Feeling “Off”? What Perimenopause Might Be Telling You Transcript

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Introduction and Perimenopause Overview

You should not be, you know, like on the ground, not able to meet with friends, not able to leave the house, not able to be a mother. Like you should not be down for the count for days for your cycle.

That is not, you know, that is not what was intended. And I talk about this like biblically, like in the Bible, we have pain with childbirth. I've never read the Bible saying like you're supposed to have horrible pain each cycle.

Like it's not meant to be demonized. We're taught to think it's this awful thing and PMS and horrible cramps and you're in your bed and you're just eating chocolate, you know, and it's almost like we make fun of it as women.

It's like, why don't we embrace that? It should be pretty good. Welcome to Take Back My Brain with Lori Hammer, where real healing starts in the brain.

I'm Lori, a functional nutritionist and mom who's walked the path from anxiety and burnout to clarity and calm. Each week, we're going to dive into brain-based tools like amino acid therapy, gut health, fasting, and faith to help you reclaim your energy, emotions, and sense of self.

Hello, everyone. Welcome back to the podcast. I'm your host, Laurie Hammer. And today, we're going to talk about perimenopause. And it's going to be really fun.

So I know all of you out there, you know somebody who's perimenopausal or you are menopausal. So perimenopausal. Going into that menopause stage, I am one of those as well.

I cannot wait to dive into this topic with Dr. Jen Flaggar. She is a board certified physician in emergency and integrative medicine. She's had her own journey through all of these things with autoimmune disease and so much more, but she is a powerhouse in this world.

I just heard that she's a crazy chicken lady. Welcome to the podcast, Jen. Thank you so much, Lori. Yeah, Lori and I shared a little moment off air and I told her I was a few minutes late because I accidentally ran over one of my chickens and it was just very traumatic for me.

So this is why this is good. Cause I'm in perimenopause too. So this is, you know, the stress that comes in and yeah, I wasn't that calm. I was telling Lori that I like have been convicted to not swear at all.

And I swore more in the past 10 minutes than I have in the past year. So yeah, it was not fun. Um, but we are going to use some of that chicken, you know, maybe the chicken legs and the breast.

So. Yeah, but it is the mini farm, the new mini farm life in Tennessee. It is a different kind of emotion. So it totally is. I mean, you have no idea what's going to happen.

Well, yeah, and people are easier.

Defining Perimenopause and Hormone Changes

Like, give me a para-menopausal woman, you know, with anxiety and on the verge of breakdown, and I would do that any day over dealing with, you know, a hurt chicken or something.

So, definitely, I'm a little out of my comfort zone, but that's what we should do. Anyway, but we will talk today about women listening with hormone problems, how to get out of your comfort zone and find some healing.

Yeah. So, yeah, let's dive into that. So, I think we should start off with defining perimenopause because I think there's some misunderstandings as to what exactly that is.

Yes, and this term is not that it's new, it's been out there, but it's getting more traction. We're talking about it more because this is the population of women that are often neglected or ignored.

And even really since the Women's Health Initiative, menopausal women have been not gotten good care. So now perimenopause, I feel like this is happening in women and I'm seeing it in my clinic.

Younger and younger, they're getting symptoms of perimenopause. Also, it seems to be lasting longer, and we'll talk about why. We think of perimenopause as this time before menopause, where menopause, the definition is a year without a menstrual cycle, a full year.

The ovaries are shut down, there's no more eggs, there's no more estradiol being pulsed out, progesterone has declined. Sometimes women will go through this, the menopause will change easier because they're still making estrogen from fat adipose tissues and different things.

But most of the time we do get symptoms. Now, perimenopause can be five years, 10 years, and it's really when you start having these symptoms of the declining progesterone and then the erratic estradiol.

And then some women also have declining testosterone where other women continue to produce testosterone well into menopause. So it's different for each woman.

And I like to kind of explain it like it's, it's like heating different ovens. If you go to your mother's house versus your in-laws versus your oven and you hit preheat, well, it might take 15 minutes for one oven and a half an hour for another.

You never know. So you never know what you're going to get. And we can't be treating women in this space like the same oven. It has to be personalized.

We are all different. And when you go to a conventional medicine doctor, or if you even talk about it with your OB-GYN, they just don't get it. My patients have told me so many times, it's basically like just a protocol.

First of all, they say, we're not checking hormones because it doesn't matter. And, well, yes, and I think that is so horrible. And we see this in the thyroid space too.

Like, we're just checking a TSH and it's like, cool, not all the information. And then they're also, they are put on hormonal birth control to regulate their period.

And then they're put on an antidepressant. It's literally like the automatic response to a woman in perimenopause. And none of those things are going to benefit them at all.

They actually feel worse, more crazy. They are getting more toxic metabolites. So it's really awful. And it's a lot of gaslighting too. And the symptoms of perimenopause can also differ a lot from any different women.

It could be weight gain, it could be poor sleep, it could be shorter cycles, it can be anxiety, it could be depression. A lot of women just don't feel like themselves anymore.

I hear that a lot. So it's a wide range, but also like a good root cause that we can work with. Yeah, for sure. I want to dive back just a little bit because you were saying, you know, women get put on hormones and then they get put on, you know, like an SSRI or something like that.

Yeah. You know, birth control or whatever. All of our teens are getting the same treatment. Yeah. Yep. Yep. So if you're listening, I'm floored by all of that.

Yeah. And if you're listening out there and you have younger kids and teenagers like I do, a teen, it's so important to teach them about the cycle and what's normal and what's not.

And I always say like, God gave us symptoms as a gift. We shouldn't be thinking of symptoms as like leading to a diagnosis. They're a gift that something's wrong.

Our bodies want to heal and be in homeostasis. So if we're having bad cramps, if we're having really heavy cycles, if we're having PMS symptoms and anxiety when we're younger, those are symptoms of usually an estrogen dominant state.

where we have estrogen dominance because we're not detoxifying through our liver or through our gut, or we have low progesterone because of stress or cortisol or bad diet or metabolic problems.

We're not metabolically flexible. We're having high insulin. So all of these things are symptoms that we have this imbalance of progesterone and estrogen.

Cycle Symptoms, Root Causes, and Hormone Testing

So it's pretty similar to perimenopause where we have this big difference in estrogen progesterone and we're having an estrogen dominant picture and we're having those shorter cycles.

We're not metabolizing estrogen as well. We're even more stressed out and our progesterone is on the decline. So we're seeing these symptoms resurge, but to your point, when these younger girls come in with PMS symptoms, I mean, I was one of them.

I had, yeah, and I am so angry about it, but I know that it is being used for good now because I can talk about it. Like, I am not happy that I was on birth control to regulate my period as a kid in high school.

Very inappropriate, and I think that led to overgrowth of candida and gut health and constipation. It took me a while to wake up even going through conventional medicine and medical school and emergency medicine.

It really took me a long time to kind of get rid of the the medicine solves all mentality and going back to root cause and going back to God's design of our body.

So it's it's great to be on the other side, but there's still a lot of work to do. Right. And I think when we when we start our young girls out like that, I mean, it's taken me years to feel good hormonally.

You know, after being on birth control for quite a long time, and that was because my periods were so bad. I had PCOS and my acne was so bad. And then, you know, we did two rounds of Accutane, so you do a ton of antibiotics.

Um, you know, and even I kind of woke up early to a lot of things and I was in my, I was about 23 and so started changing some things then, but my hormones were still, I mean, it, it's taken a long time.

They've been like this, you know, up and down, even all these years. Now they feel pretty stable and I'm, you know, almost menopausal, which is kind of crazy and exciting at the same time.

So I don't feel like I have very many symptoms, but yeah, it just breaks my heart because I feel like. This whole hormonal journey that we have the privilege to be on, we've created it into something that God never intended.

And even my own daughter, she'd be like, I just wish I never got my period. And we've worked on her cramps and all those kinds of things. So she knows if she doesn't do.

you know, her diet isn't really great or she doesn't take a few certain supplements that sometimes she gets cramps. Like she just had cramps the other day, but it'd been like six months since she had any.

Society, I think, teaches us that we're just supposed to despise this hormone journey instead of embrace it and figure out what's going on and, you know, to live a life that's hormonally friendly.

Yeah, yeah and I really think that you should be at the point and if you're not and you're listening and you're like I'm not at that point then there are things you can work on and I discussed this like in my book like how to to regulate those hormones naturally and how to get them more steady because we we should like yes I get a little more emotional before I start my cycle I might have like hour of like where it feels like I just lifted did too many deadlifts in my back and then I know oh I'm getting my period you should not be you know like on the ground not able to to meet with friends not able to leave the house not able to be a mother like you should not be down for the count for days for your cycle that is not you know that is not what was intended and I talk about this like biblically like in the Bible yes we have pain with childbirth I've never read the Bible saying like you're supposed to have horrible pain each cycle.

Like it's not meant to be demonized. Yeah. Like you, like you were saying like we're, we're taught to think it's this awful thing and PMS and horrible cramps and you're in your bed and you're just eating chocolate, you know, and it's almost like we make fun of it as women.

It's like, why don't we embrace that? It should be pretty good, you know? And if it's not, then we need to go back and see what's going on because say our liver isn't functioning properly.

It's not just estrogen metabolism. There are so many other things like how we metabolize just mold in our daily life. There's different things that run through there that if we're having these symptoms, there's other things that can be affected if our gut health isn't operating perfectly.

And we're not getting rid of toxins. We're recycling estrogen and toxins in there. And our gut health isn't properly functioning. Well, that's going to lead to sickness and cancers and autoimmune disease.

So we need to actually like, wow, like pay attention. Like my daughter or me, we're having problems during our cycle or with our cycle. Wow, this is a warning sign.

I need to take this seriously. I shouldn't just take mitol. You know, we're all programmed. Mitol makes it all go away, right? That was the programming when I was growing up and we just accepted and, and you know, I see this a lot in medicine, like women are just not really treated well or properly.

So this is time to take that back. It is time to take it back. So if women, so we're talking about body signals. So if you're having cramps, you're having.

excessive pain, all those kind of things. But what else can they look for? I know there's lab markers and there's also other things. So when you go to the doctor, they take your blood work and they're like, oh, you're fine.

What can taking charge of your own health look at even if your doctor says everything's fine? Yeah well you can you can come in and ask them for a full panel of hormones and they might say oh that's not doesn't matter that's not going to show anything but you can be like no I want to check it out I want to see what's going on with my progesterone and estrogen ratios I want to see, you know, my DHEA.

I want to see all these things and my thyroid, how they're operating. So you can ask for blood work from your doctor. And I've had people do that, that just follow me on Instagram that aren't my patients.

And you could check for a full thyroid panel at TSH. free T3, free T4, reverse T3, thyroid antibodies. You could ask for full hormones where you're checking pregnenolone, progesterone, DHEA, estradiol, testosterone with free testosterone.

You could check a DHT to see if you're converting your testosterone to like kind of like a stronger testosterone DHT where that's where you're probably seeing chin hair and more acne stuff.

So you could ask for those. You could check for an FSH, follicle stimulating hormone, if you think you're in menopause already or your cycles are very irregular.

But I like to have my patients check the blood work on day 19 to 21 of their cycle because we are looking for progesterone being at its peak. And if it's really tanked there, then we know that sometimes either supporting progesterone with something like Vitex or Chase Treeberry, or giving progesterone during that second half of that luteal phase.

Sometimes we're at that point, we know progesterone is just going down the bottom. So if we support With bioidentical hormones, that can be really helpful, especially if given orally in perimenopause, that how it's broken down in our body can help us sleep a little bit with how the metabolite works.

So that's really helpful in perimenopausal women that if progesterone We know it's declining and if it gets to that point, you know, we want to supplement with that.

We want to even things out. We want to make this time in your life enjoyable. Another test that you could ask your doctor for if they're integrative or functional is a saliva cortisol test.

And that is a four-point saliva test where you check your cortisol four times throughout the day. And it's very helpful to see what's going on with stress levels, maybe where you're stressed at.

And we can kind of pinpoint that and pivot from that because stress is going to drive a lot of things, estradiol down even further and progesterone down even further.

So cortisol, also sex drive. Yeah, like I see this trend with don't get me started on pellets or we could get started on it. Okay, we are there these med spas where they have no training except for a weekend training from the pellet company that they pay for that right and they pump these perimenopausal women full of testosterone and they feel amazing for six months because it's it's a controlled drug.

It's addictive. And yes, if I just shot myself up with testosterone, I'd be like, let's go. But first of all, if we have high testosterone with low estradiol, that is going to increase a woman's hardening of the arteries.

And that's a concern, right? We don't want super therapeutic testosterone. And then you're going to crash. You're going to crash. Your body is going to be like, because you're just going to want more and more.

And it's a problem. And you're going to see more side effects. A lot of the times these women will be like, I'm sure it's testosterone. We'll check a saliva cord or check a saliva testosterone.

We'll check his saliva or blood serum free testosterone. We'll check all of it. Right. And I'm like, testosterone is not your problem. That's not why you don't want to be intimate with your husband.

It's probably stress. It's probably cortisol and cortisol is I mean, as you know, and you know what you'd work with with women, I mean, cortisol and stress is harder.

Stress, Cortisol, and Weight in Perimenopause

It's harder. It's not a pill. You can't rub it on. You actually have to work at it. And sometimes that work is hard. Sometimes that works hard. So yeah, I think that that is something that the saliva cortisol is a lab that is really telling when it comes to a woman.

I have a few women that will check their cortisol and it's pretty good except that afternoon cortisol. And that is right around where their kids get home from school, their husband's coming home, they're cooking, they're going to soccer practice.

So, you know, breathwork practices, theanine, sometimes I'll just have them take an L theanine right before like

that whirlwind comes home. I've done it before where I'm like, Let's do it.

So yeah, so it's very interesting because we can pinpoint, you know, when we have lab testing, it can be really helpful when we're trying to figure out like where it's coming from.

Some women, you know, you know, like for me, my trigger is when I run over a chicken, right? I saw that in real time. So you can, so we're, we're going to have more strategies because Yeah, so we can work through that.

I'm like, OK, I'm not parking the car for a few minutes while we get the eggs. We're going to walk down because when we park, the chickens are going to come in.

We're going to get a deck box at the end of our driveway for delivery so that will minimize the cars coming up and down. We need to work this through, right?

Identify that trigger so then you don't have it. So if you have any triggers, make sure that you're identifying them and you are working with it because we have enough like fight or flight around us, like 24-7.

So we need to try to lessen that. And especially for women in this age group, there is no lack of stress and cortisol. So we really need to identify those things and work on them for our hormone health.

Yeah, absolutely. And we're talking about cortisol and stuff. Most people start thinking about weight issues, especially in perimenopause. What, how do we, how do we manage our weight going through perimenopause?

What do you teach? Yeah, so definitely balance the hormones. We want to balance excess estradiol, estrogens, the toxic metabolites. If they're not getting out, we need to optimize liver and gut health.

We need to also see what progesterone is doing and balance that out. If we have modifiable stressors, as I spoke about, that would be good. One stressor that we don't always think about is our blood sugar.

And we, it can kind of, it goes both ways. Cause if we're very stressed all the time, that's going to affect our blood sugar. But also if we are eating horrible and lots of highly processed food, not enough protein and fat that can actually drive cortisol up and stress the body out.

So I really love women to wear a continuous glucose monitor and maybe also like do a semi elimination diet with that, you know, eliminate some things.

sometimes just doing a week of carnivore and really dialing in on, you know, is it food that is causing the bloating, the stress, the mood swings? That's really helpful.

And when I have women wear a continuous glucose monitor, I have them wear it an entire cycle because Yeah, it's really helpful because we are more insulin sensitive in our follicular phase at first half of our cycle.

And that is I don't think most people know that. Yeah. Yeah. And this has to do with estradiol. And then the second half of the cycle with progesterone, we are more insulin resistant.

And this is also when we crave the bad food and we our body demands more calories to there, but it has to be appropriate calories. So really looking at the whole cycle is good.

Another mistake that I see perimenopausal women doing and women in general, if they're menstruating, is fasting or extended fasting during the wrong part of their cycle.

So during that second half, that luteal phase of the cycle, they're adding on stress and driving cortisol up and driving progesterone down because that is the time of your cycle when your body is preparing to home a baby and for implantation.

And, you know, it goes against nature trying to, you know, be stressed, do intense workouts, do fasting during that time. You should be nourishing your body.

You should be relaxing. This is where I tell women, like, Don't like be strict here. Don't be super restrictive. It's gonna backfire on my patients. When I work with them, I tell them, I'm like, I want you to do some fasting.

But during that first half of your cycle, that follicular phase, so maybe a couple of days in like day four or five, you know, after you're done. bleeding, then do a 24-hour fast just for a gut reset.

Do a 36-hour fast to increase your weight loss and fat loss, and that can be really helpful. Or just just extend your fast to 16 hours a few times, you know, but this is when you can do it and you're going to be successful.

If you try to do this during your luteal phase, you are going to get frustrated. You might binge eat after starving yourself all day. I mean, we've all been there, right?

So yeah, we're like fighting biology. And that is a biggest, a big thing that I've seen that will actually drive up weight. Like these women that are fasting, like, hardcore throughout their cycle or doing the HIIT workouts, you know, high intensity interval training.

If they're doing that during that luteal phase, you know, they'll gain weight. Yup. Yeah. And it is crazy. And I don't know if you've seen this, but you know, I've had patients that training for half marathons, marathons.

And they actually gain weight and their hormones crash. So every, I don't know, every time I see someone on Facebook and you know, cause Facebook, Instagram, I have pretty dialed into what I want to see, but Facebook is a free for all.

And I'm like, here's another woman training for a marathon. And I know they're in perimenopause and I'm just like, don't do it. Don't do it. Don't do it.

Let's see. Cause I'm 52 now. So it would have been, I was like 40, 43, I think 42, somewhere in there. And I started working in a chiropractor's office.

I moved my practice in there for a little bit and they were big CrossFitters. And so like part of the, you know, team building is, you know, you come to CrossFit.

And so I'm like, okay, I'll try it. You know, I'm decently fit and I feel like I had a good energy and stuff. Oh my gosh. I gained 10 pounds in a month.

Literally gained 10 pounds in a month. Like, and I don't gain weight. I like, I stay the same weight pretty much all the time. And I was in pain all the time.

It wasn't just like my muscles were sore. Like I couldn't sleep. My body hurts so bad. And I missed like two periods in a row. And I'm like, okay, I cannot do CrossFit.

Like I thought it would get better, you know, but I wasn't sleeping. I gained weight. Like my body said, please don't do that.

Cycle Syncing Exercise and Fasting Strategies

Yeah, CrossFit's inner, it's a little, like, I've never done it, like, almost cultish a little. I don't know. Like, sometimes I'm like, like, like orange theories like that, too.

Like, I, yeah, like, first four months of my life, I'll just be honest. Oh, that is crazy. And I mean, that's a good testimony on like, why that is not good.

Now, maybe if you just busted that out during your follicular phase, like, maybe that would be fine. But it was like, it was just bad the whole time. So I don't know.

Yeah, I mean, that's really rough. And you know, like, I think, yeah, obviously, listen to your body. And I love women lifting, but like CrossFit is more like high intensity interval training.

It was too much in the body, which is why I brought it up. Because since then, I'm like, okay, this is not what we do. And, you know, figured out a good rhythm of exercise as I'm, you know, transitioning into menopause and stuff.

So yeah. Yeah, and so talking about that, like with cycle syncing, with working out, so we kind of alluded to this. So, follicular phase, this is where you want to sprint, like my kids probably know from my workouts whenever I'm in follicular phase, because I'm sprinting.

I'm working on that VO2 max, which is endurance, and that is a marker of longevity. We want that cardiac output. then lift really heavy weights, hit it hard.

And then if you want to do high intensity interval training, I do sprints instead with that, but that is when you want to hit it hard, go for your PRs.

I mean, if you are training for something, do it then. And then the luteal phase, I mean, we know they've studied women soccer players in England and they had more higher incidence of ACL tears during their luteal phase.

We know because of the different hormones, relaxin' and progesterone, our ligaments are a little bit more relaxed. So we don't wanna do high intensity interval training, HIIT workouts, because of the cortisol factor.

We don't wanna go for PRs or push ourselves here because you're more at risk for injury. It's not worth it. And we wanna do more restorative things like stretching mobility, walk at an incline.

There was a study that came out that if you do 30 minutes, three miles per hour and an incline of 12 that is going to burn fat, but not expend a lot of energy.

So I think that is really good to do in luteal phase, get out in nature and walk, do your walks then and still lift weights though, but lift a fatigue, but lower weights.

Cause I can feel it like in, you know, in my shoulder, cause I have an injury that just comes and goes if I push it, and certain exercises in my luteal phase, like I'm just like, that was not intelligent, like I know better.

So you just need to back off a little bit, lift a fatigue but lower amount of weight, still lifting heavy, but you're not like, I'm going to go up five pounds in my luteal phase.

It's just, it's not worth it. Just wait till your follicular phase and listen to your body. I mean, there is a caveat, like some women that are more androgenic, I've seen that they can really push through their luteal phase.

And these are women that don't have hips, are very straight. It's like that more androgenic type women that are out there that are just, they look more like boys, right?

They don't have those curves and stuff. So I have seen with my patients that maybe it doesn't affect them as much. And they tend to, online, I see this trend of them poking fun at women that are doing more cycle syncing.

And I'm like, you just don't get it. Yeah. You don't get it. It's really, it's real. It's real. Yeah. And it's like, let's not make fun of each other as women.

Let's like embrace each other instead. And yeah. So, so I also just like women to give themselves grace during that luteal phase and like talk about it.

Like I'll say, you know, to my husband and to my, I've three boys and I'm like, yeah, like, we're going to be more emotional. And my daughter and I are obviously on the same cycle because we live in the same house.

So, you know, it's real fun to have us together, but yeah, we need to start talking about it, normalizing it. And it's, it's totally okay. And it's kind of fun actually.

So it is let's. So we're doing the perimenopausal, but then there's women like me who are like, okay, I got my period. Don't get my period for four months.

You know, do we really even have a follicular and luteal phase and how do we navigate? Yeah. Well, so this is where estradiol, you know, it's it's fluctuating so you can have like a high surge and this is where it gets confusing because also if some women are kind of regular mortar during the end of perimenopause and then they'll just have a horrible cycle and they're like that was horrible I was doing so well or it happens a lot after I start them on progesterone and and they're just like so what we do if if it's been like four months this is when I sometimes you know talk to the women about well we might go continuous progesterone or we might do like 100 milligrams and then 200 milligrams Because this isn't an exact science, we don't have randomized control studies about how to deal with that last year before.

We just do things safely. We're still checking hormones and see what's going on. We can check NFSH. A lot of the times what starts coming up during that last year or two of perimenopause is that we really start seeing saggy skin.

We start having vaginal complaints like dryness. you know, sex is not the same. So this is where I'd like to prescribe Estriol. So Estriol is a weaker estrogen and it can be really helpful with those two things.

The thing about prescribing Estradiol during perimenopause and this is, I'm seeing it with, you know, just practitioners that haven't gone through hormone courses, you can tell, is Well, I mean, I hate to say that, but it's kind of scary.

So if we have this high surge of estradiol and you're on an estradiol patch in perimenopause, then we're going to have a super therapeutic estradiol and we're not having protection of that progesterone.

So what do I mean by protection of progesterone? That protects our breast cells from cancer and our endometrium from cancer. So what is the first thing is do no harm.

We want to be very conservative. Bioidentical hormones, they are amazing. They change women's lives. But we also have to make sure that we are doing it very intelligently.

And this is where a nice estriol, you know, when we're checking labs can be helpful. I'll tell you about a story. I had a patient very intelligent patient.

She's like one of my most intelligent patients. So she listened to a podcast and it was, I think an FDN or something, a functional nutritionist was giving like a podcast and was selling a cream that had one milligram of estradiol and one milligram of estriol in it.

Just sold online on the internet, not from a compounding pharmacy and was telling, just said, oh, you know, estrogen that helps keep the skin not sagging.

And you just rub it all over your body. You know, this, this patient bought some and put four pumps like at a time over her body. Terrified. So it was getting four milligrams.

Now I wouldn't have known this, but I was just doing a saliva cortisol on her because we were doing a low dose testosterone on her and progesterone.

Hormone Therapy, GLP-1s, and Closing Remarks

And she was in perimenopause. I get the labs back and I was like, this, this isn't just a normal surge. This is, I've never seen this before. I'm like, what is going on?

Her estradiol was high, her estriol was high and her estrone was high because she was getting so much estrogens. It was going down the bad pathway to estrone.

And I was terrified and I'm like, and then she told me what had happened and I'm like, okay, stop that completely. We're detoxifying you the best we can, but I can't guarantee that you didn't do harm.

And it's so hard because for listeners out there, it's the Wild West right now with hormones. It is the Wild West. Yes. And unfortunately, I don't know if you agree with me, I think it's going to get worse before it gets better because it's trendy right now.

And yeah, and I'm just like, And I don't want to like dis people or talk bad about people. I'm trying to stay in my lane and just speak truth and, and not do harm.

So, but it's there, it's a wild west. Sometimes I'm on internet and I'm like, whoo, someone's going to get hurt. Yeah. Well, and I mean, let's, let's just be honest.

So we've got hormone replacement therapy if it's done correctly. Great. Yes. Yeah, and so many people aren't addressing the root cause issues why you have the hormone issues in the first place.

But then let's go to like those GLP-1 medications. Yeah. If we want to talk about those in the room. What's your standpoint on them? What do you think about them?

They're being misused. I see a lot of negativity. I think you can use them correctly. I don't think most of the time they are being used correctly. That's not the demographic that I'm seeing of people who have been on them.

I'm like, whole lot of issues going on. Whole lot of issues going on. Are you seeing them like dosed really high for like quick weight loss? Yeah. And where are you seeing them prescribed from?

Are you seeing them prescribed mostly by conventional doctors or like Med Spa or just this, that one influencer GLP one that people, yeah. Yeah, I've been seeing them by both.

I've been using GLP-1 before the Kardashians did. Before I was 12? Yeah, for like, gosh, probably like six, seven years. And from a compounding pharmacy, an FDA-regulated compounding pharmacy, because we're seeing them from China, research, peptide use only, that is also the Wild West.

So the best way to use a GLP-1 is to use a low dose and for the short time as needed, and then also bring in other tools. So what is the concern about GLP-1?

Well, gastric motility can be decreased. And if we're using really high doses, that's when it becomes a problem. Lower doses, not so much. Also, if you are going on a GLP-1 and your gut motility sucks to begin with, you need to back it up and work on that first.

And, you know, as we know, like the vagus nerve, you know, stress, a lot of that despite osis or gut health, you know, we really got to work on that. So then another, like a non-negotiable is my patient needs to They need to eat protein, shoot for 120 to 150 grams a day, 30 grams each meal.

I'm like, look, if I'm going to put you on a GLP one correctly, because we're not looking for losing 10 pounds in a week. We're doing it slow. And sometimes, yeah.

And I'm like, if you have friends that are on a GLP one and they just aren't eating at all, they're overdosed on it. You know, like that's not the point.

It should get rid of the food noise. It should correct some insulin resistance. Like that is why it calms down inflammation. So, lift weights, eat protein, creatine.

I like them on PeptiStrong, which is a plant-derived peptide from the fava bean, 2.4 grams once a day. That will help retain muscle too. So we're looking at a body composition shift.

If they don't mind more injections, you could put them on a growth hormone secretagogue like Ipamorlin, CJC-Ipamorlin, Ceramorlin. So they can do that five nights a week before bed on an empty stomach.

And that will help drive like muscle creation too. So there's a lot of different tools in the toolbox for using GLP-1s correctly. Something that I've been doing with my patients is just if they're if they're if they go off of them and they're like, you know, the food noise is coming back.

And obviously, we're we're working on why like the root cause of that because a lot of it is emotional, you know, and habits. But I'm starting to just dose some of my women just during that luteal phase because that is when they have the food noise the most.

That is when they're more insulin resistant. Yeah. And it's working really well. And I like it because it's giving them like their body a break. And then they're just doing a low dose during that luteal phase.

And it's just helping getting them through while we're working on the other stuff, of course. Right. Because that's the biggest thing is just, I see so many people not working on why this is an issue to start with.

Yeah. And you know what's interesting? I just saw it come up on like my email. I haven't looked into it, but I guess the government just made a new level of what is considered obesity.

Like they lowered the number. And my first thought was like, they did that so more people would get approved by insurance to pay for GLP-1s by the pharmaceutical companies.

which it's probably going to bankrupt our health system. We're not working on anything preventatively or getting out high-fructose corn syrup out of our diet, which is ruining everyone's livers.

But anyway, just a little side note. If you guys want to go down, I just can't. It's very frustrating to see this stuff in real time, the corruption of big pharma.

I feel like my medical education Should have been free because like big pharma was such an influence on it. Like I want some of my money back. Like I do.

I'm like, Oh, you were just grooming me. You should have been paying me to go. Like, like let's get it out. But anyway, we're working on that. I'm trying to, you know, I offer, I'm like, Hey, I'll teach integrated medicine to medical schools, but no one's, no one's busted down my door yet.

So. Well, we'll just keep praying that that'll happen. Yeah, please. Yeah. Yeah. And you'll reach the audience that you're supposed to reach because there's people seeking so much information right now.

It's fun. It's a fun time to be a practitioner because people are, they're waking up and they are seeking all this information. And I love, I love your mission, Jen.

So I love what you're doing. And to keep it positive, like I have doctors that follow me on Instagram or I spoke at like a DO, like a regular conference in Nashville a couple weeks ago and they are excited for this.

A lot of them are just scared to speak out. They're scared to leave conventional medicine. So I really, I try to mentor them. I try to point them in the right direction.

So it's, it's great to see, um, you know, one that this is a ripple effect and we just need doctors to keep on pursuing

like real health for their patients.

And, you know, I, I think we're just, we're just going to keep getting better. Yeah, I do too. My goodness. I love this conversation, Jen. So thank you so much for me and my audience.

Is there anything you want to leave the audience with? Yeah. So I would love you guys, if you are hungry for more information, you could go to drjenbook.com and check out the perimenopause reset and also going to have a course that is launched right now to go with it.

So just a lot of information. I want to really just have a community of women and I want us to be strong in health and strong in faith. Awesome. I love that so much.

Thank you very much for being here. I appreciate you. Thank you. And thank you everyone for listening. I know you're listening to this going, I know so and so needs this or you yourself needed to hear this interview.

And so if that is you, make sure that you like, subscribe and share this interview with somebody who needs this information. So we're all about empowering each other.

And so this was a very empowering episode. So make sure you do that. I appreciate each and every one of you. God bless you and I will see you in the next episode.

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