Elevate Your Life in Perimenopause Transcript

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Introduction and mutual respect

Okay, everyone, welcome back. We are talking to Stephanie Estima today. First of all, thank you for coming. I am delighted to be here. Thank you for inviting me.

It's a pleasure and honor because I've been listening to you for what's been around three years, four years now. And I remember a while back. You came to our office and you spent a day or two recording a video about female hormones.

And I was sitting in the corner listening and learning. I was like, Wow, there's so much that I didn't know. But anyway, since then, you know, I've sort of been enlightened by listening to you and speaking to a few times.

And we're going to share today with everybody all of what you learn in terms of optimizing perimenopausal. Thank you for joining us because that's what everybody wants to know about.

Awesome. Yeah, I'm excited. And it's been and you've been on the. You've been on my podcast as well, which has been really well received in terms of understanding our genetics and how we metabolize our hormones and some of the genetic and maybe epigenetic changes that we can make as well.

So the feeling is mutual. Lots of respect for you and I'm excited about this conversation. Thank you. That was fun. Yeah, that was fun, actually. So one of the big things that we all hear about is this.

I get stuck with my weight and there's so many solutions that are targeting specifically the weight or take these hormones or take this supplement or it's like my body changed and whatever used to work doesn't work anymore.

And this is something that you've been working on personally and you've understood why women get stuck and what to do about it. So what's actually going on there?

Well, perimenopause, I think that there's more and more interest in this will say cohort of women than ever before, which is very exciting. We're seeing more and more practitioners turn their attention to dealing with sort of this 15 year slide, if you will, into into menopause, which is a pretty significant time or chunk of time in a woman's life.

Why perimenopause feels harder now

So I define perimenopause as about starting roughly around age 35, where we start to see a decrease, a consistent attenuation or decrease in particularly sex hormones, progesterone being the first one that we start to see lowering and perimenopause in terms of a and you know, there are certain metabolic changes, but I think a lot of it is driven initially by our environment.

So a woman who is somewhere between the age of 35, as I mentioned, and maybe on the upper end at about 50, 51, 52, which is sort of the average age of menopause, has a very unique set of stressors.

She often will have stressors from below and stressors from above. And what I mean by that is by the time she's somewhere in her mid-forties or that 35 to 52 year old age range, maybe she has some children that are growing up and maybe they're teenagers and anyone listening that has teenagers, of course, they know everything and they're just so bored with your experience and who you are.

And of course, you know this and I'm sure there's going to be other experts on this series talking about this idea that the brain actually doesn't fully mature until about age 25, which coincides with the neuromuscular skeletal maturation.

So the maturity, like the maturation of the skeleton and the brain, it's about age 25, but you have an 18 year old, let's say, who can who is fully, you know, ambulatory, hopefully, who can advocate for themselves.

And they think that they know everything. And this can be very, very stressful in some in some cases, maybe they're not doing as well as they should be in school.

Thank you. Pandemic. Thank you, government, you know, and they are maybe they are they're having some learning challenges, some social, social challenges.

And then we also, during this time period are also seeing that stress like another set of stressors from above, where we're starting to see aging parents, maybe they need more support than what they used to.

A lot of women in their forties and in their fifties are now caring for, unfortunately, parents with dementia or physical handicaps that need to be attended to.

So it's kind of a lot at once and when you are and there'll be other experts to talk of certainly more eloquently than I, but when we are talking about sort of driving that hypothalamic pituitary axis, when you're gunning on the on the accelerator pedal, if you will, on your car, at some point you're going to run out of gas.

And so this is what we see with a lot of our women who are dealing with the teenager or the mouthy teenager or, you know, some trouble maybe that they're in the aging parents.

Maybe there's some career stress, there's relationship stress. There's for women, at least the women that I speak to in their forties, even the teenager, if there is no so-called issue, there is almost a grieving that has to happen where that that child is no longer completely dependent on you.

Whereas through the first, let's say, ten, 12, 14 years, let's say, of life, they are completely dependent on you for food, for love or shelter, for comfort.

And then as they're becoming more and more dependent, there's a grieving process, I think, that mothers don't and nobody talks about it in the same way that nobody talks about how difficult breastfeeding is after everyone talks about the labor, no one talks about how difficult breastfeeding is.

I think in the same way there is a struggle for women to let go of that archetype or that call it phenotype of the caregiver, the nurturer of this child that no longer needs them as much as that child once did.

So I think that there is this environmental pressure from above and below this hyper courtes Olympia where we're seeing this. And cortisol, just for the listener, of course, is one of many stress hormones that is the most famous.

You know, we all think about stress being bad. And I would say that there is good stressors and there are bad stressors. Cortisol needs to be high at certain times of the day, needs to be low at other times of the day. There's a there's a time and place for it.

But like the analogy that I was giving before, if you think if you're yourself, you know, simply as a car, if you're always just pushing down on the accelerator pedal, at some point you're going to need to stop or you're going to run into something.

So I think that that's what a lot of women are experiencing. And then when you are in this chronic state of stress, then this is going to affect mood, it's going to affect libido, it's going to affect sleep, it's going to affect your motivation, let's say, to cook healthy foods or to get yourself to the gym or to do some of these healthy habits, which I'm sure we're going to talk into today that are going to help set us up for a healthy transition into menopause.

Like menopause is not a disease. It is a natural progression through the arc of a woman's life. And I would really love if we you know, I'm sure we'll talk about this today, but setting up actionable, what are the things that we need

to be doing in our maybe in our twenties and thirties, or if you're in your forties now and you're just coming across this information for the first time, what are the things that I can be doing right now to mitigate my stress and to manage it appropriately and what are some of the actionable, everyday items that, you know, everyday action items that I can be engaging in that are going to help me achieve?

Let's say, you know, you mentioned the weight body recomposition. So many women at about 45 will say, you know, I am doing the exact same thing that I was doing when I was 25.

And it's not working. And I'm getting you know, I'm gaining weight, particularly around the belly. And that's a clinically salient sign, at least for me, when someone says it's all belly weight, like, how do I reduce the belly weight?

That's usually too much stress. That usually tells me that there's too much stress that's not being metabolized in in that woman's body. So that's kind of like a high level in terms of what's happening.

We can certainly get into some of the particulars in terms of what are some of the actionable items, let's say, or what are some of that? What are the things, common things that women might experience.

But I would say that most women are that's what most women are telling me, that there's they feel overwhelmed. There's grief. There is. Now we have to take care of our aging parents.

Maybe we're now contemplating our own mortality because we're in our forties and our fifties now and we maybe never thought about death when we were in our twenties and thirties.

And now we're sort of midlife, let's say. So we have about we're about as halfway down the path for most of us, right? So we have, you know, another half and we're sort of thinking, okay, what is that going to look like?

How am I going to age? Am I going to age well? Am I going to be dependent on my children in the next 10, 15, 20 years? So there's a lot going on for that woman.

With all that. I mean, it sounds like to me there's this we are wired for these ancestral habits of, you know, maybe being in a village. And I'm talking about many thousands of years of consistent life, like the way we lived.

And maybe it was like there may have been a sort of adrenaline rush once every six months, you know, and now it's kind of like the constant drip of cortisol and stress.

So the outcome of this, you're saying the reality the woman's reality today is not you know, it's not conducive to a good menopause because of everything that comes before.

So now what's the outcome? Does that mean that menopause it all coming earlier or does it mean that it's more of a roller coaster or does it mean that it's lasting longer?

So all of this stuff that you're working with, what is it doing to the menopause? Well, what is what is bringing about is more there's more symptoms that the woman is going to experience.

Stress, cortisol, and body composition changes

So, for example, one of the things that I hear a lot is kind of that mid 40 mark where we have the kids below the parents above that. They are starting to experience changes in sleep.

They're starting to experience things like hot flashes, they're experiencing changes in body fat distribution. So normally a woman in her fertile years, which includes perimenopause, she will put on fat in sort of the lower half of her body.

Right. So under the direction of of estrogen, if you think about it, you know, I'm painting some broad strokes right

now. But if we think about morphology of, let's say, a pair where we think about a pair where it's kind of thinner on top and maybe a little bit more bottom heavy.

So for a woman in her fertile years, that is a normal fat distribution. So it's the subcutaneous fat that we're all trying to get rid of, right? It's in the lower tummy, the hips, the thighs, the bottom.

But what a lot of women will say who are chronically stressed is now we're seeing what's referred to as an ectopic or abnormal fat distribution, where instead of being allocated to the lower half of the body, now we're seeing that adipose tissue being deposited centrally.

So we're seeing the waist disappear. We're seeing more of I don't like this term, but just to give a visual for our participants, like more like a spare tire, kind of.

So there's more thickness through the middle and and there's also more of an accumulation of visceral fat. So the subcutaneous fat is the stuff that we all want to get rid of.

It's the visceral fat that's really the deadly stuff. So this is the adipose accumulation on our liver and on our other organs, etc.. That's that's contributing to that sort of centralized thickness.

And so that's what we're seeing. And then you might have a woman then if she's noticing, hey, her waist is getting a little thicker. She has like I've had women describe it as like muffin top things like that, where they might engage in some of the strategies that used to work for them.

Maybe it's some caloric restriction or some extra cardio or it's a little bit more fasting, and those things are not providing or producing the results that they once did.

A woman can feel lost, right? She can feel like, what's happening? My body is betraying me. I don't know why this is not working anymore. I used to be able to go into, you know, caloric deficit, run on the treadmill for a couple of weeks, and then this problem would be sort of solved.

And that sort of £2 weight gain, £3, £5, £10, you know, sort of snowballs out of control. And the woman will also feel kind of out of control and that there's someone else running the bus.

And so what I usually will start with when we're thinking about recapping or thinking about how we can change the body composition of a woman in that time is to look at, first of all, her stressors.

That's I mean, everyone hates to hear it, but we do have to figure out what are some of the things that are going to be helpful in terms of our stress management.

And then maybe there's going to be some tweaks, some nuances to the movement program that you might be engaging in. And more often than not, that phenotype of a woman who's on the treadmill for a fourth or maybe she's doing like an orange theory or a, you know, no shade to orange theory, but like kind of like this high, like high intensity interval training, three, four or five, six times a week.

We might shift that to still she can still engage in that once or twice weekly. But now we're starting to integrate more resistance training potentially into her program because there's I mean, there's a whole myriad of changes that can happen when you start to resistance training.

But one of the one of the at least initial changes is going to be your appearance. Now there's immune changes, brain changes, sleep changes, sex hormone balance changes, which are all you know, people want that.

But a lot of people will get into, let's say, weight training because they have exhausted they they're like, I can't do any more cardio. Like I can't restrict anymore and I can't run on the treadmill any more hours than I already am.

So kind of shifting the movement program a little bit to start focusing on building muscle, which is fundamentally at

a baseline as you're putting on more muscle, your basal metabolic rate is also going to increase because muscle tissue is active.

Contractile tissue. It is an active tissue versus, you know, something like adipose tissue, which is there's there's activity there, but it's not as active, metabolically active compared to our our musculoskeletal system.

So that's that's kind of one of the biggest things that I usually will start with. And we have to often get over the myth of, no, you're not going to bulk.

No, it's not going to feel like you're going to throw up in the same way that, you know, the output that maybe they had doing a orange theory or an f45 or something where they feel like done, done at the end of the workout, weight training doesn't feel like that.

You don't feel like you've just exhausted or you just outrun a bear or something. There's a different type of activation, neural sort of excitement and arousal that you need for weight training versus doing a high intensity interval training session.

But the net net is that we see body comp changes, which is what women want, and then we also see trophic factors being released like, you know, we I know you're going to have lots of brain experts, but you know, brain derived neurotrophic factor NGF, all of these growth factors that are going to keep organs like your brain really thick and juicy, which is kind of what we want, right?

We want to maintain and preserve organs as we age, particularly the brain. And there are a whole host of other things that maybe we can dove into. But I'll let you I'll let you direct me in terms of where you want to go.

Well, I mean, you were saying earlier that it's surprisingly it's not often when we talk about menopause and perimenopause, that you talk about women in their twenties.

But you were saying that start work then or if you're 30 or 40. So depending who's listening, the person who's 25 versus 35, are they doing something different or is it just that the earlier you start, the better it is.

In terms of weight training. In terms of what you're doing to prepare your body to be so have a better paramour, better perimenopause, better menopause.

Yeah, I think that it can it can start at any point. If you're someone who's in her twenties, you may not necessarily be thinking about that right now as a woman in her twenties is maybe thinking about potentially pregnancy.

She's thinking about getting pregnant and starting a family. She might be thinking about, you know, obstetrics and looking good. I mean, I'm going to be honest.

Like, that's why I started weight training was like I wanted to look good in a in a bathing suit when I went on vacation. Right. So however old you are, I think, you know, I always say like the best time to start a movement program like weight training or any of the stress management techniques or nutrition was like ten years ago.

And then the second best time is right now. So even a woman who's in her forties that may have learned like I did, you know, we have to sort of underscore what growing up in kind of the eighties and nineties in that kind of diet culture sort of did for us where it was very much a high carb, low fat kind of diet where you had, you know, like I remember, like counting out my grapes, you know, like my little snack was like 12 grapes and like a couple of almonds.

You know, we can't underscore the psychological impact that that has had on many of our now 40 made forties, early 50 year olds who are thinking, okay, so it's that I have to come back to that type of style eating.

And not to say that that won't work, it's certainly can work. You know, I think that there are many types of diets with many different macro splits that can work as long as we are sort of giving you an appropriate amount of calories,

you know, to sort of sustain your life and the activities that you want to do.

But there are ways to do it that are less painful and ways to do it that are more painful. And I would I would probably put someone who's kind of done everything myself.

I would say sort of a higher carbohydrate, low fat type of diet, which is what I grew up with, is very difficult and mean. I was hungry all the time. My skin was not, you know, as sort of glowy or shiny, maybe as it is now.

And I consume a higher protein, a higher fat diet now as a way to sort of sustain my my movement and my my life, you know, my lifestyle goals. And does that change as you get into very emotional metabolism?

I think so. Forties, fifties. Is the diet the same? Are you adjusting that? This is a good question. Great. I'm so happy you asked this. Okay. So as we age as a natural function of aging, what can happen if we are not if we don't have a strategy or if we don't have a plan, as we do naturally become more insulin resistant as we age.

So what that means is that the cells are less sensitive to the to the effects that insulin has. So insulin is essentially is released from the beta cells of the pancreas.

And then the signal there is for the cells to take the substrate, whatever substrate it is, it could be glucose.

Training and nutrition for midlife women

It's typically glucose or amino acids that are in the plasma and take that up into the cell in order for that cell to use it, let's say to create energy as we age ourselves, become less sensitive to insulin.

So what happens, of course, is that we pump out more insulin. So this is sort of the beginning, the beginning stages, let's say in our forties and fifties.

If we're not careful of a Type two diabetic kind of presentation where we might start to see if you're someone who's monitoring, if you're wearing a CGM, let's say a continuous glucose monitor, you might start to see your glucose over the course of time start to creep up.

Let's say your fasted glucose in the morning might be higher than what it once was a year or two or three ago. The other thing that happens that happens on par with or in parallel with that insulin resistance is that there is more of a anabolic resistance that sets settles into the muscles, meaning that similarly to insulin, your muscles are less sensitive to signals for growth.

So that means that your workouts in the gym become you need more to create the same amount of response in the muscle. And so that means that our, our diet does have to change or the macronutrient composition of the diet ideally should be changing in perimenopause to favor more protein and so this is where I, you know, I often when a woman comes to me for body composition changes, she wants to lose weight.

She's not sleeping well. She's been gaining weight sort of consistently over the past. You know, whatever it is, several years, couple of years, we will often start her off in kind of a therapeutic ketogenic diet, not always dependent.

It depends on the person, but a ketogenic style diet where there's it's plant heavy, so there's lots of plan. So she's getting all her fiber, all the polyphenols, all that zino hermetic benefit that, you know, plants bring.

I'm a big fan of plants. I also I'm a I'm an omnivore, so I really like it. If we can have that woman consuming some meat. But then once we have overcome maybe some initial water weight, we've decreased some inflammation, we've had some weight loss.

I will usually bring her into a higher protein composition of the diet and depending on her, both her preferences, her goals, and then kind of how she metabolizes carbohydrates and fats, we will sort of make protein the base and

then we will kind of upregulate or downregulate fat or protein on either side of that.

So that's where the DNA company comes in. We often have them. I will often look at some of the genes and their and their predisposition to metabolizing fat or metabolizing carbohydrates, which is what your company does so well.

And then we can create a program kind of based on based on their their their blueprint, let's say, and what they prefer and what their and what their goals are.

So woman in perimenopause does need to be considering protein and increasing her net consumption of protein as she ages because the muscles are less sensitive to that.

And so the other so we'd like to pair more protein with more weightlifting so that we can kind of overcome that resistance to to growing. To truly changing who this person is and who they who they thought they can be like.

You're reinventing who they are. And, you know, when I go into like a a supplement store for myself, there's always a huge section for women's hormones, not necessarily HRT, but there's a lot of bottles of, say, menopause on them.

Right. So do you also feel there's a need for some baseline supplementation or if you're working on body movement and nutrition, if you already done everything right, or is there supplementation needed?

It depends on the individual. I would say that is highly variable. I would say most women kind of coming back to what we were talking about initially.

I will give them I will recommend some type of stress, some type of supplement that is going to help combat stress. So there's a whole whack of them. A couple of favorites that I have are rhodiola rosacea ashwagandha.

There is a there is a company, I believe it's called integrative Therapeutics. I have no affiliation with them, but they have a product called cortisol manager.

I really like that. I really like I really like to give a lot of my women they take it in the evening. It has it has ashwagandha, rhodiola rosacea. It has some phosphatidylserine to help with with sleep.

So that's a really, really nice product. But, but there are many. So it's not just, you know, not just that one, but I would say Rhodiola ashwagandha for persistent issues.

Let's say if a woman is dealing with and we talked about this on our podcast, let's say if a woman is dealing with androgen excess, right? So her predisposition or her phenotype is the type of person who very quickly will go from testosterone, let's say, to Dihydrotestosterone, or she just generally runs androgen dominant.

We may think about a supplement called Vitajex or Chase Berry. That's another another supplement that works very well for women. And it's not changing. It's not a hormone.

It is what it's basically doing is it's helping to balance out progesterone and testosterone levels, which are often awry for a woman with PCOS or any type of androgen dominant type symptoms, but also for women in perimenopause as well.

Because what we know about a woman in perimenopause is that her progesterone like know when you get to sort of my age, which is a 45, you know, we know that her progesterone levels are going to be decreased.

So Vertex can help to indirectly help with progesterone or bringing the progesterone estrogen balance into that in that luteal phase or that second half of her cycle, bringing progesterone and estrogen into balance, which is what a lot of women struggle with in their forties.

They'll say, oh, my gosh, all of a sudden I have PMS, all of a sudden I'm retaining water. All of a sudden I'm moody. All of a sudden my breasts are very tender.

All of a sudden I can't get my rings on for two weeks right after I ovulate. And part of that is because now we have this declining level of progesterone.

So estrogen in the second half of her cycle is now running unchecked. So we need in that luteal phase, which is the second half of the cycle, we actually need both of those.

It's like the into my yang, the Thelma to my Louise, like we need progesterone to keep estrogen in check. And if we have if we don't have enough progesterone, then that's when we can start running into these symptoms of PMS.

The you know what I, you know, the sleep disturbances, the irritability, the the the inflammation, the water retention, you know, the angry I sort of call them like angry breasts.

Right? So we don't, you know, wearing bras and tight fitting clothing can sometimes be very uncomfortable for these women because there's so much water retention and sensitivity for that woman in in that last sort of 14 days to 16 days of her cycle.

And then you mentioned the androgen dominance. This is something that I think about, but I've never spoken to anybody about. But we're going to talk about it today, which is everything that I hear, you know, having spoken to a lot of people about menopause and just listening to a lot of lectures and stuff, it's always about estrogen dominance and it's kind of like there's one size fits all.

And there's no surprise when you go to the the endocrinologist or doctor clinical experience, everything is one size fits all. It's like, here's what's wrong with women. Too much estrogen.

Mm hmm. Well, fena typically. Right? It's like, what's the what's the hormone for women? It's estrogen. It's like, well, testosterone is actually we have more testosterone than we have estrogen.

And I would say when you look at men, we are seeing an estrogen ization of our beautiful men. And I would say the opposite is true of our women. Right.

We are seeing a I don't know if this is a word I was going to make it up, but like a testosterone ization of women. So we are seeing missed cycles. We are seeing a ligament area where there's a you know, when you sort of look over the course of a calendar year, you should have approximately 12 periods, right?

You should go through 12 menstrual cycles. Someone who is not ovulating regularly, the classic definition is like nine or less periods per year. So we are seeing an obvious story cycles and then we're not seeing enough and ovulation for the women who are listening.

That is the main point of your cycle. The main point of your cycle is not to bleed, even though we all know when we're bleeding. The main point of your cycle is to ovulate and you cannot produce progesterone unless you ovulate.

So for these women and I'm very curious to hear your thoughts on testosterone, because this is a very important topic. But this is, by and large, I see more issues with androgen dominance.

Supplements and androgen dominance

I see more issues with infertility skipped periods and this phenotype of androgen dominance, this sort of male mask analyzation, if you will, of the female body, because we have or like maybe we have poor aromatase or it's just the testosterone is being converted so quickly to DHT or DIHYDROTESTOSTERONE and then the clearance around that as well, like the glucagon addiction might be slow or like it just everything just kind of hangs out for a little bit longer.

So we have more free testosterone. We have you know, we'll get I'm sure you'll talk more about this, but when the insulin levels are high, of course, you're going to also have free testosterone levels are high because of a function of that sex hormone binding globulin being lowered.

And this is definitely a big phenomenon, not only because there's more of it, but because what I was you know, what I'd ask you? Nobody is addressing it.

So these are the people that are asking for help because the solutions don't help them. Right? So women are androgen dominant and they're getting more testosterone is, I think, the word you used, right?

Yeah. Industrialization. Let's make better word. Yeah. So as that's happening, going into some clinic, you know, even if folks from as doctor that maybe doesn't deal with this every day, the solutions are on estrogen they take this up. Mm.

That's balance your hormones right. That what needs to be a little bit more specific and we do see that so hormone disruption doesn't just mean estrogen, it means disruption.

And if you if any pathway accelerates, including androgen dominance, it leads to accelerated, exaggerated versions of that bucket and problem. And we are also seeing the same thing.

We're seeing a lot of young women who don't even have a period of crazy cystic acne hair is falling out, you know, crazy mood issues. So it takes I would say of all the stuff that we work on, hormones take the longest to fix, you know, especially in women because there's a monthly cycle there.

You got, you know, there's you got to wait to fix it, right? So with that, androgen dominance is a big problem now and the solutions out there aren't designed for it.

It's like the assumption is you have an estrogen problem where you're fine. Right. Right. Yeah, I would I would agree with that. And I think I'm hoping that discussions like this and summits like this are going to help educate not only the patient, but the practitioners who are also listening to this as well.

Because, you know, a practitioner sort of worth their salt is always going to be listening to conversations like this and lectures like this. And then the other beautiful thing about having conversations like this is now we are also educating our patients as well so that they can sort of be armed with some information to have these dialogs with their PCP, with their primary care practitioner and, and, and go on a journey of exploration together.

You know, for sure. So, you know, when we talk about perimenopause, all the one of the major questions we get, almost every woman ask the same question, which is are on HRT and should I be doing it?

Somebody told me to do it. And we do see that. And I think personalization is key. You were saying that earlier. What where do you see the line? Like who actually needs this intervention?

Yeah, this is a good this is a good question. This is probably the top question that I get as well. It's like, what do you think of HRT and should I take and how should I or HRT be HRT versus later? So I would say this first.

It goes without saying that there is an extraordinary amount of variation of bio individuality here. So everything that's going to come out of my mouth after this sentence, just know that this may or may not apply to you like I'm your doctor.

I am a doctor, but I'm not your doctor kind of thing. Right. So I can tell you from my own clinical experience that before we think about HRT, first we want to have an understanding of our blueprint. So first, I do like to have an understanding of their genetic tendencies, right?

So this is where the DNA company comes in. The second piece to it is all of the things that we've been talking about up until this point. If you can manage your stress, if you can augment your movement protocol so that you're

lifting more weight.

By the way, I didn't mention this, but lifting weights actually has been shown to also positively influence that progesterone to estrogen balance in that luteal phase of the cycle as well.

So if we are, you know, we're changing and modifying that movement program a little bit. Maybe you get on some natural supplements like we were talking about for some chronic stress.

And even after that, you are still miserable. We might now look at augmenting or optimizing liver detox information like what are the pathways, let's say, for E for even for estrogen metabolism.

Do you typically favor one pathway over the other? How can we, you know, improve and optimize the different phases of detoxification? And without boring people, there are three main phases.

We have hydroxylase doing conjugation and then elimination, but there are ways that you can work that. So you may increase your consumption of green leafy vegetables, or you may supplement or just naturally take in your diet things that have more DNA or methane or for fans which are going to help with those sort of one and two phase one and phase two of of detox, you may find a local sauna or invest in a sauna or a sauna blanket or something like that, where we are, we are looking at purging from the among trees.

So when you're thinking about sauna, of course, where we're sweating through the skin, hydrate like, you know, hydrating where we are eliminating through the kidneys, let's say, and then of course, elimination through the stool as well.

So we might look at that. And then if you're still after, you know, kind of looking at the liver and looking at the gut, I remember when I interviewed Dr.

Robert Lustig, his sort of quote, you know, for most diseases, protect the liver and feed the gut. So I thought that that was very I thought that that was very cheeky.

And it's actually a very simple, elegant, simple statement. But it does inform a lot of clinical practice, or at least the way that I think. So even after that, if the woman's like, I'm still miserable, then we can then we can open up the conversation around bioidentical hormones.

And the one that I would probably start with is progesterone, because we know that in most women it does decrease. And then just reintroducing that maybe in a cream form, certainly again, and you know, you can get the you know, you can get progesterone cream, honestly, you can buy from Amazon like you can buy it. You can go to a compounding pharmacy, you can get it in most natural health foods.

Like you can get it kind of anywhere you do need to be working with a practitioner who is monitoring your labs while you are doing this right. So you do need to be watching.

You can't just sort of order it on Amazon and start slathering it and then like hope for the best. Right? This does need to be done in conjunction with the PCP, but I do like to start generally as a general comment.

I do like to start with progesterone cream. It often helps with sleep. It often helps take a like. Women will say that it helps take the edge off. Whereas a lot of a lot of comments that I hear from women that I work with and even just for my community, is that they might say something along the lines of I used to be able to deal with a lot.

And now one thing will set me off like someone didn't someone didn't close the the cupboard the way that I liked and then I just lost it right? So having some progesterone is going to be very calming to the system.

It does activate inhibitory neurotransmitters, GABA being one of them to help with sleep to help, just help the frontal lobe really kind of come online a little bit.

So we're not so limbic in nature. We're not feeling so raw and tender all the time. So that's probably where I would start. And then we and then we might go from there.

Okay. And there's some women that so we have these conversations where it's like either because they maybe are estrogen toxic and we're saying let's avoid fueling that, or they're being, you know, there's something that we don't think they need it, just like you're saying.

Then there's questions like, Well, I heard estrogen is good for my heart and I heard it's good for my bones and it's good for my skin. It's going to keep you young.

So if it's not, there be HRT. I understood what you said about liver and gut, and that makes a lot of sense to me because if your liver is healthy, that means you don't have the toxic substrates in your blood to cause the inflammation, correct?

Correct. Yeah. What are the easy habits for people that say I still want, you know, because for women, heart disease is a big one even, you know, when it comes to breast cancer, the majority of women that have breast cancer actually die from heart disease, not the cancer itself.

So the inflammatory fuel goes everywhere. Brain health, bone health. What can be done other than HRT?

When HRT makes sense

I am a big I'm again stating my bias lift heavy shit but if you lift if you are lifting heavy weights and so whatever heavy means for you where we are moving the muscle very close to muscle failure, one of the things that that does in the reparative process because your muscle muscles grow when you're resting, is that you're going to actually recruit and create.

So testosterone is very famous for libido, but the more muscle mass that you have, the more natural testosterone and estrogen that you will require to maintain those muscles.

So when we are weight training, we are naturally going to be increasing testosterone and estrogen secretion for somewhere between 24 to 48 hours after the mechanical stimulus, like after you've gone to the gym.

And so you can sort of build that out in your head and you say, okay, so if I have a if I have a weightlifting session on Monday, somewhere between Tuesday and Wednesday, I'm going to start to see that those I'm going to have this increase in testosterone in T and E for, you know, a day to two days.

So maybe I should get back in the gym on Wednesday and do another lift. Right. So then you have this natural spike again of these sex hormones that are anabolic to to muscle tissue.

And so that is actually going to relieve at least I've seen this clinically when we've had women who it's it's usually this sort of triad. It's like a very driven woman. She's over.

She's doing too much cardio, she's fasting too aggressively. And maybe she's she's been living on a calorically restricted. She's been overly restricting her calories for a long time.

And typically, the number that, you know, when we actually get to the sort of bones of it, you know, a woman is having somewhere around 1100 to 1200 calories a day, which is, you know, transiently.

Let's say if you're preparing for a photo shoot or, you know, something, maybe you can get down to that. But if you've been following that level of caloric intake for five years, ten years, 20 years, like you've had something called metabolic adaptation where your metabolism has slowed down your GI, like your digestive system has slowed because it's trying to get every little last morsel of substrate from the foods that you're eating your even the caloric burn, let's say, at, at the gym, whatever it is that you're doing, is going to be lower as well your hunger levels are going to be much higher.

So that sort of adaptive response, like you have nowhere to go from there, like you, how much lower can you go than 1200? You know, I would even say at that point, you're you know, if that's the caloric intake that you've been consuming for five years, ten years, whatever it is, you know, you're you're probably also sacrificing muscle tissue there as well.

So this is a long winded answer to have to say, you know, if you are looking to avoid bioidentical, which is, you know, I'm I'm not against like when it's time for me, like I regularly look at my own labs and when it's time for me to start taking progesterone, let's say I will.

I'm going to be the first person adding it to my cart on Amazon. But I've been able to keep my progesterone levels in a very healthy range, like somewhere around ten nanograms per milliliter, which is a very healthy, sort of optimal range, let's say, forever.

So I don't really need it at this point, but when I do, maybe in a couple of years and who knows, like maybe I'm going to fall off a cliff, you know? So I live next year.

Like I'm, I'm, I'm all for that because I have mastered the foundational basics. And so I what would love for every woman here that's either in her thirties and she started to think about this or she's like in the throes of menopause and it just feels like hell on earth is for her to start thinking about what are some of the ways, what are some of the levers that I have available to me right now?

Right. So that could be bodyweight squats, bodyweight push ups, bodyweight lunges. Like you don't need to be a member of a gym, but if you're able to be a member of a gym, you know, you can sort of progress through sort of heavier weights and different machines and things.

And then what are some of the nutritional levers that I can pull? Can I move from maybe counting my ten grapes and the two almonds? Can I move to thinking about protein rich, you know, good quality protein sources?

And so for me, currently based on the literature that is animal proteins and I'm sorry if that upsets everybody, but I would say that animal proteins in general have the full complement of amino acids.

You don't have to be a chemist to make sure that you're getting the full complement of amino acids in your diet, much more bioavailable. And you don't need to consume as many calories in order to sort of get the muscle protein, you know, stimulatory effect that you might with plant proteins.

So I will say that you can get there with plant protein. So you can have the the pea protein and you can have plant foods that are that are higher in protein.

But you are typically going to need to consume more calories in order to give yourself sort of the the equivalent of bioavailability that you might find in like a whey protein powder.

You know, if you're saying like whey protein versus pea protein, let's say, and there's been some studies that have that have tried to challenge that.

And as of this recording have come up short. So I'm I'm always open to changing my mind. Like if the if there is a well-done study with no confounding variables, like giving both groups creatine or something like that, like if there's a, if there's a well-done study that can demonstrably show that plant proteins are equivalent, I will change my opinion.

But as of today, when we are recording this, it is my opinion based on what I've read and my clinical experience, that animal proteins are superior at this point.

So in your defense. We I as I duck someone's going to throw tomato at me now. Yeah. We when we look at things from the genetic perspective, we find that the genetics of what you need to produce the enzymes to break down your peas, lentils, legumes, like your protein sources.

And people aren't doing well there. And so there's bloating that happens where people just think they're full and they all satiety. The stuff is amazing.

I'm not hungry, you know, here's a bloated, you know, because you don't have the enzyme. So you could add the enzymes, arguably, but you just, you know, given that, you know, that your body wasn't set up for that as your pea protein source.

Right. So so the other thing I'll add into that as well, if you are someone, let's say you're vegetarian or vegan, you're probably also not getting collagen.

So we haven't talked about collagen because it's not anabolic to tissue. But from a vanity perspective, if we if I can sell you on animals, I'll go with the vanity clause.

You know, this is really important for skin, right? So the will say plumpness and tightness of the skin. It's important for strong nails. So a lot of women in you know if your I see this all the time with vegetarians where their nails break off like they're not well either get sort of rigging on the nail or they very easily break the nail off or their hair falls out as well.

So if you want sort of a shiny, thick hair, let's say, you know, plump skin and strong nails. The other thing that an animal diet or animal based diet can afford you is the access to collagen.

I can certainly supplement with that as well, but I am of the opinion that the less that you can supplement, the better. Like there are supplements. But I always prefer you just sort of get it from whole food sources first and then the supplements like their name suggests supplement kind of the kind of the foundation.

Yeah. Do things right in the first place and reduce the need to supplement. You know we're seeing more and more that it was like I remember five years ago it was all supplements, right?

Foundations before hormones and protein priorities

And it's like everybody's learning like I can get it from my food. There's also better sources. Food was difficult, you know, there, but there's more purveyors of good stuff now.

It's easier to get in all cities. So, you know, in hearing all this, some people will say, well, I need to know more. How do I work with Stephanie? And I know that you train clinicians versions for all of you for many reasons, not just training, but also business development, all sorts of stuff.

And I see your book behind you there also, by the way. Yes, she is right there. Yeah, it's subtle right there. It is. That what the book is about? Yeah.

Yeah, yeah. So the first sort of free information that I put out every week is my podcast, which you have been on. It's called Better with Dr. Stephanie, and I'm speaking to thought leaders in all verticals of health.

So we talk about nutrition, we talk about training, we talk about it's typically female centric, but there is an expansion. Like it's not just for women, it's for women.

And, you know, the people who love them, you know, we talk, you know, we've had discussions around psychedelics, we've had discussions around breathwork as you were as we were talking about sort of prior to recording a stress reduction techniques.

So better with Dr. Stephanie and then the book is called the beauty body. So the fans of better we call them are Bettys. So you can be a male or female, you still a Betty.

And so the Betty body is an exploration of my own story. So I used to really hate my menstrual cycle. It really did feel like a punishment and it outlines my story in terms of how I healed.

And then we go into a lot of the hormonal. So we talk about androgen dominance, we talk about estrogen dominance, we talk about thyroid, and we talk about how we can optimize.

If you're a woman who is still in her fertile years, how we can optimize that cycle through nutrition, through training, we talk about sleep, we talk about sex.

Like all the things, you know, all the things are in there. So the Betty body would be the next piece of it. And if you're a practitioner, I am currently I currently have a certification program where we will go over female centric protocols for for women.

And I so appreciate you and Mindy for for doing a summit like this, because it's we're often forgotten, unfortunately, we're often just kind of an afterthought.

And there's so much literature. I think it's getting better, but it's still not where it needs to be, where women traditionally actually were left out of research because by by way of the menstrual cycle being a confounding variables, it's like, oh, you're too, you know, you're too you fluctuate too much over the month.

We can't we can't control for that and some of the higher caliber, you know, research studies where we're just trying to manipulate one variable, you know, woman is different hormonally over the course of an entire month.

So I think it was in 2017 that the NIH mandated that women are included in studies, but it'll be another ten, you know, 15 years before we really start to see some of that literature come to fruition and really understand the differences between between men and women.

We're not just sort of smaller men with pesky hormones, you know, where we operate differently.

Resources, book, and closing remarks

And I've had people on the show before even talking about we have sexually dimorphic livers like our livers work differently from our male counterparts, you know, in terms of the way that we signal IGF one and you know, you can actually change male to female livers based on how IGF one or growth hormone is is kind of secreted.

So there's a lot of physiological differences between men and women. It's not just the reproductive system, which is obviously, you know, the most obvious, but there are there are other there are other subtleties that.

That, you know, we have all we work on female hormone health needs the most change, radical change. And women already know that. I don't need to remind any first thing here what our medical experience has been, and that's why we put this together.

And again, thank you for being here, because your the information you provide is exactly what women have been screaming from the rooftops, like someone tell me how to navigate all that stuff.

And yeah, so I would highly advise everybody to get the book. Reach out to Stephanie if you want more help. But thank you again for coming. This was awesome.

Thank you so much. I so appreciate. Any time anytime I get to hang out with you is wonderful and I hope that this conversation is valuable to you, to everyone.

For sure. Thank you.