Is This Perimenopause... or Just Burnout? How to Decode Your Hormones and Take Back Control Transcript

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Introduction and Guest Background

So this is where the environment plays a really important role. And I'm sure everyone has seen that, meme on social media where there's a fish in a clean tank, in a fish in a dirty tank, you know, what do you.

Yeah. You know, what do you do with the fish? How do you make it better? Well, you take him out of the dirty environment and put him in a clean line. So. Yeah, think about your body.

You know, we are basically living in a toxic soup bowl, so we have to. We have to do the best we can because our environment is very toxic and it is really impacting our hormones, specifically that balance of estrogen to our progress.

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Hello! Welcome to the Truly Healthy MD podcast. I'm Doctor Monica Hattori. Today we have a very special guest, Doctor Jen Legere. She is a double board certified physician in emergency and integrative medicine.

She went to medical school at Lake Erie College of Osteopathic Medicine, complete her training at Saint Vincent's Mercy Hospital. She did her fellowship at the Andrew Well Center for Integrative Medicine.

Very, very well qualified. Doctor Jen brings more than just expertise to the table. She coauthored a book. It's called Eat, sleep, move, Breathe A Guide to Living a Healthier Life.

Thank you so much, Jen, for being on the podcast. Today we're going to be talking about how to tackle menopause. So I always like, people to know what, the personal journey is your healer.

But knowing what your personal journey really brings so much to the table. So can you tell us about your personal journey with Hashimoto's and how that led you into integrative medicine?

Yes. Hi. Thank you so much for having me. I'm super excited to be here. We both have four kids. So that's pretty cool. Yeah. So my Hashimoto's journey is really what turned me on to integrative medicine.

I was diagnosed with Hashimoto's in medical school, and I was told there was nothing I could do for it. I went into surgery. They wanted to rule out cancer.

I came out, they said, good news, it's not cancer, but you have Hashimoto's. And I was like, oh, I hadn't heard of that yet. I was only in my first year of medical school.

I'm like, well, what can I do for it? And they said, oh, nothing. Your thyroid will just destroy itself and then you'll have to be on medication your whole life. And I believe that.

So I struggled a lot during medical school. I feel like I was very tired. I had to beg the endocrinologist to go on a T3 medication because I would not convert T4 to T3.

Well, it was very crazy being being a patient, you know, and yeah, you and realizing for yourself. Yeah. Yeah. It's it's very it was very frustrating.

So fast forward I was on 24 but still didn't really understand that you could reverse chronic illness and autoimmune disease. So when I was working in the emergency room and I kept seeing the same patients over and over again, realizing conventional medicine wasn't working, decided to go back and do an integrative medicine fellowship.

And that kind of started started it all. So, I still work in the ERS, but I have my own integrative medicine practice, and that is where the real healing begins.

Because my my patients, we're getting to the root cause.

Environmental Toxins and Hormone Disruption

And it could be root cause anywhere from gut health to, mold exposure, heavy metals, hormones, stress. You know, you have to look at the whole person and their medical history.

So and, really, I'm passionate about perimenopause because a lot of women are struggling, and I really want to give resources to the women that feel alone and are struggling because I feel like menopause gets a little more attention, but it's that pre that perimenopause before the before the big shift is where a lot of women just feel like, what do I do and why am I feeling like this?

So I'm super excited to talk about that today. It's such a long time period for so many women and so many people just don't feel supported. And I think conventional medicine just doesn't have all the right answers for people.

So doctors are also frustrated not being able to give a patients those answers. So I think that's one of the strong points in integrative medicine. So I'm so glad that we decided to to talk about perimenopause.

And so I know that one of the big things with you is having, a clean environment. So, why is cleansing our environment one of the first steps to better hormone health?

Yeah, it's it's great question. So when we look at our hormone health, specifically estrogen, there's a lot of xeno estrogens in the environment. Xeno estrogens are things like bpas and plastics, phthalates.

So these are things that we're in contact with everyday. It could be the perfume you put on if it has phthalates in it. That's an undercurrent. Disrupter.

Anything with fragrance can disrupt our our hormones, plastics, eating out of plastic to Aurora, all of those things. So these plastics, even plastics that line a can of pop, they can mimic estrogen in our body and they're called xeno estrogen.

So they can go in there and bind to that estrogen receptor and cause a lot of problems. And we see environmental also toxins such as fertilizers, atrazine for example.

I mean that can change sexes of amphibians of frogs. So we know that these environmental toxins, they have a real impact on our hormones. And it's it's a little scary.

But you know, we have to think about what can we do. There's some things that we can't control. Like I have patients that live next to a farm, for example.

So they have pesticides sprayed. But it's like, what are you doing in your home? Have you switched from plastic Tupperware to glass? Are you still using Teflon pans, which that's a forever chemical and that's very endocrine

disrupting and damaging.

Yeah. So it's these really easy switches that we can think of. One thing roundup. So roundup glyphosate is sprayed on non-organic crops. Or like if you live, like just to a farm or your neighbors, people still do this.

People still spray their weeds with roundup. And it's like, we know how bad it is. Why are we still doing this? So that can disrupt our hormones because it's disrupting our gut health.

So our our estrogen is metabolized through the gut. We make neurochemicals in our gut. Autoimmune diseases can occur if our gut is not healthy. So this is where the environment plays a really important role.

And I'm sure everyone has seen that, meme on social media where there's a fish in a clean tank, in a fish in a dirty tank, you know, what? Do you. Yeah. You know, what do you do with the fish?

How do you make it better? Well, you take him out of the dirty environment and put him in a clean one. So, yeah, think about your body. You know, we are basically living in a toxic soup bowl, so we have to.

We have to do the best we can because our environment is very toxic and it is really impacting our hormones, specifically that balance of estrogen to our progesterone.

Yeah, absolutely. I do love that, visual because, you know, as patients were like, well, let's take more pills maybe to get these things under control.

But no, if we see it ourselves as that fish in that fish tank, it really changes our our perception as to how we can improve our health. So that's that's pretty powerful.

Are there any other, swaps, practical tips that women can make to reduce exposure to toxins? Yeah, absolutely. Well, the first going back to the fish tank real quick.

So I know you see mold patients also, but I was telling this young gentleman that's a patient and his parents house has mold on it. And and I was like, you know, you just need to get out of the mold.

Like I was using the fish tank as an example. And I'm like, while you're living in it, I'm like, we'll have you take binders, which is basically like taking a cloth and cleaning the gunk off of the fish tank.

And we'll give you liver support, which is basically like a filter trying to keep up. But I'm like, it's not going to be the end game. And, there's certain molds that can actually act as estrogen mimics certain mycotoxins produced by the mold.

So, it's it's just very interesting when you look at the environment, because mold also bogs down on our liver, and our liver is one of the phase two and phase two, phase one.

And phase two, liver and detoxification of estrogens is how we get estrogens metabolize. So so swaps would be Tupperware. So plastic Tupperware, if you're heating that up in the microwave you're just leaching that into your food.

I remember in high school, you know, you never want to heat up spaghetti and sauce in a Tupperware because it would stain stain it. Right. And yeah, yeah, yeah.

And gosh, like thinking back, I'm like, oh like I ate out a Tupperware. Right. But we didn't know any better. Everyone thought Tupperware was super cool.

And anyway, so that's, that's one thing you want to swap. And if you have to eat out of plastic, don't heat it up in the microwave. Plastic, glass is the best bet.

A glass can be kind of heavy, though, and it can break. So I, I also love silicone. So there's these really cool collapse containers that they fit really nice in our drawers.

And you can just fold them up and then you, like, push them out. They're really cool. But I like silicone. Stainless steel is good high grade food quality.

They make a lot of lunchboxes out of those. And same with cups in the house. So glass is going to be good. Make sure if you're drinking out a ceramic that there isn't lead in the paint.

So yeah, we got rid of like all our cutesy cups and mugs and we just have glass or we have reusable like stainless, like coffee when you're going out and about.

So looking at those little swaps, also in the bathroom I mentioned fragrance and perfumes. That's like the first thing that should go. So absolutely. Yeah. There's there's no need.

There's absolutely no need for those things. Yeah. And there's nontoxic, you know, there's cleaner ones out there. So it's just it's a swap. We're not asking you to like give it a like get rid of it.

Just get one that has natural like fragrance in it like essential oils. Yeah. And that's options hiding. Yeah. Because it's not hiding the phthalates and the pair van.

So lotion.

Perimenopause Symptoms and Hormone Testing

So if you go to bed Bath and Body Works or whatever. And I used to, you know, when I was, I was born in the 80s. You know, that was cool. We had all those smelly things.

The lotion could have caravans in it. And so plastics, you're putting it on the skin, it's getting it absorbed. Plus phthalates plus fragrance. So you're absorbing all of that in your skin.

So makeup for women and little girls. So important to make sure it's clean. So if you're not using clean makeup right now just swap it out. When you run out just then bring in something cleaner.

Read the labels. You don't want fragrance, paraben, phthalates. Okay, all of those are big, like warnings because they can hide those endocrine disrupting chemicals in it.

You're putting it on your skin, which is such a huge organ and your skin absorbs okay. So same with body wash shampoos. You know, hand soap, like all these things you could think of.

I, I even brought my own soap. I was bringing my own soap to the emergency room for a little bit during the pandemic because I was washing my hands so much and my hands were so dry from like the chemicals because it and really the, the regular like Purell or whatever, you know, everyone has their waterless sanitizer, hand sanitizer.

And I'm like, that doesn't get off clostridium the spores. So I'll this is a funny story. You would appreciate this. So my one of my rotations in residency was with neurology.

And the one doctor Doctor Ruska, he was so funny. So he was just like an old school neurologist, like one of the best attendings and teachers. We get done seeing a patient.

He washes his hands. All of his students, because it was me as a resident and another medical student. So we all just use the hand sanitizer. Now, this was before I practice integrative medicine.

I was drinking Diet Pepsi to stay awake. I mean, it's and yeah, but we all start somewhere. So he's washing his hands and we're all just like looking at him because we're like, let's go. He's watching his hand.

And then when his dad wash his hands, he looks at us. He takes his fingers, puts it in his mouth and like, like sucks on his finger and pulls it out. I know you're giving the weirdest look, but he was so funny.

He's like, you don't do that with the hand sanitizer is like good old soap and water. That's the best way to do it. Yeah, and it's true. So true. He he had so much wisdom, but it was really funny.

Just this like, I don't know, I still can can see it. I don't out of all of the things he taught me that sticks out. But but yeah. So those are just you don't need hand sanitizer.

That stuff, unless you make your own is. It's pretty nasty. So soap and water, fragrance free. All the things. So lots of little swaps if you feel like you get overwhelmed.

Like I said, just when you run out of something, say, what can I use instead? Or how can I make a better choice now that I need to actually buy something new?

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Yeah, and it doesn't have to be like an overwhelming thing. Like, oh my gosh, I have to throw out everything, spend a ton of money. It's like, okay, those little conscious choices can make a big difference in our lives or over time, right?

So that's a great, great, great tip. So, how do you think women can better understand and support their mental, their menstrual phases during perimenopause?

Because there's just so much change going on month to month. And so what would your best advice be to women during perimenopause? Yes, absolutely. So perimenopause is before menopause.

So the best way to know like am I in perimenopause. So there are some symptoms you might be having. You might have a shortening of your cycle. I used to be 28 days and now I'm like 26.

Maybe I'm 25, maybe sometimes I have 31 in there, but I'm not as regular as I used to be, getting more irritable, like I am way more irritable that week before my period, it used to not be a problem, but now I just like go off the rails at my kids.

You know, I'm a little bit more irritable towards my husband. My cravings are worse. I get more breast tenderness with my period. My periods are a lot heavier than they used to be.

So these are all signs that you are going through perimenopause. So as we age that progesterone starts to go down. So progesterone is what is during that luteal phase, that second half of our cycle.

And progesterone keeps us calm, helps us sleep, make us makes us feel safe. And love is also what sustains the pregnancy when we get pregnant. So as we age that progesterone, it starts to go down.

But then oh, that's true. At estrogen is kind of erratic during pyramid eggs. So the corpus luteum, which is that egg that comes in just isn't as good quality.

We're aging. We're ending our reproductive years. So then the follicle stimulating work might be like, hey, like, was that an egg or is it not an egg?

Like, you know, like, did I see a cargo by or did not? So, so then they. Yeah. So they send like another one out and there's more estrogen. So estrogen is very erratic okay.

So you're having this imbalance because progesterone is going down. Estrogen is starting to decline too. But it's erratic. We have these erratic spikes.

It's like a roller coaster. So what what happens is women feel just very lost during this phase. I feel like when patients when I see them, this is when they start having problems, like with their spouses, they're not handling stress as well because the progesterone is declining and they're already stressed.

So then that might even make progesterone even lower because cortisol is lower on that hormonal cascade. So it's it's very frustrating because they will go to their conventional doctor and explain this.

And their doctor doesn't understand hormones. I mean, I, I've taken, you know, so, so much extra time studying hormones as a doctor. And even OB GYNs don't have the training that I have in hormones.

You just you don't get it. The insurance model doesn't really care about perimenopause either. So you're not going to talk about this with your conventional doctor, but what will they tell you?

And I know this because my patients have told me these stories. They will say first like, oh, you're just tired, you're gaining weight and you're irritable because you're a mother.

Or they'll say, oh, you're just depressed. You need it. And I had to press a hit, which, no, none of us have antidepressant like deficiency of it. Like a deficiency, right?

I mean, it's just not a thing. Like, that's not how God made us. Okay, so, they'll. Gosh, what else have they said? They'll, you know, my patients will ask for labs and they'll be like, well, we can't test labs for that.

And it just goes on and on, and they're gaslit and it's awful. And I feel so bad. So how do you know you're in perimenopause? So I kind of gave some symptoms.

Also it's really cool to like ask your aunt, your sister, your your mother, your grandmother, even ask them when they went through menopause because it does kind of correlate.

I mean, I have a patient, she's in her 60s and she's still menstruating and more regularly than some of. Yeah, than some of my late 30 year olds. I'm like, you go girl. You're doing.

Yeah. We definitely can't depend on age because, yeah, we can start perimenopause way early in our 30s or later closer after some women have already gone through menopause.

So yeah, just going yes based on age is not the way to do it. Fatigue, brain fog, mood swings, weight gain. If you're a woman in your 40s to 70s, you've probably been told that it's just aging.

But what if it's not actually healthy? Macomb we look deeper. Hormones, nervous system health, hidden toxicities. You're not broken. You just need a doctor who really listens.

Visit fully healthy ecom advocate consultation today. It's time to feel like your real self again. Yes, exactly. And I always say test don't guess right.

So you can you can test and see like what's the progesterone doing. And we like to look at that progesterone testing on day 19 to 21 where day one is the first day of bleeding because that is where progesterone is supposed to shine.

That's where she's at her peak. Okay. And that's that's kind of we can see like what estrogen and progesterone are doing in that phase. And then work from there.

I kind of, I explain I like this analogy, and I just came up with it this week explaining to a patient, like, think of perimenopause like an oven, like preheating an oven for menopause and every oven preheating differently.

So like if you go to a hotel that has an oven or an Airbnb, it's going to preheat differently than your oven at home. So we can't like put everyone in this conventional medicine box like they love to do.

Right. The the doctors loved it. Well, not us, not. We're cool doctors, right? Yeah. Yeah. Yeah, definitely, I get it. But but what I'm saying is, you know, it's you have to trust your body to.

If you feel like your hormones are off, they're probably off. But this could be cortisol, too, because I have a lot of patients come to me and they're like, my hormones are off.

And yes, we do find a hormone that's off. Like they're always right. That could be insulin and glucose, which that beautiful balance of insulin and glucose that gets off during perimenopause due to the hormones changing.

You know, cortisol is just for women. I mean, we are all just operating and in like a different level because we're taking care of the kids. A lot of us are working.

We have the stress of the household and we take on a lot. So we're working on that aspect too, because that is directly related to all of your hormones.

So definitely like not antidepressant deficiency. And you know, for those of you that are struggling in this season, which could be ten years long perimenopause, you know you can get help for sure.

Yeah. That is that's so good to know because I know that so many women are going through this and it's feel so isolating when you don't know who to go to for these answers.

If commercial medicine doctors do unions or trade, they want to help, but they can't always support, people. And, you know, you got a social media site.

Some people are going to be saying all sorts of things. Some things are right, some things are wrong. So it's it's I love it when we as physicians can spread this information and, tell women it's okay, we got you.

This is okay. It's all going to be okay. But there are some things that you need to know. So this is such a good, good, good conversation. The other stuff that, I want to talk about is sinking, nutrition and workouts with men with menstrual cycle.

I know that you talk about this on your social media. It's so many good resources.

Cycle-Syncing Nutrition and Workouts

It's not everything is taking a pill. Right. So doing other things that are nutrition, workout, give us some examples of what that looks like. Yes, absolutely. I'd be happy to.

So I really am a big fan of cycles thinking I use this a lot with my patients, and I have my own kind of recipe for this, and it works really well. So we're going to go through the cycle a little bit.

So that follicular phase is day one of your cycle, which is the first day of bleeding. And it goes to ovulation which is usually around day 1415. So you have that follicular phase.

And then you have the luteal phase which starts at regulation. And it goes until about day 28. So about 1415 to day 28. And then day 28 is when you would start your cycle over again with the bleeding.

So during that follicular phase, this is where estrogen is really shining. And estradiol is the predominant hormone made during our ovulate. Like when we're eating in our fertile.

So in that follicular phase this is where estrogen is really the star of the show. This is going to be when you're going to be able to multitask and and get things done, get tasks completed, finish those projects that you've been working on.

This is also when I tell patients that they can fast. So I really do like fasting with women. But if you're doing it at the

wrong part of your cycle, you can really stress your body out and you're going to fail at it.

So I have my patients do it during the follicular phase. If they feel like, you know, they could wait a few days, like maybe start on day 3 or 4 or 4 or 5, I really like I can fast like right when my follicular phase starts, sometimes, sometimes I wait a few days.

This is where you can pull those longer fasts. Your body is going to be more insulin sensitive due to the estrogens, and you're going to be more successful at it.

Like I think telling someone to fast, not during that phase if they're menstruating. Still, you're going to put a lot more stress on their body and that is not what you want.

So working out at this point, this is where you could do like hit or Orangetheory or something like that. I'm not a big fan of Orange Theory because I've seen patients, it just burn out their adrenal glands.

Right. But I have some that are like addicted to it because yeah, I do want endorphins. Yeah, it's addictive and they're competitive. And I'm like, oh, this isn't good for your adrenal.

Like you need to do more restorative. But this is where if you wanted to throw in some sprints, which are great for VO2 max and for longevity, you could do your sprints here.

You can do a hit workout here. I'm fine with that during that part. Also, this is the part of your cycle that if you wanted to really make gains on the the weight like amount of weight, you're like deadlifting or something.

This is when you'd really rack the rate the weights on and really try to go for those goals. So all for it. And then we move into ovulation. Oh yeah. Diet.

So fasting more lower carb two I should say this is where you can really push the needle with low carb ketosis. All of that. So this is where I tell my patients that go for it there.

Then you hit ovulation. This is just we all just feel amazing right? At ovulation we want to be with our spouses, our loved ones. We, this is where you'd want to do a podcast or a photo shoot.

You're glowing. So this is great. You're having, you know, all the hormones, peak. And you're feeling really good. So then we go into luteal phase. Luteal phase is where estrogen is still there, but progesterone is is rising and coming out.

So really progesterone should be the star of the show for a luteal phase as well as a hormone and progesterone. What can happen as we go into perimenopause.

It it can decline as we spoke about. So I always tell my patients to protect your progesterone during that luteal phase. You know, don't stress your body out because progesterone you know there's this cortisone Steele where cortisol can just eat up the purge estrogen and we need to just make sure that we are nourishing our body here.

So we don't want to do hit workouts and stress out our body and get all that adrenaline rush that's not good for our body at this phase. Is preparing for pregnancy to have a baby right?

So now, not that you're doing that every cycle, but it's just that what your body part of thinks it needs to be doing that. Yes, yes. Yeah. So not don't do the hit workouts.

I love when patients lift weights during this part of the cycle. You can increase your reps and go lighter on the weights if you want. You just listen to your body.

What you don't want to do is push yourself so hard that you get hurt because you you are more likely to get hurt where they haven't done tons of studies on this in women because they don't like to do studies on women.

I know there's so there's so few. Yeah, it's crazy, but there's a few I found at like a little increase, like ACL tear wrist like during the Ludo phase.

But I have to find that so I can start signing it so that that is where, like, you're working out, like you want to do mobility exercises, walk, swim, bike, you know, don't don't get splat points, don't do sprints, you know, chill out all that all.

Now when it comes to nutrition, this is where I tell my patients. Like if you're doing more low carb, let yourself have some healthy carbs here if you want, right?

I know I will like get out the popcorn and put tons of butter on it, and I'll let myself relax a little bit more here. Like if I'm craving more carbs, I, I hate to say give in because that's like not, you know, but I do.

I'm like, okay, like this is what my body wants right now. Not that you should go and eat a bunch of donuts or something like that, but healthy carbs? Yes.

If you're if you're doing more of a ketosis diet, you could. And more low carb and you want to stay there, you could just add in more healthy fats. So keep your protein the same and just add in a little bit more fat and a little bit more calories even.

Because, you know, when you go to your follicular phase that you could do some of your fasts or you could do low carb and you're going to get back on track because your body is going to be more insulin sensitive.

So I, I like to tell my patients that, you know, we're not always supposed to eat the same either, like our ancestors had feasts and then they had famines and they had different food available.

So we're not supposed to just eat the same thing every day, every part of our cycle. So the luteal phase also is a time that you you might not feel really social, you might not feel like going out.

You might just feel like staying home, reading a book and watching a movie. And that's okay too. That's that same progesterone. You're just you want to chill and relax.

So don't put yourself in really stressful situations during your luteal phase if you can help it. Like big meetings with a boss or, you know, something like that.

Now, I know sometimes that that is unreasonable, but if it's in your control, just be more mindful so you can really sync that cycle to where your body can handle stress more, where you're customizing your workout around your cycle and how you're eating.

Yeah, those are great tips. And I think what all that that you said is so important for women to know because like you said, most of the research is done in men.

And fortunately men are so much easier to study. They're going to be the same no matter the day of the month, that things don't cycle with them. So they're just so much easier to study.

And they've been studying the study for years and years, and there's so few researchers that have really dedicated themselves to women. I know just recently, Stacey Sims is a researcher that's been doing a lot of research just just based on women.

And this to me is gold. I love that she's doing this research. Other people are doing this research and that people like you and me are starting to spread the word because, it's about time, right, that science catches up with what us as women we know about our bodies.

So these are really, really amazing tips. And keeping that in mind for the different parts of our menstrual cycle. All that's super cool. What about what would you say your top tips are for?

Women in the perimenopause perimenopause phase and balancing blood sugar? Managing stress. What would you tell women at that phase? Yes, absolutely. Blood sugar is so important as we age to keep it balanced.

Have we have a balanced blood sugar? We're not going to have these big insulin spikes. We're going to have decreased inflammation. And we're not going to get a type two diabetes, which none of us want.

But as we age, we do get yeah, we get more insulin resistant. Okay. So this this is like insulin resistance is basically like when you hear a song on the radio.

So think of yourselves as someone listening to a song and you love this song. You get so excited about it. You are dancing to it. You're playing it at the gym, at home, in your car, but you've been listening it for a long time.

So and so. A couple weeks later, you're at the grocery store and it's playing in the background and you don't even notice the song. You're resistant to it.

So think of yourselves like that, where you have all these sugar spikes all the time. You're eating whatever you want a pizza here or a candy bar here.

You know, a cookie at a holiday event or whatever. And you're getting these big spikes. Okay? Eventually your cells are going to be like, I can't, like, I don't care.

Like I don't care that there's glucose floating around. Like I'm so resistant to it because of all these spikes. So how how do we fix this? Well, if you know how the body works and how glucose works in the cells, you can make it so your cells become more insulin sensitive because you're not pounding them with sugar all the time.

And I use the example of like, you know, a piece of candy here and a cookie there, and eating those carbs just by themselves without any fat and protein surrounding them.

That can really cause sugar spikes. Now, the best way to to really see what your individual body is doing is to get a continuous glucose monitor. And some of these are over-the-counter.

Now you can get them without a prescription. You could ask your doctor for a prescription and get some insurance coverage. But a continuous glucose monitor CGM is very, very helpful because it says in real time what your blood sugar is doing.

It's crazy. I have this patient that his endocrinologist would not prescribe him a continuous glucose monitor. He was on insulin. It was just weird. And I'm like, well, I'm going to prescribe it for you.

Yeah, it was so weird. I don't know if it's like a control issue. Like, I can't, I could next, but.

Blood Sugar, Muscle, and Stress Management

Well, he came to me because he, I was asking to get better control and get off meds, and that just wasn't cool within your allergies, I don't know, he's off all his meds right now, which is crazy.

But anyway, so yeah, it was really crazy. So, you know, we we put in some tips and tricks. We have them more in the continuous glucose monitor. I coached him on how to eat all of this.

And he just slowly went down on his long acting insulin, and he wasn't even using his insulin anymore. And we threw a little bit of the GLP one peptide in there at a low dose.

And we think it kind of regenerated, part of his pancreas, like helping it to function better. And, and he's just like doing awesome. But he didn't realize the effects of the food really had on his blood sugar, because when you're a type two diabetic, you're just pricking your blood before and after a meal and you're kind of guessing you don't know what happens in between.

So that's what's so beautiful about a continuous glucose bars. You see in real time how food is affecting your person. Because we are all bio individual, like, you know, if you ate a banana and I ate a banana, we would have different physiological reactions to it.

So that's what's so cool about it. So what are some things to blunt that big sugar spike that you could do without even having a monitor? Well, eat fat and protein with each meal.

So specifically, you know, protein, 30g of protein, great for muscle building as we go through perimenopause, which we're losing muscle every day. So we gotta fix that.

So 30g of protein and healthy fats. So that should be the basis of every meal. You can add on some nontoxic vegetables, to it. And then if you want some sort of dessert, you know, like a berry is going to be best.

Something made without yellow stevia monk fruit. But if you want like a sugar cookie at Christmas, then eat it at the end of your meal. Don't. Yeah, don't just have an isolated sugar cookie because that is going to spike it.

So if you have it at the end of the meal, it's going to to blunt that a little bit. So before a meal, things like berberine are great. Apple cider vinegar we know can decrease glucose spikes.

And then after a meal you could go on a walk. So it's like Thanksgiving. It's you know, everyone is just like on the couch passed out because they eat that giant meal with stuffing and mashed potatoes.

So everyone just needs to get up and do a walk. But, that can push that glucose into the muscle cells. Okay, speaking of muscle cells reversing insulin resistance muscle and having muscle is so important with my perimenopause patients.

When they start incorporating a resistance training routine into their exercise routine, they really move the needle with insulin resistance. It is so helpful.

And for me personally, what I've noticed is the more muscle I put on, I can just eat more calories. Like, you know, because you're in a burning machine.

Yeah, it makes your life so much easier. You don't have to, like, worry about that all the time. You need to feel your body, so it just makes your life so much easier.

Yes, yes. We exactly. I love what you said. Like we need to fuel our bodies in, with and with fats. Because that is cholesterol is the start of the hormone cascade.

So definitely eating fats is is so important too. So, so resistance training. I mean, if you are in your 30s, 40s and you are not resistant doing resistance training, weightlifting, you really should.

I mean, there's no one that shouldn't I? Yeah. And I still have to tell men this, too. I have male patients too, in my office, and I'm like, why aren't you lifting weights?

What's what's going on? Whatever. Yeah. So I think amount of, of research that has that you can find on PubMed associating the amount of muscle mass with every health outcome.

You know, you talk about diabetes or dementia or anxiety and everything. They found it related to everything. So that is something that people can do at home.

You don't have to take extra pills. You have to get an expensive, expensive gym membership. That is a very easy thing that people should do. Lately I've also started incorporating in my practice having people measure the amount of, muscle mass they have.

You know, we all like knowing where our labs are. We know what our agency is. We know where you know that we

don't have anemia. We don't have vitamin D deficiency.

But how many of us know how much muscle mass we have? How much skeletal muscle mass? Our fat is that visceral fat or where that part's distributed. So getting those measurements has been really valuable for me, helping guide patients as to what their goals should be in their health.

That's something that, you know, but doing a ton lately. Yeah, absolutely. It it is so important because I mean, a lot of the mechanism is probably how it helps with insulin resistance so that it offsets all those diseases.

But I mean, nowadays I just like I love like seeing women that have beautiful defined muscles. And I'll like comment on I'll be like, you're just so muscular, like muscular as in right now.

It's such a sign of health. Yes. Yeah. Skinny fat is. Or, you know, you could be skinny, but you could still, you know, have a lot of inflammatory adipose like tissue, which is which is scary.

You don't want them to the visceral fat, which is not easy to see. It's not subcutaneous. It doesn't really deform you. So you look like you're skinny, but all the fat around your organs, that's the inflammatory type.

That's the type that's going to give you diabetes, heart disease, depression, anxiety, hormone problems. And so, not just worrying about the total amount of fat, but where that's located and the, the proportion, you know, of the fat in the muscle being muscular is totally in, because that's the that's where finally science has told us we don't need to fear gaining weight.

We need to fear not having enough muscle mass. Yes, absolutely. Yeah. That is so true. And so all these, like, tips that you're giving us for balancing blood sugar are so important.

What about managing stress? What do you tell your patients? Yeah, stress. Stress is big. Honestly, incorporating something, you know, like breathwork, prayer, meditation, really important reading, just sitting and reading and going for walks, being out in nature and, gosh, for me personally and what I've been telling patients later, like, you got to give up control and give that to God, too.

We're we're not in control. And I tend to try to control things, and that stresses me out. So, you know, just just pray in and give it to God, because you know, that that is where we're healing can begin to.

I think, especially as women, we take everything on ourselves, you know, all of the things coming at us and this the stress is not good. So I we love listening to Christian music in our household.

And I love it because I'll just play it in the background and my kids will just be singing it. And what you put into your body, what you eat and what you put into your body, like things you see, like movies, music you listen to, books you read.

Those should also come from a positive place, right? Like certain movies. I just like moment make hits where I'm like, I don't want you being exposed to that.

Like, you don't need that in your body. And because that can stress you out. Especially like the news, you know, they're trying to keep people engaged, right?

Or like, oh, my parents were just telling me they still watch like NCIS, right before bed. And I'm like, why would you watch something scary right before bed?

Like your body? Yeah. Your body is seen that like, as a threat, like watch a cheesy hallmark movie. I mean, I just watched a cheesy Christmas movie last night while I was working on stuff like, that's gonna I'm going to go to bed fine after that.

So really pay attention to what you're putting in your body, because real life is stressful enough. So why are we

having more external triggers? And, you know, a gratitude journal is also something that's great, making sure your heart is coming from a place of gratitude, even if you're in one of those valleys.

Because, I mean, we're all going to go through things. We're all going to go through stress. I can't I never say to a patient, don't stress less, like we're going to have stress.

This is part of life for sure. Yes, yes. But how like, you know, when oil is, when olives are crushed, it produces oil. Right. So what's it going to do to you.

How are you using that? How you know, how are you praying about it? What are you doing when you go through something tough? You turn it into an opportunity for growth in gratitude.

And if you change how you think about things in that way, it's going to impact your health in a good way. And I'm not saying it's easy. It's it's difficult.

It can be difficult. But, you know, what are the alternatives? Making yourself so sick because you're so stressed out, which I see a lot in my practice.

And I'm sure you do too. Oh, and yeah, so we really, you know, and and make sure you're not isolated. That's another thing I see in my office is actually just happen this week is, you know, I tell my patient, I'm like, you need to have someone that you can talk to about this hard thing, like a few people, because the enemy wants us to feel isolated.

Look at the pandemic. Oh my goodness. So I feel like, yeah. And I think we're all still recovering from that four years later. So, Oh yeah, the adrenals, post-Covid checking labs, everyone's DHEA, which is made in the adrenal glands, was like distinct.

I mean, yeah, like I saw on labs, like how bad the pandemic affected. So, so yeah, definitely stress is related to your health, for sure. So we need to make sure that we are looking at that differently.

Yeah. For sure. So those are just such great tips as far as blood sugar and stress things that everybody needs to start implementing. Yeah. Yesterday I gave a webinar and I was like, okay, top three tips.

As far as, what people need to be doing and 2025 to improve their health, I intentionally said nothing to do with any kind of type of pill. It was no, supplement, no nutraceutical, no, dietary change.

There were all things that people could be doing. And interconnectedness was one of them, like, get more connected with other people. That is going to improve your health so much more than increasing the number of supplements you're taking.

So, it's one of those underused aspects that we, that we can implement with our patients to get them to better health. So I love when other doctors also talk about these things.

Absolutely. Very, very, very cool. And I love what you were talking about. You know, having, faith as part of what anchors you and is very important in your, in your life, in your family, how does how do you talk to your patients about that?

How do you think that plays a role in women that are navigating the challenges of perimenopause? Yeah, absolutely. Well, I mean, personally, I'm going through Paramount Head of Perimenopause right now, and a lot of my patients are and I really do see that there's spiritual forces that are also affecting that.

You know, I mean, the enemy wants to break up marriages, break up families. So we see that a lot with marriages. And there's if you look at when people get divorced, it's really interesting.

And I feel like it's always women are in perimenopause, you know, they're not getting help. Their hormones aren't

clear. They're disrupted like we talked about.

They're further disrupted from stress. And they're almost like not thinking clearly. And it's just this, this big stressful environment. And when you when you don't have that faith, when you don't have Jesus in your life, you know, it's really easy to to get off track of, you know, what matters and your heart can shift.

So getting yourself back to finding that joy and peace so you can spread it to others because we're we're going to have those struggles.

Faith, Healing, and Final Takeaways

So if we're not prepared for the struggles and still praise when we're, you know, in the lion's den, then it's it's just it's not going to be good. We're letting the enemy win.

And the more I talk about faith, you know, on my podcast or my social media, the more attacks I get. And it's so beautiful because I can recognize it now.

Two years ago I was bullied really badly and tons of spiritual warfare was like seeing things. I'm like, I'm a scientist. This is weird. What is going on?

But it was beautiful because now I have a real belief, because I've experienced this spiritual warfare and it's such an important part of health, because if you don't know how to battle it, put in a battle and a fight, you're going to lose.

And it's really not spoken a lot about in the medical field, but it's totally there. And I see it happen with my patients. So I try to equip them with certain books and certain resources to help them.

I pray for them. I can pray with them. So if we're not talking about it, though, then it doesn't get addressed either. And sometimes it can just be devastating.

I mean, I've seen women just break down in my office and and I'm like, oh, this is spiritual. Like we're working on their hormones and they have supplements and they're good to go.

But I'm like, oh, like, this is a whole nother factor of health that like, they need some guidance on because they're not getting it elsewhere or they're not vulnerable enough to talk to someone else about it.

So so that's like a big a big passion of mine, especially just moving forward in and treating the Perimenopausal woman. That's, that's that's great. I think there's that's what this is.

Do we get frustrated when we can't identify why patients aren't, getting better? Why if they it seems like they're doing everything right. Right. They're they're getting the test on their phone, our device here and there and recognizing things like, like that, that type of, need for a foundation, a spiritual foundation is it's very powerful.

It's something that, I'm so glad that you you talk about, you recognize, you talk to your patients, you inform other physicians that we need to be aware of this.

So, so, so, so, so beautiful. Wow. So you're such a wealth of knowledge. I love this conversation. Any final tips for our listeners? If you say, okay, this was a ton of information, but one thing, what would the key takeaway be that you would like our listeners to know?

Yes, absolutely. So you are not crazy and you are not alone. So those those are probably the two main things, because we do feel isolated sometimes when we're going through all of these changes and we are told that we are not normal and that maybe we're crazy and that's just not true.

You know, we're beautifully and wonderfully made. So just remember that. Thank you so much. I think starting with

that is going to bring comfort to so many of our listeners, so many people out there that are struggling so beautiful.

Beautiful message. Thank you so much for being here on this podcast, Jen. Hope, talk to you real soon. Thank you. Bye. Thanks everyone. Thank you for tuning in to Doctor Talks.

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