

Peace WITH ENDO PODCAST

PWE51: Getting off Birth Control with Dr. Brighten

Aubree: Hi, love. This is episode 52 of the *Peace with Endo Podcast*. I'm your host, Aubree Deimler. I am an author, coach and energy healer who helps women with endometriosis naturally manage pain, increase energy and find peace with endo. Today's show features Dr. Brighten, one of the leading experts in women's medicine. She is author of the best selling book, *Beyond the Pill*, and a trained nutritional biochemist and Naturopathic physician and founder and clinic director of Rubus health, an integrative women's medicine clinic.

Dr. Brighten is a pioneer in her exploration of the far-reaching impact of hormonal birth control and the little known side effects that impact health in a large way. In today's show Dr. Brighten shared how hormonal birth control impacts your body and mind; what post birth control syndrome is and the symptoms that can show up after you stop taking birth control; how to prep your body to get off of birth control and reduce some of these symptoms; And the first steps to take after getting off the pill with endometriosis.

I hope you enjoy the show.

Hey Dr. Brighten. Thank you so much for being on the show today.

Dr. Brighten: Hey there. Thanks so much for having me.

Aubree: So I'd love to learn a bit about your background and how you got into what you're up to now.

Dr. Brighten: Yeah. It's a bit of a twisty, turn-y path (laughs) I think like most people's journeys in that you know I started out really young having an interest in natural health and how you could leverage food as medicine and that was really born out of my own experiences with having gastrointestinal issues, so I spent about a decade really sick as a kid only to find out I had H. pylori, which wasn't discovered yet, so this is a bacteria that can live in the stomach and cause gastritis, inflammation of the stomach and ulcerations.

The research was out there but it hadn't made it into clinical practice yet and wasn't widely accepted so. The doctors were like, 'I don't know. You're like in fifth grade and you have gastritis. You have an old people disease. Like we don't know what that is.' And through that, you know, I was put on medications that were never tested in women, in children let alone, and told that I'd be taking that for life, as the only way to manage my condition, until you know I really started to make the observation that if I ate certain foods I felt worse and if I avoided them I felt better.

And I started to modify my diet even though my doctor was like there's no, you know, evidence that that's going to do anything, which I look back and I just kind of laugh and I'm like I had digestive issues (laughs) and I was being told what I put in my mouth didn't matter (laughs) like that's just... every time I share this story I'm like oh man it's... it's... medicine has come a long way but still has a long way to go.

And through that I decided to study nutrition, so I started actually studying chemistry. I got a degree in chemistry then I got a degree in nutrition and concurrently studied nutrition science and clinical nutrition and went on to get my master's but you know after a year and some things I'm like why didn't you... I was like I only had barely any units left, any credits left to get that (laughs) master's. I'm like why didn't you just finish that? But I found naturopathic medicine and after having this foundation in science I realized like a big piece of what was missing was this respect for the innate ability of our body to heal and that in science we aren't able to answer all the questions and yet there's lots of other health modalities out there that have been getting results for people and you know and it wasn't as simple as just give one thing and have that result, like that's how pharmaceuticals work.

We give one pharmaceutical, we look for the outcome, you know, something to change, but you know with lifestyle, with nutrition all... even supplements. It's not give one thing, it's support the body holistically and that's harder to study, so once I was in naturopathic medical school I was like you know I'm going to be a gut doc. Thank goodness I started there because it's everything, but it was really that observation that women's health was being done to them, not with them, and that kind of work me up, like not just my experience, but other patients that I was talking to where as like you know much of medicine has been like, you know, I'm the doctor. I know best. If what you're telling me doesn't fit the algorithm, so if your experience, your story doesn't fit the algorithm or there's no study to back it up, it must be in your head, and here's... here's something else for you.

And you know this is something that really propelled me to go into women's medicine. Now at the same time I was on the birth control pill. I spent ten years on the pill. First generation college student and I can definitely look back and say that's one of the tools that got me there and so I'm really grateful that I had access to birth control, however I remember sitting in class and hearing that... when you go and I think a lot of women, you don't have to be a doctor to know that it's when you decide to get pregnant that medicine and society decide to educate you on how your body works and how to actually get pregnant, and you hear you ovulate one day out

of the month and that was a moment where I was like wait a minute and I take this pill to suppress my hormones every single day, and I am only fertile one day out of the month and it's that sperm that lives a week and we actually have ways of preventing it from reaching the egg... and it was just this moment like whoa what have I been doing without every asking? Like I never asked.

I was like oh I'll take the pill and I won't have painful, heavy periods anymore and I won't get pregnant. I'm winning all around and yet I never really questioned how does this work in my body? What does this do to my body? And like how does my body actually work on its own? Is there like another way? So that was a bit of my journey there and when I decided to come off of birth control I was like well I'm not sexually active right now and I don't want to be on this and it's been ten years, I developed post birth control syndrome.

I lost my period for the first time in my life. I developed cystic acne, which I'd never experienced before and like I always had complements on my skin until I got off birth control and you know a whole slew of just emotional... emotional roller coaster it was you know it was a very interesting experience and I... you know came to recognize in my clinical practice, years later that I wasn't the only one and the funny thing is... is I spent you know several years in a homeless youth clinic dispensing birth control. This is why whenever people are like oh you must be anti-birth control. I'm like Ok so firstly I did it for ten years and I don't know that I would have done things differently due to... given that I just could not get pregnant, like that was a non-negotiable for me in that decade, and at the same time I spent time working with women who live on the street and for some people they've never had to think about the fact that they have a door to close every night and that actually is one way to protect themselves from sexual assault, which these women do not have.

Or that having access to a tampon or pad, like deciding whether or not you're going to purchase tampons or you're going to purchase food, that's a real decision these women are faced with and so it is something that like, you know Depo Provera. It's a shot. It comes with side effects, yet it is also something that you can give a woman. She won't get pregnant and yes we want to prevent sexual assault. It's very difficult for women living on the street, unfortunately but also she doesn't have to have a period potentially for several months, which means allocating funds towards food and clean clothes and having even water. I mean I live in Portland. We have drinking fountains everywhere. Yay! (laughs) There's that, but even having a container to be able to transport water with, so you know that's a bit of my journey. That's a long bit of my journey. I talked there for quite a minute, so I'll just pause and see if there's any questions that you have for me.

Aubree: I have a similar story getting on the pill when I was young. I was 17. I took it also for ten years, but I was ignorant to how it worked back then and for me it was painful periods is why I got on it initially and I only recently learned you know after ten years of popping this pill and not even thinking twice about what I was putting in my body how it works, how it impacts your body and your mind. So will you share

a little bit more with our listeners that basic backbone of hormonal birth control can impact your body and mind?

Dr. Brighten: Yeah. Ok so yeah this is so important. Every time that a you know doctor or somebody says to me birth control has no impact on the female brain and it can't impact mood and this is for everybody listening this is something more like medicine will cling to a belief and then even in the face of new scientific information, not change that belief and we have very big studies that have come out of Denmark showing that there absolutely is a correlation. Now we can't say causation, but there is a correlation between birth control and new onset depression, even suicidal ideations, so younger women are at higher risk of wanting to commit suicide and I bring this up because, you know, a belief is a very powerful thing and I think it has a place in our lives I mean someone will probably try to argue that, but...

But when it comes to science we really have to drop those beliefs and we really have to be objective and say Ok so this is what we believed to be true even not having evidence to make this claim and now that we're presented with new evidence we can't continue to hold onto beliefs like we need to actually stay flexible, stay fluid, stay humble, stay curious and be able to look at Ok so what does the science say now? But even before the science we've had hundreds of thousands of women telling this same story, living on different continents and using this same language with starting birth control. To me this is a very big disservice that's been done in women's medicine is to say well we don't have a study to support what you're saying, so therefore it's probably in your head.

True. It is in my head because that's where birth control works, so it's not that you're making it up in your head. It's that birth control works by shutting down brain/ovarian communication. It works at the brain level. Yes it will stop the ovaries from doing their job, but that mechanism of action takes place in the brain, because you float yourself up with enough hormones that it sends a feedback loop to the brain and says we've got more than enough hormones and the idea is like oh Ok so it's like pseudo pregnancy, except it's not. These are not the same hormones as pregnancy, so I use a lot of caution in that but it signals in a way that it tells the brain don't make any more hormones and let's not... let's not be ovulating and you know that's specifically like how the pill and some other forms of birth control work.

I do want to differentiate that with the hormonal IUD's some women do continue to ovulate and that's... that progestin is working more on the uterine lining and the cervical mucus and working on that level, but there's this interesting phenomenon where women will get an IUD, continue to ovulate then like a year or two in stop ovulating and this is... this is a time when like if the IUD is putting out a predictable dose, you know, in a range every day and then it's tapering off over the years like that's just something that it's very interesting when you need science to ask that question.

So, hormonal birth control works at the brain level and that is probably, you know, one of the biggest reasons we see that women are expressing symptoms around their mood. Now while you're on hormonal birth control and again just for the people who are like Ok so you're saying birth control causes depression, anxiety, mood swings, suicidal ideation... No. I do not have a study at this point. None of medicine has a study to say causation and it's tricky because it's not like you take the pill and it immediately causes you know depression. It happens sometimes for women that way, but not always, and so how it maybe contributing there was a great study when the research came out in 2016 in that large Denmark study where you know people were like Oh it's an epidemiological study. Denmark tracks data really well, like they do a really good job tracking a lot...

I mean we've got so many great studies to come out of there and it's a jump off point to say Ok let's get into the mechanism of action. Later we see a study that came out that showed while you're on birth control we have increased inflammation that's taking place in the brain, increased reactive oxygen species in the brain, so these are free radicals. Think pro-aging of your skin, fine lines and wrinkles, but it's happening in your brain and in addition to that it alters your tryptophan pathway, so that is, you know, we usually take tryptophan and we take it down a pathway where we'll make serotonin and melatonin.

That's one of the directions it could go, so if you subscribe to the serotonin theory of depression, that is if serotonin's too low then it makes sense like Ok if we can't actually metabolize tryptophan appropriately then perhaps that's what's going on here, but at the same time we also see that you make more neurotoxins in the brain from that tryptophan amino acid, so for everybody listening this is where I talk about my book like what does turkey have to do with depression, because we're all told like turkey has tryptophan and tryptophan makes you sleep, and it's because of that mechanism there, although it doesn't necessarily like make you sleep just cause you eat turkey. I bust that myth in the book. It's more likely the carbs and the, you know, the... the fat and... and the day of Thanksgiving, right?

So, in all of that we do see a lot of ways that hormonal birth control is changing the biochemistry of the brain and also structurally changes the brain as well and we see HPA dysregulation changes that is hypothalamic-pituitary-adrenal axis is shifted so that you... women on the pill look a little more like they're in a chronic stress state and in that, you know, oh and for women listening you may have heard of adrenal fatigue. That adrenal fatigue, that's just kind of the label, the layperson term for HPA dysregulation. Your adrenals don't fatigue, again, it's a top down kind of thing, where the brain and the adrenal glands are not communicating appropriately.

So, there are quite a few ways that birth control can be contributing to mood symptoms and I for one am standing with the experts, and there are a lot of experts out there saying, you know, why is it we're still bickering? **Why is it that we're still saying don't trust her story because we don't have the data. If we have hundreds of thousands of women who are complaining of these mood**

symptoms since the introduction of hormonal birth control why are we not asking the question why does it happen to her, but not her and that's really where we need to go to get there we have to get over this hump of the belief system of like people saying like I don't believe birth control caused these issues and to that I say did you wake up in your body ever? I don't think you did. I don't think you live in her body and she's the only one living in her body, which means if she says I know my normal and now I had a medical intervention and it's not normal that is our job to listen to that and ask why and maybe it isn't what she thinks it is, but that doesn't mean it should just be dismissed.

Aubree: And that brings up a whole other conversation (laughs) especially when we're talking about endometriosis and the diagnosis time, so I totally get that it's all in your head thing.

Dr. Brighten: Oh that's like you want to ask any woman like I this is something that I talk about so much is like people will say medicine doesn't really dismiss women and I don't think it's as bad as you say it is and I'm like go talk to a woman with endometriosis and ask her how long it took her to get the diagnosis. Ask her the number of doctors she had to go through until someone didn't just tell her, 'Honey just pop a Midol and do a hot... a hot water bottle. It's not that bad,' or 'Of course it's bad. It's your period. Periods are supposed to be painful, like welcome to womanhood,' kind of thing.

There's... I present the research in *Beyond the Pill* about how women get their pain dismissed at a higher rate, statistically speaking we are less likely to receive adequate pain management care, so that's not just women with endometriosis. That's women in general and you will see women present I mean. I have had women with endo come to my office and when you go through their story and it's like they barely get a week, sometimes two weeks out of the month when they're not in pain, when they don't feel totally wrecked, and that to me, like the thing I always sit with as a doctor and really it's through my own experience of having undiagnosed Hashimoto's after the birth of my son. I lost a year... a year of my life with my child that I can never, ever get back.

I struggled. I over slept. I mean, I needed to sleep, but I over slept, you know, I was cranky, I wasn't fully me, and this is something I always sit with with a patient is that we've got to get people out of pain as quickly as possible. I am very much a proponent of like can we get symptom management while we also look for the root cause, which may be should we use hormonal birth control and just shut down her cycle all together, while we work on gut health, while we work on some of these other things.

Yes, birth control can have a negative impact of all of those areas but you can't ask somebody like hey like can you change... can you... can we do an anti-inflammatory diet and test if that works for you and hey I've also got these other like lifestyle therapies like exercise that can help, and you know these supplements have shown

to be beneficial, but in all of this, all of these things might take ten weeks, you know, might take two to four months to work and oh by the way you're in so much pain you can't actually exercise and you're in so much pain that your nauseous, you want to vomit, you can't actually take supplements or eat your food, like these are the things we have to consider in terms of how much is this impacting someone's life?

Aubree: Absolutely, and I love that you're going back to the root cause, because that's a big problem I think because most doctors that you go see are just giving you the pill and here you go, here's the pill. This is going to help and then there's none of that other support in the background of actually trying to heal your body from the root and really getting to the root cause, because I think for me, you know being young, being 17, getting on the pill, not knowing that I had endo for another ten years and just having the pill really mask what was going on and not having that further investigation of here, here's the pill. This is going to stop things and go along your way (laughs). We'll see you again when you want to get pregnant.

Dr. Brighten: That's really what I take issue with. I talk about that in *Beyond the Pill* as well about this study that showed the younger you are put on birth control for painful periods the more likely that it is that you have endometriosis and when we look at what is the infertility rate with endometriosis it's pretty high. Now if you do the work up early. If you are working with a woman early you... and I mean you have a great like excision surgeon, should you need that, you can... you can really do a lot to preserve future fertility and at least it's on her radar as well.

That's really... look, if you want to use the pill for symptom management, which is how most women are using it these days, that's 100% your right, but as a doctor it's my job to also investigate why it is you're having those symptoms, because maybe it's just that you have low magnesium and you need some Omega 3 fatty acids. These things have been shown to help with painful periods by the way that they interact with prostaglandins, so really important with women with endometriosis.

Prostaglandins are hormone-like substances that cause the contraction of your uterus. They go high when you're about to have a baby. Yay. That's good. We need that, but if we're consuming more Omega 6 fatty acids, which Omega 6 and Omega 3 are fatty acids are how we make prostaglandins. They're more potent when they're coming from Omega 6, which is something that like we have to look at like how much processed foods and how much inflammatory fats are you eating? And that can cause a great deal of contractions and so lots of cramping in the uterus, and at the same time it's gets really fun because then it also causes your bowels to contract, so now you're pooping, like a lot.

Now you have period pain and you're bleeding and now you have diarrhea like nobody wants any of that and so, you know, research has shown that increasing your diet with Omega 3 fatty acids, so eating like mackerel and salmon and sardines. Sardines are some of the most sustainable Omega 3 fatty acids, you know, in terms of... in terms of any food supply that you can really get and come with a lower risk of

environmental toxins compared to larger fish and that's important because, I mean women we've got... we've got hormone receptors all over our body, and so our hormones they interact with every single cell in our body.

That means that birth control can do the same. It also means that environmental toxins, known as endocrine disruptors can also do the same and there have been studies saying you know we think there's an environmental toxin component to endometriosis, so on top of that, just to give a few more tips, I talk about this in *Beyond the Pill*, is you know with endo in my practice we're typically using around 2,000 milligrams of a combined EPA/DHA fish oil. We're very, very picky about the sourcing. Please be picky. We want to support companies that use sustainable fishing practices and are screening their products with third parties. This is important. You cannot go to a big box store, buy a 90-day tub of fish oil for like ten bucks and think it's actually going to be that, in fact sometimes they're putting like canola fish oil in fish oil, like who even does that? Like that's something that I'm like why would you do that?

And then to magnesium, you know, eating magnesium-rich foods can be really important. I mean everybody can use more leafy greens, right? However our food supply through poor farming practices. This is not to hate on farmers. This is to say support your farmers that have really high-quality farming practices. You know the food supply, the food source you may be eating, may not be delivering the magnesium that, you know, you really need, or we think, so you know, magnesium anywhere from a 150 to 300 milligrams. I usually use a Magnesium glycinate so that you don't get diarrhea, because other forms of magnesium can definitely do that, and you know... it leading up to a woman's period sometimes we'll go up to like 600 milligrams for like five to seven days before her period to really help with sleep too, but to really help with those cramps as well. I know that was kind of like a little side tangent, but as long as y'all are sitting here listening to me, I might as well give you some tips (laughs).

Aubree: And those are two, definitely two supplements that have helped me a ton, so thank you for sharing that.

Dr. Brighten: Yeah.

Aubree: So in your new book, *Beyond the Pill*, you wrote about post birth control syndrome, so will you share more about that and if somebody wants to get off the pill, they're ready to do that, like what symptoms can show up after you stop?

Dr. Brighten: Totally. Now I will say that the women that I've seen successfully transition off of birth control in my practice. I've also interviewed them all over the Internet, they all this one universal thing in common. They prepped their body and you usually like the women who were not my patients and stumbled upon this, what they did is that they changed their diet, so now they were eating, you know, instead of eating one serving of vegetables a day, they got up to like five. Everybody who

reads *Beyond the Pill* I just want you to know, I want you to aim for six. If we can get nine even better, which sounds overwhelming, but I got delicious meal plans. That's the way I roll. It's got to be delicious, otherwise what are we doing? I only have so many meals in my life (laughs) so with that they would change their diet. They would start to exercise. They would make sure that they were keeping good sleep hygiene and safe guarding their circadian rhythm. They took an interest in their gut health. They started healing up their gut, and you know they were like wait my liver detoxifies estrogen? Like what... I have to support that, like how do I support that? We support that with, you know, diet mostly.

And so in all of that they would... they would start this process of getting healthy, so to speak, and then they'd be like wait a minute, but the one thing I'm doing is I'm still using birth control like what, like who am I... who am I? When I get off birth control, right? Because like I'm sure you've had that question too after ten years, like who am I going to be? Like that's a long time to, especially I started the pill at 17 as well, like my brain wasn't even done forming yet, nobody's was by the way at 17, so no judgments, but in that, that's where they would decide to come off of birth control and they'd have a few hiccups, but because they already had the tools, they'd be able to navigate that a lot more successfully.

And this is much of what we want to do before we come off of birth control to avoid post birth control syndrome. Now all syndromes in medicine are a collection of signs and symptoms that go together and they're a starting place for a conversation. That's really my hope in 20 years that we're like the conditions formally known as post birth control syndrome is actually x, y and z, because we've done the research, and we understand it better, just like irritable bowel syndrome was something that for years... Ok so when irritable bowel syndrome started it was... it's in your head. You have emotional problems, well Ok yeah if you have gut problems, you have emotional problems. We now know that, because the gut and the brain are talking all the time, but it was like you have IBS. You need to stop stressing and send you on your way.

Now it's developed into well you have IBS, constipation, IBS diarrhea. Oh wait your IBS may be autoimmune mediated, because now we actually have more research and it may be small intestinal bacteria overgrowth, secondary to a transient autoimmune attack on your migrating motor complex, which is the nervous system of your gut. Ok that was a whole lot of nerd speak, but it's to say that like this is how we start the progression. We get a common language like how we started adrenal fatigue or started with leaky gut syndrome, now we've refined the language, because we actually understand it more.

So with post birth control syndrome it's a collection of symptoms that you can have many of them, or just a few of them, or one of them that arise when you stop taking hormonal birth control. Now they typically come on anywhere from four to six months after coming off of birth control and you know some people have said well you know it's just a return of the symptoms that you had before. Perhaps. Perhaps

it's that you had cystic acne, you started birth control, and then you come off of birth control. We find out you have polycystic ovarian syndrome. Perhaps that's what's going on and we need to investigate that or perhaps you're like many of my patients and many women who have and I mean I get thousands of messages, like thousands monthly from women saying I had regular periods. I started my period at 13. I had a regular period until 25. I started birth control, because by the way that's no longer a period, that's now a withdrawal bleed. It's not a real period because there's no cycle happening and you know I've had women say Ok.

I started at 13. I get on birth control, I started my period, I get on birth control at 25. I had all that time of having regular, clockwork cycles. I come off of birth control at 35. I lose my period. Now I have cystic acne. It's on my chin. It's on my face. It's on my back. It's on my chest. It's on my butt because it's like this androgen rebound that I talk about in chapter 8 it can be wicked and it doesn't spare anyone, and they'll say, you know, as well like I'm losing my hair. I have all of these digestive issues. I've had women who, you know, write me, and they're like I came off of birth control and then six months later I lost my gallbladder. What's going on with that?

Well we know that estrogen is intimately tied with gallbladder disease, and if you come off of birth control and you're not ovulating, you don't get progesterone-challenging estrogen. If you're on birth control and you haven't replenished your nutrient stores, like B vitamins, just B vitamins alone are depleted by birth control, your liver requires those to run the detox pathways and in that you can... you can end up with gallbladder issues so when we understand that every single system in our body is impacted by birth control then we can understand that every single system in the body can start talking to you when you come off of it saying... and it's not saying like I hate you. It's saying girl you need some help. I love you. I'm in it with you, let's like thrive, but I need you to focus on this. That's what symptoms are.

Symptoms are not your body betraying you. Symptoms are not something to just be suppressed and ignored as if like you can... I mean this is something where I'm like is there ever a more masculine approach to medicine then to say a women's body is inherently broken. We need a medication to shut down her entire reproductive system. Like what it we told men oh you have some acne, we're going to just shut down your testicles from working at all, basically a temporary chemical castration. They'd be like no way. Now just because people sometimes seek to misunderstand me, I married a man, I birthed a man, I don't want to see this happen to men for sure and I think that, but I think that it's something that to really exemplify a well documented phenomenon known as medical gender bias is so recognized that medical schools are changing their curriculum, because yes we're dismissed with pain. Yes we're dismissed when we have heart attacks and yes we are dismissed when we tell a story about our personal experience that doesn't match exactly what someone was taught in medical school or in residency and to that... that... I mean that is something where I'm like whoa. What are we doing to women when we're dismissing them?

So, with post birth control syndrome we've got this collection of signs and symptoms that go together. It can be very hard for women to get her doctor to recognize there was any correlation to birth control. I... and because they haven't read the studies, because they haven't been taught that, because they're really, really, fricken busy in their practice and they don't like... They depend on going to CME courses where this is presented and yet that's not really happening and you know I want to say to women there are so many amazing OB Gynecologists who've written me, who are like I read *Beyond the Pill* and it's changing the way I practice, and ones who've written out... written to me and said like thank you for all the research that you put out. I didn't even know that these studies existed like and here it is now, and what my patient was saying was spot on, but I never knew why.

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So, don't stop advocating for yourself even if you have issues coming off of hormonal birth control, but also recognize that birth control may have been masking something else that was going on and so why it may very well look like post birth control syndrome it doesn't mean there can't be other things taking place, and that is the tricky thing, right? Is that we... again it comes down to like really simple, like it's just going to be one thing and it's rarely just one thing that caused, you know, the straw that caused the camel's back to break. It's rarely one... one little straw, and it's rarely one thing that pulls you out of it.

So, you know, I eluded to already some of the things we need to do to support our body coming off birth control, and I go through this in *Beyond the Pill*. I give you meal plans. I give you quizzes, supplement guides, all kinds of things to really support you, but I want to be really clear is that in the book every time I'm presenting something like nutrients that can help, we start with food first, then we go with lifestyle. So food and lifestyle and then we talk about supplements later and I just want to be clear about that because there are lots of women who have followed the protocols in *Beyond the Pill* and not used any supplements except for maybe a multivitamin or prenatal to bump up their nutrient stores and have gotten tremendous benefits from it, so I really want this medicine, so to speak, to be accessible to women and not feel like oh I have to buy boatloads of supplements otherwise I'll feel terrible.

Supplements are like rocket fuel when you get that diet and lifestyle piece going, but the diet and lifestyle piece is really what's going to keep you out of the doctor's office for major complaints for life. So we've got to replenish nutrient stores. That's a must. Birth control is depleting things like zinc, magnesium, selenium, B vitamins, like B12, folate, antioxidants, like vitamin C, CoQ10, and all this is not fringe, by the way, and I will have women say to me sometimes, they're usually clinicians and they're like where's the study to prove this? And I'm like I didn't... wow.

I didn't know that some people didn't know this, because when I was getting my nutrition degree that was one of the... I remember that slide. I was sitting there on birth control looking at that slide on the board and being like, say what? Birth control causes deficiencies in all those and they're like yeah so if you are a

registered dietician and you have a patient on birth control you need to make sure they have a multivitamin or prenatal and you need to talk to them about their diet and I'm like why didn't my doctor do that? Oh because doctor's aren't trained on nutrition. Your conventional medical doctors they're trained in saving lives, super, super important, super valuable people, but why we need a team all together.

So we've got the nutrient stores. We've got how birth control can impact your gut health, so it impacts gut flora. It causes intestinal hyperpermeability. We've got to work on that piece especially if you're a woman who's struggling with SIBO or yeast overgrowth and some of these other issues. That's... that's and you know you're on the pill that could be because of what is going on with the whole microbiome in your gut and then in addition to that we do need to look at supporting liver detoxification. Now I think one of the most misunderstood chapters of my book is the birth control, hormonal detox 101 and I say that because I actually was like we're going to call this the liver chapter and my publishers were like that's not sexy. Most people... if you've ever written a book you have no idea what goes into writing a book says the most naïve me (laughs) going into writing a book and like I... just so many things where they're like we have to talk about this, and you have to do this.

So, with that chapter my intention was really to how your body processes birth control. How your body processes your body's natural hormones, so that you could understand how your liver actually processes these synthetic hormones and your natural hormones, the role of your gallbladder, what birth control does to your liver and gallbladder and then take you through a 14-day, food based, liver detox. Now that's not to say that your liver can't detox birth control out and this is what I've seen get really misunderstood is that women will say Ok if I don't take this particular supplement blend, or if I don't do this thing, my liver can't detox synthetic hormones and they're in there forever. No. They're not in there forever, but we really want to fuel your liver and gut and kidneys and all the ways you remove metabolic waste and exogenous waste like environmental toxins and things like that. We want to support your body in doing that and what I found is in that in my practice we used to start with a 21-day food-based you know detox support and then when we... I was like... I had a patient who was like I can only do this for two weeks before I travel and I'm like Ok. Let's try two weeks and it worked.

And then we did it again and it worked and so that's what I focus on is really like who much cruciferous vegetables can we eat? Can we get B-vitamin food sources? Can we make sure that we're getting plenty of fiber as well, and if you feel like you need it, additional support, I do guide you with supplements in that journey, but I do want to make it really clear your body is a detox machine. It can do this. Ok? But you have to support it.

Aubree: And I know when I got off the pill it was similar, so it was about four months or so when the symptoms started coming back and I can say I went to the doctor multiple times and told them about this and was just told (laughs) why don't

you get back on the pill? Over and over and over again that's what was pushed on to me, so.

Dr. Brighten: Right? But I mean like if that's the tool that they have and they very much are like Ok it's a one size fits all. It'll make your pain go away. You're going to feel better, problem fixed. Why wouldn't they give that to you? Like they're going to offer it to you and that's the thing of like moving forward with the conversation especially with endometriosis. I'm like it doesn't have to be either or. You can do the pill. You can get, don't get a copper IUD y'all, it'll get a whole lot worse, but you can get a Mirena IUD or something like that and what we do.

So, if you're a woman with endo right now and you're like I'm considering using hormonal birth control, here's what you do first, you track your cycle for at least a month, if not three months if you've got that, if you can, so that you know your normal, your baseline. This includes your mood, your skin, how you're interacting with your family, other people in your life, and then get some baseline lab testing. Test your CBC, make sure you're not anemic before you get on birth control. Make sure that your CRP, your marker of inflammation, isn't sky high. That's only going to get worse on birth control, in most cases. Check your cholesterol. Birth control can raise your cholesterol. Get your blood pressure tested. Do these baseline tests then when you get on birth control continue to track your symptoms and then get re-tested, you know, for some of these it's going to be six months later, for other tests it's going to be more like a year later, so that you know, you already have your baseline of normal. Now you're on birth control. How is it working for you?

Because who cares how it worked for your sister? Who cares how it worked for your best friend? All we want to know is... is it the best therapy for you? And if it is, let's support you, and if it's not, let's find something else, but in that this is why, you know, in *Beyond the Pill*, I'm like I want women to have the choice, to have the information to make the best decision for themselves and at the end of the day if they choose birth control I want them to be supported in that as well, because there are too many people out there saying like... they... they... people are so black and white and I have a good friend Dr. Sarah Hill, she's a researcher who has been researching on birth control, we have this conversation where her and I are so gray.

And she's like I think it's hard for people to wrap their head around the fact that I'm not gonna tell you what to do with your body. I'm going to provide you the education. I'm going to support you where you're at and that we don't have to vilify birth control and we don't have to say no women ever talk about side effects, which there is another camp that says never talk about side effects, because it'll just scare women from using it. They just shouldn't know. Just give them the pill and let's just be grateful we have it. No. We can simultaneously advocate for access and informed consent. We can have both. It's 2019. We can have it all.

Aubree: Right. And I think it's important to know how it works, so thank you for spreading that information and educating women because I don't think a lot of us

know. I didn't know. I just took it ignorantly, so it would be nice if there was a little upfront like this is what could happen if you take this, and have that informed, educational decision before you just pop something not knowing how it works.

Dr. Brighten: Totally. And this is something where I've had... I've had push back from doctors on social media who are like you should never share any of the side effects of birth control because that's a conversation that women should have with their doctor and I'm like yes and I say that. I say this is a conversation to have with your doctor, but how many of my patients, and how many women I've interacted with on Instagram or Facebook or even YouTube who've said I didn't know that wasn't normal. I didn't know I should see my doctor for that, like what are we doing putting it on a woman's shoulders to know when it's time to go to the doctor. You think, hey something's off, but we, like as women, we do this really well and I certainly find myself doing it as well is like is this real? Is this something I should really go to my doctor for? And I'm like I'm a doctor and I'll still check myself like should I really bother my doctor with this? And I'm like what? No. That's what your doctor's for. Like go to the doctor.

But there's like something instilled with us in society, but it's just saying like you don't know what you don't know and it shouldn't be on the... the woman's shoulders, who's trusting her doctor and opting into this medication to know what all of these things mean. There... and like until that Denmark study and the subsequent studies started coming out about mood symptoms there were a lot of women who just thought this was all them. That like they didn't even make the correlation because their onset of depression came a year after being on birth control and in some cases their doctor said well if it was because of birth control it would have happened immediately.

You know nutrient deficiencies those don't happen immediately and we need things like magnesium and B6 and B12 and folate to be happy people. It's just something that I think that we really have to expand our reach and educate more women because you know the other thing is with the side effects of like heart attack, blood clot, stroke, pulmonary embolism, like there are ways that we can screen and ensure that we don't lose another sister to birth control and I really I... it's something I'm really passionate about. Yes. The risks are low overall but we are talking about life threatening conditions and things that these are also things women get dismissed for.

There was actually a case in Canada where a gal went to the ER twice on her parent's urging. She was in college and she actually had a pulmonary embolism and even when she went back the second week or the second time she was dismissed and she died and her parents decided to sue the hospital not because of... they were like this is not retaliation they actually said it's because the hospital didn't take this seriously and they've changed nothing to ensure it doesn't happen to another woman and that's a... that's a real problem, right? And I'm like I can't even imagine being these parents like I have a six year old and I'm like I'm tearing up right now

because I couldn't even imagine if this was me and so it's a situation where like we have to put women in the know to advocate about this. There's actually a woman who put a review on Amazon. I bawled. I think I had a good cry over this one because she said that because of reading *Beyond the Pill* when her... when she was dismissed she... she pushed and she advocated for herself and they caught the clot and she would have died had she not advocated for herself and so that's the reality of where we're at right now in women's medicine and it's something where there are so many good doctors out there really trying to make this change happen, but it's a big machine.

It takes time to change it and so the way that I see that we create change is that we educate women. We educate the patients. We put the medicine back in their hands and give them so much quality information that when they go to their doctor they get a heck of a lot more out of that visit and that neither them or their doctor walk away frustrated because they were able to communicate in a way that was productive. Your doctor at the end of the day they want you to live. They want you to be healthy and happy and there are certain things that you need to know in terms of data points to take to them that I outline in *Beyond the Pill* and ways to discuss with them so that you can be that healthy, happy person.

Aubree: I love that. So, I think it's important to know at least for our listeners, you know, there is another way. The pill is definitely not the only way. I can say that from experience now for being off of it for ten years, being on it for ten years, now off of it for ten years. I think so often we think since that is the thing that is constantly pushed if you go within Western medicine, that this is the only way, but there are other ways. So, if somebody in that spot, they don't want to do the pill any more. They want to transition like what are the first things you recommend they focus on? I know you talked a little bit about this, but is there like a good first step someone can take?

Dr. Brighten: Yeah. Well I mean I think if you're going to come off of birth control the number one, first step is that you need to have a backup birth control method, because even if you do want to get pregnant you want to give yourself some time to prep your body and do that preconception care. You know there are people out there who are like you can get pregnant immediately after getting off birth control who cares? Well we did have a small study and we need more I mean it kinda it really disappoints me that it wasn't until 2018 that we had a study coming out showing a small correlation or a small increased risk of women who get pregnant within six months of getting off the pill and their baby developing a childhood cancer. Now why I'm disappointed in this is because we've had the pill introduced widely since the 1960's and we're only now starting to ask some of these inconvenient questions and that's the reality of what much of what you and I are talking about in this discussion is inconvenience for us to know this because then we have to do something about it and I get that.

So, if you're wanting to get off birth control please have a backup method number one. The other thing is that if you have endometriosis you're going to really want to prep your body for a good three to six months before coming off birth control, doing everything that I've talked about in this. If you have endometriosis I also say make sure you have a team, because you're going to need someone who specializes in nutrition. You're going to want to get a surgeon Ok, and whether or not you need surgery, do the work when you feel good to establish that relationship so that if you do need them and you don't feel good, you don't feel stuck like you just have to go with anyone, and then also look... I think anybody who... hang on let me just say I honestly feel like everybody should have mental health support in this day and age (laughs). I just think it's a really good idea and especially as more research comes out and it's like the way that you talk to yourself and the way you think, like it matters for your health, but especially if you have chronic pain.

Because if you have chronic pain you're at higher risk of having depression and having anxiety and you know that's something that we really have to look at and of course you know we want to look at the lifestyle factors. Are you moving your body? Are you drinking enough water? Are you hanging out with people that make you feel good? Or are you hanging out with people who make you feel bad? Are you scrolling through your feed and all you have on Instagram are highlight reels of people that are inauthentic, making you feel bad? Like these things are the new modern age, subtle stressors that can enter into our life and then also looking at like how's your gut health? How's your gut function? Are you pooping every day? Are you eating prebiotics and are you also taking probiotics?

If you've been on hormonal birth control it messes with both gut, oral and vaginal microbiomes, so and then it's likely messing with your skin as well, because that's like... we haven't even explored that in great detail yet. So, in all of that really looking at taking a holistic approach to supporting your health and don't hear this and be like oh I have to go out and do like all these things right now. If you've got to implement one thing a week and it takes you a year to do that you're probably going to be more successful with all of those lifestyle changes and those dietary changes then somebody who, you know, just decided to do it all at once and then is like three weeks in totally overwhelmed.

And then taking a look at, you know, what works for you and always viewing everything through the lens of what works for you. There is no one size fits all diet for anyone at any point in their life and especially with endometriosis and I, you know, I talk about the anti-inflammatory diet for endometriosis. It's a test just like when I have you remove foods in *Beyond the Pill*. It's a test. We want to figure out what's true for you. It's not that these foods are bad ever, but we have to figure out how to build your own user manual and that's what I teach you how to do in *Beyond the Pill* is test it. What's true for you? What works for you? What doesn't work for you?

Because there's a lot of true information being said, but it may not be true for you, and **that's what bio individuality is about is asking what is true for me? How does this actually work for me?** So I know we've covered like a whole lot in all of this but I just want to see if there's any other questions you have about that?

Aubree: And I think that, you know, your book is a great resource as well for those who want to dig into this deeper and you provide some steps that you can take, so definitely looking at diet, it sounds like and just doing the transition before you actually just come off of it, so prepping yourself, and I've seen people do that, and still not feel better and I think it's mostly because of the pill (laughs). So if you reach the point where you've made all the changes and you're still not feeling that great that just knowing that taking that final step of getting off the pill a lot of times helps alleviate a lot of that.

Dr. Brighten: Yeah and getting lab testing and working with your doctor can be really, really helpful because you know it might be that like you're doing all the diet and lifestyle everything right and you're still not feeling well and as it turns out you're hypothyroid and like you actually need to take a medication, which is a bio-identical, you know, replacement of a hormone that you absolutely cannot live without. But if that's the reality of where you're at then you're not going to be able to just eat your way out of that, if for example you have Hashimoto's and it's destroyed your thyroid gland, you're going to need to get thyroid hormone and appropriate therapy, because without that you can't actually heal the... you can't heal. You can't recover even from the day without having adequate thyroid hormone.

Aubree: Right. Well I appreciate you sharing so much wisdom in this episode with us today. Do you have any final thoughts for our listeners?

Dr. Brighten: You know I just really want to reiterate that you are the only person living in your body, which means you're the only one that knows what's normal for you and if you get dismissed by a doctor please don't stop advocating for yourself and find someone else to work with, so it may not be... have anything to do why that doctor dismissed your story, but in that, you know, the sad truth is that in the United States we go through many doctors before we get one to listen and endometriosis is no exception, but if you can educate yourself you can track your data so that means write it down in a... your phone notes or write it down in a journal. You're less likely to get the gas lighting phenomenon high jacking your health, which is to say that if your doctor says, no I think you're misremembering that you have it written down.

It's very hard to tell you that something's not true when you have it in front of you saying no I wrote that down. It's definitely true. That's definitely what I experienced. So, continue to advocate for yourself. Continue to share your story. You never know... I mean most of the time when you share your story with like... with a community on the Internet, there are people who walk away... so I see this all the time on Instagram. Someone will share their story and then I'll get DM's of women

saying that... because of that story I went to my doctor and it changed my life. Like because of that story I... you know I made these changes and like Oh my God I'm a different person and you probably will never hear from the people who's lives you've changed, but sharing your story does have the ability to not only help others know what's possible in healing, but it also is healing for yourself, because as women we carry a lot of these stories and they're almost... they're just they're like more baggage for us and when we start sharing them and speaking our truth it's an outlet to liberate that story.

Aubree: So true. I love that. So how can our listeners connect with you further? How can they can they get *Beyond the Pill*? How can they work with you further?

Dr. Brighten: Oh yeah. So you can find *Beyond the Pill* anywhere they sell books. Yes, physical bookstores and oh course Amazon, because (laughs) everybody's on there these days and when you do go to beyondthepillbook.com and grab the gratitude gifts that I have for you there. I have a bunch of bonuses to help you really get the most out of that book and to support you further on this journey and of course you can find me on Instagram @drjolenebrighten, that's my main hangout spot on social media and then you can head to drbrighten.com d-r-b-r-i-g-h-t-e-n.com, which women say is the Google of women's health. We've got so many resources on there, you know from understanding like what's up with these like discharge symptoms to what's up with the color of my period blood and how can I take steps to eliminate estrogen dominance to get out of period pain and to boost my mood, so we've got you covered there. It's a resource I've spent years building with my team to really support women.

Aubree: Excellent. Well thank you so much for continuing to educate women about this. It's an important topic and it's not always talked about, so I appreciate you putting the information out there and being such a big, strong voice for women's health and getting better.

Dr. Brighten: Yeah. Thank you so much for having me, and thank you for all the work that you do in the world. I mean the way we change women's medicine is together by all of us supporting one another, so thank you so much.

Aubree: If you enjoyed this episode I invite you to subscribe to continue on the journey. Leave us a positive review and share with your friends so more endo sisters can find the show and get on track to finding peace with endo. If you want to connect with me further you can find me over at peacewithendo.com or on Facebook, Twitter and Instagram @peacewithendo. Pop on over and share your thoughts on the show, or simply say hello.

If you need further help getting off birth control check out Dr. Brighten's book, *Beyond the Pill*. I've included a link to that in the show notes.

And if you're interested in more one-on-one support, I do offer coaching services for women with endometriosis. As a compassionate ear and supportive guide, I've helped many of my clients transition off the pill and feel better, naturally. Head on over to peacewithendo.com and see how we can work together.

Thanks so much for tuning in. I hope you find some peace in your day today. I'm sending you so love. Bye for now.

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