Introduction to the show and guest

So you don't have to suffer though, in perimenopause. And these women need to know that they are not broken. They. You know, this is something that we all go through and we can go through it, you know, really gently.

We can feel amazing during perimenopause. But the one thing that I did notice, you know, in the last decade that if women don't have, you know, a church community or reading their Bible, they will not feel completely whole or completely well, like they'll still they won't get to that, like 100% or they'll lag, you know, that that is missing too, because that is peace.

And that will help with the stress. This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Hey, y'all, welcome to another episode of my Indie Unscripted.

I'm your host, Doctor Clint Carter, and we love talking about all the things that you wish your doctor would talk about. We have one of our favorite topics today, which is talking about hormone optimization and, helping you feel your best.

Now and later. And we are dealing with Doctor Jen. She is a physician, both double boarded in emergency medicine and integrative medicine. She's an author. We're going to get into that today.

She's a podcast host of her own and she's on a mission to transform women's health. So welcome, Doctor Jen. Thanks for being here. Thank you so much. Appreciate it.

Yeah. Tell us more about this a little bit about your story, how you went. You know, women's health here when you were you know, rocking along as an ER doctor not that long ago.

Yeah. It's amazing how that worked. So I went to school to be a doctor because I thought they focused more on root cause, like 80 still on the founder.

He was an MD that started do schools for more root cause medicine. And then I went to, you know, the emergency room to practice. And I got very disillusioned with medicine.

I was like, actually writing diet plans for people in the E. R.

Doctor Jen's journey into integrative women's health

and talking to them about what they eat. Yeah, because, I mean, I'm like, look like you've had five CT scans this year and you're only 20 years old. Like, we should probably like, figure out, like, what's going on.

And, you know, they're going to their doctor. And so anyway, I literally remember the day I remember one house we lived in. I remember coming home like I was reading all these books on chronic illness like Lyme, EBV.

And I was like, I look at my husband, I'm like, like I need to go back to a fellowship. And integrative medicine is like, well, you already like our learning.

I'm like, no, I want to board certification. Like, I want to learn the things that I don't want to learn in that subject to, you know, because we could just pick our favorites and, you know, have like, that education.

So I went back and did that shield in that while I was going through that whole process, like I was also having kids at the same time. So I was getting into like, like diapering and breastfeeding and, you know, went gluten free and healed my Hashimoto's.

So it all just like beautifully flourished, you know, and this is where you really see, like God's sovereign us and like just his providence, like working out in your life and, you know, it's just it's great.

And then here I am now living in Tennessee. We moved from Ohio to Tennessee this year, just really trying to slow down. I close my brick and mortar. You know, the Lord told me to write this book, The Perimenopause Reset, that it's it's faith based.

And, you know, it's just been great. So that's kind of how it ended up. Like it kind of wasn't all my decision and it just happened. So I love it. It's been a wild ride. Yeah, yeah yeah.

So we what's funny is you don't know it. But I went from I was in the our doctor got disillusioned. I had Hashimoto's, you know. I like. Felt like crud.

My tea was through the floor as well. And so I was I was right there with you. And then once I kind of, you know, guy was like, you know, I thought I was going to quit medicine altogether.

And God and my wife had other ideas, and here we are. And and so it's wonderful when God takes you on a ride because, you know, you don't know where it's going to end, but you know, you're in the right seat.

So and it also teaches a lot. You're a lot about your self like pride, you know, like, yeah. How many things are you doing or not doing because of pride.

And it's so funny that like, I thought I was in control of things and literally not. We are not so. But the point is like, you know, us talking because those out there you might not know, like doctors are control freaks.

Yeah. And not all of the I mean, you do you want your doctor to have some sort of control, like when there is a code in the air like or and not in the ear, but on the floor.

And you know how it is that your doctors go up. As residents, we command the room. We are cool, calm and collected. We are in control of that room, and we are told to be.

And we're just like. And we're in control of our entire air when it is falling apart, like, you know. Yeah, I mean, you want that, but there's that control.

And then there's also like, we literally think we like our in control of our lives. And so giving. Yeah. Like when we surrender we can actually do what God like wanted us to do.

And we're actually good at. So this is funny fact, which probably a lot of people don't know because I do a lot of speaking like a lot. I used to hate public speaking, and now, like, I love it because I love what I talk about that some people, some people say I'm actually good at it when I go to conferences.

So it's pretty funny. When I'm. With you, I love it. And it is mostly because I'm just passionate. And, you know, I just tell my story and everyone identifies with, you know, all of the reasons why it's hard in the system to have a purpose and all of the things that we're doing outside of that, where God just opens up all these doors, hormones, peptides, you know, really like really making lifestyle changes.

It's so great. Yeah. So really we're. Going to touch on the idea of the book, the perimenopause phase reset. What is perimenopause actually like? People get menopause, right.

You're going through hot flashes and your hormones are kind of all over the place. But what is permanent? Pause. Yeah. So menopause is the one year without a cycle.

So you're Astrid II. All your estrogen levels are basically nothing, right? And that's that like hard stop where you know, we know you're you're in menopause and your hormones are just like gone.

Right. And that's usually where doctors step in and do something. So perimenopause is that that decade before sometimes yes. Or in menopause can be symptoms can be a before.

And women just feel very lost.

Understanding perimenopause symptoms and common misdiagnoses

And you know, I didn't even know that this was something that, you know, 90% of my patients are perimenopausal women. And this because this is where they go to doctor, they feel anxious, they feel confused that you're gaining weight and they haven't changed anything.

They're not sleeping as well. They're short with their kids, you know, the list goes on and on. Palpitations, you know, that can just be one of the subtle symptoms.

So what do they do when they go to their conventional doctor? The conventional doctor just says, okay, well, we're not checking hormones because it's not going to tell us anything, which isn't true.

And then they're like, well, you're tired because you're a mom and you're probably depressed. So why don't we give you antidepressants and birth control?

Literally, like that's how many times have you heard that? I mean, I would say that that would be considered standard of care. Your periods are a little weird.

You're depressed and anxious, and everything's harder than it should be. Let's treat those symptoms that treat that fruit, and let's not worry about the root. Yeah.

Yeah, let's just make it worse. And then we we see complications from that. And and it's honestly kind of cringeworthy sometimes where sometimes women will be put on birth control in their late 30s and they'll just stay one burst in and they won't even know when they're going through menopause.

Correct. Absolutely. That's and and you know what else? This is the new trick that these doctors are saying. These doctors I say that. But like they need to stay curious and know that they're poisoning their patients, giving them birth control.

But whatever. I mean, that's common knowledge. Like they're just like doubling down on it, like dissolution. But it's okay to say you're wrong. If you're a doctor listening out there, it's okay to say you're wrong.

Like I used to do medicine. Wrong to like, here's the first problem. Medications. Like I never prescribe birth control though, so that's good. But but anyway, so this birth control, they're now telling like I just saw someone and they were on a progestin, which is when static progesterone, they were told that it was progesterone because they told me they're like, oh, I'm taking progesterone, but I'm taking it every day.

And I'm like, you're taking a mini pill. I bet you're taking a progestin. And they were. And I'm like, that is so shady. They literally thought they were on progesterone.

So there are so many in France. You know, there's doctors to come to their advocate to be the advocate of that guy who or female who prescribe that they literally think that is progesterone.

Like they don't they're not taught the we're not taught in our basic training. The difference between about identical and a progestin on either side. To me, when I was in residency, people said about identical hormones and I was like, hormones, a hormone like your own, you know, crazy.

They're just not talking. I mean, we became passionate and we got further training, you know, in hormones and. Oh, yeah, and that's the thing. I feel like they should just be like, hey, like, I haven't taken any extra courses in this.

Maybe you should go to someone that I don't know. This is what they're told. So you don't have to suffer though in perimenopause. And these women need to know that they are not broken.

They you know, this is something that we all go through and we can go through it, you know, really gently. We can feel amazing during perimenopause. But the one thing that I didn't notice, you know, in the last decade that if women don't have, you know, a church community or reading their Bible, they will not feel completely whole or completely well, like they'll still they won't get to that, like 100% or they'll lag.

You know, that that is missing too, because that is peace and that will help with the stress. And, you know, having that community too. And that's what the Bible calls us to do, you know, not to stay home and stay isolated, but to have a church community, people to hold you accountable and stuff.

So I think that the faith based portion is so important because in perimenopause women, we feel lonely and isolated. So what does the enemy do? They're like, hey, like, you know, Satan's like, let's go.

We're going to make it worse. We're going to apply this pressure. Spiritual warfare, you know, I mean, a lot of divorces happen here. A lot of women watch for like, New Age stuff.

You know, they decide to be like Swifties, you know, at age like 35 or 40. They're like, we're gonna go all the Taylor Swift. I don't know, like I joke about that, but like, that's a that's a big issue.

But they find other idols or they do a yoga's yoga teaching training, which I got sucked in in the new age. And I talk a lot about that in my book, how I got free from that.

So there's a lot of scariness there too, because also, I'm sure you see this a lot like integrative functional medicine world is very new agey, and that does not bring peace.

Yeah. Like yeah. Let me tell you, I mean, I was into it. I was a yoga instructor, had a yoga studio attached to my integrative medicine office. Nice. Yeah.

Nice. No, not nice, but that's part of my testimony. So the line is, you know, business wise, it makes sense that's that, you know, people are looking for flexibility and inner peace.

Right. And yoga is offering movement and inner peace. And we do have some yoga around here that tries to blend in faith and yoga. And, you know, it gets real sticky real quick.

And and my sister in law, who owns multiple yoga studios, is now no longer married to my brother. And it's just one of those deals where you just get enlightened in your own way and it takes you.

Satan uses that and takes you away from the truth. And so. Yeah, it's disguised as light. And that's what it says in the. Back, like, wow, it's exactly how it ends up here.

Yeah, yeah. And it is, it is so crazy because, you know, I will bring it up and, you know, yoga instructors will, like, attack me and be so mean. And I'm like, well, it was interesting when I was like in it when I was like hiring yoga instructors and dealing with, like, people like they are really not happy hip hop.

Hormone treatment options and safety concerns

Like, I don't know, it was crazy because I was on this Facebook, you know, yoga studio owners and we would all like, say that how they were very difficult to work.

It's because it's like it's not true light, you know, it's only Jesus is the light. So anyway, I have no problem exposing that and talking about that because I was in it.

So I can just say that it was it did not bring me peace. I think it robbed me of a lot of peace. So I'm so grateful for

being redeemed from that. But but yeah, so all of these things like happen and it's so hard on the family unit and sometimes the family unit breaks.

Yeah. No. And and we don't need that. And women we, we are better than that. And also I think it's important for men to understand what women are going through in perimenopause. Yes.

And get them help. You know, another part of my passion is talking to men about perimenopause. And I will do this to anyone that talks to me about it.

New friends, new whatever church. Don't ask me what I do at the ball game. I'll tell. You. Yes, I'll be like, you know, like perimenopause. I mean, it is not your wife's fault that she's more irritable.

Like we need to work on her progesterone, her stress levels. Like you need to support her. Like, make sure she's enough protein, like, help with the like.

I don't know, I, I will though. And by the way, you're probably low key. So go get yourself taken care of as well so that you have a little something left over for the family when you get home from work.

And there's there's a lot to that for Santa Claus. Yes. No. It's so true. Like. Yeah. And then you have the men going through the Andrew pause and then they're not motivated and their growth hormone is.

Yeah. I you know, I think a family should just all have refrigerator with a couple vials of peptides in it. Know how to use, have their supplements, have their protein, live on a little acreage to look at nature.

You know, that'd be awesome. But there's a lot of people stuck in an apartment or a home too small because that's where they're at in life and they're, you know, on the highway and our commuting one way to work.

And now trying to make it well. But that's where. It's. Sitting with your patients and getting into their lives and figuring out where can we find those holes in your schedule that you can do the right. Yeah.

You know, yeah. If they don't have a lot of room or even resources, even even money, there's so many practical things that you can do focusing on the four pillars of health.

Just movement every day, even just walking, even just having 220 pound dumbbells like, you know, you could do a lot with that squat upper body. Just having that at home, making sure your sleep is good.

You're not scrolling on your phone until 2 a.m. that you are in bed at 930, ten, you know, and then nutrition and then just hitting protein goals, avoiding sugar, you know, there there's just so much low hanging fruit.

There's other stuff is the icing on top. Yeah. Okay. So you know you've got lifestyle modifications. So we're in our toolkit. We're talking about you know, mostly 40 something year old females that they're not.

Everything's a little bit harder than it used to be there. There's cycles are probably a little heavier or a little weird, but they're still fairly regular.

And so they're definitely not menopause, but they're just everything's harder than it should be. They're a little more moody. They're a little less attracted to their husbands.

They're everything's just a little bit, you know, they're running a family. They're running the home. Some of them are also having jobs. My wife does all of that and runs our practice as well.

So you got lifestyle. What tools are in our toolkit here? We got lifestyle modification. What else do you do. Yeah. So one thing you said about the cycle.

So another thing that happens is the cycle shorten. So 28 days 27 days and then they'll start shortening 2524. And

that's the the progesterone with that decline.

So progesterone is just gonna keep declining. So then we're having like an estrogen dominance kind of state going on. Yeah. And that could be for many reasons.

You might not be detoxifying your estrogens as well. You can always have been a little estrogen dominant. But you didn't notice until that progesterone starts really tanking less if you're more stressed or you're not sleeping well, all the things your progesterone is going to be affected by cortisol.

So depending on where in the perimenopause they are, if they come to me and they're like like heavy and perimenopause, right. Like probably like you asked them when did your mother go through menopause.

That's a good indicator. And they say 50 and they're like 45. And you're like, well, we're just going to start progesterone during that second half, that luteal phase.

We're going to mimic their cycle and support that. And if they're really early, you know, or if it's a younger woman in her 20s and she's having estrogen dominance like symptoms, we can get a little cheese tree berry and give it at least three months of daily use.

So vtx or chase strawberry. And that helps your body endogenously make more progesterone. So that could be helpful. And then, you know, when we look at the giving that progesterone it really also we give it orally and it really helps us sleep too.

So that kind of yeah helps in both Pam points. Now you know some people they talk about do we give estrogen during perimenopause. Yeah I mean I tend to say no.

So it would be a rare circumstance to give it to someone if they were really close to menopause. So why why do we not do this. So we don't want to we don't want to do harm.

So ester diol is more of like a building like tissue. So like breast and and or metro lining and stuff. So if we have a lot of ester, diol oil and we don't have adequate progesterone, then there's like a big mismatch. Right.

So progesterone protects from like overgrowth of the breast tissues. And you know we worry about cancers and stuff. So progesterone is protective way.

So if we have that estradiol high what happens during perimenopause is that we kind of get these erratic spikes of estradiol. So we need yeah. So we might have this cycle where it's like a little heavy out of nowhere.

Sometimes that could be from like another spike of estradiol because our follicles aren't as robust as they used to be when we were in our 20s. So our body, the feedback loop, we stimulate the ovaries to secrete another follicle so we get another surge of estradiol.

Yeah. So for me, I like to first, you know, harm. So I don't prescribe a lot of estrogen by all like hardly ever during perimenopause. But what I will do say a woman is having like their tissue on their face is sagging.

They're losing volume. They're having, vaginal dryness and saggy tissue down there. It's affecting their sex life. So we give some topical as well, which is a weaker estrogen.

And it really does nice things to the face. Pair it with some retina. Retinol and and then vaginally down there you can, you know, add some other things to there to like DHEA but usually just astral down in the vaginal area is very nice.

And we still, you know, we'll check saliva testing because we're putting on topical hormones and make sure that we are doing things safely. But it's the wild West out there was hormones.

I actually had a patient listen to a podcast where they were like, oh, you have saggy skin, use this estradiol or astral cream all over your body. Oh, that will help skin.

Okay. Does that give you nightmares? Yeah. So I didn't know she did this and we were just checking her saliva. Or we were checking her saliva hormones.

Yeah, and her estradiol and Astra were sky high, like, toxic levels. And I was like, I was like, what do you have? You're like, what's going on? Yeah, yeah.

I was like, I was so. And then she told me what happened, and she said that she was putting like three squirts, like on her stomach, like on her face, like all over.

And this had like three milligrams of estradiol in it. And this is just on the internet. And it was just like a health coach, of course, like support.

You know, I was just because there's no consequences. You can say whatever you want. Yeah. So and I was like, I was like, I, I'm like, you know, we're going to stop that and we're going to, you know, I was just like, and I'm like, I can't guarantee that you did not cause cancer or problems.

You know, I can't I can't guarantee that. So that's why it's scary. And and I guess there's a new thing out there. Some doctors are saying, oh, we're going to mimic your cycle with your hormones during perimenopause.

It's like, you can't you don't know what estradiol is doing. It's very erratic. Like you do not know. You are not God. You do not know? No. We have it.

Yeah, we can do harm. So I just want to bring up those examples, because you need to go to someone that is not just on the bandwagon, that really cares about your health and your long like, your well-being.

So anyway, back to like, if you're worried about saggy skin. This is why if you go to someone you know like Clinger, I like, they have many tools in their toolbox.

Us saggy skin. So yeah, we'll put that little ass on your face and in fragile care. You have saggy skin. Elsewhere. We could do topical GHQ copper peptides.

We can do growth hormone secreted dogs. Oh, you're really on, man. Yeah, there are other things we can do. There are lots of tools in the toolbox. So yeah.

So perimenopause and I do touch on peptides in the book and all that because we literally have lots of tools in the toolbox for a few reason. One, resources.

You know, it might be financial resources, some of the stuff. And so yeah, some people just I still have women that just are very uncomfortable with hormones and using hormones.

You could also have someone that you know had cancer and they can't use for nouns. Yeah, we're going to have you have other tools. So so that's why you know women are very unique.

Lifestyle, faith, and practical tools for women

But a lot of the things that we can do that will help are pretty across the board. Right. And we'll be. Now we we we don't really use Astra dial until you've been pretty close to a year without a period.

We've gotten a little not a little, you know, trigger happy at six months. And then you start getting the breakthrough bleeding and all that. And it's like, oh gosh, we went a little early.

Obviously that's easy to fix. But you know, we're trying to first do any harm. Yeah. We actually we do low dose, you

know, female dose testosterone replacement after, you know, age 40 or so whenever it goes out.

Normally a lot of times that helps with a lot of sort of that irregularity as well. But that was a sort of an eye opening experience when I got trained on that.

But really just the ability to personalize this to the patient and where they are in this journey, because they're just everything is getting so hard.

And then when they finally do get the menopause and estrogens gone, gone. Well, then they're just miserable. So I don't know how women do it. They're amazing.

They still run this country and they're Perimenopausal state. And my wife runs this practice. It's awesome. Yeah. But, He is here to help with the hormones.

Yeah. And you know what you're going through? Yeah. And, you know, just. Like, just like. Honey, I'm late. Luteal phase. Like I need a bath in a book, or I just want to, like, watch a show and not have anyone, like, you're going to be like, oh, like.

Okay, well, wait, wait, Steph, you don't want to talk about more problems at the office until like 11:00 tonight? No. No thanks. Right. Yeah. I'm going to go to sleep.

Yeah. No, I think it's it's beautiful. That's why I'm kind of obsessed with, like, cycles thinking. Because it's so empowering to, like, actually just work with your cycle.

And it's really fun, like my daughter and I like we are cycles like, are always together. So it's fun because, well, I don't know if it's fun for all like, the boys in our house and my husband, but hey, I think it's fun. At least.

Like, yeah, she'll be like, does you start? Yeah. She's well, she actually like she doesn't she won't take supplements really for me. So we had another discussion.

But it's so hard and like I don't want to swallow. They're hard to swallow. Like, hey, you're going to, you know, you're going to be so much healthier and feel better. And not now, but later is what?

Not just now, but later. As well. Just finally. She's been getting sick lately, so she's actually our 17 year old is finally she's like. Doing the same up we. Have.

It's like, all right, hang in there. Well, I think I think it's good when you're just not just take those, you know, like where. Yes, you explained it 100 times, but then they actually see consequences of not taking it.

But but it's also kind of cool because my daughter will, like one of her friends is having some problems with her cycle, and the doctor wants to put her on birth control and just course control.

So I'm like, I'm like, well, I'll give you a copy of my book. And if your mom wants to talk to me, like I'll talk to her about it. You know, I can't give her medical advice, but I'm like, yeah, you know, because my daughter was telling her your birth control is bad for you.

And because it's going to it affects their fertility and we've no informed consent with it. And, you know, I don't know if you see a lot of younger girls in your practice, but, you know, it's so beautiful when these girls with these horrible periods where you just work on their estrogen metabolism and, you know, maybe throw a little strawberry in there, maybe like, I had a patient that she was bleeding for like seven days straight.

And, you know, they were talking all sorts of crazy or not, seven days like, like heavy seven days, you know, like I'm talking couldn't do anything. And they were talking about all these crazy things, like for conventional medicine.

And we just got her regular with some progesterone. And there are options out there. Like the body just wants to be

in homeostasis, like how God intended.

Like, you know, you would appreciate this cleanser. I was talking to someone. How like the Bible says that women would have pain with childbirth, right?

Like correct that the Bible does not say that women have pain every cycle. Yeah. And like doesn't say that. And like, don't you think like the Bible, like some of these women in the Bible, you know, like Ruth, that they would just like complain about their menstrual cycles?

It was supposed to be that bad, like once in the Bible, don't you think? Anyway, but this is just all to make money. You know, the more pads they sell, the more tampons, the more might, all the more birth control.

It's all for the benefit of money, right? So it's funny, you know, I always I, you know, me being direct primary care which means membership based. So I don't take insurance and I speak of the system which is the insurance world and stuff.

And I always have to remind listeners like there's not really a conspiracy. It's just something with insurance was meant to be helpful, and it's just out of place and it's gone too far.

It's kind of like, I don't think there's a conspiracy around women's health and taking care of women poorly. There's so few people doing it right that everyone's like, well, I don't take this.

You'll feel better. It's like this. You'll feel a little better. Like you said, there's a lot of people doing the same thing they did in the 50s to finally be getting way past the women's Health Initiative situation and getting some truth about some bioidentical type hormones and being able to really make a difference in these women's lives and some men's lives as well, is super powerful.

I love it. Yeah. Gosh. I mean, when you go out to eat at a restaurant and, you know, an old couple walks by all hunched over, I mean, you can tell they're not on hormones.

Well, like you can tell. And in my heart kind of breaks a little bit because I'm like, yeah, you could so much better or so it is really important. Part of the.

Women's Health Initiative is in this new study that that proved that, you know, progestin ins are bad for you, right? And that, you know, these synthetics and these non estrogens are bad for you.

The same people that are giving birth control and stuff full of non hormones, fake hormones, you know, on to someone well past age 50. There as soon as you found out they're menopausal and it's you know you finally take them off and oh look you're menopausal.

They're the same ones okay. The least amount of hormone for the shortest amount of time, like you were giving them birth control strength hormone for.

Helping men understand perimenopause

Yeah. When did you make this switch. Like why are they. It's the dissonance in the in the thought process. It's like can we put these people on a healthy replacement.

You know, what's it. Menopause a healthy replacement bioidentical strategy that's going to give them health now. And later. Like why is that so complicated?

I don't understand. Yeah it's pretty wild. Yeah. And one good resource to a compounding pharmacies. They have all been our allies. Yeah. Yeah. And with the stomach they've been great.

So I mean that's where a good place to start to like ask your compounding pharmacies. Like who would you go to

because they know these doctors. Oh yeah. That's great.

Yeah. That are driving this or know how and I remember oh my gosh over a decade ago like maybe 14 years ago I like that's who took me to a hormone conference was a compounding pharmacies.

Yeah that's awesome. So lots of my kids are so little. But yeah, good memories, good times. But yeah, it's eye opening when you learn how much we didn't learn in medical school.

When it comes to things that aren't pharmaceuticals like big pharma that can't be prescribed. So, you know, and and it takes us being curious or getting patients that didn't get better or ourselves conventional medicine not working.

But, you know, like I inherently knew like we were made to be like in homeostasis and to feel, well, so, you know, we don't have a deficiency of birth control or pharmaceuticals.

Yeah. So I mean, yeah, like it's just it's great once you see, I think like many of us, we just can't stop learning about like integrative and functional medicine.

And we'll never stop learning. It's so fascinating and great to see how people can. You know, I had a patient on like disability that, you know, within four months of seeing me went back on his boat, you know, after being on disability.

Oh. So great. Yeah. I mean, our bodies can fix can get healthy. Well, this is a message that needs to be out there. You've got a vision of helping 500,000 women reclaim energy, clarity and joy.

What's your strategy here? How can I help you get there? Well, it's God's grace. So I've actually I've been praying a lot about this because I also need to find balance in my home and make sure my kids, you know, I'm raising them properly.

Resources, mission, and closing encouragement

And I do practice what I preach. So I need to be healthy, too. I I'm still seeing patients. I have a virtual practice and I, I don't know, a lot of stuff is pay to play out there like the people that you see in front of you.

And a lot of them are sponsored or they put their own money up. So just a lot of prayer for God's, you know, just God's grace, like whatever he wants for this, I'm being proactive and I'm walking out, you know, doing podcasts, doing my own social media.

I'm going to be on a documentary coming up. So just when opportunities come up, I accept them. So, you know, I'm open to suggestions to I will go wherever I am supposed to go to to help women.

So I want to do some local events also, but I am willing to go to go wherever I'm open to anything, I love it. Well, we may have you. Yeah, we may have you swing by Texas here sometime soon and let's get a gathering together.

I mean, you know, if God gives you a vision, a vision of a certain number, then he's got a plan. And that's my favorite part. Like, we know one thing about direct primary care is it's not a volume industry, right?

Like we see one patient for an hour at a time. But we have a vision of 20,000 lives touched and thriving by 2030. Well that's ridiculous number. Yeah, but yeah, but the. Primary.

For direct primary care. Right. But to to be able to, to do that God's just going to have to take some steps and we'll have to have a couple locations.

And we're just walking in faith. And so, you know, a book is a great way to get out there and start touching lives. And then we will those that want to get you to come in and talk one on one or talk to a group, or how can people

best get get Ahold of you.

I would love that. So best way. I have a couple websites so Doctor Jen, Dr. Jen book com to grab the book. I have a perimenopause course and I have some other things I'm working on and healthy by Doctor Jen. I have blogs, protocols, lots of things on there and you can get Ahold of me there.

And if you want to work one on one, I do my license in four different states. Actually Texas. So Texas, Tennessee, Michigan, Ohio, and I do work one on one with men and women and children.

But I, I love seeing patients clinically still. And then on social media, integrative doctor mom, integrative doctor mom and my YouTube also. So and then I have a podcast that I'm going to have you on.

Yeah, I would love I'd love to be on it. Yeah. Integrative health podcast. Let's let's do it. I think on our way out, probably the best way might be. Do you have a favorite scripture for women going through this season where they don't know what's going on? It's hard.

You're walking in faith. Do you have a scripture that you lean on or you share with your patients a lot? Yeah. Well, one that comes to mind, Genesis 5020 for what the enemy made for bad God will make, oh, God.

So we had like just some really crazy things happened to us last fall as a family and like, down on my knees, like weeping with my family. And it made us so much stronger.

And, you know, as Christians, we are going to suffer and go through hard times. So I think it's it's okay. It actually like lean into those hard moments, like if you're going through perimenopause and it's hard like lean into that.

And, you know, I also went through some like other hard things that like the person that I would always call, like I couldn't just call all the time and I was calling them instead of calling on God.

So it actually brought me so close to God. And like, you just have to realize, like he is not going to waste these moments. So even in perimenopause, like it is not a wasted moment and he doesn't want you to suffer through perimenopause, but like you will get through the hard things and it will be good.

Will and perhaps the I'm hearing you now is one of the ways God's reaching into their lives and answering some prayers. So thank you so much for being on and for your message and for all that you're doing.

It's been a pleasure. I can't wait to talk again soon. Thank you so much. Thanks for being on Doctor Jen. Thank you. Thank you for tuning in to Doctor Talks.

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