Ep 568: The Intersection of Trauma & Hormones: What Every Woman Needs to Know with Paula Rastrick Transcript

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Podcast Intro and Hormone Sensitivity Overview

Welcome to the Health Fix Podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Hey health junkies on this episode of the health fix podcast, I'm interviewing Paula Rastrick. She's a trauma informed therapist and holy cow has she got a message.

I found her originally on Instagram while I was scrolling through looking for folks talking about hormones and trauma because I keep seeing it happen over and over again.

Clients come in, they want hormones. We start some hormones, I always start low. Often micro dose, get crap from fellow docs about how low I dose people, but here's the thing.

huge nervous system response to hormones because hormones are neuro stimulatory. Nobody's talking about this, but Paula is and I absolutely adore all of her comments because what she says is syncing with what I'm seeing.

Women who don't tolerate hormone replacement or don' even tolerate herbs that are working to stimulate the hormone production have some nervous systems and balances and nervous let's call it issues, for lack of a better term, that we need to work on.

I talk a lot about vagus nerve, I talked a little bit about nervous system regulation, and I've talked about the nervous systems needing to feel safe before we do something.

This phenomenon overlaps into what's going on with chronic illness and why some people cannot recover from chronic things like chronic mold, chronic Lyme, things of that nature.

It's related to past trauma and how the system is wired. Our nervous system is a big deal. We talk about the gut as being foundation. The gut is tied into the nervous systems.

If we don't dial those two in, we are going to have trouble with whatever we're trying to manipulate in the body. If you're struggling with your health and you've really tried all kinds of things and it's not working, this is the podcast for you.

If You've tried hormones and It didn't quite work out for You, you felt frustrated, maybe you just kept bleeding, Maybe certain things happened, This is The Podcast For You.

It's something that I just think is so incredibly important to hear and how hormonally sensitive folks really can struggle. And what's happening is that the nervous system responds to the hormonal shifts.

So if you add hormones in, we're gonna have trouble. Paula's gonna talk all about it in this podcast, but Paula has a book coming out later this year.

This is 2025. It's going to be later on this. The book is called Hormonality Sensitive, A Trauma, and she's to talk about her raw like intimate experience with what happened when she tried hormones with a hormone guru in the UK.

And it's a story that's not one that is uncommon in my world. I hear it over and over again. Here's the thing, if you are struggling with hormone balance, you're struggling PMDD, PCOS, maybe perimenopause, even going through

perimenopause, and maybe you might be on the tail end, but you're still struggling to tolerate hormones, this podcast is for you.

If you have any chronic issues, autoimmune conditions, you are thinking about using hormones and you aren't sure, then this is podcast for your. So you gotta meet Paula Rastrick.

I'm not gonna hesitate anymore, let's get into the podcast and introduce you to Paula. Welcome to the health fix podcast. Hello. Welcome. Thank you for having me.

Oh my goodness I am so excited to have you on because I've been following you in social media perhaps stalking a little bit because your information is so good and I'm passing it to a lot of my clients and saying hey you have to see this this is what is happening to you and what I m talking about is all those hormones and how we're looking at hormones is the panacea the cure-all The one hit wonder, we're gonna have amazing lives.

Everything's gonna go away. It's going to erase our past. We're not going have any issues if we just take hormones.

Why Hormone Prescribing Can Backfire

And I know that that is not the case. Yeah, it's definitely something that we're seeing across social media and have done for a while now but it is not the reality for lot of women and I am very, very sort of strong in terms of fighting back to explain that there are a lot women that are taking hormones that don't understand the nervous system and unfortunately This is leading to side effect or just treatment not working.

But instead of this being recognised by the medical model, it's almost the woman's fault. She's an outlier. It's her issue. That is simply not true. Absolutely.

And that more complex women topic really speaks to my heart because I hear it over and over again from women coming to me office and I'll say over on the podcast that I'm the one that people see when conventional medicine doesn't really work for them and when their doctor just says like, I don't know what to do with you, your case is too complex.

And there is that whiny, whiney woman, complex woman labels. And it makes me so sad because it's not our client's fault. It's misunderstanding of what's going on in the medical model.

Yes, I completely agree with that. In fact, the book that I've written is an argument really against the oversimplification of women's health. when it comes to hormones, in particular, my area is trauma, but the oversimplification, which is now causing harm, right?

So because it's too oversamplified, it is what I call cut and paste Stepford Wives type of prescribing when it comes to hormones and this one size fits all and then when its not working or its going wrong it's like the woman is more difficult, the women is complex, she is the one that's causing the problem and THIS is then leading to medical gaslighting which is leading more trauma which then leads to more stress and women are then being misguided because they're then told will take antidepressants on top of the HRT and and then they take anti-depressants and they're told okay we'll take an anti anxiety.

I'm speaking to women that have been prescribed cocktails of medications because their hormones were not prescribed from a trauma-informed perspective and now they are ending up just going round and round in circles full of medication.

I see the same, and it disgusts me because folks like you and I get somewhat, let's say, abused a little bit in social media and in other places because we're like, hey, you can't just give women a 0.05 estradiol patch and you just can give them 200 milligrams of progesterone and say every single woman's going to fit that.

And unfortunately, with anything that I've seen that happens in the conventional medical model, If things do

become one size fits all, this is the standard protocol.

And I have women microdosing, I've women cutting patches in the slivers, and I will catch a lot of flack from conventional docs and be like, what are you doing?

That is not the Standard of Care. I said, well, your standard of care didn't work, so what's my option? Exactly. And I'm sure you're seeing this on your level with the trauma because trauma does so many things to the body.

And, I am probably saying this in not a very good NLP way, but that's what's coming off the top of my head. I want you to tell us a little bit about your story so that we can kind of weave folks into your mission and how you are helping women right now.

Because it does seem that so may women have had trauma. Yeah. No. I don't think it's uncommon. I think sometimes we have a little bit of a blind spot when we use the word trauma.

The understanding of the words trauma is still potentially misleading. And so the work that I've done is really about understanding the development of nervous system through my own story.

Before menopause was sort of mainstream, if you like, back in 2017 I started to enter into that sort-of perimenopaus stage. I was running a business at the time, I'd just left my career in professional sport and, you know, was I running at 100 miles an hour, which, to be honest with you, has been my lifestyle.

You know push, push push. You know, and I started to experience first heightened anxiety and heightened stress and it was just a friend that said to me, look, have you thought you might be perimenopausal?

And to be honest with you, it wasn't mainstream and i had the mindset, do you know what? I need it fixed. I'm trying to survive. i have a business here.

My marriage is failing. We've just been through so much stress. So I went to a private menopause specialist at the time and she prescribed estrogen and started me on what would be considered a higher dose and 100 mcg patch and so off I go.

Over a period of time I started to feel worse, my anxiety started increasing. It wasn't decreasing, it was increasing! My mood swings were increasing.

Everything was becoming more heightened. So if I was already anxious, imagine turning the dial up, you know, and continuously to highlight her. I went back after three months and I said, I'm not feeling any better.

In fact, i'm feeling worse. And you nothing about perimenopause. At that time, she doubled my estrogen dose. When she double the estrogen does, She added in testosterone.

And then she kept my progesterone cyclically very low, so off I went. So this went on for a very long time, but I started to unravel. Histamine responses, it became a mess.

The histamine response, the heightened inflammation, because you're adding in testosterone on top of estrogen and testosterone converts to estrogen and we don't know how much of that converts for each woman.

So all you're doing is adding more stimulation to a nervous system profile that is already an overstimulated nervous-system profile.

Paulau2019s Trauma and Perimenopause Story

You're increasing excitation, you are increasing that energy, You are pushing the system, my nervous systems outside of its window of tolerance, pushing it up into sympathetic fight-flight, then you're kind of burning that energy so I'm starting to to operate in in heightened fear response a survival response right because obviously I've been

pumped full of excitatory hormones I mean testosterone is an excitory hormone and an inhibitory hormones but it depends on context so again that's the thing that is not understood So I then started to unravel, you know, I've got all this going on, and I had to leave my husband, my child.

I didn't want him to see his mum like that because I grew up in a very volatile, traumatic childhood, so I ended up suicidal and yeah, it wasn't good.

It wasn' good and sort of had go through recovery, had be taken down off the oestrogen and the HRT, all of that stuff. Antidepressants, this stuff, was in bad way.

And it was only afterwards, after all of that, that I started to think, you know what, something's not right here. What happened to me? And COVID came along, which made my life easier because the world shut down, and it gave me time to sort of breathe.

And then I start to map things out. I've started thinking, I had a traumatic childhood, started looking at the research in ACEs, in adverse childhood experiences.

So then I started to map out, okay, so I had problems with my periods, verging on PMDD. So I'm like, Okay, my OCD, My binge eating, alcohol, addictions.

I mean, I've done it all, you know, this is kind of not realized coming from my childhood, how that's gone into puberty. Then I got to postnatal depression.

So I had post-natal depression. Then I've charted to perimenopause. So what I have done is I kind of started from the womb. I started looking at how does this start from my womb?

So, I'm in my mum's womb, how is her profile passed to me? Yeah, because she's in a very abusive narcissistic relationship with my father. so I am born into the world and what i call more sensitive.

And I arrive into this world with a more-sensitive nervous system. And then you have these genetic and epigenetic changes to the nervous system that continue throughout life.

And I just don't think we've even understood the significance of the Nervous System and how childhood experiences and early life stress, dysregulate the Nervious System, multiple variables.

We've ended up not understanding that that's what causes a lot of symptoms. Absolutely. Your story is so common. You know, different flavors of different things, but so many women have gone through different thing, especially around the PMDD.

So for those of you guys who are like, what is PMD? That is literally premenopausal dysphoric disorder. One of my clients that experienced this kind of is one of them that really set this off to me realizing that there is a lot more work that has to be done before you even give someone a hormone.

To be able to make sure you're not going to push someone into a suicidal state. I can't say how many women have come to me and been like, you know, doc, I don't know what's wrong, the hormones aren't working, and the doc keeps pushing my level up and up.

Where you said 100 micrograms, double that is the max-max that for conventional hormone administration, that's the maximum. It's insane to think what that would do to someone.

And I think that in most intakes, these questions are even being asked about what was your period like before. No. There was never any talk to me about anything to do with my history.

That is a fatal mistake in my opinion. I was still cycling and eventually what happened was unfortunately I started to bleed and then I start to flood and they thought I had womb hyperplasia because I'm flooding everywhere.

Now that is the sign of too much estrogen. I mean, that is it. It is too much estrogen, you know? And yet women are being told in the UK a bit of bleeding is normal.

it's not normal for some women and to dismiss that as being just normal is causing women to have to surgery. which could have been prevented had we understood that it's a neuro-endocrine.

It staggers me that we don't understand the womb and the brain. You know, we were having women that are having surgery not understanding that its a nervous system issue as well as a…

And it is tragic really. Its really tragic. I absolutely agree. One of the things that's the theme and this comes with naturopathic medicine we have these terms for the adrenals and it used to be called adrenal fatigue but I tend to call it you know more adrenal insufficiency and really where I've kind of come to and this is what it seems where you're probably going with the nervous system here and I'd love to hear your take and kind how you would speak to people on this.

I tell folks we're switching fuel from ovaries over to the adrenals. And if we switch the fuel to some adrenal glands that are already in fight or flight, because they're used to go go, push push, there's nothing left.

What are we going to do? So I'd love to hear like, is that how you kind of similarly explain to folks what's, how's your explanation of how things play out with the adrenals in the nervous system?

Well, I mean, one of the things that the mechanisms, in the book I've got quite a few different primary mechanisms that we have overlooked. One of them is the understanding of HPA axis and the stress response and survival.

Listen, if your HPA axis, your stress response is dysregulated, If you're pumping out more excitation, cortisol, adrenaline, all of that, this will just override and shut down any form of reproduction process anyway, because that's how the nervous system is designed so if you're operating in in kind of high functioning anxiety which is what i think a lot of women are operating and have done like me their whole life right not really understanding that until you get to perimenopause and it's a huge crash you already depleted your nervous do this anymore.

I'm done. And unless you start to listen to me. Unless you listen. No amount of pumping yourself full of hormones without understanding survival responses and adrenal fatigue and higher excitation and adrenaline and cortisol.

It's just patching. One of my things is you can't You just can't put a patch over trauma. And one of the biggest mistakes that's happening in the UK is that when we get to perimenopause, which is typically a low progesterone state, not a lower estrogen state.

I mean, that is a whole different conversation. We've managed to get this muddled up, but we have. Where doctors on social media will talk about estrogen.

in perimenopause that is not correct you know it's not an estrogen deficiency state so if you start pumping yourself full of the wrong ratio of estrogen all you're going to do is push up cortisol you are going push-up your cortisol and then we're gonna round in this horrible loop of burnout fatigue and trying to keep the system push push It amazes me that we don't understand the nervous system.

I don' understand how you can prescribe without understanding trauma and the Nervous System. Not individually. You can do a cut and paste response, which is what's happening, isn't it?

Everyone gets the same treatment pretty much. And that's why we've got so many women now who are having side effects and it's not working. Spending years of their life tweaking doses.

It's crazy stuff crazy crazy staff I don't know how we've got to not even understand as you say the basics because surely it is the Basics I'm just a layperson and I understand the basic but I think women are being brainwashed because they're They're almost being sold a dream that in reality is a lot more complex than what it's being made out.

I couldn't agree more I couldn't agree more. You know, we are being sold this, like, hormones are the panacea, they'll fix all your issues, you'll lose weight, feel amazing, your skin's gonna look great, slap that stuff everywhere, take a bath in it.

And sadly, it makes it harder for the women. But then we're looking at trying to tease this out and getting the proper care for the women that are struggling.

Because I don't know if this is common in the UK, it's common the US. If the antidepressants don' work and the anti-anxieties don work, now we are moving on to ADHD meds.

And it is a hot thing right now, is the ADHD. ADHD is, so, right, its a very complex subject and so I have been diagnosed with ADHD Okay, so from a medical perspective I am ADHD.

Now in my book what I talk about is deconstructing labels in order to understand that we're all individual when it comes to nervous system profiles. However, and there's no, ADHD is very much, has a heritable research, right?

So I reckon my dad was, but there is no gene, there no one gene set that says you're ADHD, it isn't, okay? There's multiple genes, you know, as you from, so we can't say, well, this is an ADHD brain.

What I'm kind of arguing about is that if we were to look back in history and we would look at evolution, We would all have different brains for different reasons, right?

Because we'd have to survive as a tribe. Because when you're in the hunter-gatherer days, you know, someone like me, for example, would have had heritable traits of ADHD, what we call, because I'm more hyper-attuned to the environment, I am more aware, more dopamine-seeking, and more adventurous.

I might go and seek new land. Yet, we would be surviving because of these different brain.

Nervous System, HPA Axis, and Hormone Response

then you're gonna have different brains that stay back, more cautious, I don't believe it's a disorder, i believe its an evolutionary, biological, brains, that we've been carried forwards, and, this is gonna sound controversial, the labelling that comes from psychiatry and the diagnostic standard manual is driven by pharmaceuticals.

And they have to prescribe based on tick box exercises. But when you start looking at ADHD profiles, nervous system profiles highly sensitive people, nerve system, profiles autism, neurodivergence, then you stop looking complex trauma from from early life stress complex.

It's all crossing. I mean, I don't know. This is my argument. How we're distinguishing these labels. telling me, yes, I have behaviour traits of a complex trauma survivor.

I do zone out. If I'm not interested in something, there's my deficit, apparently, but then I am equally hyper-focused when I want to have a conversation.

So it's not a disorder. It's a very highly creative brain that is able to sense patterns and I will not pay attention if you bore me. I'm it's kind of like the brain, you know, because we're not all the same.

And I just find it fascinating because what we do know right is that women that have been diagnosed with ADHD, autism, highly sensitive people and complex trauma, which is what my book's about any of these have heightened sensitivity to hormonal changes.

So when you look, and I'm calling it, I've put it under an umbrella of sensitivity, right? So I am trying to kind of strip back labels and say, you know, some women are more sensitive to hormone changes, when we look at the research, if you start joining it up, These are the same women, they are women with nervous system sensitivity, They are woman with heightened stress sensitivity.

Women with heightened sensory sensitivity Everything comes under rejection sensitivity You'll see it's all converging but no one's joined the dots Does that make sense?

It's kind of all siloed off into labels I don't believe the labels are right, I believe it is the nervous profile PMDD is heightened sensitivity to hormonal changes, but it's heightened nervous system sensitivity.

Yes, not heightened hormone sensitivity… Yes. But it is not the hormones. It's the changes in the hormone. Its the way that the nervous systems is interacting with the hormones.

And, you know, we can go very deep into it. For example, some women will say, and I don't know if you've heard this, that they are more progesterone sensitive.

Right. So when we look at that, this is why you can't treat every woman the same. And this why we have a problem with not understanding the nervous system in my opinion.

Because we start to look, why is that? Well when you start really deep dive into it. You start looking at GABA receptors, you look into the Nervous system.

Things like trauma can impact receptors. And if you dose progesterone, which converts to allopregnanolone… Progestermone converts into a neurosteroid called allo-preg-nan-ol-one.

And this is an anti-anxiety, anti inflammatory neurosteroid. It's probably the most underrated. No one really talks about it. But progesterone converts to that, right?

Now, if that progesterone meets a GABA receptor or a receptor, not just GABAA, and it's blocked, for example, because the receptor is blocked by trauma, or it is dysregulated, it doesn't convert properly.

Women can have a sort of paradoxical effect, but it isn't necessarily to the progeterones. It's the way the nervous system has been shaped. And we don't understand epigenetics.

So we're kind of just going along the lines of, oh, it's a progesterone problem, or it is an estrogen problem. These are not primary drivers of the nervous system.

They are neuromodulators. they assist the nerve system, they are NOT the primary. And I think, unfortunately, we've been kind-of solved this idea that, for example, estrogen is the queen of brain.

Well, its not, because estrogen IS a male hormone as well. So it's, you know, that kind of old marketing of estrogen is the the elixir of beauty and youth and we're kind regurgitating it back, but just repackaging it in a different way.

You're so right on there. Absolutely. Yeah. We're putting lipstick on on a pig. We're making it look, we're kind of going backwards. And for people that push against me, they don't see that because the marketing is strong, right?

But believe me. Trust me we going backward. We going back. But we packaging it in a new way that makes like we are going forward. When you really understand the nervous system from a trauma-informed lens, that's all I can talk about because I'm not a neuroscientist.

And people say that to me, you know, it's like, You're not in neurosciences. I say, well, your not trauma informed. So where does it start and begin and end?

Like, who's got all the answers? No one. There's no one profession. The medical system doesn't have the answer because they don't understand trauma and they Don't Understand the Nervous System.

My push back to that is it is biopsychosocial. We don' understand that it's not just a biology, we're dealing with We're dealing with our experiences, our psyche, are nervous systems, they're wired.

It doesn't make sense to me that we just kind of treat everyone with levels. it's like you're just a static robot and here's some testosterone and that's going to increase your libido.

Its crazy that it has been that simplified that I think we have more problems now because it is being oversimplified. its more of a mess and its messy to unpick it because Voices like mine get pushed back.

Yeah. If you don't follow the mainstream narrative, you will get pushback. I've been pushedback, and it's a bummer and that's why I'm here to make sure the voices get out because I want everyone to hear that it isn't all sunshine and roses with hormones and many people who are listening to this podcast probably have noticed that.

of clients that can say that. You know, one of the places that really all of trauma informed therapists out there can really help is helping folks to look at, alright, how do I make peace with the trauma?

How do help my nervous system not be as hypersensitive? to it, how do we help heal this? So I would love to hear. I know you've got a step, a multi-step method, and of course my brain is kind of going to the brain, yes, the Brain-Body Method.

But the Braing-body Method is fascinating to me in terms of the multi step process that you're walking people through to really reduce this sensitivity.

I think first of all the reason that I've kind of integrated different approaches is just based purely on I like evidence, I liked science, you know, like I worked in professional sport so I'm used to sort of working within elite kind of environments where, you know, men's sport.

I worked in professional football. And a lot of my work comes from that because I would be involved in pain science. So I'd be looking at the brain and body connection.

What I've done is amalgamated lots of different things and then the understanding of what I'm saying is hormonal sensitivity based on the research that I have looked at and joined up.

Yes, we need far more research. It's not a definitive thing. You know it's growing and evolving, isn't it? When you look at some of the things that I am integrating within the work that i do, one of them that, I'll talk about first of all, is EMDR.

So EM DR is a trauma therapy and it's a way of reprocessing trauma. Okay, so eye movement desensitation. So that is evidence based. So we've got good evidence that that helps.

And it doesn't help everyone. Some people will report it. But I personally, I quite like somatics. I like the body stuff. This is why I kind of integrated brain and body.

From a nervous system perspective, where I think we need to start integrating is heart rate variability training. Cool. So when I worked in professional sport, this would be something we would looking at, right?

So if you've got a player who's injury prone or has, they would wearing a vest, a monitor, and so what would happen is they'd come off training, okay?

And you'd have your data and the data would say this player's in the red zone, which means that player is pushing outside of his window of tolerance. We know that that system, that nervous system is stretched, it's the in reds zone.

That makes him more injury-prone. We know that from pain science. So what do you do with that player because you've got a massive game on Saturday? So, what you, do is you rest and recover the player to increase his capacity, his window of tolerance to go back out to perform on saturday.

You don't push against the system because the, system is built on balance, isn't it? Rest and digest, rest, and,

recover and then push right so everything works in balance the whole world works into forces you know so the system is the same in simplistic terms and when you look at the science heart rate variability and vagal tone the vagus nerve that is evidence starting to become evidenced in hormonal sensitivity no one talks about it right.

So what we're really looking at is to improve Increase the capacity of the nervous system just like you train your muscles. You want to train Your nervous System now by expanding your nervous.

System. you're able to cope with stress better, but you are We're coping more with hormonal changes because hormonial changes are internal stresses. They are external stresses to the system, right?

If you've got a very small window of tolerance, people with a trauma background, neurodivergence as well, tend to have a narrow window stress tolerance.

ADHD, Sensitivity, and Trauma Links

You have lower vagal tone. and you have lower HRV, you are struggling to regulate the nervous system under pressure when it comes to hormonal changes.

That is a whole different concept to what we're being told, which is you need to add your hormones back in. I'm arguing you to increase your nervous-system capacity to handle the stress because you're not handling it.

I wasn't. It's almost a completely different way of looking at it because it's not your hormones that drive the symptoms. to handle the fluctuations of those hormones and that's why some women get HRT and it doesn't work or it makes things worse because what they're doing is they are saying well your levels of hormones we need to be careful with levels Because levels measured from blood don't tell you what's happening in the nervous system.

They don' t tell what is happening with the brain. We don t know how well you are metabolising those hormones and excreting them out of the body. My argument is that a lot of women have higher estrogen ratios.

higher estrogen ratios already. Does that make sense? And this is where the non-medical community would say they call it estrogen dominance, right? But it's been, you know, it gets pushed back.

I don't call the estrogen dominants, but I can tell you now from the research I've looked at and the dots I joined up, It's a strong argument to suggest that some women, in fact a lot of women already have higher ratios of estrogen.

You'll see that in endometriosis, you'll that that polycystic ovary because the nervous system is running on higher ratio of stimulatory hormones, adrenaline and estrogen fits under that side.

And it's just not being recognized. And that is crazy to me. It seems wild. I will definitely agree with you 100% on that because when I do test cortisol and I a saliva test, I can see a lot of what's going on.

We can test the cortisol in blood too, but I like to see the saliva. But I also like compare it to the urine metabolites. Yeah, that's where it's like you can get quite a big like, oh, okay.

But here's the thing. You'd almost have to test every single day to be able to see what exactly is going on. And that that one of the problems and so what I'm doing in the book is trying to equates symptoms, what we're calling symptoms to nervous system states and nervous-system profiles which then starts to help you understand why have I got heightened anxiety or why I've got this sympathetic arousal?

What is the body telling me? Why am I higher in histamine? Because it's inflammation, right? And this is a problem that I have as well and I know we are kind of jumping but if you've higher inflammation profile which comes starts way back in childhood not at menopause right so you've been you been going through changes nervous system epigenetic changes but you started life prior to puberty with a higher higher excitation in the nervous When you get to perimenopause and then you're told you need more estrogen, you NEED more estrogen, well that's not correct because too much estrogen is inflammatory.

No one is saying estrogen IS inflammatory, they're all saying estrogene is anti-inflammatory. It's only anti-inflammatory in the context of the whole nervous system.

You can't just pick a hormone out and go, look, this is anti inflammatory for every single woman on the planet. Estrogen is just one chemical within hundreds of…

So, to simplify it to the point and say, estrogen is an antiinflammatary, it's anti only inflammatory within the contexts of individuals nervous systems profile.

And for a lot of women, too much estrogen is inflammatory, and that is not a good thing. And yet we're kind of telling everyone that it's always anti-inflammatory.

I don't know if that's the messaging that you're sort of seeing. Exactly. And this is the other, it's just this kind of like, this, kind, of that's not, you know, I mean, no way am I, your medical, You know.

It's the oversimplification, isn't it? And for me, we have the research, right? We know okay, that women like me women who have had what I'm calling adverse childhood experiences, but again even that's been expanded now.

So we need to move away from sort of what is an adverse child experience. We've got the research, all neuroendocrine issues are underpinned with trauma research.

Done. End of. They are, right? But no one's talking about that. What is that mechanism? And I am telling you that I believe it's the nervous system. It's the nervous system, why these women like me struggle more with these hormonal changes.

And when we look at the research, PMDD underpinned by emotional trauma. Now I also believe, this is just me, I believe that there's links between growing up with parents who were emotionally unavailable or emotionally dysregulated themselves.

So my father would have an unrecognised what we would call an ADHD profile. Along with that came alcoholism, along with came domestic violence, and along came narcissism.

And I believe there's a link. I BELIEVE that narcissistic profiles, I'm talking about not narcissists Traits, we've all got narcissists. I'm talking about dysregulated, emotionally unavailable, parenting the parent, having to cope with their emotional dysregation, like me.

i believe there's a huge link that's being missed, which is combining narcissistic parenting, emotional unavailable parents, emotion cold parents. Childhood trauma, nervous system dysreculation, and neurodivergence.

I can totally see it in the clients I'm thinking about, the folks I've asked about their history and parents and how childhood was and when you have a model of a parent that's not regulated, of course you're not going to develop a regulated nervous system.

Your environment, so for me the environment is unpredictable, our nervous systems are wired for safety. End of. So survival comes before reproduction.

So your nervous system from the womb up until puberty is being wired for survival and safety. Not reproduction! Reproductive hormones surge at puberty.

Well you've already got a blueprint of a nervous profile here which is why I believe that risks for depression in females starts at pubity. not menopause, right?

So if we don't understand the neurodevelopmental years, how will we… We're almost starting in the middle, aren't we? We were almost kind of like going, well, here, midlife.

Well, it didn't start in mid-life, It started way back in The Womb. It's a trajectory. it's story. Its a nervous system story, not just, oh, everyone arrives at perimenopausal and all of a sudden we're all the same and and we are all kind stepford wives and robots.

You know, I mean, i'm big into, you know personalities and psyches and all of that. That's all in my book. But there's no conversation about any of this, is it?

It's just about your hormone levels are low and so we need to top you up. Off you go. Exactly. I mean, it's exactly how it is. And that's how we were taught, really.

Honestly, the truth is most of us weren't even taught in school. We had to go to advanced training to be even like a weekend conference to learn What to do here, you know, unless you've taken advanced training and I can I've taking advanced Training and yes in the naturopathic realm After I got out of school because it wasn't talked about when I was in school I really don't like barely remember any vegas nerve conversations in School and granted I graduated in 2007. So it's, you know, we're almost 20 years past.

But the point that I want folks to hear is like most of your docs, nobody to like, We haven't talked about the nervous system. This is new. We didn't talk about trauma, other than, the big T's I'm going to call it.

Yeah, someone developing you know, little tease in response to how they responded to certain things. Yeah, because attachment. So, I mean, we could go on.

I, mean it's just something I could talk about all day, but attachment, okay? So when you start looking at the biology of attachment there's a lot of sort of, you, know understanding of Attachment later in life.

so you have this attachment style, You've got anxious attachment-style. You are an avoidant attachment stuff, all of that stuff. Go back, go back. Your attachment starts with your nervous system co-regulation with you parent.

Naturally, your primary caregiver, which in this instance we're going to say is the mother, okay? I had no attachment to my mum. Now, the nervous is developing through nervous to nervous, right?

And we've now got the evidence, again, no one talks about this, emerging traumatic births.

Brain-Body Method and Nervous System Training

So if I come into the world in a traumatic way, or seps delivery for example which isn't that can create epigenetic changes which causes my nervous system to become more stress sensitive you know and it's like then if i have then my primary caregiver my mum who has postnatal depression so it is not blaming parents this is You know she's in an abusive relationship, right?

Me and my mum don't bond because she is not holding me. She's not with me, she isn't co-regulating me she not well. I'm left to survive because I don' have that touch.

I don't have that. Your nervous system is developing through attachment and it's learning pre-verbal. Does this feel safe? Because that's, I always try to liken it to like, if you get a puppy, they don' take the puppy away from the mum for the first eight to 10 weeks.

That's because the puppies regulating from mum. And yet we have procedures where the mum, it happened to me, I had a traumatic birth with my son, we're then separated and they take the baby away, right?

I then get the Baby back. I'm in a bad state because it was a triadic birth. That's why one of the reasons I have postnatal depression. I can't. All of my past traumas coming up about my own attachment with my mother, I'm not a good enough mum, i'm never going to be good.

You know all this is coming back up in my system because that's the reality. Trauma comes back at these

vulnerable times. Then you're reliving a lot of that trauma right and we just don't understand how that happens and if we were to start looking at it from a nervous system development we could probably catch young people like me before we get depression and especially girls before they start cycling because your hormonal cycles after puberty will if on a dysregulated nervous can cause things like addiction OCD this is all my cycles right OCD, addiction, binge eating.

This is because hormonal changes and fluctuations are disturbing my mood and my cognition and behaviour. Stuff like that. If you don't join it up, how are we going to treat?

To get to midlife and start to try to dose people full of hormones when you do not understand their nervous system profile, to me is verging on, well, the stories that I've got is negligence, to be honest with you.

I agree. Absolutely agree! I was taught to treat the whole person, and the person includes the nervous system. And I'm seeing it as crucial for care for anyone, you know, hormones, but also all the other things.

Yep, autoimmune diseases, pain. In my book, I've kind of linked together sort of conditions that we treat separately, right? So, you know, mast cell activation, POTS, You'll see these in neurodivergent communities.

You will see them talking about histamine intolerance. This is a nervous system profile. They're not isolated medical conditions. And then you've got women with PMDD.

Actually, no. Women with ADHD have a higher rate of PMDD. That's because of the nervous system. They are not separate. Yeah. I couldn't agree more. It's crazy really when you think about all of the female health conditions, you know, PCOS, endometriosis, women's pain, we know it's all under research, right?

I mean my book talks about the fact that we didn't get researched, and we're too complex to research because of our hormonal cycles. We're difficult. It's difficult, there's too many variables.

But that's no excuse for under-simplifying it, which is the issue that I've got, is simplifying to the point where it's to simplified and it is now causing harm.

So when we look at the research and we looked at heart rate variability training, I believe this is an area that can help women to help themselves. You can access this.

So Vegas nerve training and heart rate variability training. Now, when you look at heartrate variability, training, you can do that through various ways.

To me, it makes sense to strengthen. It's like going to the gym and doing strength training Strength train your nervous system, right? Let's get your Capacity let's Get stronger right so that's what i'm talking about i'M not talking About looking at it from a i need to relax i Need to Relax i needs to calm down that doesn't work what works is stretching your Nervous system capacity and Strengthening your, nervous, system to deal with the everyday shit that you have to go through and Because you're not gonna get rid of the stressors.

Stressors, life is stressful, isn't it? You know, we've got so much stress in our lives. So my argument is you want to increase your capacity to handle stress, right?

So when you look at heart rate variability training, and I'll give you some ideas on that, you can spend money on it, or you could do it without spending too much money.

One of sort of apps that I looked at is called Heart Math. Heart math, so I use heart math. Now, I use heart math because I like data. I liked reports.

So I'd like to look and say I managed to do this and look at my data heart. Math is very good because it's got evidence behind it. It's science driven.

If that's your thing. That's my thing, right? So heart Math. Is a very Good one that I would recommend and you can do 10 minutes a day and that is you working on your nervous system and it is a game changer, even if you just did that alongside.

The other thing you can do, and a lot of people have got this, is they've got watches, haven't they? So they have their sort of HRV, I'm not sure on the data on that.

I've looked at it and I am like it's mixed, it is mixed. So you could definitely look at your Apple watch or you know something like that because they will track HR V, so that's another option.

But you can also look at Vegas Nerve training. So there's multiple things. I mean, yoga, there is, you know, that's kind of one of my things really. If you practice yoga then look people like Dr.

Arielle Schwartz. She's got loads of YouTube videos that are free in which she does Vegas nerve yoga. And to me, she's just amazing. she is one my mentor kind like, just a beautiful person so you can go and look up Dr Ariel Schwartz.

Looking at HRV expansion and training to me is the way forwards because that is now evidenced in hormonal sensitivity. So I'm not just making it up. It's evidenced and I believe that's the next wave of where women should start should Start looking and investigating.

I absolutely agree because telling women to like slow down relax Doesn't work. It doesn't look it's more trauma. Think for some people Yeah, I think this is a really good point and i think This is you know if you've got a profile look i'm a iIm a yogi and imma you Know i've done everything in my life right because iIve always been somebody that high energy, high functioning anxiety, I think it's just the best way to encapsulate.

People will know what I'm talking about, right? Running on higher excitation, burning out, up I get, push push, but burning up, and the older you get the harder it gets, because your nervous system is so thin and your window of tolerance is small that life becomes hard, really hard.

So I I forgot the question now, what's it saying? Yes, if you say to someone, just meditate or calm down. If you've got a very busy brain, like an ADHD brain right, that's constantly on the go, right?

It's really hard to do that and people get frustrated and then they ditch it because they can't get the benefits and they think this is a waste of time and it's not for me, you know?

That is a completely different thing, I think. When you say to somebody, you know, You need to calm down and do some relaxation stuff, it just doesn't work.

You're right, It doesn' work! What people need do is strength training for the nervous system. That's different, that's a whole different psychology, isn't it, than telling somebody, you need to calm down.

I mean, telling a woman to come down is… Sometimes my husband's like, chill out, do you know what I'm mean? Women don't necessarily respond really well.

Obviously, I do meditate and I did do that stuff, but only because I've learnt to do the nervous system stuff first. And I would suggest that you start with the Nervous System HRV training.

No, that's funny you say that about that. Because I mean, yeah, telling a woman to just breathe or chill out. I've tried with many women to do the whole breathing methods and different that and I'm like, no, we need something.

We got to pre-cursors first and HR V's great. I used to a lot and i'm curious what your thoughts are For women who are athletes, I used to do more HRV specific cardio training to work on resilience that way.

Have you worked with folks in that manner? I haven't worked women, to be fair, but I have worked men and

athletes. This is where it all came from. I've been doing this a long time.

It's taken from my work. And I do believe that It depends on your psychology, right? Who's the woman you're dealing with? who is the women in front of you?

Because we've all got intrinsic, you have to be intrinsically motivated, don't you, in order to drive any form of behaviour change. Because really what we're looking at is behavioural change, we are looking implementing more empowerment internally going inside as opposed to keep looking outside on Instagram and being told by you know the woman on instagram in the comment section that you need to increase your dose this is the problem we've got so going internally and starting to understand what's your psyche if your personality is sport and you're an athlete a hundred percent Because that would make sense, wouldn't it?

To train yourself under that kind of… But if you've got a woman who's not sporty and doesn't like exercise, that's no going to work, right? So then you need to drive it towards the woman.

What do you enjoy doing? What is it that drives you? what is motivating you and I think when we get to midlife This is my own experience. Perimenopause can be such a rollercoaster, right?

I'm through that now and I can absolutely tell you the other side is different. It's not that roller coaster, and you'll find, which is what I am going through at the moment, that I'm sort of at the point where I am shedding all of the stuff and I stepping into a new sort-of era, if you like, of who am I?

What's my purpose? what am i here to do? So again, you've got to always think about who is the woman in front of you? What's her drivers? What is her psyche?

Whats her motivation? Once you can tap into that, which is not what the biomedical model does, is it? You're looking at it differently. So in answer to your question is, yes, 100% because they're going to be intrinsically motivated as an athlete.

It's the way they are wired, isn't it. So it's knowing how to play it to the person in front of you, I think. I love your response because it brings us back to empowering ourselves to take action for ourselves versus looking at social media and being like, well, someone so said, this is what I need to do.

We've now, as it kind of coming full circle in our conversation, we have many influencers who a lot of folks are just following willy nilly and giving their power over to this statements.

You know, it's a controversial subject on particularly Instagram. And what I see and what i hear is, and I get it myself, is women coming to me saying, what do I do to fix it?

There's this almost like this culture that's been developed, right? that is coming through social media doctors and influencers, in my opinion, that has kind of falsely led women to believe that this is just a simple quick fix.

Well, I could go on and on. It's not. So, you know, if you've got epigenetics, she's got all of this stuff. That's all in the book.

Social Media Misinformation and Empowered Care

However, because this culture is being driven, quick, fix, Women then turn to, you know, some random stranger on Instagram, right? In the comments section.

And then they'll say, oh you just need more estrogen love or you need just more testosterone. That was a game changer for me. So what happens is that woman then takes the external stuff and inputs it into her nervous system.

It goes wrong horribly. She doesn't understand why it's going wrong. Then she's back on instagram and someone else is telling her know you need to take your estrogen down and add in progesterone now do you see what i'm

saying so now you've got and it's not it it' s actually really scary and crazy how women have been i am going to say very strongly brainwashed into believing that they can take psychoactive hormones and put them in their body and their brain and you're going have the same reaction as you know some random stranger that's on the internet i mean This is the problem we've got.

And people come to me and they're like, yeah, what do I do to fix it? So I've had to change my social media profile and I said, don't come here for a quick fix.

Because I'm not about quick fixes. I am about you, understanding you. So you can empower you in order for you to make the right decisions about YOU. That's a very different philosophy, right?

People don't like it. It's almost like, what? What do you mean? You want me to understand it? Well, how are you going to make changes or inform decisions if you don t understand?

100% 100%. It s crazy because it s not women's fault. And I m not saying it's women. I believe it is not the women I believe the women have been gaslighted and falsely led to believe that you should just do this and you'll be fine and it's leading to a mess.

And women are then being disempowered. There is nothing empowering about some of these social media doctors. They are not empowering women. What they're doing is they are repackaging a 1960s narrative about estrogen, they've repackaged it all to make it more palatable for the year 2025. But underneath that, it's still the same model.

They are feeding off of women who are vulnerable. Yeah, I see it every day and that's why we're here. That is why were here, we are here to help give a different voice, give it a twist and for those who're looking to really empower themselves and take control of their health.

That's why we're here. Paula? I think the thing is that if you're true to yourself, which you are, you can't show up in any other different way. I can show publicly and pretend that I'm a quick fix person because even if I was making millions, I still wouldn't be able to do it.

No, can I live that way? That's how it works. And I hope that we have inspired some folks along the way here to really kind of rethink things and slow down a bit on what we're seeing on social media and think about your own intricacies here with health.

We've got to tell folks how to find you over there at thebrainbodymethod.com. You've gotta tell those social medias. Also, guys, Paul's been talking over and over again about her book, I can talk, Hormonally Sensitive Woman, a Trauma.

It's it's coming out soon. Yeah, hopefully sooner than later. We're gonna push Paula to get it out there Yeah I mean it kind of I've done two versions of it and this second versions had to be done because the the second version will empower women more to Be able to take it to medics.

That's the point I'm trying to make so you are empowered to understand it more So yeah, it'll be worth it, but it will be this year. It definitely will Well, we'll make sure that we put out a big deal on it so that folks can see that as well.

And now on, on social media, you're under your name, correct? Yeah. Mrs. Paula Rastrick. Yeah, okay. This is Paula. That's what it is there. Guys, I'll get the whole spelling R-A-S-T-R-I-C-K.

I will say now Paula's spelled just how you would think. Then we will have it in the show notes at drjkrausnd.com. Gosh. Paula, so many things I could talk to you for hours and I definitely look forward to getting that book out and bringing you back on so we can talk through some more things for folks because I think this is just the tip of the iceberg as we explore the nervous system more and folks are really starting to understand that connection of how much the Nervous System really does impact them.

Thank you so much again for coming on. Thank you. Thank It goes either way, they go hand in hand, but don't miss out on getting some fabulous information from Paula.

Thanks for listening. Hey there, before you go, make sure you over to TheBrainBodyMethod.com and sign up for Paula's email list. Here's why. She has fabulous information.

You can also find out when her book is coming out as well. If you've got a dysregulated nervous system and you're not tolerating hormones, she is the gal to get some information from.

Not only that, if you are thinking about using hormones you definitely want to stay on top of what Paula has to say. Alright, thanks for watching. Hey fellow health junkie, thanks for listening to the health fix podcast.

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