Introduction and autoimmune resilience

our bodies are very, very resilient. And sometimes we go to the conventional medicine doctor or the ER or wherever we go and we are gaslit a little bit.

And I know me personally, when I was diagnosed with Hashimoto's thyroiditis, I was told that there was nothing I could do. It was an autoimmune disease.

It was gonna destroy my thyroid. And I had to have surgery to have half of my thyroid taken out. So I am on thyroid medication, but my Hashimoto's is in I have no antibodies.

And why this is so important is because women are very susceptible to autoimmune disease. And once we have one autoimmune disease, the likelihood of us getting a second or a third goes up.

So we should look at that diagnosis of an autoimmune disease as a blessing and say, thank you. Now I know that there is some fire in my body that I need to calm down.

This is Dr. Tops. Real talk from real doctors on the issues that matter to you most. Hello and good morning, everybody. This is Double Down with Dr. D, another episode with your doctor.

I'm Dr. D, triple board certified physician, and I'm the host of Double Down with Dr. D. Today, we have an awesome guest. Dr. Jen Fleger. Dr. Jen Fleger is a double board certified emergency and lifestyle medicine.

She dives into this world of integrative, holistic. She is the whole world of healing in one person. Dr. Fleger is also an educator. She advocates for people with chronic disease and all these invisible illnesses that the healthcare system just forget about them.

And she's the co-author of a book. You can see it in her screen. Eat, sleep, move, and breathe. A beginner's guide for lifestyle. Welcome to Double Down with Dr.

D. Dr. Jen, please introduce yourself. Hi. Thank you so much for having me, Dr. D. So yeah, went through conventional medicine training, board certified in emergency medicine, actually loved it.

But I went to work and these patients, they were going to their family practice doctor, but they kept visiting me in the ER. And I'm like, wow, like 80% of what I see could be prevented outside of the hospital.

And 80% of the stuff I saw was chronic disease. which we need to focus more on prevention. And that's why I got into medicine and root cause medicine.

So I went back and did an integrative medicine fellowship. So there I learned how to dig into root causes more. The problem with conventional medicine is our education, we are trained to look at symptoms and diseases and match them with a pharmaceutical and a drug.

And that's what we have to study for our board exam. So no matter how our hearts are going into it, we're kind of, groomed a little and brainwashed because we have to pass our boards so we could serve people how we wanted to in the first place.

So it was a little bit of a disconnect for me. So I went back, I did my integrative medicine fellowship and my husband, my family, so supportive of me.

And then I opened up my own integrative medicine practice while working in the ER still. So, you know, integrative

functional medicine, lifestyle medicine, it's all looking more for root cause and prevention and longevity and health.

Dr. Jen Fleger's integrative medicine background

We don't just want to treat diseases. We want to get the body back to homeostasis and balance. So it's very rewarding to see patients heal their own bodies and reverse diseases because it can happen.

Our bodies are very, very resilient. And sometimes we go to the conventional medicine doctor or the ER or wherever we go and we are gaslit a little bit.

And I know Me personally, when I was diagnosed with Hashimoto's thyroiditis, I was told that there was nothing I could do. It was an autoimmune disease.

It was going to destroy my thyroid. And I had to have surgery to have half of my thyroid taken out. So I am on thyroid medication, but my Hashimoto's is in remission, no antibodies.

And why this is so important is because women are very susceptible to autoimmune disease. And once we have one autoimmune disease, the likelihood of us getting a second or a third goes up.

So we should look at that diagnosis of an autoimmune disease as a blessing say, thank you, now I know that there is some fire in my body that I need to calm down.

And if I just put a steroid on it or ignore it, it's going to turn into, you know, a really big fire in my body, and it's going to destroy my body. So that's, that's a different way of how I look at when patients come to me with symptoms And you know, I had a patient yesterday, she's like, I don't want to feel like I'm complaining.

I'm like, no, I'm like, this is how I help you. You tell me all your symptoms, every little thing, and we're going to figure out what the root cause is.

And we're going to switch that around. So that's a little bit about me and what integrative medicine is. I resonate with you like a hundred percent right we come with both started in allopathic medicine I mean I don't have the board of integrative medicine but just just for the practicality of my listeners just to understand because it's a little bit of a mixed match of What kind of doctor are you?

So just because I am a conventional trained doctor, but like you, I questioned the status quo. I was noticing that my time was going nowhere and just putting a band-aid on things that are acutely.

And of course, coming from an emergency room physician is amazing how you just open your eyes and say, wait one second, I'm here to heal something that requires something quick, fixed, and that doesn't get worse down the road.

But you were finishing with all these chronic diseases, and you realize listening, everything starts with listening. To the point, it impressed me, your story about the patient, because our patients are now used to it, that they are just like, fast, I know I only have 20 minutes.

Let me just disclose to you what I feel, and that's it, when the answer is in the rest, right? root cause, very functional medicine on how to get there.

So I'm very impressed and I totally resonate with you. Your personal setback on Hashimoto thyroiditis at the end is something that it almost, you don't only question the status quo of the medicine that we learn, but the status quo as a patient of how far are you going into this reality of my thyroiditis.

If my body's talking to me, teach me why my body's talking to me and teach me how I calm down my body. So it almost goes back into simplicity. Like lifestyle medicine, when I explain to my colleagues that I practice it and they go, Really, what is that?

And I'm like, well, the pillars, you know, the basics, nutrition and sleep and stress management and the community and substances that might be toxic to your body.

Well, but that's obvious. And I'm like, well, if it's obvious, why we do not teach our patients that? Why we don't take the time for that? But thank you for give us that little marathon around of what the different medicines are and how all of us, despite our training, we all kind of assume and put in our accessories that I love to take different approaches to different things.

And of course, science is our foundation, but few things are going beyond science. And I would love to talk this with you because This is this new world of peptides.

And I don't know that much. Just please start elaborating your answer from a very basic, I don't know what peptides are, why are they out there in the market, what it is, approve or disapprove, and what's your experience with it.

Yes, absolutely. Peptides are so fun. And I remember when I first got in them, the FDA was starting to look at them. And that's, I don't know, when something's working really well, sometimes that's hard because they, they shot a bunch down and put them on this certain category where compounding pharmacies couldn't make them anymore.

So I was like, well, they work really well. I'm going to still study them. I'm just going to stick with it. And I'm glad I did, because we are trying to fight back.

We want to have these peptides for patients. And what peptides are, they're small chains of amino acids. So they're smaller than a protein, but they are big enough that they can go in there and do good work.

So what they do is they're basically like a lock and key.

What peptides are and how they work

They help different processes in the body move forward. I like to think of them as, you know, they're like natural medicines, right? They don't have side effects because not usually, most of them don't have side effects because they're going in there and they're working with the body.

Peptides are things that we know already. So things like oxytocin that we release during childbirth, that's a peptide. Insulin is a peptide. Growth hormone is a peptide.

So they can be anywhere from a couple amino acids up to 20 to 30 is usually the biggest. And peptides can be taken different ways. Most commonly is injectable.

So when they're injectable, they go in the subcutaneous tissue and then they go in there to the cells and they work on these enzyme different reactions like growth hormone, for example.

That one is a medication for the peptide role compounding pharmacy. We have growth hormone. secretagons, which secretagons mean they help your body secrete the growth hormone.

And these are one of my top peptides. I have probably 10 that I love. And growth hormone secretagogues are great because they help your body secrete its own natural growth hormone.

So it's not forcing anything. It's working with your body. Another common one that people have heard of is BPC 157. BPC 157 actually was isolated from gastric juices.

And the cool thing about this one is if you take it orally, which we can still have that one available, it helps with inflammation in the gut. It helps with healing in the gut.

Lots of studies with Helping with Crohn's and ulcers, especially there's one study with taking Motrin and then taking BPC 157 to help it. So really cool things with this one.

I loved BPC 157 injectable. Helps a lot with ligament injury and musculoskeletal problems. It works by helping with angiogenesis or blood vessel formation to help with healing.

So it's also used topically with wounds. It's worked really well. So lots of cool things with this one. Another peptide that I really like is KPV. It's a tripeptide.

It's three different amino acids. really great for inflammation. It can stabilize mass cells, help with gut health, really good with mold patients. If they have a lot of inflammation going on, it can really calm things down.

That one's also good topically for wounds. And then if we look at beauty, GHK copper peptides are a big buzz right now. I know a lot of different formulations are putting it in their products.

And that one is great for skin aging, wrinkles and fine lines. And that one has had a lot of studies on it. Also, that one is a favorite with my patients to use topically on the scalp.

because it can help increase follicular density and helps growth a little bit. So really cool things with that peptide. So when we look at the peptide world, also the big one that we've heard about is what?

GLP-1. So ozempic, terzepatide. So I feel like peptides are now just it rolls off people's tongue right but we're talking about small peptides not collagen peptides collagen peptides are still good but that's bigger that's a protein right that's gonna get broken down in the gut these peptides we're talking about they're small they don't get broken down in the gut so then they can go and do what they need to and GLP-1, a glucagon like peptide, this is basically a hormone that we have in our body, right?

We make it already in our gut. There are receptors in the brain. There's receptors in the gut. There's receptors multiple places on our body. And we can be deficient in this.

We kind of know that now some people are like, oh, that doesn't exist. But we do notice that our GLP one can be activated by other ways, like fasting is a good way to increase GLP one levels exercise.

So there's different things that we can do to increase this naturally. This specific peptide, I have found that it has really been life changing for patients.

So I was using in my practice before it became super popular in Hollywood. Right. And I've had patients where they've done everything, right? They've done diet, exercise, their sleep's okay.

I mean, maybe stress. I feel like stress is one that's always hard for my female patients, especially like perimenopause women. They're trying to do it all.

They're trying to work and raise kids and their hormones are going a little crazy. So what can happen is insulin resistance can really become a problem.

really hard to lose weight when you're insulin resistant. And I've had patients that we've tried berberine, lifting weights, you know, some fasting with their cycle, you know, all these different things.

And then we'll just give them really little bit of GLP ones, not these big pharmaceutical doses. We don't always need that. We don't need to go hard and fast all the time.

especially with this peptide. We don't want to go hard and fast. We want to go slow, not have a bunch of nausea because we still want to be hitting protein goals.

We still want to be drinking lots of fluids. We don't want to get pancreatitis or anything. We don't want to lose muscle. And you can see when this is being misused.

Someone might look great because they're skinny, but I look at muscle definition because that is going to tell us

about long-term longevity, long-term insulin sensitivity, and long-term health.

whether they're going to break a hip when they're older, right? I mean, it's hard to build muscle after age 40, after age 50. It just keeps getting harder.

So the worst thing you can do is go on a GLP-1 and lose all your muscle. And then what? You get off the GLP-1, and you gain just fat back because it's harder to gain muscle.

Your basic metabolic rate, we know from the GLP ones and the GLP GIPs, so that's semiglutide and terzapotide, we know that when you get off of them, you do have a little bit of reduction in your basic metabolic rate.

meaning you're burning less calories. So how do my patients combat that when they get off and when they wean down, when they're like at their goal? Well, we build muscle while we're on it.

So then that balances it out a little bit. Plus they have really good habits that we've been working on before we go on that. And sometimes I'll also use it in smaller doses just as more of that anti-inflammatory property.

Yes, there's other choices like medications like low dose naltrexone, different supplements, really tweaking that diet, but it depends on the patient.

Some patients would rather just do a small dose, really small doses of the GLP-1 once a week than nightly low dose naltrexone or supplements. We have to meet each patient where it's at, and that's really what's different too about practicing outside the conventional medicine box.

You are not looking at a sheet with numbers with their LDL has to be here, their blood sugar. You're not looking at these boxes and checking these boxes so you get paid by insurance.

GLP-1s, dosing, and safe use

You're stepping outside the insurance box model so you can actually practice the art of medicine, which is an art, which is getting to know your patient, which is Knowing their stumbling blocks to their health and their habits as you were talking about, you know, we're looking at all these different pillars of health.

They have stumbling blocks to that and we have to figure out how to meet them. So this is where looking at a GLP one, but looking at You know, what's it going to help is, you know, I have a patient, this is actually an interesting story, weird, weird gut stuff.

I don't know if it's glyphosate up in Northwest Ohio, Roundup, which is spring there. I don't know what it really cyclical. We've tried hormones, all this stuff.

And I'm like, you know, let's just do a really small breath of a GLP one and let's just see if it just switches a switch, calms down inflammation. And she was messaging me and she's like, I don't, I don't know.

Like, I don't want to say that this is going to work perfectly and I'm not going to have any more episodes, but she's like, something's different. This is just like calm down my inflammation and other things haven't worked.

So it was, it was really cool to see that sometimes You know, we just we have to try things. Not everyone has the same genetics. We know this. We're not we're not cloning people and we shouldn't.

So we all need to practice, you know, individualized, personalized medicine. And this is where peptides can really fit in. So if you heard of have you heard of any peptides or do you have a question about a specific one?

Oh, well, no, that's very a lot of knowledge in there. Obviously, once you touch the GLP once, I know my GLP once very well, obesity medicine board certified, so I do do weight management.

Obviously, I am within the box of FDA approved, so I don't do compounded, but I can perfectly see from the physiological point. how you are explaining that will make sense and how everybody is different.

And I totally agree with you. As much as I want to go by the rules because I do trust that the system has regulations for a reason, I still have to question how perfect is this going from a 2.5 dose to a 5.5 to 7.5 and 10 when I could really go depends on the patient.

You touched a very important point. Just because you listen to the patient, you know exactly how to treat them. Obesity is a chronic disease, and I'm just going to take that example just because that's the only I'm comfortable with that one.

And he said, obesity is a chronic disease, but everybody arrives to that chronic disease through different pathways. Like you were saying, right, you might going to need the GLP-1 or GIP in a very low dose during the day, but maybe you need a little bit of Naltrexone at the end of the day because it's that chatter at the end.

Are you the one that is snacking prior to go to bed? But for that, you have to sit down with a patient and listening and see what's the relationship. with everything with food with exercise with stress so I can see how exciting is that now that you open the door to me to wow those peptides make sense physiologically right they are like if I understood well the signal as well right because Did you mention, and I just wanted to clarify that, that there is like no side effects of administrating this type of peptides into your body?

Most of them. Yeah, most of them. And I do have a peptide course up on my website that is practitioners have taken it, just people interested in it. Most peptides, they have minimal side effects, most of them.

There are some caveats, which is why you want to work with someone that knows peptides, but they're working with our body, not against it. So compared with traditional medication, which is kind of like instead of a lock and key, it's like a sledgehammer, right?

Because we're pushing pathways. This isn't pushing pathways, but you can run into some scary situations if you're getting this not from an accredited compounding pharmacy.

If you're just getting peptides online from China, we don't know where they're coming. They could have lipopolysaccharides in them, LPS. And you're injecting these into your body, so you need to make sure you have a very clean source.

And this is where it's scary because people are getting desperate. When BPC-157 got pulled off the market, people started getting it from these random places.

And I'm patiently waiting for my accredited compounding pharmacy. And I know the compounding pharmacist by name. I have her cell phone number. I know it's high quality because we are injecting these things.

And this is where, gosh, it's similar to raw milk, right? It's like, why can't we just agree that there's benefits? We're open with the side effects and we just regulate this appropriately.

I mean, if you look at things like Vioxx, you know, that COX-2 inhibitor that was taken off the market, that got pushed through, pushed through these studies that were probably, you know, who knows, adulterated a little bit.

And many people died and had bad side effects until this drug was pulled off the market. So just because, just because it's at the drugstore doesn't mean, I mean, there's corruption everywhere.

It doesn't mean that it's okay. And this is where we have to use full informed consent. You know, we're getting this from a compounding pharmacy. It's an accredited one.

These are the possible risk factors like GLP ones. You still have that warning on there. If you have medullary thyroid cancer history or family history and multiple endocrine neoplasia type one.

You know, I talk with patients about this. But then what are the benefits? And then compound it if it's accredited versus getting it from a pharmaceutical company.

I mean, there's risk and benefits in both, but make sure that you're not going if you're looking for a GLP one. don't just go to a random med spa down the corner where they're doing pellets, which that's another talk to, and they're just doing it just to do it.

No, you want someone that has been educated in this, that it's not just a side gig or a way to make income, that it's actually they're trying to heal the patient.

And that's where I know, I don't know if you've noticed this Dr. D, but like wellness, you know, influencers, doctors, I mean, it's exploding. So you have to look like, where is their heart?

You know, are they going after money? Are they going after to help patients? You know, and it's, this is where it's, it's hard sometimes you really have to look at who you're working with and make sure you're not missing any red flags just because you want healing.

You have to make sure you have the right partner to guide you on that journey. Hi, I agree with you. You touched a very important point that is all these mixed messages and all the noise that is out there.

And despite that, obviously I'm out of the system for the same reasons. I don't want to be regulated by a system that doesn't even care about the health of the patient.

So I do have enough time to listen to my patients. But I feel that 25% of that time is just cleaning up the mixed messages and all the noise. And so we have to be like, directing the patient to the right source of information.

And yes, I agree with you about that mom and pop shop that goes through, come over here and we restore you with these things that nobody knows what they are putting into you or we do hormonal replacement.

And okay, I'm not, this is not a criticism to mid-levels, this is not a criticism to some of the telemedicine or hormonal replacement. are you being followed?

And same happened with the GLP ones. I get it. You go online, the virus comes to your house, it's way cheaper. I understand that you have a problem and there is a solution.

And many of us, we've been trained to take care of that. And I understand maybe financially you cannot afford us Till the system changes and eventually we everybody can afford us because health is a right of the human being but they when they just like go into these places that is just selling it's a profitable business and Finally nobody follows you and nobody's listening to you to the nuances of your chronic disease and I think you are doing more harm than well.

I think it's better to stay to the conservative side. But it's as well a little bit like just you enlightening me with the whole peptides, right, is something that is not regulated, is not recognized by traditional medicine, but there is so much benefits right now.

Cycle syncing and perimenopause

Maybe we need a little bit of more open in mind and more, that the regulatory institutions just understand that we come from a place of science and physiology, and if it's well practiced and the service is well delivered, we might be doing more good than bad, and then everybody can be affording that.

And you just answered one of my next questions, which was, how do I train myself to put those peptides, right? Because I think it requires some education behind And that's important.

Like you were mentioning, you have a course, which is fantastic. Some of the providers that are listening to this

podcast, if you are ever interested to explore, you have the perfect contact here.

It is being delivered by another physician who understands perfectly the physiology behind. who it's very meticulous about making sure that the side effects and any contraindications are being taken in account.

So let me just shift a little bit the gears because I don't want to run out of time with you and I feel so fortunate to have you. Let's talk about a little bit of menopause, pretty menopause, and the cycle syncing, which is another term that is new to me.

You mentioned it, so I'm like, oh, I'm totally going to ask about it. It's not indeed a medical term. Again, traditional doctor here. It's not in the Harrison Principles of Internal Medicine.

So can we just start with what is cycle syncing and those hormonal changes and if there is any application to our premenopausal menopause transition? Yes, I so cycles thinking you know you hear about it on social media and stuff and a couple years ago I just started noticing patterns in women with their hormones with injuries with working out with fasting with looking at their continuous glucose monitor findings so I put together a program for them and I give them to my patients that are having menstrual cycles still and this is you know women in their 20s 30s 40s even 50s and especially the perimenopause women because this is when your hormones are going a little bit crazy like a roller coaster you have progesterone on a steady decline to menopause and then you have your estradiol fluctuating a little bit, because you have these erratic spikes of estradiol as our egg, our oocyte qualities, those follicles going in, they're not as robust.

So the body gets confused and thinks there isn't one there and sends another FSH surge and estradiol spike. So what does this mean? We can have an imbalance of that estrogen and progesterone and start to have more estrogen dominant symptoms, you know, and this could be more PMS.

heavier cycles, more irritability, a big one, anxiety palpitations. As that progesterone goes down and we don't have that as much that second half of that cycle, the PMS symptoms get worse.

But with that is this anxiety out of nowhere. A lot of patients, especially post pandemic. So I think it was a little bit of viral stuff also spike protein kind of Also, you know layering on that with inflammatory problems, but a lot of new onset palpitations and anxiety I've seen in the past five years so with this We want to look at our menstrual cycle like what it normally does, you know our God-given menstrual cycle.

It's beautiful We should love it. We should embrace it. We should recognize that if we have symptoms that are excruciating or you know, stops our daily living, that that is not okay.

Once again, that is a symptom. We need to look at it. We normalize a lot of stuff in medicine and whether that's to sell extra pads because you're bleeding really heavy or a mitol.

You know, we all know that commercial mitol makes it all go away. I mean, there's a lot of profiting off of women with menstrual problems. So let's end that and let's figure out what we can do about it.

So the first half of the cycle, It starts with menses and goes to ovulation. It's 14 days. That's the follicular cycle because we're getting that follicle ready to try to get fertilized.

Okay. Follicular stage. That's estrogen is dominant during that phase. Okay. Then we have ovulation where we have testosterone peaking there. We have ovulation.

We have an estradiol spike also. This is where you just feel glowy. You feel like you wanna go out there and hang out with people. You want to find a mate, be intimate with your husband, all of that, right?

And then we have luteal phase, that second half of the cycle. So that's usually days 14 through 28. this is where progesterone is more dominant this is where progesterone is shining okay progesterone comes in there kind of calms everything down gets the body gets the uterus ready for implantation of an egg if if the egg is fertilized and

implants makes it a nice little homey place so we can think of it kind of like every month you're setting up for a new party So we have estrogen coming in is like the party planner, getting all the decorations, getting everything ready for this egg coming, you know, getting everything ready.

Really lots of energy. Exciting thing about when you're getting ready for a party, you have a lot of energy. And then ovulation is like testosterone comes in and is like, hey, I'm the party king.

Everyone's having a good time. And then progesterone comes in and is like, okay, it's time to wind this down. It's getting a little out of hand. well what happens is when we don't have progesterone and perimenopause when it's declining or we're super stressed out so our progesterone is non-existent because our body's making prioritizing cortisol well this party is just out of control right things are getting broken there's a mess there's foods spilled drinks spilled and that's those are the pms symptoms right so we start to have things out of balance and it's kind of like this party going out of out of control but what should happen is progesterone should come in calm things down clean things up you should end the end the month You know, like a little tired.

You just had a party but not feeling out of control. You could still wake up and go to work the next day. And then we start over again with the new cycle.

So I see this a lot with women with these bad symptoms. you know it should be like maybe you have like a little cramp or you just feel your cycle coming on and then you should start your cycle and yeah it's a little heavier it would be a bummer if you were on vacation and you know in a bathing suit but you get through it it shouldn't be you're locked in your room and feeling miserable so how can we use cycle syncing to play with these two separate you know these two weeks at a time of our cycle in these two phases.

So follicular phase, this is when you're gonna have more energy. You are going to be able to push it at the gym, your workouts, okay? You will not, if you're pushing yourself during follicular phase, you're not going to be stealing from progesterone to make cortisol with stress.

So this is when you want to take on those difficult tasks. you want to go for PRs at the gym. So this is like what I tell my women, you're less likely to get hurt in the follicular phase.

So this is when you could do, if you want to do some HIIT workouts for cardiovascular health, for VO2 max health, you can do HIIT workouts in the follicular phase, sprints.

So this is when I do my sprinting on my treadmill or outside. I don't do sprinting in my luteal phase. Like I'm going in the luteal phase in the next few days, and I'm like, sprints are done.

You know, I'm gonna do weighted vests and walking on an incline instead. I don't wanna get hurt at my age. So you can do your sprints, HIIT workouts, and then lift heavy, lift heavy, go for those personal records in your squats, and women should be lifting weights throughout their whole menstrual cycle.

So that is where you want to push yourself. Now, metabolically, we can push ourselves here too. So with estrogen, you're going to have more insulin sensitivity.

And once again, we don't want to stress our bodies out because when I see women that are very stressed, their cycles shorten and we want a nice 28 day cycle.

Now with regards to fasting, so I've seen this on continuous glucose monitors, I've seen this with patients. Fasting is very popular and it's good and I love fasting and I have a book coming out in July where I talk about fasting and how to do it in perimenopause.

We don't want to fast in the luteal phase, that second half of our cycle. We want to fast in our follicular phase. Right now, I am on hour 36 of a fast.

I do have butter in my coffee, but I wanted to get a fast in before heading into my luteal phase. And you have to

listen to your body. Another caveat with fasting.

So I just moved from Ohio to Tennessee and it's been stressful. It's been stressful. So what have I not been doing? I haven't been doing a lot of extended fasting, right?

We don't want to push our bodies as women just because an influencer is doing it on social media. You are your own person. You need to listen to your body and you need to fast during the right phase.

Intermittent fasting can be different. Some people intermittent fast throughout their whole cycle. So this would be like 16 hours of fasting Check it with a continuous glucose monitor and see how you do the 24 hour fast for digestive rest and start of autophagy 36 hour fast great for weight loss and extended autophagy those you want to do during that first half of the cycle and Okay.

This is also where I tell patients that they can eat lower carb because they're going to be more successful at it. So don't like be like, oh, I'm going to try like a three day sardine fast, or I'm going to try to start carnivore and you're doing it during your luteal phase, you are going to fail.

So my patients know that when I start them on a liver detox, when I recommend a three day sardine fast, I will have them do it during their follicular phase if they're self cycling.

Okay. Now, women that have had their uterus taken out, but still their ovaries, sometimes they can tell when they're still ovulating, so I have them sync it to that, but sometimes they can't.

And that is unfortunate because usually it's before they have seen someone like us, Dr. D, and they haven't fixed that root cause. Okay, so now we're getting into luteal phase.

luteal phase you know luteal phase that you You just want to like curl in bed and watch a movie with a bowl of popcorn You don't want to go out with friends, right?

Like we know like we can feel this we this is our intuition We know this this is like how we feel why think of your body, you know, it's making this nice fluffy fluffy lining of that uterus is just like a nice pillow for that for that follicle to go in you know that fertilized egg and it's just it's peaceful so that that's what we want now what can happen is we can get stressed out and our progesterone right down that hormone cascade is cortisol so I have seen this in practice you know It's called the cortisol steel, the progesterone steel.

And I've seen it. I know that when women are stressed, we shorten our cycles. I've experienced it. I'm sure you have. So we want to be more gentle to ourselves at this phase.

We are more insulin resistant. Our body is going to want a little bit more complex carbs. So I tell women that this is when eat your carbs. Do it. Have that popcorn, but do it responsibly.

Don't have like tons of sugar. Don't have processed sugar and processed flours and high glycemic index foods. be balanced about it, but also know that if your body, if you want some more carbs and you just don't be stressed about it.

Don't be like, oh my goodness, I can't eat this. I'm gonna gain so much weight. You know that you're gonna be stepping into the follicular phase and you can do some fasting.

You can work on your metabolic health then. Don't be so stressed about it because that actually makes things worse. It's same as like restrictive diets.

Sometimes they make it worse. So when we're in the gym, so that's the food part, no fasting, chill out on that. When we're in the gym, lift weight still, but lower the weight, the weight, the heaviness, right?

and increase the reps. So you can still even lift to fatigue, but just don't lift like if you curl 25 pounds in your follicular

phase, back it down to 20. We don't wanna have injury.

And there have been studies showing that women in their luteal phase at second half of the cycle, they are more prone to injury. And they were specifically studying ACL injuries that it's more likely for a tear.

And I did have a patient recently she tore her ACL and I'm like, she was playing soccer and I'm like, what part of your cycle you were in and she was in her luteal phase.

So we are more prone to injury during this phase because of how progesterone affects our ligaments and the hormone relaxin. So we do have to be more careful.

Sprints and HIIT workouts, like Orange Theory, no, like you don't need that. You don't need that right then. So you could do a weighted vest, you can do incline walks, you can do mobility workouts and stretching.

So there's so many more options. And how fun and cool that we can just be in tune with our body more. So it's really, it's really fun to, you know, I have a sheet that I hand out to patients, put them up and put it on their fridge.

I even have macros in there. I let their carb macros go up that luteal phase. If they're, if they're doing more low carb animal based and not eating a lot of carbs I increase their fat content during that phase.

So a lot of cool things with cycle syncing and it comes down to, you know, how are we individually, you know, treating our body looking at that and our hormones.

And that is just like the start, right? When we look at our hormones, there's so many other things like detoxification and gut health and, you know, supplements.

But this stuff is all like that I'm talking about. It's all free. It's all stuff that anyone can do and it can really help. It is so intuitive. I love it, but it comes from education.

You explain it beautifully. I'm gonna totally steal your analogy. Your analogy of the body. Yeah, and I'll send you a copy of my book when it comes out, because I go through all this.

Yeah, and I have tons of references, right? This isn't woo-woo. I mean, this does come from science, but also it comes from experience. You know in the medical field.

Oh my goodness You know, I would rather have someone like if I went to the ER rather have someone with ten years of experience then someone that just Buries their head in the book and researches all day, right?

Closing remarks and contact information

It's that seeing patients and knowing what to do in the situation. So I think that especially with the pandemic we lost some of that we we lost that you know as doctors we went into medical school to help people we're not phd researchers but we're we're not in an ivory tower remember they would always talk about ivory towers in medical school we're actually down we're down working with people and i don't know about you but oh my goodness you know after after the pandemic things changed a lot and i am so i feel so blessed that i was able to see patients and really understand what this virus did in the body.

All these, you know, things that don't have double blind placebo controlled studies, but me and my colleagues in the thick of things that we're all using and we're all helping each other understand to get patients better.

Right. Yeah, nobody knew anything and we were just thrown there and this is a full new episode on, and I actually had a podcast on it with one of the physicians who had a big burnout and she became a coach for physicians for burnout.

And it was the whole COVID era that he brought up to her attention what it was happening because we were ready.

We had our heart on. We didn't have the science backing us up because the data didn't exist.

We were thrown there, and then out of the blue, the system got involved, and we were the least and more dispensable person in the whole system, but we were humans.

So yes, absolutely. But it was I'm seeing it as a bless as well, because I think that many of the things open my eyes to the point that I could somehow reinvent myself from many perspectives.

So it is it is so but. I'm loving this conversation, Dr. Jen. I know that we're running out of time at this point. Before we wrap up, and I would love to invite you again because so much more to talk about it.

First, don't forget, I would love that book. And second, please tell our audience how they can reach out to you. Yes, I am most active on Instagram at integrative dr mom integrative dr mom.

I have a YouTube with that same handle. If you guys want to laugh, I started a vlog of our mini farm in Tennessee. So it's us raising chickens and just it's pretty funny.

So my kids are hilarious. And I also have my podcast up on there and a lot of good content, a glucose master class where I talk a little bit about cycle syncing and GLP ones.

So a lot of free content for you guys. If you want to join my email list, best way is to go to my website, healthy by Dr. Jen, healthy by Dr. Jen. and lots of goodies for you guys there.

Just really want to have a community of health out there and I love connecting with everyone. So thank you so much for having me, Dr. D. Fantastic to all my listeners.

Thank you for being present for today's episode. I hope you had a lot of learning and education. We were very lucky, you and you as listeners, to have Dr.

Jen with us today, and I'll see you on my next episode. Bye-bye. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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