Introduction and Dr. Jen's Background

Another low-hanging fruit is controlling stress because if we have high stress, that is going to increase cortisol. That is going to deplete your progesterone too if you're stressed all the time or say, you know, you're fasting in the wrong part of your cycle.

There's a lot of these things. And honestly, women in perimenopause, it's that age where, you know, they might have a career that they're working on. They have kids.

They have a husband. They have aging parents. This is Doctor Talks. Hello, everyone, and welcome to the IQ Podcast, where you can gain insights into your vision health, your brain health, and your overall wellness, and raise your IQ.

I'm your host, Dr. Rani Banik, America's integrative ophthalmologist. And today, I'm honored to share the stage with Dr. Jen Flaggar, who is a double board certified physician.

She is trained in emergency and integrative medicine, And Dr. Flegger herself was diagnosed with Hashimoto's, after which she became passionate about autoimmune healing, hormone balance, and root cause medicine.

Dr. Jen is also an author. She's co-authored Eat, Sleep, Move, Breathe. And her newest book, The Perimenopause Reset, was just released a few weeks ago.

And she hopes that this book would lead to a mission or guide people on a mission to change their health. And she hopes to reach at least 500,000 women helping them navigate perimenopause and empowering them with faith-based, science-backed strategies to reclaim their energy, clarity, and joy.

Welcome to the IQ Podcast, Dr. Jen. It's a pleasure to have you here. Hi, thank you, Dr. Rani. Well, I wanted to start off with a question that I ask most of my guests, which is you are trained in traditional medicine, right?

You are an emergency room physician. So how is it that you found this path where now you incorporate integrative strategies and functional medicine as well and faith-based strategies into your treatment protocols and diagnosis strategies?

We all go through the traditional medical school, right? And we are kind of groomed plus trained to take these tests. And these tests are basically matched diagnosis with treatment, which is a pharmaceutical usually.

And even though I went to DO school, which A. T. Still, who was an MD, created Doctor of Osteopathic Medicine to look at the body more of a whole, but we really got away from that.

And in the ER, I just came very disillusioned with conventional medicine. And what I was treating in the ER was chronic things that could have been prevented.

Not only that, I mean, I would have patients coming in with chronic belly pain and they were going to GI, they were going to their family doctor, they were taking the medicine, right?

And still not getting better. So I was like doing diet plans. I was seeing more and more sick kids. So I was reading about Lyme and mold and I remember when I think I was pregnant with my my second boy and I looked at my husband and here we are I like just you know a couple years out of starting in emergency medicine and I'm like yeah I need to go back and do an integrative medicine fellowship.

Because I was reading all of this on my own. I wanted to get board certified because I knew if I didn't have the

actual training, first of all, I wouldn't read the stuff I didn't want to read, right?

And then also, I wanted that board certification so when I communicated with conventional doctors, I could say, look, like this isn't woo-woo, this is real science evidence-based-backed medicine.

Supplements are okay. They work with our body. And it just was really important to me. So from that just kept, you know, learning about hormones. And now that's my main passion because so many women are suffering.

Actually, 8 million women in perimenopause right now in the US. So that's why my mission of 500,000 seems like a lot, but it's really, it's really not because there's so many women.

Yeah, and then hormones, peptides, you know, all of these things just, it's kind of like drinking from a fire hose, right? When you touched into integrative medicine, there's so much to learn.

And it's beautiful because like you and I, we will never stop learning in the integrative world. there's no ceiling, you know, we just keep learning and expanding and collaborating with each other and who benefits the patients and it's beautiful.

From Conventional ER Medicine to Integrative Care

Yeah, no I love hearing your story and I have to say Dr. Jin you're truly a unicorn I would say as an emergency room physician because In my experience, my father is actually an emergency room physician who's now retired.

But in my experience, most patients come in and out of the ED. But to have a doctor provider who actually sits with them and tries to figure out, OK, why is this happening?

And let's talk a little bit about other things, the root cause of it, diet, hormones, stress, lifestyle, all of those other things. Were you able to do that in an emergency department setting?

Or is that kind of why you have established your practice outside of that type of care? Well, we had just moved to Tennessee this year, so I still need to get into an ER here, but when I was practicing in the emergency room still, I had my private practice and I still worked shifts in the ER.

I would have that time. I worked in a lot of critical access ERs, so it was very nice because I had more time and I was working a lot of night shift, which isn't good for my health, but I would be able to sit down and talk with these patients.

I remember this one patient he was a vet he was in the army and he got injured so was discharged had a lot of PTSD kept coming to the ER young healthy guy for chest pain and every time it was rolled out normal so I sat down with him and his mother because everything was normal again and I'm like well what's going on like are you sleeping well and are you eating well just through the basics and he broke down and was like, actually his dog, his support dog passed away.

So that was a whole thing. And then he got a new dog and the dog was keeping him up all night. Then he injured his back probably because of lack of sleep.

And you know, I really spoke with him. I actually gave him a copy of the Eat Sleep Move Breathe book because I would carry those in the ER and I would give them to people as a resource to these patients because they are going to their primary care doctor that they only have a 10-minute appointment, they can't talk to them about the pillars of health.

And you could be on 100 medications, the best pharmaceuticals, you know? And if you're not sleeping or not getting good restorative sleep, your body is not going to heal, your brain is not going to clear out, you know, through the glymphatics, it's not going to detox, you're going to have brain fog.

It's just this ripple effect. So in another example, like, a woman that came in and she had ovarian cysts. So we rolled out ovarian torsion, made sure there was no infection, all those things.

We're doing the conventional medicine. But then I sat down with her and I'm like, tell me about your family history. And she's like, oh, my mother had to have a hysterectomy when she was 30 because she was bleeding so much.

And I'm like, okay, you have an estrogen metabolism problem, which could be coming from liver health or it could be coming from gut health. And I talk about all of this in my book, The Perimenopause Reset, because we have to start now and pay attention to these things, because I truly believe God designed our bodies beautifully, but because of all the environmental toxins, stress, the environment we live in now, things get mismatched, miscommunicated.

So the goal is to bring things back into homeostasis. And I just sprinkle integrative medicine in during those ER visits as just an extra service. And some patients are open to it, but some aren't.

I'm sure you've noticed not everyone wants an integrative ophthalmologist. Some people are just, they can't even fathom it. Yeah, well I really applaud you for taking that extra time and really trying to dig deep and figure out what's going on.

I often find myself in the same situation where patients are coming in just for a routine eye exam and just things are not going well, you know, their eyes are inflamed, they're very uncomfortable, their quality of the vision is not good.

So I sit down and I ask them what's really going on and inevitably it'll be one of those pillars of health, as you mentioned, is not ideal or it's not optimized, whether it's their sleep, their diet, they're not able to manage their stress level.

So I think as providers, we do owe it to our patients, even if it's a short amount of time, in maybe one or two minutes, talking about some of these things and then guiding our patients to the right avenue so that they can get help.

It's really, really important to have those conversations. Well, I wanted to switch over to talking about something that really is in your area of expertise, Dr.

Jen, which is hormones, especially hormone fluctuations during this time in many women's lives that we call perimenopause as they're transitioning into menopause.

Can you just explain, first of all, to give our audience, like, what is the overall pattern that's happening during this time? What's happening to our hormones?

And what can people expect during this period? Yes, perimenopause is kind of a weird phase, right? It's before menopause, where menopause is a year without a menstrual cycle.

and this is where your estradiol levels eventually go to zero. Well, some women, they'll still have conversion of estrogens in their fat cells to estrone, but basically estradiol, which is protective for the heart, for the eyes, for the bones, for everything.

Estradiol is very important. That is going to plummet. So what happens before that? Well, in perimenopause, which could be five to ten years before menopause.

I mean, I am seeing this earlier and earlier in women, and I think from stress, I think the pandemic, a lot of reasons. But when we start to age, when we go through aging, our progesterone is just on a decline.

So progesterone is the hormone that is most prominent during that luteal phase or that second half of the cycle. progesterone is what when the egg is implanted it is going to maintain the endometrium into that nice fluffy space for that egg to sit and then our body produces more progesterone until the placenta takes over.

So what happens is we're having that progesterone decline. Well, we know that there are some women that are more estrogen dominant, or they don't detoxify their estrogens as well, or their progesterone is low compared to their estrogen.

And then these are the women that are getting symptoms such as irritability before their cycle, heavy cycles.

Perimenopause Hormone Shifts Explained

And this is what we see in perimenopause because that progesterone is declining. And then we will get a little bit of erratic estradiol levels. So So it's really about the balance between the two.

That's what you're saying. Yes. Yeah. And sometimes we have like an extra ovulatory cycle because the follicles aren't as robust. So the body's like, did she ovulate or no?

Was that a follicle or not? So then sometimes there's another surge of SSH, follicle stimulating hormone. and another burst of estradiol. So then we have an even bigger imbalance, and what is that going to lead to?

More symptoms. So sometimes these women that have been regular every 28-day cycle, every month, all the same, not so heavy cycle. They'll be like, I'm getting heavy cycles now out of nowhere because their progesterone is declining, right?

And then one symptom that happens a lot is like anxiety or palpitations. We see poor sleep, all of this. So these women in perimenopause, they don't know what it is.

So that's why awareness is good. They're like, I don't feel like myself. My body's changing, but I've changed nothing. And they go to their doctor and this is like their recipe for perimenopause is to put these women on birth control and an antidepressant all the time.

I've seen that so many times, yes. Yes, yes. And for you, for eye health, like or migraines with or without aura, you know, dry eyes. Well, being on an oral birth control can make those worse and make the eye worse.

So I'm sure they come to you and you're like, oh, they put you on that. Like, great. So there's easy solutions to this. Well, it's very emotional for women, too, because they go to their doctor and they're basically told they're depressed and something's wrong with them.

And they're put on these and then the other crazy thing i'm sure you've seen this some of these women they are put on oral birth control at age forty and they stay on them fifteen years so you don't even know if they're in menopause you can check your fsh and stuff but.

We know that oral birth control is pretty toxic. It's going to increase risk when you're taking oral estrogen of stroke of cardiovascular factors. It's going to increase your risk of migraines.

If you have migraines, you're actually not supposed to be on oral birth control, but it still happens. And they're using it off-label. Birth control is not labeled for perimenopause or control symptoms.

What is a good alternative then, like from an integrative standpoint for these, you know, these women who are going through these changes, what do you typically recommend?

What can they do or maybe something that they can do with the provider? Yeah. So it can be complicated, right? So sometimes it could be liver health. So I talk about in the book how to help your liver by detoxifying your environment.

So when we look at our liver, everything comes through that, right? So if we have estrogen mimicers or endocrine disruptors, our liver has to process that.

Alcohol, our liver has to process that. And what happens when our body is processing alcohol? Well, it's like, yeah, like this is toxic. I need to deal with this.

I'll deal with detoxifying your estrogens later. You know, it's like that's shifted into a different mode basically. Yeah. Yeah. And mold can do this.

Mold is another thing that I have seen with patients that are in perimenopause and their symptoms are multiply because they're dealing with mold. And mold is detoxified through the liver also, like if they're living in mold, it's really evident.

So we need to clean up the liver, clean up our environment. Our gut needs to be tip top too, because we also get rid of estrogen in our gut. And if our gut is not working properly, sometimes we can recycle toxic metabolites and estrogen.

So then that would make that estrogen progesterone imbalance even worse. So we start with that and you know low-hanging fruit with that. And then also we want to just supplement you know B vitamins, magnesium, things that support the liver.

When women are younger and they're starting like early perimenopause, sometimes I will have them just go on Chase Treeberry or Vitex. And they take every day, we at least try it for three months and we'll check their labs and their symptoms and see how they're doing.

And that encourages your body to make its own progesterone. It works through the pituitary access. Yeah, so that's really nice. But then if a woman comes to me and they're like in their late 40s, their parents went through menopause or their mother in their early 50s, then I'm like, yeah, like it's time we're just gonna do progesterone.

And they would just take it during that second half of the cycle, the luteal phase. Because most of these women are still cycling normally, but they might have had like a shortened cycle where they were 28 days and now they're 26, now they're 25. So that will lengthen it out.

And then depending on how close they get to menopause, we'll do different things too. But those are really helpful. And then another low-hanging fruit is controlling stress.

Because if we have high stress, that is going to increase cortisol, that is going to deplete your progesterone too if you're stressed all the time. Or say, you know, you're fasting in the wrong part of your cycle, which we'll talk about cycle syncing later.

So there's a lot of these things. And honestly, women in perimenopause, it's that age where They might have a career that they're working on. They have kids.

They have a husband. They have aging parents. Yeah, everything is coming at them, right? It's a lot. Yes, absolutely. I wanted to go back to the topic of migraine because a lot of my patients have migraine, whether it's with or without aura, all kinds of other symptoms, light sensitivity, nausea, vomiting, etc.

Supporting Hormones with Detox, Progesterone, and Stress Control

And when it comes to what we call menstrual migraine, where women tend to get migraines as soon as they cycle, you know, as soon as they start menstruating, that's usually those two or three days, their threshold for migraine is very low.

That's typically when it happens. So the traditional teaching is that it happens, migraine happens in that time because there is a very sharp drop in estrogen levels.

And that's what the brain is not used to. And then it can trigger a migraine. So in terms of your approach with looking at also progesterone levels in relationship to estrogen, what are your thoughts about that?

And do you think that's really true? It's that sudden fall in estrogen? And what can people do from an integrative standpoint to balance that out? Yes, I definitely think it's the fluctuations, right?

And in perimenopause, women, you know, sometimes that flares their migraines. And I don't think that migraines are normal. I think they're root cause.

I don't think that women should suffer from migraines. They need to keep digging. I've had a lot of patients with migraines that have had mold toxicity and once we treat that mold and you know and that's gonna like I spoke about how estrogen and mold it you know there are some molds that actually mimic estrogen so definitely that could be a root cause I have found that giving progesterone during that luteal phase, that second half, so days 15 through 28 of cycle, they'll get less migraine triggers because they're really supporting that progesterone and that's balancing out that estrogen and then also working on that estrogen detoxification so they're not dropping so much that it's more balanced.

So that will really help a lot of women just balancing out their migraines. And then when they go through perimenopause to menopause, then we just want to have them on balanced estradiol and a little esterol and make sure that they're not over medicated.

I get a lot of patients that come to me and they are over medicated on estrogens. And a lot of the time it's because the doctors aren't testing them right.

If they're on topical estrogen, they're doing serum or blood testing and not looking at the tissue levels. So then, you know, we know if we have way too much estrogen, that can increase migraines.

And once again, it goes back to how women that have migraines, migraines with aura, they are not supposed to be on oral birth control. You know that that is a no-no because it's going to increase risk of stroke so if we have to look at that that balance of estrogen progesterone because progesterone is going to modulate blood vessels too and the vasodilation so if we balance that more I have found that patients get way less migraines and I've had I've had patients get like migraines mid-cycle to happen at any time myself so I've definitely been through that But it takes them out for days, so we definitely don't want that.

I had a patient that would get a horrible migraine. She would just drop. She couldn't do anything. She would be out for three days for work every month, and she also had cysts.

So we worked on that estrogen metabolism, making the liver healthy again, because so many of us just have bogged down livers. I mean like with the amount of toxins we're exposed to in our daily lives, yes absolutely.

Yeah and EMF now too. I mean our cells are just very stressed so that can be really helpful to to get the liver just functioning well again. Our liver is very you know resilient but still like we need to give it a break and you know, get the right herbs and cofactors to really help with detoxification, things like NAC, glutathione, all of that.

And the thing is if you're taking medications for any of these signs and symptoms, you know, these diseases that you're having, most of them are broken down in the liver.

So then you're even putting more of a burden on your liver. So this polypharmacy and being on multiple medications can also just add to that toxic burden.

Yeah. No, I love your approach is looking at it very holistically. What are the underlying causes, liver issues, detoxification issues, whether it's mold, toxicity, stressors, et cetera.

This has been amazing. I've learned a lot from you already, Dr. Jen. We're going to take a very short break to hear from one of our sponsors and then we'll be right back with more.

And I'm going to be asking you about the cycle syncing that you mentioned. So stay tuned everyone. We'll be right back. Are you suffering from migraine symptoms, like debilitating headaches, light sensitivity, dizziness, or brain

fog?

Do you want to avoid medications or over-the-counter drugs that all too often cause unwanted side effects? If so, you may want to consider the migraine bundle designed by America's integrative neuro-ophthalmologist, Dr.

Ronny Banach, M. D. Com, the signature supplement in the migraine bundle, contains magnesium malate, riboflavin, feverfew, curcumin, and rosemary extracts.

Nourish, the foundational supplement in the migraine bundle, is a premium multivitamin for eye and brain health. Soothe is the third powerful component of the migraine bundle.

Soothe has a full-spectrum Omega blend with the Omega 3s, DHA and EPA and anti-inflammatory Omega 6 called GLA, as well as Omega 7 and 9. These three supplements in the migraine bundle work together.

Say goodbye to migraine and hello to a brighter, clearer day with the migraine bundle. Order now and take control of your migraine, naturally. Welcome back everyone to the IQ Podcast.

Today we're chatting with Dr. Jen Flegar and we're talking about hormones. And Dr. Jen, in your newest book, The Perimenopause Reset, one of the themes you cover is cycle syncing.

Can you explain to us what that is and when you use it or when it's appropriate to include in someone's care? Yes. I love cycle syncing for teenagers, you know, all the way through menopause.

I think it is so great, but it's really important in perimenopause because this is when things are starting to shift and we really need to optimize the hormones at the certain parts of the cycles.

And the big mistake I've seen the past, like, couple years of patients, we know that fasting has gotten really, really popular. Everyone is just like, Oh, I do intermittent fasting.

I've lost 50 pal. You know, I mean, you just see it everywhere.

Migraine, Estrogen Balance, and Liver Health

Well, what I noticed in my patients is if they were fasting in the wrong part of their cycle, they were actually increasing blood glucose because they were having a cortisol spike and they were stressing out their bodies.

So I'm like, okay, that's one thing that we need to fix. So fasting, we need to fast for our cycle. We need to fast in the luteal phase that first half of the cycle.

That first half of the cycle, we are more estrogen dominant compared to the second half of the luteal phase where we're more progesterone dominant. So in the first Hatha cycle, we are more insulin sensitive.

So it's easier for women to fast. It's not stressing out their body. I've looked at hundreds and hundreds of continuous glucose monitor data, and they do great there.

This is also when, if I'm having someone try carnivore diet to help with their insulin resistance or to help with gut health, I'm like, okay, try it there, do it then, or do strict keto then.

So a couple things like mentally you're gonna be more likely to succeed and do it because you're not fighting your body and the hormones and Then they're just gonna be more successful and their body is gonna do really well with it Can I ask you about the the fasting?

What type of fasting do you typically recommend for women in the first phase of their cycle? Is it like an eight, you know? the different hours, like how much time should they be fasting?

Or is it like five days out of the week you do a fast and then two days you do a different type of eating pattern? It depends on the patient. I mean, obviously, everyone is different.

For gut health and a little autophagy, I will recommend them once a month to do a 24-hour fast in their follicular phase. I'm like, look at your calendar.

Here's the thing. You look on social media, and all these influencers can do three-day water fasts and all this stuff. I don't know. They probably have nannies and stuff.

I was asked if I had a nanny at this conference I was at last week, and I just kind of chuckled. I'm like, no. I want to be hands-on with my kid. And if someone has a nanny, that's amazing too.

But what I'm saying is most women I work with don't have nannies and they have to drive their kids to their activities. They have to drop them off at school, pick them up, they're homeschooling.

They just can't lay on the couch and do a three-day water fast. So I will tell them to do, you know, a 24-hour fast, make sure they're having electrolytes, they can have black coffee, you know, just different things.

And that is like a good, you know, you eat an early dinner on a Sunday, and then you eat dinner on Monday with your family. For women also, it's just hard to not eat dinner with your family, where, you know, it's better to eat more of your food in the morning, but that's not as social with family.

So we need to look at, like, be realistic with patients and that's going to cause them less stress. So for weight loss, if a patient has had it like a stall, like a weight loss stall, I'll have them do a 36-hour fast and that's doable also, especially with how busy women are at this time of their life.

So that for three days will also kind of like reset the body, help autophagy, get in that therapeutic ketosis. So those are some examples of what I think is doable for women.

If you could do a three-day water fast and you're not going to you know, just struggle with that, like being a mother, you can do that too. I know the hardest part for me is just cooking for your kids.

So once again, you could look at that two week calendar and be like, okay, where are we going to be like out and about like with sports or something, and I'm not going to be like cooking them this food and like not get to eat it.

So yeah, so there's a balance. So a lot of my audience happens to be plant based or vegetarian. myself included, I'm vegetarian. So for people who don't eat meat or fish, what are some options in terms of like getting that protein, getting into ketosis?

What are some recommendations? So ketosis is going to be, you know, you could do more fats like MCT oils. So that's going to get you into ketosis faster.

Yeah, if you can't have sardines, that's a little bit different, but you could just just really high fat. If you do butter, that would be good. If you do eggs, that would be really good.

and you know tofu would be helpful you could do pea protein with like nut butters and really put on the the nuts i know the fasting mimicking diet like the prolon therapy that is plant-based so you can do that and that will like mimic the fasting so those are options to yeah so there's definitely ways to get that and then you just have to what we could talk about you know luteal phase and you're adding back in more of the carbohydrates so then you can get hit those loosening triggers a little bit better.

And that's the thing in the follicular phase, you're not going to be doing it the whole time. You're not going to be fasting the whole time. So then you can incorporate more things that would activate that leucine trigger, because that's the thing we really want to build muscle in perimenopause to help with insulin sensitivity, and we lose muscle as we age.

So for vegans and vegetarians, it's that leucine trigger, which is an amino acid that we have to hit a threshold to get muscle say, hey, yeah, we're growing.

Cycle Syncing, Fasting, and Nutrition Strategies

So that's the hardest thing that I find with my vegan and vegetarian patients. And then the luteal phase. Yeah, of course, the luteal phase. So I do have patients that want to be keto, you know, all the time and their body does okay with that.

And that's okay. So I just have them increase their fats. during their calories during the luteal phase. So the luteal phase, we are more insulin resistant here, but our body also requires more calories because that progesterone is coming in and post ovulation our body is trying to be a great place for it to make a baby.

And we need to lean into that a little more. I feel like with women, it is emotional too. And if we restrict to continue to like restrict during that luteal phase, we're just going to fail.

We're just going to binge. We're just going to be like, okay, I'm just going to eat a chocolate bar. Like I've been good all day and now I'm done. So if we lean into that and say, it's okay to eat more here, it's okay to have more carbs, you know, and be smart about it.

And really, you know, if we're craving chocolate, well, then we need some more magnesium, either in our diet, like with pumpkin seeds or dark chocolate or supplement with that.

So we need to lean in more here. And it's nice because then there's no guilt, right? We're going to increase our calories, we're not going to fast or restrict And then when we go to follicular phase, we know that we're going to be in control there.

We're going to be more ketogenic. We can throw in a fast. We're going to be more balanced. So I feel like, especially women, if they're like, okay, I'm going to start intermittent fasting, they started in the wrong part of their cycle.

They're usually frustrated and unsuccessful. So that's fantastic insights. I mean, things that I've never thought about and I'm sure many of my listeners who are trying to manage this stage of life have not really, you know, given much thought to.

So thank you for sharing that. If you could, could you share another, I know you shared a few stories earlier, maybe another success story of someone that you've kind of worked with to get through this phase of their life and what they ended up doing and how they're doing now.

Yeah, yeah. Well, first I want to talk about GLP-1. So if you have any patients on GLP-1, so in perimenopause, something I've been doing with my patients, because one of my patients actually was doing, and I'm like, yeah, that makes sense, was dosing the GLP-1s during that luteal phase, like a small dose, because you're more insulin resistant.

That is where everyone is just cravings, you know, because a lot of these women have this food noise. So dosing it with your cycle is pretty cool too.

So you would just dose it during that luteal phase because the follicular phase you're fine. So I'm going to wait for some more continuous glucose data for that.

But another thing, you know, I have a lot of women that, oh man, that are addicted to HIIT workouts, high intensity interval training. And they go to Orange Theory and they get all the splat points and they're gaining weight, right?

I had a patient that actually had a patient that trained for a marathon. She didn't tell me about until after she was done and she gained 20 pounds while training.

And I'm assuming that wasn't muscle mass that she's gaining, muscle weight. It was more… Right. Cortisol belly fat. Yep. Because she was doing all this training.

And we see this a lot. All of a sudden, like, I just saw someone like last week on my Facebook, like someone I went to high school with or something. They're like, I'm training for a marathon.

And I'm like, you are impairing menopause. Stop. So if your training is stressing your body out, so it's the same with working out. So during that first half, that follicular phase, go for your PRs.

This is where I do my sprint training. So I keep my VO2 max at a healthy aerobic capacity, which is important as we age. I lift heavy. That is where I push myself.

The luteal phase is where I'm not doing sprints or HIIT workouts. I'm doing mobility, stretching. You can do your weighted vest walking, walking at an incline.

I'm still lifting because we need to have muscle, but I'm doing more reps and lighter weights. I'm not going to squat my personal record because I did that once during luteal phase, like not paying attention and I like tweaked my back.

Because we, first of all, were more likely to get injured. They've done studies on this on soccer players in Europe, more likely to get injured. They had more ACL tears of the knee and a ligament in the knee tears during that luteal phase because of how progesterone and relaxin work with our ligaments.

and making them more unstable. So more likely to get hurt. And then what else? We talked about cortisol and progesterone, how they interact. If we have really high cortisol, it's going to lower our progesterone or affect that.

So you don't want to push yourself and sprint and do all these high intensity interval trainings during that second apnea cycle. so that woman that I saw and she knew she's like oh she's like I know it's my hormone she's like this was a goal I wanted to do and I'm like that's okay we're gonna get it back on track we're gonna get your cortisol regulated we worked on a bunch of things and yeah her hormones we checked them they were wrecked and affected her thyroid too because our adrenals and cortisol and thyroid are related.

So we worked on her HPA access and hypoportuatory adrenal access, helped balance her hormones again, just got everything back and she's doing better. It took a couple months.

But we have to be mindful of this. you know, what is that doing on your body that's stress? I mean, I think if, yes, if someone wanted to run a half marathon or a marathon, yes, but let's train for your cycle.

You know, do your long runs when you're in your follicular phase, like do more recovery runs in your luteal phase, like let's not stress out and mess with our hormones because when we're younger, we have a little bit more play, right, with anything.

Exercise Timing, GLP-1s, and Real-Life Success Stories

We could stay out late, we could you know eat bad like these are more resilient right when we're younger and as we get older they require a little bit more nurturing care i think yeah yeah so we have more like will work you know we're gonna push ourselves more because we're older but you know i'm seeing this lack of wisdom and wisdom around our cycle and we just don't want to run into trouble we don't want to complicate things so yeah so that was one one example of a patient that you know, I was like, well, we need to get back to training and stuff around your cycle and think about how cool if and in some are doing this some colleges are actually paying attention to the menstrual cycle and training their women athletes around it because what most women tend to sync their cycles with each other my daughter and I are you know, we think our cycles to each other which is nice because we can, you know, be more aware of our feelings.

Now we live with my husband and three, she has three brothers, so that's pretty funny. But we're teaching them,

I'm teaching my my boys about luteal phase, about like, you know, we got last week after their cross country, my son wanted to go to this new custard place.

And I was like, and we don't have time. But then then I was like, Oh, yeah, I do want some custard. I'm in my luteal phase. And he was like, Yeah, my my fire olds like you said you don't eat sugar and I'm like tonight I'm going to but I told them I'm like if you want to get a sweet treat or if you want to stop for ice cream ask me in my luteal phase like pay attention because I'm more likely to say yes I love that teaching your kids hormone literacy So important.

Their wives will appreciate it, right? Yes, yeah. You're teaching them good habits early. Well, this has been a fascinating discussion, Dr. Jen. You know, you've shared so many insights I never even knew about, never thought about fasting and cycles and even exercise and cycles.

So it's been really, really great to get these tips from you. If anyone wanted to learn more, learn more about your book, how could they find out about you and your work?

Yes. So the best thing right now, I would love if you went on Amazon and grab my book, The Perimenopause Reset and just type in Jen Flegar or 28 Days, or you could just get the link at drjenbook.com and J-E-N book, D-R-J-E-N book.

And just by that LEVA review helped me reach these women that need help. And the book is just basically a blueprint for hormone health. And over a decade of practicing integrative medicine, most of my patients were in perimenopause.

And those were the women that needed the most help. And then I am on social media and YouTube and Instagram at Integrative Doctor Mom, and that's Integrative DR Mom.

And you can see like I'm very silly on there. Sometimes I will get, you know, just very motivated by conventional medicine and what's going on with it and share insights with that.

But also I share a lot about my mini farm on Tennessee. So we have some chickens and turkeys and we're going to be getting some cows. My husband gave me the green light on that.

So I love that. You know, I love that you're sharing your authentic self in life. That's fantastic. So we will definitely include those links in the show notes, the link to your book as well as to your website.

And I believe you have a course at some point in the future. So we will update the show notes with your course link once we have that as well. Well, again, Dr.

Jen, it's been a pleasure having you on the IQ podcast. I really appreciate your time. Any last words you'd like to leave the audience with? One last thought?

Well, thank you so much for having me, Dr. Ani. And just women listening out there, like you are not broken. Your body can heal and wants to be in homeostasis.

So just you can get through it and have faith and get knowledge. Well, thank you for that. Thank you for that inspiring message.

Where to Find Dr. Jen and Closing Remarks

And thank you all for listening to this episode of the IQ Podcast. I hope you enjoyed what Dr. Jen shared and what insights she really instilled into her patients, but then also into her book.

And if you enjoyed the podcast, remember to subscribe and also leave a review. We'd really appreciate that. And I hope to see you all next time on the IQ Podcast.

Stay tuned. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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