Women get dismissed all the time. I see a lot of people who have been put on an SSRI when we do blood work and those kind of think, oh, goodness, they have a thyroid issue.

Most of those studies that all of these diseases and symptoms were based on are from men. So they don't even act the same way in our body. And we have really different symptoms than men do.

I think women are conditioned to downplay things that are going on in them. So when they do come to the doctor, they don't always share how severe it is.

I mean, we just did it in our stories. You guys are just talking about the same thing. Welcome to Take Back My Brain with Lori Hammer, where real healing starts in the brain.

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, friend. Welcome back. And I'm excited to share this episode with you today. So what if I told you that the two doctors sitting with me today were both told that their symptoms were normal while their bodies were completely falling apart?

Do any of you relate to that? One of them actually flatlined after childbirth, and the other was told she may never, ever carry a child. and left searching for real answers, which they have actually done.

And so today I am joined with Dr. Heidi and Dr Serena, and this conversation is gonna be for everyone who's listening out there, because I know that you ladies out, there know when something is off and nobody can find the root cause, you're like, no, There is something going on and we don't wanna be dismissed.

So we're gonna talk hormones. We're going to talk muscle health. and we're gonna talk really wherever this conversation leads. So Dr. Heidi, Dr Serena, thank you so much for being with me today.

Thank you for having us. We're really excited. Yeah, it's good. I loved it. And I was on your guys's podcast a while back. So everybody on here, make sure you check out Hormone Heroines because these ladies are the bomb.

Can't tell you how much I appreciate them and I love listening to their podcast. Thank You. All right. Your stories are amazing and who wants to go first?

You go. Okay. Well, we'll tell the audience who you are and then your story. Yeah, so I'm Dr. Serena and my story starts back in puberty when I started cycling.

I really didn't start cycling is really what happened. And so they put me on birth control and I played the old standard. Yes, I've played that game for a while.

The first birth controller I was put on made vomit and bleed nonstop. So it was not the one for me. They switched around until one was stable enough. But they basically told me that And they didn't know why I wasn't cycling.

They could only offer me birth control to try and force a cycle, and they did not think I would ever be able to have kids of my own. And that was a quick little, all right, pat on the back and send you on your way.

Here's your birth-control kind of conversation. Yeah. So as I got older, I decided to go into naturopathic medicine and wanted to figure out all of this for myself.

And so when I was in school, I went off birth control because I wanted to start working on myself. Probably not the

best time to work on yourself during this.

You know, when do I do it all at the same time, Serena? Yeah, you know. The stress was probably not helping sort everything out. Ultimately, what I realized through all of that is during the younger years, I was a competitive figure skater, like type A, and recovering type-A personality.

Not recovering well. Yeah. I had an eating disorder plus all those physical stress, so I have the classic female athletic amenorrhea picture. and then when I got older and I was in med school and i was having the irregular cycles and miscarriages at that point it was really just stress-induced amenorrhea as well as nutritionally not getting enough so yeah got out of school started regulating my cycles more actually got to work on movement nutrition and de-stressing my life which, you know, still run two businesses.

So take that for what you will. Working harder at it, though. Yes, but I feel less stressed out. I'm better at regulating myself. And since then, I've had two kids, two healthy baby girls.

That is amazing. Before we get into Dr. Heidi's story, I want to talk a little bit about birth control, because you were put on birth-control at such an early age.

And I was on that as well at about the same age, and what do you see now years later within yourself, or what are things you had to unwind, with people who have been put on birth control for such a long period of time, like what are the long lasting side effects, consequences of that?

Yeah, I mean, it varies from person to person and the different birth controls that you were put. I've seen some people be in their 20s to early 30s with osteopenia because of the depot shot and how they reacted to that.

For me personally, I think it actually hindered my ability further to then make my own hormones naturally. Of course, this is just my theory, but because my body was already struggling to make hormones in the cycle that it's supposed to, then putting me on birth control just suppressed that further.

And so I made it harder to eventually recover and make my own hormones. Even though I've had two healthy baby girls, I still have irregular cycles. If I start getting stressed, my hormones dip and I tend to run on the lower side of hormones, which has impacts across the board depending on where they are.

So I think the long-term effect is that it made come out of what was really wrong, which was the stress and the lack of nutrition and over-exercising, not having enough body fat as a kid and suppressing that with birth control even further was not beneficial long-term and I still am dealing with that.

I don't have to. work hard to make hormones. Yeah. Well, and I think one thing to point out to listeners, because not everybody's a doctor, not everyone is in the medical field, is that hormonal birth control is not the same hormones that your body makes.

So it's generally an estrogen, but it is also a progestin. Hey, friend, just a quick break to remind you, if calling into your brain is the missing piece of practice for your home, my mind drive certification course, teach you exactly how to do that with targeted When they're on the birth control long-term, we see a lot more mental health issues.

Enrollment is now open. Link is in the show now. I see that too in my practice. People are coming to me for mental-health issues, depression, anxiety, and stuff.

A lot of them have been on birth-control, not hormone-replacement therapy, but birth controls, which is completely different. Yeah. There's a study out that says that when you're on birth control, you don't pick the same person that you would pick if you weren't on Birth Control.

To kind of explain that, how does that change your smell, your attraction to people? because our hormones dictate so much. The biggest thing is, how to summarize it, is people, or women, when they are pregnant, they're looking for different things than when are not pregnant in partners or who they choose to be around.

And birth control basically, I mean this is a very basic summarization, tricks your body into thinking that you're pregnant in the sense that it's making things like, oh, I should not ovulate right now.

We're busy doing other things, let's not obulate, we're gonna suppress all of that. And when all those things are suppressed, you're not going to be interested in this same partner sexually as you would if you were having those hormones.

Because one of the biggest things that we also see with birth control is that a lot of women lose their sex drive. because it's suppressing that spike of testosterone and everything that happens around ovulation, estrogen, testosterone.

It's pressing that. And we do different things, whether that's like, there's been studies that shows that women actually dress to show more skin around the time of ovlation, subconsciously.

Their skin glows more, so they attract different people. There's just a bunch of different hormonal, pheromonal things that happen in the pattern of ovulation that then is shut off.

And part of that affects the brain and what you're looking for in a person or in partner. Wow. It's amazing how our body works, how we're created. Yeah.

Heidi, I would love to hear your story. Okay, so again, mine started in puberty too. I had really severe periods. Well, I did have periods, but mine were really, really sever.

So I, had PMDD, they put me on birth control, of course. They never really tested my hormones. After her and I have had open practice together, she actually tested me hormones and with all of the things that had happened when I was younger, we came up with the fact that I probably had PCOS.

But we didn't test my hormones until I was in perimenopause. So like, it's hard to tell if I had elevated testosterone, but I have all of the other symptoms of it.

And I've had ovaries or ovarian cysts that have burst and like those kinds of things too. Who knows? I never diagnosed as a kid because we don't do testing back then really.

For me, it didn't really bother me until a couple of years in. And then it just started making me really nauseous. It kind of messed up all of my GI and I had to do a lot of work on my gut after getting off of it.

So for me it wasn't so much that it messed my hormones after I got off it or after it was on it for a while. So it definitely, honestly, this is a long time ago, I don't remember everything that happened to it.

But I ended up having really bad diarrhea, but then constipation, and then lots of, you know, bloating and lots abdominal pain. And I couldn't eat certain foods, which was weird.

It was stuff I'd eat my whole life. I was only in my early 20s. So, it's not like, in perimenopause that happens again, that's the whole hormonal shift again.

Right. And then, you know, I got it all straightened out and then I had my first daughter. And after that I was pretty good. Like my PMDD really kind of lessened after my 1st kiddo.

I have a 2nd kid and my hormones went crazy again. After my 3rd kid I ended up having an emergency C-section with her 9 weeks early. Um, and what happened after that was I have a lot of stress.

I still had three other kids at home. So I, against medical advice went and well, my husband, we didn't have. A lot. Of money. My husband had to work.

He couldn't take time off. Right? So, I had her on a Friday and then for Thursday night. And then he had. To go

back Monday. Like there was no maternity leave, paternity leaves back then.

And so I had to take care of the other kids. So my daughter was in the NICU because she was nine weeks early and having trouble breathing and all the things.

I really kind of messed up my recovery after the C-section because you're told not to drive. You're supposed to rest and she did not rest. But I didn't have a choice.

So I would go home in the morning, take my kids to school, go back to the hospital, wait until I had to go pick the kids up from school. Go back home, make dinner, and wait till my husband got home and then go to hospital and sleep in hospital.

I think that really screwed up a lot of things. I was really really tired, really stressed out, had lots of emotional stuff going on, but I thought I have a pretty stressful life right now.

That's probably all it is. Also, this is the story where you flatlined. Oh, yeah. Yeah, that's kind of a good piece for Heidi. After the C-section, you flattened several times, which definitely impacted your health.

Probably so, but I didn't make it any better. Yeah. So, okay, I'll back up a little bit. Before I was doing all that stuff and ruining my body further, after the C-section, they took my daughter to the NICU to get her on a breathing machine.

And then I went into the recovery room. In the recover room, apparently I had flatlined several times, and I woke up to my husband crying. Um, and I was like, what is wrong with you?

You're supposed to be with our kid. And I yelling at him because he was supposed be in the NICU with her kid because I didn't want her to feel alone. He's like crying.

It's, like what's wrong? What happened? And, um, apparently I had flatlined and the nurse had brought him in to sit with me because they were doing a shift change and they wanted somebody in there with.

Because I kept flatlining and then they had to come and revive me. Apparently I don't do well with the spinal medicine. So good to know. Yeah, I just kept…

I thought it was a great sleep. I was like getting the best sleep of my life and they just get waking me up from it. So that probably did not help any of hormones or my thyroid.

Jump back to where I taking the kids to school and doing all those things. Wow. 60 pounds. And I was like, I don't know, it wasn't like super skinny or anything.

I'm like a size six, size eight, but I ended up going back to a sized 12 within two months. It just kind of came on. Everybody, when I saw doctors, everybody's like oh, that's probably just all your stress and you just had a baby, you know.

With that baby I gained one pound. One pound to the entire pregnancy. So it was the baby weight. That it happened afterwards and I was exhausted all the time.

My hair was falling out. I Was super depressed like just not not like depression like regular depression It was more of a malaise like I had absolutely no motivation But I still kept going because I have to like it had because there's it's not I could just lay in bed Right, but I wanted to And so I finally, I went to several different doctors and I final went a naturopathic doctor who tested my thyroid.

Nobody had tested me thyroid before. And postpartum thyroiditis, whether you die or not, is a huge thing. I test every one of my post partum mamas. because a lot of postpartum anxiety and depression and fatigue and like all those things can be from their thyroid.

Postpartal thyroiditis is kind of comes on because when you're pregnant, your immune system is suppressed, right? Because it doesn't want to kill the baby because it's a foreign object in your body.

So it is trying not to tell it. Your immune is a little bit suppressed. when after you give birth, your immune system's like, okay, now we can be normal again.

Sometimes it's overreactive and then it causes postpartum thyroiditis because it kind of attacking, it almost like an autoimmune issue. Anyways, that naturopathic doctor tested all of my thyroid hormones, not just TSH.

My TSh, I think, was technically normal. I was at 4 or 4.2 or something like that. It was right under the normal, but she tested T3 and T4 as well, which I always do because it's really dumb to just go by Tsh because you can't see what's going on with just tsh.

Um, so it turned out I had tested my antibodies. Also, I ended up having autoimmune thyroiditis. So I have Hashimoto's, um, and then I got on some legal thyroxine and I didn't have to take leothrionine, which is the other one, the T three.

Um. And lo and behold, my fatigue went away. My depression went way. I wasn't losing hair consistently anymore and. Was able to drop the weight back off.

So from there I was like, oh, well, I think this is what I need to do. So I went to naturopathic medical school and that's where her and I met. And then now we, we just work on a lot of people because a of women are just dismissed as like oh well it's just your stage of life.

You, you have a brand new baby and three other kids and you're running around and there's nothing wrong with you and. you just, You're just dealing with life, but that not always the case.

Yeah. I mean, women get dismissed all the time. They, I see a lot of people who have been put on an SSRI when we do blood work and those kinds of things.

Oh goodness, they have a thyroid issue, have hormone issues, their adrenals are flatlined. Yeah, there's so many other things going on. And so how do we as women, when were going to a doctor, cause there is no naturopathic doctor within two or three hours from me, right?

And so to find someone who would do what you do, now I can run labs and stuff for people, but I'm a nutritional therapist. So I am not a naturopathic doctor, I m not an MD, not any of that.

I' m a nutrition therapist and so define somebody who will listen to you and not dismiss you. What do you when you go into the doctor and you're like I know there's something wrong with me.

but they're like, yeah, no, here's an SSRI or well, you have six kids, or you just flatlined, of course you're tired. What do you say as a woman because we feel so defeated?

I mean, one thing that I always tell, like because there's certain things that we can or cannot do in medicine and we'll have to refer to specialists and all that thing.

And what I would tell my patients is like this is exactly what i want you to tell the doctor. I want Okay, I understand why you think I don't have this or why?

You think? I? Don't need these tests, but I am asking you to please run these test so that it can be ruled out so we can find something else that is causing these things and then generally speaking if it's one of my patients I'll tell them exactly what I want because specialists have access to different labs and different imaging that we don' have Access to like we technically have to everything in our scope, but they can get it approved by insurance way easier than we can.

So we send them to the specialist and I'm like, okay, this is what you want. You can tell them that your doctor is the one who is saying, hey, these would be really good.

And when I do referrals, I'll also write all of that stuff in there. The biggest thing is they need to find a good PCP that is willing to listen and willing know more and learn more.

I think I've learned more being a PCT than anything because You learn all these things in med school, you learn what symptoms go with what disease and how to treat and all those kinds of things, but it presents so differently in women because most of those studies that all of these diseases and symptoms were based on are from med.

Right. So they don't even act the same way in our body and we have really different symptoms than men do. Well, also, I think women are conditioned to downplay things that are going on in them.

When they do come to the doctor, they won't always share how severe it is because we just did it in out stories. You guys are just talking about the women are conditioned this way we just shared our stories and we played a lot of it off because that's how we're told that you got to keep going you gotta keep doing things so I if you know you're not if your looking for a PCP your still at that level I always try to encourage people to You know, really share everything that's going on.

Don't be afraid to say how horrible it really is affecting you. Like, is it distressing you? Is it causing these really severe side effects? Like I'll just use the example of my mom for one.

She would go to doctors throughout her whole life because she was bleeding so profusely because had really heavy periods. And they never diagnosed her and she'd be like, I am bleeding heavy and they'd like okay, yeah, you're bleeding Well, one thing that you can do as a woman to really help doctors understand that if they don't ask you, a good doctor will ask, you OK, let's quantify how much you're bleeding.

But if don' ask who can quantify it for them. You can be like, I am bleeding through like a nighttime pad. within an hour and then i'm sitting on a towel and i bleed through that by the time i get to work like that is not okay and if a doctor hears that they an alarm should go off in their head but a good doctor would have asked you to be like okay let's quantify your heavy bleeding so that's just an example of one way but like If you just go in and say you're having heavy bleeding, women are gonna be more likely to be dismissed.

If try to start advocating for yourself and really tell the whole story, hopefully you'll say something where they'll perk up and be like, okay, we do need to take this seriously.

Yeah. Yeah, for sure. Okay, both you women are very high functioning. I know you're recovering type A, Serena. Yeah. Still working on that. Don't know if I'm recovering, but.

Oh my goodness. So I would say most of us have a little, at least a piece of US that's, you know, type high-functioning, over- functioning, downplaying, all those kinds of things.

And you had mentioned both of you that you were working And that's a huge thing, you know, that I work on people regulating the brain, the neural of everything.

What do you say to women when they're trying to regulate stress? Because you had a period of time, Heidi, where your husband couldn't take any time off.

You were flatlined, you have a baby in the NICU, and you were recovering. And there are situations like that. What you do? Can I hire somebody? Somebody come and help me.

A lot of women just feel super stuck. They're like, I don't even know how to regularly because I do not have the moment to regular. So in my situation, I did not have money to pay anybody.

I didn't have the means to do that. However, a lot of great support I could have asked for. If I had a best friend that

would have done anything for me, she probably would've gone and got my kids, even though she had two kids of her own, but I have a horrible issue with asking for help.

Yeah, I had family I probably could have asked, but I've always been super independent. And that is to my fault. I understand that there was probably a lot of people I could've asked for HelpFund.

So what I would say in retrospect, because my body is still that daughter is 15 and a half. My body's still not the same. Absolutely no feeling in my lower abs.

But I did not recover correctly. I would probably ask for help, and it's okay to ask. But if you're like me, it is very hard to. If there isn't anyone that can help and you don't have the funds to hire somebody to help.

There are a lot of programs out there that can help. There's a lots of state programs, a lo of Medicaid programs that you can get in touch with any of the local government and see what they have because there are programs where they can have somebody come in and help you clean, they could have someone come and watch the kids while you do something or stuff like that.

government programs where if you meet a certain income level, you can also have free daycare, which is great. Even if want to be with your kids, sometimes you need a break to get stuff done.

And that can be stress reducing as well. But also outside of that, let's just say you're busy working, like you enjoy your career and you have the kids and still want do all those things.

I usually tell people you got to have a non-negotiable, meaning you carve out time, like you schedule time just for you, ideally every day, but we can start with once a week.

And it's just a little like 15 minute or less routine that you do. So we're actually just talking to someone really great who does tea time is me time.

I love that. Her name is Shivani Gupta. Oh, she's fantastic. Yes, she's amazing. And I loved her tea time as me time because I like alliteration. Things like that are the best.

Other things that I do is I'd like to read before bed. I know Heidi does too. We like read fiction because it helps us disconnect where we don't have to think about this crazy world, the stressful things we get to.

have a little bit of relaxation and reading before bed. So even if it's not such a severe circumstance and you're just caught up in your busy life but you want to still do all these things in life, you are still trying to work in, your health and de-stressing.

Little things do go a long way when it comes to regulating and getting yourself out of that fight or flight. Any amount of time you spend outside of the fight of flight and in you parasympathetic, is gonna help your hormonal health and your overall health.

One of my favorite ones is singing that we learned about. It also triggers the vagus nerve at the end of the day when I'm charting and I'll start singing to myself about things in my charts because it's helping to regulate.

So like you can plug it in anywhere throughout the with those little habits and those habits go along with life. For sure. I would love to dive into muscle health and how that affects your hormones, longevity, your brain health.

And I know you guys are big on working on people's muscle health. So tell us kind of an overview. Yeah, especially perimenopause. Give us an over view and then we'll get nuanced.

Muscle is huge for our body, right? We have a lot of muscle. That's most of our weight, hopefully. The muscle isn't just about tone or power. Really, it's a vital organ and it helps your metabolism, your hormones, and your brain.

Healthy muscle helps to regulate your blood sugar. It supports bone health, that keeps hormones balanced. After menopause or like during perimenopausal, maintaining muscle becomes even more important because that muscle mass is going to help with your bone mass too.

And a lot of studies show that women with lower muscle masks are actually up to five times more likely to experience cognitive decline and dementia. And that's mostly because when we have active muscles, they release key brain-supporting compounds like BDNF-alpha and IDF1.

So those help keep your brain sharp, your mood balanced, to your blood sugar, rest your, blood vessels healthy, and it helps regulate your good sugar.

I love it. If it does nothing else, it hopes with your thought process. Yes, exactly. Exactly. It keeps your more optimal longer throughout life. Yeah.

And it also helps with mental health too, depression, anxiety. There's tons of studies that show that exercise really helps to decrease mental-health issues.

Oh, yeah. Just movement in general. You mentioned that muscle mass helps in bone mass. How does that work? So, um, when you have the structure of the muscle, you're able to move it more and you can move the skeletal muscle and move, the whole entire body, which causes micro abrasions kind of to the bone.

Okay. It also releases other hormones and releases, other enzymes and stuff. I'm not going to get too geeky because we'll just lose everybody and they'll disperse.

But with that in mind, Basically what happens is when you're able to move your muscles and you are able move bones more and get that compaction down, it triggers your bones to grow more.

It triggers the osteoblasts and it helps to actually build more bone and keep them denser. Yeah. So the quick summary is if you have impact, which you need muscles to create impact because that's what's moving the bones around.

But every time you haven't impact on your bones, it's going to tell your bone. We should be denser. That's awesome. Yeah, lots of other chemical things going on in there, but yeah.

For sure. What are some of the best muscle building exercises we can do kind of throughout our lifetime because clearly you're not going to exercise the same way at 20 as you are exercising now at 50 and a lot of women have exercise intolerance.

How do we address all of those things? You have to do some type of strength training, whether that's lifting weights or resistance training. I know like in my life, I've been huge on resistance, training and using my own body weight to build muscle.

Intolerant like exercise intolerant. There are little things that you can do to still build your strength whether that's like doing just like five reps of five pounds and Build yourself up because if you have exercise and tolerance, I mean everyone has a different story But in general you Can slowly build you're tolerance up over time.

So you've got to start somewhere Yeah. And I mean, when they're younger, you build muscle easier, right? You have all of the key things to be able to build muscles easier.

So when you're young, or you can do body weight exercises, functional exercising, where you're not using as heavy of weights. When you get older, you are not building muscle as much.

And when you in perimenopause, studies show that you losing 5% of your muscle mass every year. That's huge because you really need that muscle to maintain independence.

How are you going to walk around if you have no muscle and you can't get around? Nobody wants to be dependent on other people to move them around or take them to the store or any of that.

When you get older and especially when your hormones start dipping, it's very important to build more muscle and maintain it. So some of the key ways to do that is to Do the heavy lifting.

so when you do heavylifting and you Do progressive loading, It tricks your muscles into saying, Well, more stuff is getting put on us. We need to build more so that we can actually lift this heavier weight.

So what I have my people in perimenopause and menopausal do, or post menopus is I'll have them do three sets of six reps each, but I haven't break it up because in Perimenops and Menopas also, you can't work out too much or it will cause more stress on your body and release more cortisol.

A little bit of cortisol is fine, but we tend to have higher cortisol in perimenopause and postmenopausal anyways. It gets triggered easier. Many different things.

Lots of different reasons. But to simplify it, I break it up into four days, so like every other day, and you do leg day. You do chest and back. you Do biceps and shoulders and then you chest in back, But you'd do it every day so you have a rest day in between where you're still moving your body.

Maybe do functional medicine or functional exercises. um or functional training movement training tai chi yoga those kinds of things in between you keep your body moving but you're really building every other day with the heavy muscle and with progressive loading what i mean is the first set of six reps you are going to do like a hundred pounds for your quads The second set of six reps, you're going to do 115 pounds for those sets.

And then the third, You're gonna do 130. You know, so you are going progressively load as you go for these three sets, if you do all of the machine, like if go to a gym and you have all the machines, then you can get all these exercises done for the body parts that I just said, the bodies symptoms systems that i just set.

you could get them done in 30 minutes or less. So you're not overstraining your body, but you are building muscle. What do you say to those women who say they start doing that and then they have so much pain at night that they can't sleep?

What would you to someone? Because I have several clients and that's an issue. So I have my absolute favorite supplements. It is something that our gut is supposed to make, but a lot of people, especially in perimenopause and menopausal or postmenopasal don't make it or make enough of it.

I love urolithin A. it is actually a polyphenol, But we don' make. Enough of. to help with it. It helps with endurance, it helps resilience, helps muscle growth and helps the soreness.

I will tell you, I started working out before I even knew about that and I was so sore I could barely walk the second day after, you know, because of delayed onset.

And then I start taking it regularly and take it every day. You can probably cut this if you want to, but I call it my old lady crack. because it gives you a lot of energy.

I'll leave that in it. And you feel young again. It also helps with brain fog. So it does. Even when you're younger, I was dealing with a little brainfog and I started taking it and i was like, oh my gosh, my brain fog.

Yeah. it was so much better with taking the Euroliphany. Yes. Nice. But it also helped with that soreness. You feel it, and you fell a bit sore, but not anywhere near where you were where could barely go up the stairs.

after right right but also to your point with like the specific clients you're thinking of if they're feeling that sort then have them start on a lower level and work their way up like you need to start where you at don't try to go to the gym and do the same workout of someone that's been working out yeah the last I do not tell people to do mine because

I've been doing it for a while.

If you can only do five pound weights right now, then that's where you start. You start with the five-pound weights and you slowly build up. It's better to start small and go slow and actually keep the habit than to get a wild hair and then go really hard and never get back in.

Yeah, you don't want to injure yourself either, so you need to listen to your gut. Yeah and finally also if you're having that much soreness and it's not because you over did the workout and backing off doesn't improve it, you have too much systemic inflammation and we need to talk about some other things going on in your life to bring down that systemic information because that's what's making you sore.

It's not the workout, it's just the work out triggered a little bit of inflammation, which it supposed to. That's how your body works. But you are having such a huge inflammation spike from that, that we need to get that under control and there are other things that need work on.

For sure, for sure. Let's dive into just a little bit of weight loss resistance because it's huge in perimenopause, menopausal for, sure and so what would you say to the woman who's eating right, they're doing the exercises you're talking about, you are really working on their sleep, trying to regulate nervous system and stress and all those things and they just keep gaining weight.

What do you Well, yeah, so a couple things. One is, are we doing the hormones? Because if you, maybe you're doing everything right, but if haven't started bioidentical hormone replacement therapy, that's going to have a huge impact on that because when you have estrogen receptors everywhere in your body, you've testosterone, I mean, like not everywhere, on almost every cell and that is your brain, your muscle, your bone but also your mitochondria has estrogen receptors on it and your Mitochondria is the powerhouse of the cell.

That's what sets your metabolism. So let's talk about hormones for one but let say you're already on that and you are doing everything else and still having the resistance.

Right now there is so much research coming out around mitochondrial health and how that changes as we age and how it really becomes more dysfunctional, like things just build up over time.

And there's different things now to help rebuild the mitochondria. So really at that point, we need to start focusing on how can we re-store as much mitochondrial health as possible to then get the weight loss to just start happening.

There's things like peptides and nutrients that can do that, but what you need is going to be, it needs to individualized. Absolutely. Also, there may be gut dysbiosis going on, especially in perimenopause and postmenopausal because you have estrogen risk.

You have the estrobolone, which is part of your microbiome, and it's not getting fed. A lot of that dies off and then you'll have a lot food intolerances and a lots more inflammation and gases loading and all the things.

Weird food tolerances you never had before. That also needs to be addressed and you need to fix that as well because your whole body needs be in homeostasis to have that body you want.

Well, and also, even if you're eating everything right, if your not absorbing it because you are not breaking it down because as we go into perimenopause, we lose some of that digestive power.

And so if we are breaking that food down, you aren't absorbing the nutrients, then you will be hungry all the time and your body is going to be in that starvation mode.

So even though your eating right your bodies not getting the nutrient and it's still going into starvations mode, meaning your cortisol is spiking and its going pack on the weight more.

Yeah, so you do need to get your GI. under-regulated or as optimized as possible. Yeah, I think that's one of the hardest things because there's so many things to disrupt that GI.

Oh, yeah. So many thing. All right. I have one more question for you ladies. What's something you believe about women's health that would be considered controversial, but that you know it's true, that every woman should know?

Gosh, I haven't thought about that. A lot of stuff. Our bodies work differently than men. Who knew? That's a good one. That is a great one! Maybe we should have some research on women.

There is more research coming out that is based on woman, which is great. It's just a long time coming. We're at 2026. Come on now. Um, yeah, I mean, what's controversial?

I would say there's a couple of things that come to mind instead of just one, sorry. I would be on hormones, as soon as I hit perimenopause, I'm gonna be in hormones till the day I die.

And I know that's getting less controversial. Yeah, it's less controversy now, but it still controversial, that how I feel because I am not giving up all of the things that those hormones do and all the health benefits that come with it.

So that is changing, so that one thing. It's still kind of controversial that they are still saying like after 65 and I like no, no. And I guess the other thing that comes to mind is that I know there's two ways to think about stress.

Women are often dismissive like, oh, it's just stress, but also I want to be clear that stress can be horrible and it might be just stressed, be affecting your entire body and causing biological changes because of that stress.

Right. Because that's kind of from my story. It's like, yeah, it was just stress, but it ruined so many things. Yeah. Just stress is not just. So I feel like that would be something that's like controversial.

It's, like, yes, you don't want to be told it's just stress as a woman, but we are under so much stress now that it is causing physiological changes and shutting down parts of your body and changing them.

And so it needs to addressed. Well, and studies are showing that excess cortisol can actually calcify parts your ovaries. Yeah, because it's affecting your mitochondria and it is causing those mitochondrias in your ovaries to calcify, which is then triggering either premature ovarian failure or earlier onsetting perimenopause or just lower…

Low progesterone. Low hormone production in general. Oh my gosh, I love it. Stress is not just stress. So stress is chemical, physical, emotional. Your body doesn't differentiate between it, it just knows it's all stress, so we have to address any of that.

Well, ladies, this has been amazing. I appreciate you, Serena and Heidi, any final words that you want to share? Don't be afraid to speak out for yourself.

Make sure you reach out to any, any practitioner that you can trust to ask them what you need to asked if you needed to go to a different practitioner.

We're always welcome to answering, you know, messages or anything like that to see if, Hey, ask your doctor this, asked your Dr. For this. we're fine with that.

I'm sure. You would be too. So just don't. Be afraid. To ask for what. And don. Don. Downplay your symptoms because they are real. and you need to let them know how real they are.

Absolutely. Did you have anything to add, Serena? Oh, just to end that, if you did want to reach out to us because you are in our local area or you want ask the questions to see what you should be asking your doctor, you can reach us at Hormone Heroines on TikTok and Instagram or info at blossominglongevity.com.

Awesome. Well, thank you ladies so much for being on today. You've been a big blessing to my audience. I

appreciate you very much. Thank you. Thanks for having us.

It's been great. Awesome, and thank everyone for listening. Thanks for listening to Take Back My Brain. If today's episode helped you connect with hope or direction, I want you to follow the show, leave us a review, and share it with someone who needs it.

And if you're ready to start your own healing journey, explore our courses and our coaching programs at lorihammer.com backslash store. So until next time, remember you cannot medicate away a nutrient deficiency and healing your brain isn't just possible, it's Powerful.