

ADDICTION

SUMMIT



From Food Addictions to Balanced, Vibrant Health

Guest: Dr. Sara Gottfried

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Dr. Paul Thomas: Welcome to this episode of the Addiction Summit. I'm your host, Dr. Paul. I am very honored to introduce to you Dr. Sara Gottfried. She is one of my mentors in the area of natural hormone balancing. I was first introduced to her when I read this book. I know that's one of your older books. And I've got a couple more I've got to read to catch up with where you're at.

But Dr. Sara shares a passion with me for functional medicine and getting to the root causes of conditions. This is an addiction summit. And you're about to be introduced to a whole lot of valuable information about chronic illness as it relates to addiction and what you might be going through.

I was reading on your website, "How I Went From Frazzled, Frumpy, and Fat to Enjoying the Best Years of My Life... and You Can Too! I can't wait to hear that. You are a wife, a mother, a scholar, a seeker, a yoga teacher, a Harvard trained MD with over 20 years of experience. You're the author of *The New York Times* bestselling books, *The Hormone Cure*, *The Hormone Reset Diet*, and *Younger*. And I think you might have another one in the works, right?

Dr. Sara Gottfried: That's true, although I would add addict to that list.

Dr. Thomas: Fantastic, fantastic.

Dr. Gottfried: Which I think is a great gift.

Dr. Thomas: When you say add “addict,” is that a book you wrote?

Dr. Gottfried: No, no, no, that I’m an addict. I’m an addict in recovery.

Dr. Thomas: Well, so am I. You are in the right place. And thank you for being willing to share that on this Addiction Summit. I think so many professionals are, oh, shall we say, hesitant to be open about their own struggles. And I think when we are everybody benefits—

Dr. Gottfried: No question. And I think we need to take addiction out of the shadows and really bring it to the light of day. That’s how we all heal.

Dr. Thomas: Absolutely. I was reading your mission at the Gottfried Institute and in life. It’s, “To help women feel sexy, vital, and balanced from their cells to their souls.” This means getting your weight right, right where you want it, getting your energy and sex drive maximized, and doing it all naturally and safely. And I’m thinking to myself, “Who, watching this, wouldn’t want that, to feel sexy, vital, and balanced from their cells to their souls?” So folks, fasten your seat belts. You’re in for a real treat.

Dr. Sara, perhaps start with your own journey. And I’m intrigued, actually. I didn’t know your addiction story. And if you want to throw that in, please do.

Dr. Gottfried: Yeah, well, it’s definitely a through line, I think, for most of my life. But let’s see. With my story, I would say I first began my work on helping women create natural hormone balance and practicing functional medicine for women when I hit a wall in my 30s.

So I was about 35. I was married. I had one kid. I wanted to have another. And I was working as an OB-GYN, delivering babies at night, doing hysterectomies by day, practicing conventional medicine.

And yet I felt terrible. I had a sticky relationship with food. I thought about it all the time. I was obsessed with my weight. My mood during the day would kind of depend on what the bathroom scale said that morning. I had PMS, low sex drive. And I was in kind of this amped up state, kind of a high rev state. And I think many addicts find themselves in this particular situation. And what I had always done to deal with that rev was to eat.

So I was about 20, 25 pounds overweight. And I was working really hard running and counting my calories, doing all these things that we used to do back then. And it really didn't work. And I went to my doctor to kind of talk about some of these things that I was struggling with. And I sort of remember just sitting in that doctor's office waiting, waiting, waiting for him to come. And I told him about my weight and kind of the stress level that I just couldn't bear and PMS. And so his suggestion to me was to go on an antidepressant. And I remember he had a little whiteboard. And he wrote down, "Exercise more plus eat less."

Dr. Thomas: It's just that simple.

Dr. Gottfried: Yeah, totally. He said that without even knowing what I was eating or how I was eating. He didn't ask any questions about my relationship to food. And at first I was a bit humiliated. But then I got angry. I realized "Wow, if I'm getting this kind of treatment, people around the world are getting the same treatment. And it's just not right. Going on an antidepressant is not going to address the root cause of why I feel like crap, why I feel so much older than my years." So that's really what got me started on this path of functional medicine.

I left his office and went to the lab because I had a sense that my hormones were out of whack. And that was certainly true. My cortisol, the main stress hormone, was three times what it should've been. My progesterone was very low, which is that hormone that helps you soothe yourself. And when it's low, especially in women, it tends to cause more cravings for alcohol, for food.

And that got me started on kind of looking at natural hormone balance. But it really was much broader than that. It got me started at looking at the issue of food addiction, my disordered eating, kind of this difficulty that I had creating wholeness in my life, trying to find work-life balance, and the way that it would kind of get me into this amped up—rev is what I call it—kind of this state of hyperarousal. So that's kind of how I came to this addiction piece. And it's also how I got started with my work in functional medicine.

Dr. Thomas: That's fantastic. I think so many of us struggle with our relationship with food. I know my story was very similar to yours. Right out of medical school, actually right out of college, I had already put on too much weight. And you know how we overworked ourselves in medical school and residency.

And gosh, the OB-GYN lifestyle you had, I avoided that and went into pediatrics initially—I also do addiction medicine—because I saw how hard you all worked. It’s ridiculous. If you know an OB-GYN, folks, be kind to them. They’re up all night, emergencies all the time. It’s just nuts.

But yeah, this relationship with food, it’s so important. And I think when you talk about your journey from the four Fs to vibrant health, maybe go through some of the keys as that all unfolded for you, as you started digging into your own needs and things you were struggling with.

Dr. Gottfried: Yeah, happy to talk about that. I just want to speak for a moment to that point that you made about OB-GYNs because, of course, it’s not just OB-GYNs. I think stay at home mothers have this syndrome too, where they push themselves so hard they over provide. I know you’ve seen this in taking care of kids.

To me it’s a matter of disconnecting from that conversation with your interior world, which is a big part of addiction. It’s a big part of what got me kind of up against the wall with my weight and with my relationship to food. And I think a lot of recovery is getting back into conversation with your body.

So just like an OB-GYN or really anyone in medical training who was taught to deny their need to eat, their need to sleep, their need to pee and poop at appropriate times, many of us have different versions of this. But to answer your question, I joke that I had the four Fs when I was in my 30s. I was fat. I was frumpy. I was frazzled. And you can imagine what the fourth F was. It was not a pretty picture. Let’s just say I was in couples counseling with my husband because it was a rough time.

Dr. Thomas: And I’m sure you’re not alone. Most of our viewers, or at least a lot of us, we have been there. We feel the same thing. You’re my women’s health expert for this summit. But if you’re a male watching this, trust me. You need the exact same advice, except for when you’re giving specific hormone recommendations or something like that. But this is the condition of the human living in today’s stressed out world I think.

Dr. Gottfried: Yeah, well, it is. It’s the human condition. And so we have to have tools. And the good news is there are a ton of tools for how to navigate this. So it wasn’t sort of an overnight transformation. It was a matter of, initially, about four to six weeks before I was able to wrangle that cortisol level that was so high down to more of a normal range.

Dr. Thomas: What things did you do for that actually? That's a hard one, I think. What suggestions do you have to help people? I imagine you would say reducing stress. But how exactly do you do that?

Dr. Gottfried: Well I don't think it's a matter of reducing stress because most of us live a pretty big life. And unless you want to move to a farm, like a gentleman's or gentlewoman's farm, I just I don't know that...

Dr. Thomas: That's my dream.

Dr. Gottfried: Yeah, I have that fantasy, too. But I can't reduce my stress. I've got two kids that are school aged. There's a lot that I love about my life. And so for me it's a matter of dancing with stress in a different way, really investing in my resilience so that I'm not as reactive. I'm much more proactive, and I don't get into that heightened hyperarousal state.

So there are a lot of ways to do it. What I did back in my 30s was yoga. I started to do yoga every damn day. Whether I wanted to or not, I would start my day that way. I'd get up and make myself a cup of green tea, and I would practice yoga. So yoga is, in some ways, the best way for me to reset my cortisol level and to improve my stress resilience.

There are a lot of other ways to do it. I'm a big fan of meditation. And it can be as simple as just getting the Headspace app on your smartphone and doing that for ten minutes. Just invest. Make the commitment do it for 30 days. See what happens. It's amazing how much that can change you within a few days. What I started to do later was to use the Muse headphone. Do you know the headband, the Muse headband?

Dr. Thomas: I haven't used that. Tell us more about that, how that works, and what that is exactly.

Dr. Gottfried: Yeah, so I love it when technology can support these techniques that we've been using for thousands of years. And so in this case it's a clinical grade EEG machine. So it actually measures your brain waves. It's like a little headphone. I'm sorry I don't have it here. I just moved, and I don't have it handy. But you basically listen to a guided meditation. You get into a pretty deep meditative space. And it tells you through audio feedback how calm you are.

Dr. Thomas: Wow! And this is something you wear either as earbuds or headphones?

Dr. Gottfried: So it's a little headband that goes across your forehead and kind of tucks in behind your ears. You can get it on Amazon, of course, and also directly from the Muse folks. But the interesting thing is that it game-ifies meditation. So this is especially good for addicts who are low in dopamine. I have a gene that makes me really low in dopamine.

Dr. Thomas: Me too.

Dr. Gottfried: And that's why I'm always seeking novelty and kind of the next shiny object. The game-ification is really effective for me. What happens is if you're listening to ocean waves, for instance, is that the waves get louder if you're distracted, if you're not in a calm state. And once you get into a calm state and you hold it, the waves get quieter. And then you start to hear birds chirping. And as you stay in that meditative state, you get more and more birds.

And so I'm super competitive. It's also part of my low dopamine state. And so I'm like, "More birds, more birds, more birds!" And then you finish after 10 or 30 minutes, and it dramatically changes your physiology. It kind of changes what I call your neurohormonal dashboard so that you're not in that rev state. You're not in that hyperarousal state.

There are supplements, too. Some of my favorite supplements are fish oil, which lowers cortisol; Rhodiola. You have to be a little careful with that if you have a tendency toward anxiety. Those are some of the things that helped me with lowering cortisol.

But a big part for me was tracking my cortisol level, which you can do—there are lots of direct-to-consumer labs—so that I really knew what I was dealing with, and then finding the best interventions for me. What I would say to our listeners is make a menu, create a menu, an a la carte menu, of all the things that can help you get out of that rev state or even prevent the rev state. So for me, with my yoga in the morning, that helps me prevent the rev state that day so that I'm not reaching for a glass of wine to calm down. I'm not reaching for a chocolate bar as a way of soothing myself.

Dr. Thomas: That is so great. Folks, we're getting some practical—this is something any of us can do. And wow! I'm so excited with what you're sharing. Now I know you deal with a lot of patients. And some of them probably have addiction issues. What kind of things are you dealing with in that realm?

Dr. Gottfried: Yeah, I haven't done a quantitative survey. And I don't even know if I would get accurate information with the way I'd like to ask about it. But I would say something like 30% of my patient population has addiction issues. And part of it is maybe living in the Bay Area and being so close to Napa Valley and kind of great wine growing regions.

What I find in my patients is that there's often problem drinking. And if I step back and kind of look at the definition of addiction, which I'm sure you cover in your awesome summit, I think of addiction as when you repeat a behavior despite adverse consequences.

And so at least 30 percent of my patients are drinking one or two glasses a night, maybe every night, increasing the risk of breast cancer, disrupting their sleep that night, over time shrinking the size of their brain. Those are adverse consequences. Unless you're drinking two glasses or less per week and you're female, there are adverse consequences to drinking.

But I wouldn't say that they necessarily qualify as alcoholic. And they don't think of themselves that way. But I think there's this kind of middle ground where that 30% of patients is probably. They're exercising addictively, more than is helpful for their bodies. They're drinking a little too much, as we just covered. And there might be some relationship to food that's disordered. And what I often see in my practice is not people binging on processed food. Instead they have an unhealthy obsession with healthy food, orthorexia. So that's kind of the spectrum of what I see. And there's a term for this that I really like, called spread addiction.

Dr. Thomas: Yeah, tell us more about that.

Dr. Gottfried: Yeah, so I heard this first from a summit I listened to with Tommy Rosen. And he was talking to a yoga teacher, Dirga. I've forgotten her last name. But I really think that this is something that's very common, especially in the U.S. population, where you don't qualify officially as an addict in one particular area. But if you kind of look at the spread of all of the addictive behaviors, they kind of add up to an addictive pattern.

So a typical patient is someone who's drinking a little too much, and it's disrupting their sleep and raising their cortisol and causing problems. Anxiety the next day is an example. They're exercising too much. And maybe they've got some disordered relationship to food. That's kind of the most common thing I see. I don't see a lot of folks who are addicted to opioids. That's just not my patient population.

But I can tell you, as a gynecologist, we know that women are prescribed opioids way more often than men. Women are the fastest growing segment of the addiction population. They tend to have more withdrawal symptoms when they become abstinent. They have less success with treatment for addiction. So I think women do have particular vulnerabilities that need to be paid attention to.

Dr. Thomas: Yes, agreed. So, do you have a sense of why women are more vulnerable?

Dr. Gottfried: I have a lot of ideas about this. I mean in some ways I think of the addiction model. We have to disrupt the addiction model. I'll start there. And I think you're doing this, Paul, because I think we know so much about the neuroscience and the physiology of addiction. We know about dopamine receptors and not enough dopamine signaling. And you get the dopamine hit, and then you want more. So we know a lot about the neuroscience.

But I feel like our concept of it really lacks integration. It lacks wholeness. It lacks more of what I would call a functional lifestyle medicine approach of looking at not just the physical but the emotional piece, which is especially important for women, looking at the stress reaction, which is exaggerated in both men and women, looking at the psychospiritual piece as well as nutrition and nutrigenomics. If you're a low dopamine person, like you and I are, what are the foods that you can eat? What are the supplements that you can take? What are the behaviors that can kind of fill those gaps, the dopamine gap that you have?

So why are women more vulnerable? I think there's a biopsychosocial reason. I think there are issues like misogyny. There are issues like rates of childhood maltreatment. There are issues like what we started with at the beginning, this idea of creating wholeness between work and family life. And I think women are often more challenged by that. They have a second shift when they get home. And often reaching for a glass of wine is the easy fix when you just feel stressed and you can't cope. It certainly was for me in my 30s. It no longer is. But I think those are some of the reasons.

And then there are also hormonal issues. We know that women, starting around 35 to 40 they start to make less progesterone because we start to run out of ripe eggs. And I think that's when a lot of addictive behavior starts to come forward for women. That's when they have more cravings. Maybe they move from being a user of drugs or opioids to having a substance abuse

problem. So I think there's this whole hormonal overlay. Men are just a little simpler in terms of estrogen and progesterone.

Dr. Thomas: In many ways.

Dr. Gottfried: Well, those in particular, estrogen and progesterone, testosterone and—

Dr. Thomas: Yeah. So you bring up such an important point that we're trying to get this message across this summit for all our viewers, is that the healing that you need to move yourself from the severe end of the addiction spectrum, whether it's a spread addiction, where you have a little bit of a lot of things, or whether you're deep into a certain particular addiction, be it alcohol, opioids, or some other substance or behavior. The solution—and this is what's so exciting about having Dr. Sara on this show—is really about delving into your own health on a number of levels.

So you've touched on, already, several of these things. I just want to add one point and then let you carry on with the various things that people can do to start healing themselves. And that is this whole issue of why. Why do we end up addicted to something, or a spread addiction, where we're doing all these things? I think at the core we're stressed out. We're feeling a lack. We're feeling uneasy. And our behavior or addictive substance actually meets a need, but just for a little bit. It doesn't solve the problem because when it's going out of your system then you have that cycle of increased anxiety and angst and maybe been craving, if you're deep into it.

So what was once helping us is now hurting us. And I love the way you're taking us down this path of now trying to heal and become in tune with our own selves and needs from the yoga, the meditation, etcetera. How do you address the addiction or the spread addiction type patient in your practice?

Dr. Gottfried: Yeah, I wish there was just one thing that I could say, "This is it. Take this one supplement. You're set." But the truth is, just as I was describing addiction as a gift, I think it's an initiation. It's an invitation to get to know yourself, to develop your intuition and that conversation with your body in a very deep way.

So I can talk a little bit about what I found to be helpful, kind of the basic foundational things. But I think the answer, the solution, is a little broader. And I'll go back to your question of why, because as an addict I love the word why. And what I've learned in my recovery is that why doesn't matter as much

as the solution. Why is interesting for hypothesis generation and maybe a little bit in therapy. But therapy never helped me with my addiction, unfortunately. And even when I first started doing work in natural hormone balancing—I tried the Julia Ross work; I tried *The Mood Cure* and *The Diet Cure*; I tried all the amino acid supplementation—that didn't work either. I needed a much more integrated solution. And it sounds like you agree with that.

Dr. Thomas: Totally. So alcohol became my biggest challenge as far as an addiction. I've got 15 years now no drinking. And I just stay away from that completely.

Dr. Gottfried: Congratulations.

Dr. Thomas: For me that one's just a problem. But I remember a year into my sobriety sitting in a meeting thinking why? Why was I? Because really, on the face of things, I had an amazing childhood. I had a great life. And you're absolutely right. It's so much more important to get into the solution. And I was just sort of going, "Yup."

And I love the fact that it isn't a simple one thing. This is why throughout this summit, folks, you need to listen to as many of these talks as you can because there are pearls of wisdom like you're getting right now from Dr. Sara in so many of the talks, in fact every single one. And you're going to apply as many of these things as you can. Sorry, I interrupted you. Carry on.

Dr. Gottfried: No, no, no, I like this conversation. And I do think the question why is important. I remember when I was five years old, and my mother had gotten divorced from my father. And she had just gotten remarried. And I think maybe she was on a trip somewhere, and I was with my grandmother. And we were making chocolate chip cookies. And oh, I used to love baking with my grandmother because there was something about that sugar, flour, fat combination that would just send me to the...

Dr. Thomas: Licking the bowl.

Dr. Gottfried: Yeah. And I remember that she said to me, "Sara, there's raw egg in this dough. You shouldn't eat it because it could hurt your stomach. It's got bacteria in it." And I remember very defiantly waiting for her to leave the room. And then I went at it with the dough. And this was, I think, at a time where I was feeling a lot of internal stress. I'm totally projecting this onto my five-year-old self.

But I didn't have a wise adult to take me by the hand and say, "I see that you're having inner turmoil. Why don't I teach you how to meditate? Let's practice meditation for ten minutes. And any time you feel that inner strife, this is something that you could try," or yoga. I didn't. Instead I reached for the sugar, flour, fat combination. And it's designed to be hyperpalatable. That's always been a trigger food for me where I just eat way too much of it.

But I think the why has to do with that moment as a young person, where you feel this inner strain, and you reach for something external to calm down. So whether that's alcohol or food or heroin or whatever it is, pot, to me that's the why. And it's also a disconnection from your inner world and your inner divinity. So we can talk more about that if you'd like.

Dr. Thomas: I would love that because not too many people go there. And I think the true healing, that vibrant health you talk about, has to include being in touch with yourself at that level. So yeah, I'd love it if you go there.

Dr. Gottfried: I've had a very successful time in 12 step. And not everyone in addiction has. I realize that. A lot of my patients I'll send to other places because they go to an AA meeting, or they go to some other 12-step meeting. And they just feel like this is not for me. But this idea in 12 step is that for me, personally, yes, I had disordered eating. And I am a food addict. And that's a problem, but it's not *the* problem. The problem is my disconnection from my inner divinity or a divine sense. So maybe what I'll do is I'll start with kind of the foundational things, and then we can get into some of the more psychospiritual pieces, because I don't want to do our listeners a disservice by skipping that part.

Dr. Thomas: Yeah, I think that's great. Let's start with the foundational things and maybe end with the spiritual.

Dr. Gottfried: Yeah, I mean when I have a patient who comes to me and just says, "I'm having two, maybe three glasses of wine every night. Can you help me?" I don't start with inner divinity. That's not going to go over well.

So I start with food. I've got a food first philosophy. I think that is the greatest environmental factor when it comes to rev, when it comes to making sure that your body's getting the nourishment that it needs. So that means organic food that's not processed, simply cooked, ideally not at a restaurant because there are all kinds of changes that are made to foods in restaurants that make them more palatable.

Dr. Thomas: Risky.

Dr. Gottfried: So that's the foundational piece.

The second is to identify and treat nutrient gaps. So I find with my own patients, the ones who are addicts, the ones who are not, that there are specific nutrient gaps that they have. It may be that they're low in B vitamins. It may be, as I mentioned, low in dopamine, or the dopamine signaling is not working well. They may be low in serotonin. And I say that kind of cautiously because I don't think of addiction or depression as a low serotonin state. I think it's much more complex than that and involves inflammation, but often filling these micronutrient gaps with omega 3s, getting the omega 3 to 6 ratio balanced. Magnesium is another one that I think is really important. So I like to fill those nutrient gaps.

Another thing I like to do is to really look at the architecture of the day so that you're not getting into that rev state. So for me the rev that I felt the most was getting my kids off to school and heading out to work, so kind of first thing in the morning. I kind of dreaded that whole process. And then at the end of the day when I was exhausted from work, then picking up my kids and getting dinner together.

Dr. Thomas: Dinner and bedtime.

Dr. Gottfried: It's such a vulnerable time. That's when I glug, glug, glug, pour the bottle of wine into a glass. And so really think about okay, how do you prevent those high-risk times? How do you architect your day so that you have kind of the prevention in place?

So for me it began to be yoga practice in the morning before my kids got up. And then I had to get up earlier and go to bed earlier. Sleep was super foundational. And I have a wearable so that I can track my deep sleep and my REM sleep. Those are really important for healing.

And I also would take another 20 minutes before I picked up my kids and kind of got that whole routine going to connect again to my inner divinity, to connect to kind of this sense of something greater beyond myself. So those are a few tips. I've got a few others, but I want you to also chime in here because you practice addiction medicine. So I'm sure you have some comments here.

Dr. Thomas: Oh, well I'm just thrilled. You just rattled off basically the core of my book, *The Addiction Spectrum*.

Dr. Gottfried: Oh, good.

Dr. Thomas: I cover throughout the book, regardless of your addiction, whether we're talking food, alcohol, opiates, meth, behavioral addictions, the core approach is real food, get your nutrients, stress reduction (which you call your rev) sleep, exercise, and then the being connected. Also I touch on biome, the importance of the microbiome.

But being connected, that's that whole sense of not being alone in the world. But there's more of a connection with other people. And then the spiritual if you want to use that term, but that self awareness. And that runs through everything, regardless of what you're struggling with, folks. I mean if you're in a crisis, an opioid addiction, you need help from an addictionologist who can help you acutely get through acute withdrawal. There are tools for that. But the real healing is exactly what we're talking about here with Dr. Sara. So yeah, you basically summarized my book for me. That was awesome.

Dr. Gottfried: Well and I would say for women, I would maybe take that stress piece that you just talked about that's a core part of your book, and we could maybe drill down a little further because I think hormonal imbalance is a big part of the addiction story, so whether that's estrogen-progesterone being out of balance for women or testosterone being out of balance for men or, for both men and women, blood sugar issues.

And this one is so big because I've found with so many of my patients that were craving wine, that their fundamental issue was that they had insulin resistance. They had a problem with the way that insulin was working in their body. And they would just get into a state where they just would reach for something fast that would change their physiological state. And the alcohol was the thing that did it.

So I think preventing that, there are so many ways to prevent it with the amount of fiber that you get—35 to 50 grams a day—kind of slowly building up to that point, making sure that you have a pound of vegetables a day. There are so many ways to manage your insulin so that your blood sugar is more stable.

Dr. Thomas: Yeah, I want you to go back and drill down a little more on the hormone issue. I run an opioid addiction clinic. I've helped over 500 people get off of opioids, or at least they're down on very low, manageable doses while we're getting there. But almost to a person, the men are all struggling in low testosterone. And I have a harder time managing the women's hormones

because it's just not my area of expertise. So share with us that process. I think that would be helpful.

Dr. Gottfried: Yeah. Well. for most women, sometime between 35 and 51 they begin to get low in progesterone. So I think of estrogen and progesterone as kind of this tango. And you really want a good dance between estrogen and progesterone. So that means estrogen has to be in balance with the progesterone. They have to kind of meet in the middle.

But what happens for most women, about 80%, is that when they run out of these ripe eggs that make the right amount of progesterone—that happened for me around 35—progesterone drops, and estrogen starts to rise and gets really kind of exaggerated, fluctuates wildly.

And so that causes a couple of problems. When progesterone's low you tend to develop insomnia. You have a lot of trouble sleeping. You just can't calm down. You just feel kind of this very wired but also tired, kind of that unfortunate combination of the two.

It also can make your periods heavier. It can make you have worse PMS. PMS is kind of a progesterone resistance state, where the cells become numb to progesterone in your brain. So progesterone is not just something that is made in your ovaries and made in your adrenals and helps you calm down. It actually goes to the brain and has this very calming effect on your brain cells through allopregnanolone.

So what I find with a lot of women is if estrogen and progesterone are out of balance, we want to raise the progesterone. So one of the ways to do that is with an herb called chasteberry. That works really well for women up to a certain point, as long as their eggs are still working. So from about 35 to 45, at some point it stops working so well.

And if that doesn't work then I tend to use progesterone, either a topical cream, which you can get at a health food store or at Whole Foods. You just follow the directions on the package. Get one without environmental toxins, without parabens and so forth. And if that doesn't work then we use oral progesterone.

And just a side note, I do testing to kind of look at estrogen and progesterone levels. I like to look at day 21 in someone who's still cycling. Doesn't matter once you've gone through menopause. But I like to look at the estrogen and progesterone balance and then get it back to kind of an even Steven place and

then watch it over time. Check it once a quarter or once every six months to make sure it's in balance.

Dr. Thomas: Roughly what would that balance look like for it to be kind of ideal?

Dr. Gottfried: Yeah, so scientifically you want a progesterone-to-estrogen ratio of about 250. Somewhere between 100 and 500 is acceptable. But for women who have a progesterone-to-estradiol ratio that's less than 100, that means that progesterone's too low, and estrogen is dominant.

Dr. Thomas: Got you. And this is on a serum blood sample?

Dr. Gottfried: So this is actually in saliva. And I also like to look at dried urine. I always like to offer a couple of labs. And I like dried urine testing because that gives me a little bit more information about estrogen and how it's being used in the body and also progesterone and how it's being used.

Dr. Thomas: Super. Now a lot of our viewers would go to their regular doctor. And I'm guessing they're just going to put them on a birth control pill that has estrogen and progesterone, right?

Dr. Gottfried: Yeah, I'm not a big fan of the birth control pill. I think it causes a lot of other issues. It drops your testosterone by a significant amount, usually like 20 percent or more.

Dr. Thomas: No, I'm not either. I was just setting you up there.

Dr. Gottfried: Yeah. No, no, no, I understand. But that was another thing I was offered, along with an antidepressant. I was trained as an MD that putting women on a birth control pill would fix all hormonal problems, pretty much. And the truth is it tends to mask symptoms. And we want to address the root cause rather than just kind of gloss over a situation. So I'm not a big fan of the birth control pill.

Dr. Thomas: And so when you do end up prescribing progesterone after you've done testing and you've realized there's an imbalance and you talk about using oral if the cream is not adequate, is that prescription?

Dr. Gottfried: That's prescription. I like Prometrium, which is an FDA-approved version of natural micronized progesterone. The dose is 100 to 200 milligrams at night. And it's been shown in randomized trials to help women

sleep. It doesn't have the adverse lipid effects that synthetic progesterone has. So I really like Prometrium.

You can also use a compounding pharmacy to get a natural micronized progesterone. But I like to go with what's been approved by the FDA because in this situation, we know when it comes to hormonal balance, the regulatory oversight is a little bit stronger at the FDA. And I'm probably going to open a can of worms here. But if you look at hormonal prescriptions at compounding pharmacies, up to 30% of them are not the dose that the doctor or health care professional wrote. So I like to go with the FDA approved medications when we can.

Dr. Thomas: That makes sense. So now you can enter into the area of spirituality or how to be in touch with your inner true being.

Dr. Gottfried: Can I just talk about the liver first?

Dr. Thomas: Oh, please do. Toxins are a big thing. And we need to touch on that.

Dr. Gottfried: Yeah, I feel like the liver is kind of the neglected gland here. I think it's so important to support the liver. I think when your liver is overloaded, when you have toxic overload, it can cause hyperarousal. It can cause a lot of these symptoms that can make us want to reach for that drink or reach for the chocolate chip cookie. And so I think supporting your liver is incredibly important. I'll just kind of leave it at that.

Dr. Thomas: No, no, don't leave it at that. Tell us a little more how. Because if I'm watching this, I'm going, "How do I support my liver? I have no idea."

Dr. Gottfried: Yeah. Well, it's pretty simple. Your liver is designed to have, I would say, a lot of fresh fruits and vegetables. I had mentioned before about a pound of vegetables. I don't mean a pound of broccoli every day. I think you need to have 20 to 30 species of vegetables each week. So all the colors of the rainbow, that's one of the ways that you fill those micronutrient gaps that we were talking about earlier. And many of them, especially the cruciferous vegetables, help you detoxify. So they support the liver to have cruciferous vegetables. The allium vegetables, like onions, garlic, leek, that also helps you make glutathione, which is a really important detoxifier, the master detoxifier in the body.

Dr. Thomas: You can detox with food?

Dr. Gottfried: You can detox with food.

Dr. Thomas: That's amazing.

Dr. Gottfried: You want to crowd out the chocolate chip cookies and fill in the gaps with your pound of vegetables a day.

Dr. Thomas: Fantastic. You mentioned cruciferous vegetables. That's a term I don't think most of us are familiar with. What are you talking about?

Dr. Gottfried: Well, broccoli. I'm just saying don't go for monoculture with the vegetables that you're eating. A lot of my patients come to me, and they say, "I'm eating really great. I have salmon and broccoli every day." And I'm like, "Well, why don't we go for a little variety? That's great, but let's build from there." So broccoli, Brussels sprouts—I'm just thinking of my favorites—cauliflower. Do you have some favorites?

Dr. Thomas: No, those are the three right there.

Dr. Gottfried: Yeah. So there's a lot more. And I grew up with a great grandmother who was a bit of a radical. And I remember she used to say to me when I was really young, "I love wine, but wine doesn't love me." So I think I inherited a lot of the same lousy alcohol detoxifying genes from her.

And she used to start every morning with a cup of hot water with lemon. And she also had it before she went to bed. And so I've adopted this habit. It's also really supportive of the liver. Sometimes I'll stick a little turmeric in there. And that's another way to support the detoxification process of the liver. There are supplements, also, that can make a difference. But I think starting with your food is important.

Dr. Thomas: Wow, that's fantastic. And your grandmother was doing lemon and warm water? That's amazing.

Dr. Gottfried: This is my great grandmother, yeah.

Dr. Thomas: Great grandmother.

Dr. Gottfried: And not drinking wine.

Dr. Thomas: Yeah, fantastic! Wow! That's awesome. I love how you talk about each woman is a snowflake, speaking to the individuality of the person. How

do you try to get to root cause analysis of what conditions someone might be needing to deal with?

Dr. Gottfried: Well, I think this is the basis of functional medicine or personalized medicine, where no two patients are alike. We have some principles that we use. We use systems biology in functional medicine to look at okay, are your hormones out of whack? Your detoxification, is that what needs help? Is there a problem with your structure? That's especially an issue with pain management. Is it one of these seven systems that are out of whack?

But what we do, it's like a puzzle, where you are doing what I call root cause analysis. And you're trying to figure out, "Okay, for this woman who's in front of me, who's got a spread addiction that involves alcohol and maybe over exercising, how do we allow her system to function as optimally as possible?"

So it's many of the things that we talked about. What are the gaps in terms of her food? What are the micronutrient gaps? What's happening with behavior and with stress resilience? How do we prevent that hyperarousal state with the more psychospiritual, kind of soul level? Is she getting her needs met? What can we do to support her there?

So this idea of the snowflake is the concept of personalized medicine. How do we really understand what's missing so that we can fill that gap? And also, what's in excess? For me that was alcohol, that was sugar, that was flour, plus other things like toxins that were causing my blood sugar to be out of whack, things like that.

Dr. Thomas: Yeah, I think that's so important for our viewers to understand. Most MDs, doctors in general, are trained to label and treat. And so if you come in and see me, and I realize, "Oh, you've got depression. You meet the clinical criteria. Or you've got ADD/ADHD. Or you've got anxiety. You may have all three." I can probably throw on a few other labels. And there's a drug to treat—actually a whole list of drugs to treat each of those labels.

But realize those drugs are just based on a massive population. And it'll help some percentage of people, maybe. And that is just not the right recipe or approach to get you to that optimal, vibrant health that we're talking about here.

And so I just love your bringing it back to basics because I want our viewers to understand there's a whole different level of healing available to you. And you

start doing this sort of analysis of your needs and just start addressing piece by piece by piece.

I know you talk about your Gottfried Protocol. And I was thinking that's brilliant. I should have come up with the Thomas protocol or Dr. Paul Protocol.

But anyway, I'm eager to hear what do you do? What is it that you're offering people? Because I know you've helped tens of thousands of people in your career and in the past decade that you've focused on functional medicine and personalized medicine. It's probably similar to what we've been chatting with, but I wanted to give you a chance to just share with our audience sort of the gist of that protocol, if you can.

Dr. Gottfried: Sure. Yeah, the Gottfried Protocol is a basic functional medicine progressive way of treating hormone imbalances. So I have a lot of different protocols. I just published a book called *Younger*, and I have protocols in there to help slow down the aging process with the gene-environment interaction. I've got a new book on the brain-body connection, and I've got a chapter on addiction. And I've got protocols in there for dealing with brain fog, addiction, anxiety, depression, memory loss, and toxic overload.

But when I first published my book *The Hormone Cure*, I talked about the Gottfried Protocol as a way of dealing with hormone imbalances. So I looked at the top seven hormone imbalances that women had. And the protocol is three steps.

The first step is to address targeted lifestyle changes. So for instance if you're low progesterone and you're craving sugar and you're craving a glass of wine, what I start with is meditation, looking at cortisol levels, because cortisol can steal progesterone away from the pathway in your body. And so that's usually a common reason for low progesterone.

Another reason is that you're running out of ripe eggs, as we talked about. And so vitamin C has been shown to increase your progesterone levels, so addressing cortisol so that it doesn't do progesterone steal, also known as pregnenolone steal, and also the vitamin C. And then there are other things that you can do to raise progesterone with targeted lifestyle changes.

The second step is herbal therapies. So we mentioned with low progesterone, as an example, you can take chasteberry. So that's been shown in at least four

randomized trials to raise serum progesterone levels. And it's also been shown to help women who have fertility issues because low progesterone is also a reason for lower fertility.

And then the third is to go to bioidentical hormones, but only when the first two strategies haven't worked. And pretty much every hormone takes about four to six weeks to reach a new steady state, kind of a new homeostasis. So you want to try step one for four to six weeks. And if your symptoms don't resolve, you move to step two.

And if the herbal therapy doesn't resolve your symptoms, then you move to step three. So that, for instance, would be getting a prescription for Prometrium or trying progesterone cream. But it's designed so that you don't go straight to the bioidentical hormones. Instead you've got this progressive treatment that's addressing root causes. And if you end up taking bioidentical hormones, it's for the shortest duration and at the lowest doses. That's what I find kind of unmasks the innate intelligence of the body, which is what we want to do.

Dr. Thomas: Yeah. That's fantastic. We were talking earlier. You mentioned 12 step. I'm a member of a 12-step group. I know we're supposed to keep our anonymity and all of that good stuff. But for those of you who are struggling with an addiction, if you haven't really given that a serious look and a serious effort to work the 12 steps with somebody who has done that before and can guide you, it's definitely worth looking at.

When I'm at the big conferences for addiction specialists, whether it's the ASAM annual conference, for example, or the Board Review conferences, like the one I attended last year, invariably 12-step programs are at the top of the list of approaches that allow people to maintain their success, whether it be sobriety from a particular substance or a behavioral addiction or food addictions. Now I don't have any experience in the food addiction piece of this, but I think the 12-step programs work very similarity. And I wondered if you wanted to share anything about your experience.

Dr. Gottfried: Sure. Yeah, so one of the traditions in 12 step is that you don't want to represent a 12-step community. So I'm being careful with the traditions here. But I can tell you I refer a lot of my patients to different 12-step programs for food and also for alcohol, like Alcoholics Anonymous or Moderation.org. And for 12 step, usually that's Overeaters Anonymous, OA.org, or the Food Addiction Group, which is foodaddicts.org.

I know Food Addicts has a questionnaire, a 20-question test, that you can take to see if you qualify as a food addict. And I agree with you. I think if you look at all the different approaches, I wish we had one holistic model that has been shown to be the most successful when it comes to recovery from addiction. We just don't have that. So we have to create it. We have to create a center, like you have. And also I'm so glad you have this book that's coming out because I think that's going to help a lot of people.

So I love 12 step. I've gotten a lot of healing from it. I've been in a couple of different organizations over the years. Most of them grew out of Alcoholics Anonymous, which was created for white men. And they've found a way to be more inclusive since they first started in the 1930s or whenever it was, but there are still people who feel very alienated by that particular community. So on the one hand it's led to a lot of healing for me and for millions of others. On the other hand I wouldn't say that you should just quit because you don't like your first meeting in 12 step.

When it comes to alcohol, I've got this friend, Holly Whitaker, who runs a group call Hip Sobriety. And she never found that AA spoke to her. And so she's got this growing platform of people who follow her. And I think she's got a very sane and sound approach to recovery. I love her work.

So we were talking earlier about how neuroscience understands so much about addiction. But I don't think that's the whole story, right. We need this more integrative model. And similarly I would say that 12 step provides a lot of the integrative model. Definitely it helps you get off of a substance that you may be abusing. It gives you the tools to develop your recovery. But it doesn't address nutrition. It doesn't address some of the other things that I think are really crucial as part of the recovery process. So I don't think 12 step is the be all, end all for folks. I think we need a more integrative model. But it's a good place to start. And it's free.

Dr. Thomas: Right. And it's anonymous.

Dr. Gottfried: And it's anonymous. So I think there's a lot of value to it.

Dr. Thomas: Yeah. No, thank you for pointing that out. That's been my feeling as well. What you're probably feeling if you're struggling with an addiction is you just don't feel right. And so you're constantly reaching back to your old friend, whether it was alcohol, in my case, or food, in your case, Dr. Sara. It's like we have these substances or these behaviors we turn to to try to feel better. And we've got to have this integrative approach.

You also have online programs, I think, to help women reclaim their lives. Can you explain a little bit about that?

Dr. Gottfried: Sure. Yeah, our most popular is our detox. So we have a 30-day program that takes people through that process of getting your liver clean and resetting your hormones, creating that hormonal balance that I think is essential not just for addicts to turn around that hyperarousal but also for the rest of us, people who struggle with their weight, people who just feel more stress than they know is good for their body. So I've got that particular program.

I also have a program for practitioners. I do training alongside the books that I've published to teach health coaches and physicians and nurse practitioners and health professionals how to do this kind of work, how to do this integrative model with patients.

Dr. Thomas: Wow! That's fantastic. I've got to go sign up. No, this is really, really important stuff, folks. If you're watching this and you're resonating with this message, there are a lot of tools that are available to you. And I think this is an interview you're going to want to rewind and watch again and again.

Dr. Sara, some parting thoughts for our viewers about sort of those keys to getting on the right track, shall we say.

Dr. Gottfried: Well, I think I'll go back to where we started, which is I'm not just a wife, mother, seeker, yoga teacher. I'm an addict. And I'm really proud of it because there were many years, ten years, where I didn't want that label. I didn't feel like I was a drunk on the street. I wasn't a junkie trying to find my next fix. But I had these addictive behaviors.

And the more that I stepped up and acknowledged them, and the more that I asked for help, which was such a big deal for me because I'm kind of self centered, and it was very hard to do that, arrogant, the more I asked for help and the more that I surrendered—not surrender in that kind of western idea but more in the eastern concept of releasing my tight grasp on trying to control everything in my environment—the more that I surrendered and kind of tuned into that inner divinity and the innate intelligence in the body, that changed everything. So I'm really delighted that you're offering this summit. I think we need to talk more about addiction. We need to talk about this integrative model. We need to offer more help to people so that they're not

suffering in silence with their glass of wine or shopping too much or exercising too much, whatever it is.

Dr. Thomas: Yeah, you're so right. I was five years into my journey of being free of alcohol before I would tell anybody I was an addict or alcoholic. I just was so embarrassed. And we need to talk about this openly.

Thank you so much, Dr. Sara, for just sharing your wisdom and that sensitive inner part to just be able to say hey, I've got a problem too. Those of you who are watching this summit, I hope you got something out of this amazing interview. And thank you, Dr. Sara, for sharing all of your wisdom and insights.

Dr. Gottfried: My pleasure. Thanks for having me.