigger issues.

Steve Lankford: Well, I think the conventional wisdom for a lot of people is that hormones aren't a problem until a woman reaches menopause. That's when we see the commercials on TV. But you're suggesting that hormonal issues can actually be common, prevalent and maybe enduring starting in the younger years?

Lorna Vanderhaeghe: Absolutely. We're seeing precocious puberty where we've got eight and nine year old little girls developing. We used to think that was because we had such great nutrition, and now we've learned it's because we don't have great nutrition, and that this can be

linked to type 2 diabetes. We have teenagers with terrible period problems, horrible acne. We've got more teenagers today on the birth control pill to deal with their hormonal acne than we have women who are taking it for contraception. Period problems are the earliest warning sign that your hormones are out of balance. If you don't deal with those issues at that point then we start to see women develop things like endometriosis and uterine fibroids and polyps and breast lumps and ovarian cysts.

Although we talk a lot about menopause, I actually find that women have a much more challenging time during their late 30s and 40s, which we call perimenopause. Hormones can affect us all throughout our life. The earliest warning sign your hormones are out of balance is when you are starting to have menstrual cycle problems. If we don't solve these problems we can lead to bigger things like breast cancer, for example, which is very clearly associated with hormone issues.

Steve Lankford: This idea of early onset puberty for young girls, that's very troubling. What has been articulated as a causative factor or one of the reasons why this is occurring? Do we have any ideas yet?

Lorna Vanderhaeghe: Yes. It's all about sugar consumption or refined carbohydrate consumption and obesity. The body has a set point. When a girl hits a certain size, whether that be 80 to 90 pounds, she starts developing. If you have a nine year old that's now 85 pounds, they could start developing early. It also is increased, so early onset development can be increased by carbohydrate consumption. Of course, we know we're consuming a lot of those in North America today. This is unfortunate.

Then we have all of the environmental hormones, and this is really why I wrote the smart women's guide to hormones, because these environmental or manmade hormones, particularly manmade estrogens, they're found in cosmetics, our water. They're found in pesticides. These manmade hormones fit right into the body's estrogen receptors, and they turn on the action of estrogen. They're not only affecting girls. They're affecting men, women, children, the elderly, everyone. We've really got to deal with them because they are creating hormone havoc.

Steve Lankford: I have heard that even babies being born today have many of these chemicals already in their systems. If we look at, say, the last 50 years, we have a generation or two who have been consuming these chemicals in foods and the environment and so on. Is there any thought to the idea that we have been actually developing this over decades and now we're just seeing the results and reaping the results across generations? Is that a reasonable assumption?

Lorna Vanderhaeghe: Oh, absolutely. These environmental estrogens, there are just so many of them. We heard about environmental estrogens in the BPA found in the baby bottles. It became front page news for a long time. That's just one of hundreds of estrogenic compounds. If you go to the Environmental Working Group's website, they have Skin Deep. On that site they have all of the cosmetics and skin care products and toothpaste and mouthwash and shampoo. They have everything listed as to its hormone disrupting capability.

We have to remember that we use the skin to deliver drugs. The reason why we use the skin to deliver medications is because it's a very effective delivery system. If you're putting things on your body, whether it be a lotion or a deodorant or a sunscreen, you better make sure that it's not hormone disrupting. This is a new concept for a lot of people.

Then we have, of course, the water that's found in the plastic water bottles, and when we heat any kind of plastic, this leaches the estrogens into the foods.

The good news about the story is that we're starting to become aware of all these environmental estrogens, but there's things we can take to protect our body from these environmental estrogens. It's not an all bad story where we tell people the doom and gloom about the bad things in the environment and then we can't do anything about it. The good news is, we have nutrients that have been very clearly shown to kick out these environmental estrogens, out of the body, and keep your hormones balanced and in the safe levels.

Steve Lankford: Does it make sense for every woman to include the lifestyle choices? Is it more than just a matter of the supplements? Would we start to make different choices in our food and in our environment? I don't know. Is it carpeting and paint? Where all do we get these? You mentioned a few of them, but is this something that women can actually proactively seek to eliminate to some degree or another from their lifestyle?

Lorna Vanderhaeghe: Oh, absolutely. The most common environmental estrogens that we're exposed to every day is pesticides. When you buy food that is sprayed with pesticides, so all the conventional foods, you're getting a daily dose of estrogen. The pesticides fit right into your estrogen receptors, just like estrogen made by the body. That's one source. Then cosmetics. When you start buying skin care products or shampoos, conditioners, any of these things, you need to look at the label. If it contains parabens, methylparaben, propylparaben, they're highly hormone disrupting, so just don't buy them. Go to the health food store and buy the naturally persevered products.

Those are two big sources. Water is another one. Plastic water bottles are a definitely no-no. Never microwave your food in plastic. Buy wild, free range whenever you can, because, of course, we know that our animals are fed hormones as well, to fatten them up.

These are just a few of the things we can do that will make a tremendous difference in our environmental estrogen overload, and stop consuming soy. They finally did a study in women where they had them drink one, eight ounce glass of soy milk, and found their estradiol, on average, went up 380%. Some women had their estradiol go up 1100%. Estradiol's a very powerful estrogen that makes cells grow out of control. I keep telling people, "Soy is not a healing food, especially when it comes to our hormones. It's completely hormone disrupting."

Steve Lankford: I got to think that's probably a topic in and of itself, because certainly soy and food, what a challenge that is to try to address the conventional wisdom, even, in that

debate. Maybe one of these days we'll delve into that, because I do believe that we need to understand more about the effects of these foods on our health.

Today, though, I'm going to narrow our topic a little bit more, back to the hormone health and your book. Before we go onto that, do you cover these kinds of lifestyle choices in your book? Are women able to get a broad overview of what they can do through that?

Lorna Vanderhaeghe: Absolutely. There's an entire chapter dedicated to the environmental estrogens and how to solve the problem. The next chapter looks at testing. How do you find out if your hormones are out of balance? Do you need to do blood, urine, saliva testing? What if you can't afford to have that testing or what if you don't have a physician who's even, like mine did, and wants to test those things? We have a whole chapter dedicated to symptom questionnaires. Actually your body and the symptoms that you're having are going to tell you everything you need to know about where your hormones are at. We have a whole chapter on symptom questionnaires.

Then we have a whole chapter on what does the testing mean. Then we have a chapter on where your hormones come from. We have a whole section on bioidentical hormones. Are they safe? Which ones are the best? Where is the research behind them all? Then we have a section on how to treat all the hormone problems.

Steve Lankford: It's so comprehensive, and it's so important for women. I just want to make sure our listeners hear that you have that broad of an approach. Let's start to break this down a little bit, because you've said that these hormonal issues can affect women, in particular, throughout their lives, so the teen years, the young adult, the perimenopausal, the menopausal women, are those the four areas that you look at?

Lorna Vanderhaeghe: Those are the big ones. When we look at teenagers, the earliest warning sign that your hormones are out of balance is period problems. When a young woman starts menstruating, yes, you can have some challenges for a few months, but if you're having painful periods, no periods, heavy periods, and irregular ones, if that's going on for years, then there's a problem happening, and we need to really focus on solving this. Hormonal acne in young women, especially when it's severe, what's going on is the body's not ovulating, so we're not popping out an egg every month. When that happens, the body sends out lots of male hormones, which causes the acne.

Doctors prescribe the birth control pill to shut off all ovulation. This is not a good thing, because remember, in teenagers, they're just learning how to ovulate. When we shut it off by giving a 15 year old the birth control pill, they're not coming off it until they're 30-something, we have one in six women today, in North America, that cannot get pregnant. I think a lot of it is because we're putting these young women on the birth control pills.

Those are just a couple of the big issues we see in teenagers today that are not being treated properly, that we're just slapping these young girls on the birth control pill, when we really should be going into the health food store because there are some

great products that can solve these problems naturally, and really get to the root of the issue.

Steve Lankford: It is a problem, because so often when we have these issues, if we have a drug that can mitigate the symptoms, then it's as if we've fixed the problem, but we haven't really fixed the problem at all. Maybe we've made the acne less or maybe we've made the problems less noticeable, perhaps, less intense, but we haven't really solved the biochemistry or the imbalances in the body that have led to that condition. Is that a fair statement?

Lorna Vanderhaeghe: Oh, it's absolutely true. When we look at what nature has to provide, their ingredients like indole 3 carbinol, DIM, D-glucarate, sulforaphane, these nutrients have been researched to keep your estrogen in the normal range, to bring your progesterone up, and to halt abnormal cell growth. When I'm talking about abnormal cell growth, people think cancer, but we have to start thinking about things like a breast lump and an ovarian cyst and a uterine fibroid and a polyp and a thick uterine lining. We have to start thinking about these things as abnormal cell growth. They may never develop into cancer, but I can tell you, if you get a three pound uterine fibroid, it can be very problematic. If you're prone to breast lumps, you're going to be constantly monitored with mammograms. If you have ovarian cysts, they're painful, they can be dangerous.

We want to bring that estrogen back into the normal range. One of the things that's going on with North American women today is, they're all estrogen overloaded. The only women who need estrogen are women with vaginal dryness, thinning of the vaginal wall, urinary incontinence, and painful intercourse. In those women, we never give them oral estrogens, we give them topical estriols.

There's a lot of confusion about hormones. In the book we try to make it extremely simple for people to understand.

Steve Lankford: If a woman has experienced some of these issues that you've described, you explain the condition and the cause and how these natural compounds can be beneficial?

Lorna Vanderhaeghe: Absolutely. I'm on a personal mission to get every woman on a product called ESTROsmart, which contains all those plant-based nutrients, indole 3 carbinol, DIM, D-glucarate, sulforaphane, that have the fantastic research to bring the hormones back into balance, get rid of all those environmental estrogens out of the body via the liver, and to stop abnormal cell growth. For teenagers, when they go on ESTROsmart, they get normal, regular periods, they don't have painful periods. They don't have the mood swings. The acne disappears, literally disappears. These ingredients have also been researched for reversing abnormal PAP smears. This is like a girl's best friend.

Back in 1960 we had one in 20 women develop breast cancer. Today it's one in eight. We are doing nothing about prevention, and yet all of these nutrients have been researched to halt abnormal cell growth in the body that are associated with estrogen that is fueling the growth of all of this abnormal cell growth.

Steve Lankford: Is this used for women of all ages? Or is it very specific to a certain group?

Lorna Vanderhaeghe: ESTROsmart should be taken by women of all ages, but for different reasons. In the teens and the 20s and the 30s and the 40s you'd take it to regulate periods. Get those cycles on a regular basis and to make them effortless. No more painful periods, heavy periods, just to normalize things. It's also used to deal with the hormonal mood swings that we call PMS. We use it in teenagers for this acne, to get people to have their estrogen come back into the normal range and the testosterone come back into the normal range, and to bring that progesterone up so the skin clears up.

In women in the perimenopause years, this is when women start to have a lot of abnormal cycles. Some months they may ovulate, other months they won't, as they're getting close to menopause. It's not uncommon to see a 16 year old get acne, and then start to get it again when you're 45, mainly because of the same reason, you're not ovulating on a regular basis. This sends out lots of male hormones.

We use ESTROsmart for every woman, and post-menopausally we use it to protect our breast and our cervix and our ovaries and our endometrium.

Steve Lankford: Would it be fair to say that these nutrients play a role in helping normalize hormonal function? Is that what we're actually trying to accomplish is, help the body do what it normally is genetically programmed to do?

Lorna Vanderhaeghe: That's exactly what it does. Today we have this, I call it the bioidentical hormone rage. We have people going, "Oh, you know, you're low in progesterone. Let's give you progesterone." But everybody forgets that progesterone is a precursor hormone. What that means is progesterone can be used by the body to make testosterone. Progesterone is used by the body to make estrogens. Sometimes progesterone might be a good thing to use, but other times, in some women, when we put them on progesterone, what happens is they make more testosterone and they make more estrogen, and the next thing you know, they've got male facial hair growth and sore breasts, which are telling you that this is not a good thing.

In this book we took a very clear approach. We took the green light approach first, which is diet, lifestyle, nutritional supplements, wonderful lifestyle changes. Then the yellow light approach is the diet, the lifestyle, the nutritional supplements, and short term, low-dose bioidentical hormones. Making sure you're taking those hormones properly, where you've been tested, someone's monitoring you, and you're very familiar with the symptoms of too much bioidentical hormone.

Steve Lankford: It would seem, also, that the idea is to be on as low a dose as possible for as short a period of time as possible.

Lorna Vanderhaeghe: Well, you know what we really want to do is get the body making hormones. The body can. We've been sold a bill of goods. Women have been told that when they go through menopause, that's it, there's no more hormones. Your ovaries have shut down. You're out of luck. We have this great backup system. We have these adrenal

glands that sit on top of our kidneys. When our ovaries take a much needed rest at menopause, our adrenals are going to kick in and make our backup hormones for us.

This is the reason why some women who hit menopause feel great, and other women feel awful. The women who have been working too hard, not resting, not supporting their body, when they hit 50, if those adrenals are too tired, they're not going to make the hormones for them, and those women have a nightmare of menopause. They're the women who even have a nightmare when we put them on hormones.

I'm all about getting this body in tip top shape, supporting and loving your adrenal glands with a whole bunch of things, meaning reducing stress in your life, eating better, sleeping, having balance, taking nutritional supplements so that we can get those adrenals functioning well, so that when you really do need them, when your ovaries shut down, that you've got this backup hormone system. That way we can then give you, say if you've got severe insomnia that none of the nutrients work for, we can give you some oral, bioidentical progesterone that's going to help you sleep. Or maybe we give you some vaginal estriol to stop the thinning of the vaginal wall.

You shouldn't have to be taking heavy duty hormones every day, because that can lead to problems.

Steve Lankford: Do we find that, if a woman manages her hormones well, that she can go into post-menopause in good shape and be able to enjoy that aspect of her life, as well?

Lorna Vanderhaeghe: Oh, absolutely. First off, menopause means one year with no periods. The transition period should last about 18 months. If you're still having symptoms three, four, five years later, 10 years later, 15 years later, there's something else going on. You might have low thyroid that hasn't been diagnosed properly. You might have exhausted adrenals. The adrenals and the thyroid are directly linked. We've just learned that the adrenals are the backup hormone system.

The thyroid's like the master conductor. If a woman hits menopause and she's got great functioning adrenals, and her thyroid is operating at peak performance, and her liver is not overwhelmed, she should sail through menopause with some supportive factors, whether it be hot flash formula, adrenal support nutrients, maybe some things to help her sleep and deal with mood swings, and then you're through it.

Once you're through it, then we focus on bone health and skin health and heart health and strength well into your 80s, and 90s, and 100s.

Steve Lankford: You mentioned the product that you suggest that people take, and that it can actually make, it sounds like, a dramatic difference. Tell us a little bit more about how that's used. How long does it take to see results? Do they take more in the beginning and less as they go along? Give us an overview of how a nutrient is taken over time.

Lorna Vanderhaeghe: The great news about ESTROsmart is it works within two menstrual cycles. If you're a menstruating woman, say you're a teenager and you've got acne, if you started taking four capsules today, within two menstrual cycles, you should see your acne disappear



or maybe you're down to one pimple outbreak. Along with that, what you'll notice is that the periods normalize, so they show up when they're supposed to, every 21, 23, 25, or 28 days, but they do it regularly every month. You'll notice your mood swings just completely calm down. That's one of the things that happens in the teen years.

In the perimenopausal years or the 20s, 30s, and 40s, you start to get regular periods. We have a lot of infertility today because of all these environmental estrogens. One of the great things that ESTROsmart does is get rid of these environmental estrogens and make you ovulate properly every month, so that when you want to have a baby, you can get pregnant.

All of the ingredients in ESTROsmart are found from foods. It's a very safe nutrient. Once you're in the perimenopause years, what we often see happening in women in their 30s and 40s is things like fibroids, ovarian cysts, breast lumps, a thick uterine lining, all caused from too much estrogen. In the 40s in particular, the body sort of goes, "Oh, we're heading towards menopause; let's really ramp up estrogen production." When women are under stress they produce tons of estrogen.

Estrogen's a hormone, when it's too high, it causes cells to grow out of control. That's where we get all these lumps and bumps and growths that we didn't have before. What ESTROsmart does is shrink uterine fibroids and ovarian cysts, and get the endometrial lining to go back to its normal thickness.

We see heavy periods, which is the leading reason for hysterectomy in the U.S. today, start to clear up. That's really the focus for ESTROsmart. Once a woman's through menopause we put her back on it again to protect her breast and her cervix and endometrium.

Steve Lankford: Again, is that because the ingredients in there are providing a normal function to the body? They sound so dramatic. They almost sound like medicines, but I know these are not drugs. They're working in a different way than the drug, so I'm just trying to get a little handle on how we would articulate that point.

Lorna Vanderhaeghe: The mechanism of action is, one, it detoxifies environmental estrogens. Your liver is really the sentinel organ for hormone function. Your liver decides if you're healthy estrogen is going to turn into cancer causing estrogen. Your liver decides if your progesterone is going to become testosterone. Your liver detoxifies hormones when they get too high. The way that the ingredients in ESTROsmart work is they help to detoxify all of those excess hormones that are getting too high because the liver's detoxification system isn't working well.

Very clearly nutrients like indole 3 carbinol and DIM halt your healthy estrogen from converting into an estrogen called 16 hydroxyestrone. I call that the cancer causing estrogen. There's a very clear mechanism of action there. The other ingredients in ESTROsmart combined are designed to stop abnormal cell growth.

When you look at a thick uterine lining, your uterine lining should get to a certain thickness. Beyond that, it's growing out of control. This eventually will cause heavy

periods, maybe adenomyositis, which is an abnormal cell growth in the uterus, and cause all kinds of problems that women don't want to deal with every month like super heavy periods where you're chained to your house. ESTROsmart clearly works on those mechanisms of action, and it's been researched to reverse abnormal PAP smears, as well.

Very good research showing that some of the ingredients in ESTROsmart, in the same dosage, can take abnormal PAPs and reverse those cervical cells back to nice, normal, healthy ones.

Steve Lankford: In those kinds of challenging cases, is two months or two cycles, still an adequate test period to see a difference?

Lorna Vanderhaeghe: With the abnormal PAP smears, the reversing abnormal cervical cells, the studies were six month. When we're talking about uterine fibroids, you would take ESTROsmart until you go through menopause. If you have uterine fibroids causing terrible, heavy periods or pain, or endometriosis, you want to keep those hormones in balance. You would take ESTROsmart right through until you finally went through menopause. Once you go through menopause, of course, the hormones that are being secreted start to reduce. They're not completely gone, but they're reduced enough that things like uterine fibroids and polyps don't have the growth factor found in the estrogen.

Steve Lankford: If somebody gets results, they're likely going to want to stay on it. If they quit taking it, are they going to revert back?

Lorna Vanderhaeghe: Some people can revert back if they quit taking it, especially if they didn't change their diet or the reasons why their hormones are out of balance in the first place. We're bombarded by these environmental hormones every day. For example, I'll talk about my teenage daughter. When she started to develop acne, we put her on four capsules of ESTROsmart a day. Within two months the acne was completely gone. She had terrible acne on her back and her face. She was the one who would be saying to me, "Mom, there's only six capsules left in this bottle. You're going to get me more. Right?"

Because it worked so well. She had everyone in her grade 12 class on ESTROsmart because it just works so fabulously. If you've dealt with the reason why you have the hormone havoc in the first place, maybe you were consuming a lot of soy. Maybe you were drinking a lot of dairy products that were conventional that had too many hormones in them, whatever that may be. If you've completely cleaned up your diet and your environment and eat lots and lots of veggies, we probably could do without it, but the bottom line is, men, women, children, we're all so heavily exposed to this.

ESTROsmart's a product for men, as well. Men are being negatively affected by all these estrogens, too.

Steve Lankford: I have to think that if someone is getting good results with it, they're going to want to stay on it. That only makes good sense. Stick with what works, because as you're mentioning here, the conditions that can disrupt our hormones exist, in many ways,

outside our control. Even the best of us, trying to control our diet and our lifestyle and our environment are still going to be exposed to these chemicals. There's no way out of that. You can minimize it, but I don't think you can escape it completely. You want to continue to protect yourself over a lifetime. Is there any warnings or contraindications for people who might be on a supplement like this that should be concerned either for a health condition or perhaps a medication that they're on?

Lorna Vanderhaeghe: My recommendation is always, if you're on any kind of prescription medications, you should take your nutritional supplements two to three hours apart. ESTROsmart should be taken by people who are on the birth control pill, and for women who are taking hormone replacement therapy, whether it be bioidentical or synthetic. The birth control pill, for example, even the low-dose birth control pill, contains seven times the amount of estrogen we would give to a post-menopausal woman.

You would take ESTROsmart if you're on the pill to protect your fertility for when you come off the pill. It doesn't make the pill less effective, but it protects your body so that, at least when you come off, you're going to be able to get those normal cycles back again. For any woman who is swallowing oral estrogens, whether they be synthetic or bioidentical, you risk the fact that when we swallow estrogen, it can rapidly convert into this harmful estrogen we call 16 hydroxyestrone.

We know that when women take indole 3 carbinol and DIM and D-glucarate and sulforaphane, their body can't make that harmful estrogen. How do we know that? There's a wonderful urine test done by Rocky Mountain Labs. This test tests your healthy estrogen conversion into the cancer causing estrogen. When women take these nutrients, they just can't convert into that bad estrogen. I'm going to take ESTROsmart every day to stop that from happening, because I don't want to have to deal with the potential risks of different types of estrogen related cancers.

Steve Lankford: Is that a test that women can acquire themselves? Or do they have to go through a doctor?

Lorna Vanderhaeghe: They can acquire it themselves. They can have a nurse, a naturopath, a pharmacist, a chiropractor, their GP, of course, can sign the requisition. You can go to their website, Rocky Mountain Labs, and you can request that. It's an estrogen urinary test. They actually call it their breast cancer risk assessment test. I think it's well worth it.

It lets you know how much of that bad estrogen you have. That bad estrogen, by the way, is linked to the HPV induced cervical cancer. We know that with HPV, and this is what I learned way back when I wrote *The Immune System Cure*, HPV is a virus. Half the population has HPV. Why is it that every woman who gets HPV does not develop cervical cancer? HPV is a brilliant virus. It needs this dangerous type of estrogen to be present in the body in order for HPV to cause cervical cancer.

If you keep that dangerous estrogen out of the body, HPV becomes harmless. Brilliant. It's a much safer way to deal with HPV than to be vaccinating our little girls, which is a whole other subject.

Steve Lankford: I'm a strong proponent of benchmark testing to see what your current status is so that you can make informed decisions about what direction to head in, test later, and see whether you're achieving the kind of results, so I'm happy to learn about that test and be able to pass that on to our listeners.

Are there issues, also, with nutrient depletions from some of these medications, birth control pills, in particular?

Lorna Vanderhaeghe: Oh, absolutely. Birth control pills, and hormones, cause dramatic loss in magnesium. Three hundred reactions in your body need magnesium. If you don't have enough magnesium, wow is PMS a big problem. Lots of the medications cause B vitamin deficiencies, particularly the synthetic hormones. It was Mildred Seelig who, after the women's health initiative study, where they were giving women synthetic estrogen and synthetic progestins, she said, "Well, you know, nobody dealt with the fact that these hormones cause massive depletion of magnesium. Of course that's going to increase their risk of cardiovascular disease."

These are all really important factors. We talk about all of these things in the book. *The Smart Woman's Guide to Hormones* is really a bible on hormones. I think we should give it to our daughters at 12. We should use it as a reference. We should buy one for our doctor so that they can really understand all the things that are contributing to our hormone mess so that we can solve these problems if we want to. We can do it quite quickly, actually.

Steve Lankford: We need these resources. We need guidance. We can't always get to a doctor who understands these issues in the way that we've discussed them today. We're empowering women to at least understand what these issues are, what their choices are, and giving them a plan of action that they can take themselves if they need to, and explore how to improve their health to take responsibility for that.

You've done a wonderful job of that today. Your website also has a lot of information. We mentioned it earlier. Tell our listeners, once again, what they'll find if they go to your website.

Lorna Vande3rhae: The website is hormonehelp, so the word hormone and the word help, H-E-L-P, dot com. There are thousands of pages of information on the website. There's videos, there's free books, our *A to Z Women's Guide to Vibrant Health*, which is a real quick and easy access. If you have acne you can go find what you should eat, what lifestyle tips you should have, and what nutrients to take. If you have uterine fibroids, the same thing. If you're a woman in menopause, what do you do?

We've also got lots of videos and audio for people, and one hour podcasts on menopause, and another one hour on acne, and an hour on infertility. People can go and learn more. I really feel, as a woman, you've got to almost be educated on your problem before you walk into your doctor's office so that you can get the right evaluation. Remember, hormones are complicated. In a traditional seven minute doctor visit, they're really not going to be able to help you unless you've already done your own homework and known what's going on with your body.

Steve Lankford: That's the kind of listeners that we have, people who are interested in knowing exactly how to do that. Your books, your website, certainly reveal your passion, especially for women's health issues. This is so important, such a needed topic, and I'm so glad that we took the time to explore it today.

We're near the end of our time, Lorna, and I'd like to give you the last word. Is there anything that we didn't cover today that you'd like to make sure that our listeners hear?

Lorna Vanderhaeghe: I'd really like women to know that they can find solutions to their sleeping problems, and to their period problems, and to menopause, and to really get good information about how to treat these problems so that, once you read this book, you will know, should I take bioidentical hormones? If I do want to take bioidentical hormones, what kind should I take and how long and what dosage? We even put the dosages in the book so that, in case your healthcare practitioner wasn't so helpful.

There's really a huge resource in that book and through the website. We're just here to help people find their solutions to their problems.

Steve Lankford: You've been doing that for a lifetime. I can tell our listeners, I'm aware of those nutrients that you described, and I know their benefits and I know they're credible and reliable. They may not have heard of them, but I have, and they should learn more by going to your website, getting your book, *A Smart Woman's Guide to Hormones*. It is an important book. It's an important topic. It's so good to hear a confident message that women can make a difference in their own lives, and they don't have to suffer with these problems. There are answers and solutions, and you've articulated them for us very well today, as well as in your book.

Lorna Vanderhaeghe, I'd like to thank you so much for taking the time to be my guest today. As always, it's most interesting. I do look forward to speaking to you again.

Lorna Vanderhaeghe: It was my pleasure.

Steve Lankford: Until next time, I wish you the best.

Lorna Vanderhaeghe: Thank you. Bye-bye.

Steve Lankford: Bye.