#38 – The Mysteries of Women's Health: We notice. Then science catches up (sometimes). Transcript

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Trip Lab Introduction and Substack Announcement

[music] Welcome to the trip lab kitchen table conversations about integrative medicine and psychedelics. [music] I'm your host and attending physician, Dr. Mariela Wood.

Hi everyone, welcome back to the trip lab. Today we're going to get a little bit more curious and exploratory and really lean into the lab part of the trip lab as we explore some of the mysteries of women's health. But before we begin, I have a little announcement. I have actually moved my newsletter over to Substack. And if you guys have not played around on Substack yet, highly, highly recommend. The more I've been playing around on the platform, reading what other people have to say, the more I absolutely love it. It's definitely bringing me back to my medical school blog days, and I have a post up about that if you're interested in learning more. But as it relates to the trip lab, you can now find the trip lab on Substack along with more comprehensive show notes and an in-depth companion guide that includes the full podcast transcript, all the studies mentioned, and more in-depth content around each episode. And the one for this episode I am really, really excited about. So definitely check it out at dr miela.substack.com.

That's d r m a r y l a.substack.com. And I'll also link it below in the episode description. But now on to today's episode. So, what actually sparked the idea for this episode was the menstrual mystery of June 2026. And if you haven't heard about it, women around the world began saying that their cycles had suddenly changed. All in June, late June 2026, early July 2026.

So, some people got their period much earlier. Others were late or skipped it entirely. Some bled for much longer than usual. and other people had what felt like two separate periods within the same month. So, there were videos, comment sections, and entire threads filled with women realizing that they were not the only one. Now, to be clear, this was a social media phenomenon. We do not have population level data showing that women around the world collectively experienced menstrual changes in June. So, we don't actually know how many women experienced it, whether the rate was actually higher than normal, or whether social media simply just brought all these women who happened to have an irregular cycle during that same month. But it was enough people to make everyone curious. And I do think that there's something meaningful about the way certain conversations catch fire on social media. I think for reasons that are often cultural and difficult to explain, one question can suddenly prompt millions of women to pause, compare notes, and explore an experience together. And actually, the doctors of social media were jumping on board with this as well, trying to bring in some explanations. And one of the first explanations offered was heat. So, June brought significant heat waves to many parts of the world.

The June 2026 Menstrual Mystery

And I saw lots of doctors suggesting that we already know a lot influences the menstrual cycle. And heat could potentially affect periods indirectly through disrupted sleep, dehydration, physical stress, and changes in daily routines. And we actually do have some research. There's a study published in 2025 showing that cycles do tend to be slightly shorter during the summer months. However, it gets more interesting. women from colder climates began joining the conversation as well and also reported changes. So that got me very curious and made me think about how often women have noticed patterns in their bodies before medicine had an answer for them. So that is what this episode is about. We are going to explore travel through history. We are going to look at the science but we're also going to shine light on areas of women's health that science cannot fully explain. So, what could have happened in June 2026 all over the world? So, the summer solstice did occur on June 21st, which is the longest day of the year in the northern hemisphere and the shortest in the southern. And we do know that light exposure helps regulate circadian rhythms, melatonin, sleep, and many downstream hormonal processes. And we actually do know that human reproductive physiology is not separate from seasonality, even if modern lighting and indoor life have softened those signals a little bit. But this doesn't explain why this year. And of course, this could have just

been the year that everyone noticed. But let's explore a little bit more. Notably, there was also significant solar activity. So, the National Oceanic and Atmospheric Association actually did issue strong geomagnetic storm watches for June 4th and 5th, followed by another G3 watch on June 8th. So, what this means is that eruptions from the sun disturbed Earth's magnetic environment enough to potentially produce auras at unusually low latitudes. And there actually is some early research examining whether geomagnetic changes correlate with aspects of human physiology. Researchers are looking at heart rate variability, melatonin, sleep, and autonomic nervous system activity. And one small observational study reported correlations between autonomic rhythms and changes in solar and geomagnetic activity. So super interesting.

Ultimately though, we do have no idea if there was a statistically significant change in menstrual cycles in June of 2026. And if there was, we still certainly do not know why. But again, that's what we are really going to dive into today. not just the June 2026 stuff, but what happens between the moment women notice something and the moment medicine eventually decides it's real. So that is what we are focusing on today. So I think to start let's understand how scientific processes work. How could something like this actually become science? And usually it starts exactly where that June conversation started. Someone notices something. And as it relates to the medical world, since that is the world that I am in, it goes a little bit like this. First, a patient reports an unexpected symptom. Maybe a physician sees that same unusual pattern in several patients. And of course, observations do not prove anything, but they do generate questions worth investigating. And medicine has actually advanced through this process for centuries. So I think the most famous early example happened in 1747 when British naval surgeon James Lind noticed the devastating effects of scurvy among sailors. So what he did, he divided 12 six sailors into pairs and gave them each a different treatment. And the two who received oranges and lemons improved dramatically. So obviously very small imperfect by modern standards, but this is often described as one of the earliest controlled clinical trials.

Today, of course, we have a much more formal hierarchy of evidence. So, near the beginning, on the lower end of the totem pole, considered quote unquote low levels of evidence are case reports and case series. So, these are just published by doctors that notice something.

How Medical Observations Become Science

From there, we might start to get an observational study where researchers aren't assigning people to groups, but simply notice and observe what is happening through a specific lens. Then bumping it up, we have our randomized control trials where participants are randomly assigned to receive an intervention or comparison, often a placebo. And then finally, at the top of the traditional evidence hierarchy are systematic reviews and metaanalyses, which evaluate and statistically combine the results of multiple studies. And something that I do want to point out, we can't actually simply say that randomized control trials are strong and observational studies are weak even though they are considered higher level of evidence. There's a very interesting 2020 paper that notes that it depends on the question which I think is the key and I love that this paper was published and for some questions observational research may actually be better than a randomized trial. I think this is most obvious for things that would be unethical to randomize, but it also applies to outcomes that unfold over decades or outcomes connected to culture, relationships, belief, or individual experience that cannot really be isolated in a controlled setting. I think what we really have to remember is that science is not simply a collection of facts, as much as people like to think so. It is a method for approaching what we don't know. And very often it begins with someone paying attention and noticing something. And as a quick side note, I think sometimes physicians can get so caught up in ranking the level of evidence that we lose sight of whether the information could still be useful.

And yes, higher quality evidence is better. Never denying that, especially if we're recommending medications or treatments with potential meaningful risk. But if an emerging study or a quote unquote lower level of evidence supports a low-risk nutrition or lifestyle change, I do not understand why the automatic response is to often dismiss it rather than discuss it honestly with patients. We can and should be transparent about the limitations of the evidence without pretending the information has no value. So just something I have been noticing in the medical world the past couple months. But okay, back to our topic of the day.

When we talk about what medicine has and has not studied, I of course have to point out the fact that women were historically missing from so much of the evidence. In the 70s, the FDA actually recommended excluding women of

childbearing potential from earlyphase drug trials. And the intention was certainly protection in case women did become pregnant during the study. But the downstream effects of that were that medications were often studied primarily in men and then just applied to women without knowing whether differences in hormones, metabolism, body composition, or reproductive physiology might change their effects. And it was actually not until 1993 that the inclusion of women became a legal requirement in NIH funded clinical research. So think about that for a second. This is an essential point because it really changes the game. So when health care professionals say that something in women's health is underststudied or lacks evidence, that absence does not mean the question was investigated and nothing was found. A lot of the time it means the question was not actually studied. Okay? So keep that in mind. But I do also want to point out something else that's very important too. So once women began being included in research, we often continued studying them as though their bodies were static. We did not take into account that the female physiology is inherently rhythmic. Hormones shift across the menstrual cycle. And hormones influence much more than just fertility status. And of course, we have to think about the physiologic changes during pregnancy, postpartum, lactation, pmenopause, and menopause. Women are dynamic creatures and beings, but medicine often just captures one snapshot. So, we'll draw blood at 8 a.m. on a Tuesday, compare it with a reference range, and treat that number as though it represents the person all month long. And in the research setting, women are often studied without confirming whether they are in their follicular phase, ovulating, in their ludial phase. It's a big flaw. Luckily though, research is starting to point this out. There's actually a paper specific to cardioabolic markers that actually did warn that failing to account for cycle timing can lead us to misinterpret the numbers. And there's more papers coming out about this as well. So ultimately, medicine is very good at taking snapshots, but women's health really requires us to watch the whole film. So we know women's bodies are rhythmic. Let's explore a little bit more about what that could mean. Can those rhythms respond to one another? So, most women have heard some version of this idea. Spend enough time with your roommates, sisters, friends, co-workers, and eventually your periods will sink. It is definitely one of those things that feels so widely experienced, but science actually has not given us a great explanation yet. So, looking back through the literature, this whole phenomena did actually start to be talked about in the ' 70s. There's a paper called menstrual synchrony and suppression by Martha Mcccleintoch published in nature. So she followed over a hundred women living in a dorm together and over the course of the academic year she did find that menstrual start dates of close friends and roommates moved closer together.

Women in Research and the Problem of Snapshots

So she concluded that social interaction did appear to influence the menstrual cycle and then that phenomenon actually became known as the mccllintok effect named after her. So researchers did a little bit more digging and one theory proposed was pherommones. So those are chemical signals released by one person that produce a biological response in another. And a pretty fascinating study done in the '90s. They actually placed underarm secretions from women at different points in their cycles beneath the noses of other women. Wild study design in my opinion, but I see what they were getting at. So what they found, secretions collected before ovulation appeared to shorten the recipient's cycles, while secretions collected around ovulation appeared to lengthen them. So fascinating, but I will say those methods and conclusions are highly criticized to this day. And probably the main criticism is a math problem. So if two women have a 28day cycle, the farthest apart their periods can be is 14 days. The other issue is how missing or regular cycles were handled. And ultimately, a 2006 study brutally pointed out that there was no evidence of synchronization beyond just chance. And the paper was not so subtly titled, "Women do not synchronize their menstrual cycle." So, okay. But I think it's worth pointing out that people who live together often share light exposure, sleep schedules, meals, activity patterns, illnesses, and other parts of the environment that can actually affect menstrual timing. I also think that it is so interesting that this idea has remained so culturally powerful despite the science quote unquote debunking it. And I think that really taps into a much older idea that women's cycles are not isolated events, but rather rhythms connected to other women and to the larger rhythms around us. So, if you don't see where I'm going here, this brings us to a much older question. Are our cycles connected to the moon? And I think first there is no denying the obvious observation that our cycle length average 28 days is more closely aligned with the moon calendar rather than the standard calendar 30 to 31 days. Now most people's cycles are not 28 days. I think actually a very small percentage of them are but we say that's the average. And also interestingly the names we have today for the menstrual cycle actually do reflect this connection. Ministration comes from the Latin word for month. And both moon and month share the same ancient linguistic roots. And long before we had period tracking apps or even printed calendars actually, the moon was used to track the passage of time. And across many, many cultures, women use the moon to track menstrual timing, fertility,

rituals, planting, and pregnancy. And even today, we still see very close alignments between what changes happen across a menstrual cycle and what spiritual traditions energetically associate with moon cycles. So, ovulation is associated with the full moon, which is associated with fertility, creation, and outward energy.

The energy then peaks and then falls until we get to menration, which is associated with the new moon, or darkness, and where our fertility cycle begins a new. And this actually is not as woo woo as it sounds. We absolutely know that the moon has a real physical effect on the earth. The gravitational forces of the moon create our tides. Think about Venice, Italy, which lives this dayto-day. They actually organize parts of their lives around the tidal forecasts. And a tide of 140 cm floods actually 60% of the city. So they are very in tune with the moon cycles because it affects the tide so much.

Menstrual Synchrony and Moon Cycles

And in spiritual circles, I do hear a lot of people say that the human body is made up of mostly water. So the moon should do similar things. And yes, the human body is made up of mostly water. But that is a vastly different scale than the volume of the entire ocean. However, that being said, medicine has been interested in this topic. A 2021 study found that some women's cycles do indeed temporarily align with the full or the new moon. And they postulated that both moonlight itself and the moon's gravitational cycles could possibly act as environmental cues for menration. [clears throat] And there was actually a really large paper in 2024 that looked at over 300,000 menrating women and also found a small lunar connection to menstrual onset. And even more interestingly, a 2025 study that looked at long-term menstrual records across several decades found stronger lunar alignments in records before 2010. So essentially before LED lighting and smartphones became such a constant part of our daily life and beyond menstrual cycles, we actually see the lunar cycles constantly showing up in other healthcare settings. So ask almost any ER doctor, nurse, paramedic, and they will tell you that the full moon makes everything crazy in the hospital. More patients, more injuries, more psychiatric emergencies. And it comes up so frequently that it was actually indeed studied. So a pretty large study that looked at more than 150,000 ER visits actually did not find a meaningful increase in visit volume during the full moon. And it was also titled again not so subtly the full moon in ED patient volumes unearthing a myth. Now I will point out that this study only looked at ED volume. And in my personal experience the craziness was not actually necessarily the volume but what happened during a shift. But I think regardless same thing goes to what we are saying about women's cycle syncing. Despite the science currently showing no formal association, it is still widely culturally accepted even amongst doctors. And I think there are some other plausible connections that may be worth looking at. This might be a little bit of a stretch, but it could have something to do with the impact of illumination from the moon on sleep. And a 2021 study looked at people living in indigenous communities in Argentina, some without electricity, and compared them to people living in urban Seattle. And even across these very different settings, some with only natural light, some with a lot of stimulating light, they found that people tended to fall asleep later and sleep for less time on nights leading up to the full moon. And I like the title of the study better.

It's called moon struck sleep, synchronization of human sleep with the moon cycles under field conditions. So that I think may provide more of a quote unquote sciency explanation for one possible reasons why humans may be impacted by the moon cycles. We definitely do not have things hashed out. It's still a mystery. But in my opinion, the historical and symbolic relationship between women and the moon is undeniable.

Certainly, the physical relationship between the moon and the earth is absolutely undeniable. But okay, moving on from the moon for a little bit, I do want to talk a little bit more about ministration throughout history and the arc from sacred blood to pathology and quote unquote uncleanliness to now a more strictly scientific view of what happens to women each month. So if we really look at the big picture here, across different cultures and periods of history, menstrual blood has been understood as sacred, healing, dangerous, contaminating, magical, or even actually a punishment from the gods. And there's an academic review of all this menstrual mythology that found that although the stories may vary widely, menstrual blood is almost always portrayed as possessing some kind of unusual power. It was rarely ever treated as neutral, which I think is absolutely fascinating. In ancient Rome, for example, they believed that contact with menstrual blood could sour wine, wither crops, kill bees, rust metal, and also at the same time, the menstrual woman herself could stop storms or protect crops. And over time, many religious purity systems held the idea that menrating women should separate themselves, conceal what was happening, and avoid contaminating the world around her. Then eventually by the 19th century, western physicians described

ministration as a reoccurring period of weakness, instability or disability.

They actually even went as far as to say that women needed to withdraw from school during ministration because the brain and reproductive organs were supposedly competing for a limited supply of energy. And unfortunately, things continued to get worse. In the late 1800s, a Harvard physician, Edward Clark, published a book arguing that educating girls in the same way as boys could damage their reproductive development. So, essentially, menration has shifted from culturally powerful to spiritually dangerous and then eventually to a much more suppressive idea that women themselves were physically unreliable. And if you really look at all of this together, I am not convinced that quote unquote uncleanliness was actually the whole story even when it was presented that way. Earlier, menstrual blood represented fertility, sexuality, birth, and a biological process that men could neither experience nor control. So there was power in that. And with power comes fear. And one of the oldest ways societies respond to what they fear is by restricting it, separating it, or redefining it as dangerous. So women were not suppressed because men believed their bodies lacked power. They were suppressed because their bodies carried a kind of power that was deeply misunderstood and thus feared. And unfortunately, even still today, that hiding and withdraw idea that was seared into the brains of billions of women across the world over time has not completely disappeared. We still tried to hide our tampons on the way to the bathroom. For decades, menstrual product commercials poured blue liquid onto pads because showing anything that looked like blood was apparently too uncomfortable.

Menstrual Blood, Hysteria, and Women Healers

And women are still expected to conceal their periods completely while also at the same time being told that their severe pain, exhaustion, heavy bleeding, and dramatic mood changes are simply just being a woman. And I will say to balance that out, even nowadays, society, medicine, we really do struggle to hold multiple truths at once. A period is a normal physiological process. But abnormal symptoms, which we are not educated enough on, can also carry meaningful information about our health. But I think what really gets me about this whole arc is that through all of these different interpretations, women were not the ones deciding what their blood meant. But beyond the bleeding itself, we also have to talk about the earlier medical diagnosis of hysteria. So, the word itself comes from the Greek word hysteria, which actually means uterus. And early medical theories blamed the woman's symptoms on a quote unquote wandering womb. And over time, hysteria became a broad label applied to everything from pain and fainting to seizures, anxiety, sexual behavior, and emotions that were considered excessive or inappropriate. And while hysteria is no longer a medical diagnosis, thank God, traces of it do still remain whenever a woman's physical symptoms are quickly attributed to stress, anxiety, hormones before anyone has actually fully investigated them. But okay, I don't want to tell this whole history only through suppression and pathology because there really is another beautiful side to it. For most of human history, women were not simply passive recipients of care. They were often the people providing it. Before there were hospitals on every corner, pharmacies open 24 hours a day or specialists for every organ system. Much of health care happened inside the home. Women cared for illness, delivered babies, dressed wounds, prepared the food and medicine, and helped people through birth, miscarriage, postpartum recovery, aging, and death. And interestingly, because historians often looked for people with formal titles like physician or surgeon, a huge amount of women's medical work disappeared from the historical record.

But when they started to look inside homes and broaden their search criteria, women's roles became much more visible. They may not have been called doctors back then, but they were absolutely practicing forms of medicine. Midwives held a particularly important position, still do today, because they worked at the threshold between life and death. They understood pregnancy, labor, miscarriage, fertility, contraception, infant care, and the female body in ways that the trained male physicians simply did not at that time. And their knowledge was often built through apprenticeship and years of watching bodies rather than through books or universities. So this work placed women very close to illness, quote unquote unexplained recovery, infant death, infertility, and other events that frightened people. They had knowledge that existed outside of official control. They knew which plant could ease pain, stimulate bleeding, induce sleep, prevent pregnancy, or potentially end one, and the same herb that could heal in one dose and poison in another.

So without modern chemistry back then that looked a lot like magic. And guess what? The quote unquote magic that witches, midwives, and healers used is now modern medicine today. And let me give you some examples cuz

they're so cool. Willow bark used for pain. We isolated salicin from it and developed acetal salicylic acid aka aspirin. Fox glove was used for dropsy which is the swelling that we now associate with heart failure. And compounds from fox glove eventually became digitalis and dejoxin. So medications that we use for heart failure. But the most fascinating example in my opinion is urgot which is a fungus that grows on rye and other grains. And there are reports that midwives use small amounts to create stronger uterine contractions to speed up childirth. It didn't work as well as they had hoped because it ended up producing sustained contractions that became dangerous for mom and baby. But then they realized that sustained contraction could be incredibly useful after delivery to prevent postpartum hemorrhage. And in current day, erometrine isolated from urgot is actually used in some parts of the world. In the US, we use a semiynthetic version called methrogene that is widely used as a second line option after ptocin for postpartum hemorrhage. Okay, that's fascinating in and of itself, but that's not the reason that I think this is the most fascinating. Urgot also gave us one of the most famous psychedelics in history, LSD or acid. And this actually dates much further back than when Albert Hoffman synthesized LSD in the 1930s. In ancient Greece, participants of the Ulysian mysteries drank a ceremonial beverage called kaikon that was made from barley that certain historians suspect was infected with urgot. So, the lifealtering mysterious ritual was likely induced by a primitive form of acid. So, the history of both LSD and a medication that we use for postpartum hemorrhage is chemically intertwined with the same fungus that midwives used many, many years ago. And while we're on psychedelics, I cannot pass up pointing out that many women describe labor as a psychedelic experience in its own right. Some stories are actually very beautiful and euphoric, but even the ones that are not, many women describe a profound layered state of consciousness, losing their normal sense of time, withdrawing into an internal world, and sometimes experiencing transcendence, interconnectedness, or an almost mystical sense of surrender. And researchers are actually starting to study this, and they refer to this as birthing consciousness. Don't think I can get through an episode without doing a psychedelic medicine tangent here. But back to our beautiful ancient women healers. My main point is that a lot of that knowledge used by women that the men feared and called quote unquote witchery in a derogatory way had true value that was learned through an early form of what we now call science. So the cauldron became the laboratory and the herb became a prescription. Once medicine could explain how it worked, we stopped calling it magic. And along the way, we isolated compounds from these herbs, which yes, gave us greater purity and easier ways to study and distribute the compounds. But at the same time, we lost some of that magic that came from the earth. Many herbs have been studied in the present day and have found to be just as effective as some medications in some settings, but with significantly fewer side effects. We cannot forget that herbs contain hundreds of active compounds that work synergistically to support the body and in some cases ultimately minimize the potential side effects of one isolated compound. And of course, herbs are not the answer for every medical condition. Modern medicine has truly changed the game in terms of how we can care for people. All I want to do in this episode is to invite people to remember where all of this came from. As we developed as a species, the earth gave us quote unquote magic in the form of plant medicines. And sometimes it is just best not to strip them of their true potential. Okay, so we've been talking about the women who learned to read the natural world, who noticed what certain plants did to the body long before anyone could isolate the active compound or explain the mechanism. So next, I want to talk about women's intuition, which turns that same attention inward.

Intuition, Interoception, and the Witch Archetype

And outside of medicine, we talk about a woman's intuition all the time. So, it might be the immediate sense that someone's not trustworthy even though they've said all the right things. Knowing something that is wrong with your body before a test actually confirms it. Sensing that your child is sick from that tiny shift in their behavior that nobody else would notice. And in medicine, I see that dismissed far too often, except for maybe in pediatrics, actually. There is this unwritten rule that you won't find in a medical school textbook, but I remember learning early on in my medical training, when a parent says, "Something is off with my child, you listen." And a woman's intuition can be really hard to actually describe. In spiritual language, it might be described as an inner knowing or conversations with God or whatever you believe, some sort of guidance from something beyond the rational mind. Others don't use spiritual language at all and just simply say quote unquote I had a feeling. So what is that feeling? So one possible scientific explanation is interosception which is our ability to sense what is happening inside the body. So we actually are constantly receiving information from our heart, lungs, digestive system, muscles, hormones, temperature and nervous system, but most of it never reaches conscious awareness. So interosception helps create our emotions and influence the decisions we make. So a tightening in the chest or a change in breathing, nausea, or just that very subtle sense that we call a quote unquote gut feeling. The brain also plays a

role. So it's constantly making predictions. So it takes in what is happening now, compares it to everything that it has learned before and tries to anticipate what will happen next. So much of that process happens before you can even put it into words. So you may consciously notice only the final product, which is something feels wrong. And I think we actually experience this a lot in medicine. You walk into a patient's room and just know almost immediately that that patient is much sicker than the numbers suggest in the hospital. So that judgment may feel intuitive, but it has also been built through years of noticing skin color, breathing patterns, speech, movement, facial expressions, and countless other details that are being processed together very quickly by your subconscious. And the research has consistently found that women have a better sense in recognizing emotional information from facial expressions, voices, or other non-verbal cues compared to men. So I do think that some of this is innate. The interosception, the brain processing centers. I personally believe some of it is spiritual as well, but that's a topic for another day. But we also cannot deny that there is certainly a cultural aspect as well. For better or for worse, girls are often taught from a young age to pay attention to other people's moods, anticipate needs, smooth over conflict, and monitor whether an environment feels safe. And historically, women also had good reason to become skilled at reading the intentions of people who held more physical, social, or economic power than they did. Then there's pregnancy and subsequently motherhood, which takes this intuition to a whole new level. So sticking with the science very briefly, researchers have actually proposed the concept of maternal interception to describe how the brain learns to process and feel another body moving inside of you. In aruvedic medicine, they view pregnancy as a heightened physical, emotional, and spiritual state during which women may be especially sensitive to people, environments, and energies around her. And I actually did experience a form of this when I was pregnant and performing OMT or osteopathic manual treatment, which is a hands-on manual medicine therapy. I actually felt much more sensitive to the energy of the people that I was treating. [snorts] Something that I actually did not feel before pregnancy.

So I I was never trying to sense the energy of the person I was doing OMT to before pregnancy. It was just purely a manual technique. But unintentionally, I truly did feel energy from the people that I was treating. And sometimes that felt calming and supportive. And other times, I actually could feel myself absorbing so much negative energy that I had to end a session early. Now, I am not trained in Reiki, but I imagine I was certainly sensing some sort of energy field. Definitely a topic I want to do a deep dive in in a later episode.

But, okay, back to this. So, pregnancy intuition definitely real. Then of course when the baby is born, we all know and accept the idea of the mother's intuition. And we actually do have data showing that pregnancy and motherhood quite literally changes the brain. But a woman's intuition is certainly not limited to pregnancy or motherhood. It shows up when you keep saying a job is fine or a relationship is fine while your sleep is changing, your stomach is tightening, your energy disappears or you feel immediate relief whenever you imagine leaving. So ultimately maybe what we call women's intuition is partly subconscious pattern recognition, partly interosception, partly social conditioning, and partly just lived experience.

But I truly believe it is also definitely partly something that we do not have a language for yet. And perhaps that unnamed form of knowing is part of the reason the idea of the witch has continually evolved throughout history.

So, a witch really is someone believed to have access to hidden knowledge or power and is feared because of it. It became a name cultures gave to what they found unsettling about a woman. And some of the earliest written versions of this archetype appear actually in ancient Greek, Roman, and Hebrew traditions. So, figures such as Circ or Media were portrayed as women who could create potions, use herbs, alter bodies, and influence the natural world. Then as Christianity grew into a dominant religious and political force, Christian writers increasingly connected magic with demons and recategorized many pagan rituals and other competing spiritual practices as evil. So essentially anything outside sanctioned belief was interpreted as a threat to God. So the message was to obey, to not question, and to fear knowledge that came from outside the church, and to distrust women whose authority came from their own experiences rather than that of a proved religious institution. Then by the 15th century, European ideas of sorcery, heresy, and alliance with the devil had eventually converged into the more recognizable figure of the witch. Then of course the large-scale witch hunts that followed reached their height during the 16th and 17th centuries in both Catholic and Protestant regions. So these women were feared because they were believed to possess powers that violated the religious order. But there is a paradox there that I just cannot get past. If the church truly believed that God represented the only legitimate power, why were these women so threatening?

Why did a woman mixing herbs, practicing a different ritual, or simply refusing to conform require interrogation, torture, and death? And in current day, although we are obviously no longer burning women at the stake, the cultural response to a female authority figure has not disappeared. We absolutely still see this in the workplace. A man can give a direct command and he is seen as decisive. A woman doing the same thing is called bossy or controlling. A man who gets angry is passionate about his work while a woman is emotional. And a man who sets firm boundaries is respected while a woman is considered difficult. So the witch eventually became a title reclaimed by feminist movements. The witch became less of a monster and more of a representation of female difference, resistance, and power. And this brings us directly back to women's health. Medicine still has its own version of the quote unquote acceptable woman. So the agreeable patient who does not ask too many questions, challenge authority, arrive with her own research, or insist that something is wrong when the initial testing is normal. A woman who trusts her physician is considered reasonable. A woman who trusts her own body might be called anxious, difficult, overly focused on her own symptoms, or influenced by misinformation.

Mystery, Evidence, and the Future of Women's Health

There is something very old in the discomfort people feel when a woman says,"I know my body and I don't think that you have found the answers yet." So this is the reason that I think the witch still matters. She reminds us that knowledge does not begin and end with what an institution has already decided is true. The fact of the matter is despite everything medicine can do today, the woman's body is still certainly a mystery. We truly have only scratched the surface of the menstrual cycle, fertility, pregnancy, birth, motherhood, and menopause.

We certainly can measure hormones, count follicles, sequence genes, literally watch an egg become an embryo, which is so cool, and see a fetus developing inside the uterus. And those advances are extraordinary. But being able to measure parts of a process is not the same as fully understanding it. We also have to remember how recently women were meaningfully included in medical research. And although progress has been made, simply enrolling women in a study does not mean female physiology has been adequately studied. Researchers may include women without examining differences between men and women or accounting for menstrual cycle phase, hormonal contraception, pregnancy, postpartum changes, or menopause. Hormones influence far more than reproduction, including the nervous system, the immune system, metabolism, cardiovascular physiology, and the way medications are processed. So, we cannot keep treating those differences as a relevant background noise. And I think this stands especially true when we think about quote unquote unexplained infertility. So a couple can have evidence of ovulation, open fallopian tubes or adequate ovarian reserve, a normal uterine evaluation, semen testing is normal. So we can examine all of those pieces and still not know why pregnancy has not occurred. So medicine calls this quote unquote unexplained infertility. But unexplained does not mean there is not an explanation. It means our current testing has not found it yet. And that uncertainty can be incredibly painful for people experiencing infertility. In these cases, I think medicine should admit something that it is often uncomfortable saying. We do not know. And even beyond fertility, I want more of that statement in all aspects of women's health. I want us to have conversations in the gray area without turning every question into either established fact or complete nonsense. So, that truly is my goal with this episode. I want to paint a different picture of women's health. [snorts] One in which medicine, culture, history, intuition, and mystery are not separate subjects. They have always overlapped. The stories cultures told about ministration shaped how women were treated. The fear of female knowledge shaped who was allowed to become an authority. The exclusion of women from research shaped the evidence we have today.

and women's own observations continue to raise questions that medicine has not answered. Science certainly gives us a way to test our assumptions, protect people from harmful events, and change our minds when the evidence does not support what we once believed. And it should be just that, a tool to help us understand and make better decisions.

Women deserve good evidence. They also deserve honesty about where the evidence ends. and they deserve to remain the authority over their own bodies. So ultimately, we may eventually explain more of what happened to women's cycles in June of 2026. We may eventually better understand menstrual synchrony, lunar rhythms, intuition, maternal knowing, and the subtle biological signals that we cannot currently measure. Or some of these questions may remain open forever. Either way, what I really want to point out is that mystery belongs in medicine and we should talk about it more. Thanks for listening to the trip lab. If you liked this episode, please subscribe and

share so we can get the conversation started about integrative medicine and psychedelics to destigmatize it and fully explore what this could mean in the world. [music]