Managing Your Mood During Menopause Transcript

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Introduction and Guest Welcome

Hi, ladies. Welcome back to nest during the menopause transition summit. I'm your host, doctor Sharon Stills, and I am excited that you're back for yet another interesting, informative, educational conversation we're going to have today.

I have one of my dear friends at a Natural colleague with me, Doctor Christina Bjorn Dahl. I forgot to ask her how to pronounce your name, so hopefully I didn't butcher it.

And she, as I said, is another naturopathic physician and she's an authority in the treatment of mental illnesses such as depression and anxiety and bipolar disorders and eating disorders.

And these are things sometimes that we don't feel comfortable talking about or don't want to talk about, but they're an important conversation to have.

So grab a cup of tea, grab your favorite blankie, settle in, and give yourself this gift of having a really important, intimate conversation between me and Doctor Von Dahl.

So welcome to the summit. I'm so glad you're here. Yeah, thanks for having me. It's great to be here with you. My pleasure. So I always ask everyone to kind of start.

Everyone has a story. I know you have a very powerful story, and I'd love for you to share it with the listeners. Yes. It's, It's always hard to know where to start with that one, you know?

But generally, I just, you know, I just share that I, started off in, high school for me with an eating disorder. And, but the interesting side note about that is the year before I was treated with antibiotics for acne.

And, you know, we know now that there's a relationship between the gut microbiome and the brain and mental health. And I you know, I didn't know that back then.

But, you know, I'm happy to for people to, you know, that we've made these connections now.

Personal Mental Health Journey

And I just like to mention that because a really important question is, you know, when did things start for you? And so if you're listening to this and you have a, a daughter, perhaps, or even you yourself have recently taken antibiotics that just make that connection, that there is something to be addressed with respect to the gut microbiome.

So anyways, a little segue over there. We'll come back to here. So then I I've always been an overachiever and this stems from, I think, my childhood I'm adopted.

And so with that adoption piece came this imprinting within me that I kind of, you know, wasn't wanted was the core beliefs that formed in me. Now, what I did to compensate for that was become this over cheater person.

And I carried that through until university. And then I really crashed and burned and I had a lot of anxiety. I found myself in, the place of depression with suicidal ideations.

I never experienced that before. So then I was prescribed antidepressants, which I took. And then a few months after that, I found myself at another place I'd never been before, which was, basically not sleeping.

And then I spun out of control into a delusional, manic psychotic episode. And then that took six people to wrestle me into a straitjacket. And off I went to the hospital, and I was put in a rubber room and injected with a powerful antipsychotic.

And then when I came back to reality, I was given the diagnosis of bipolar disorder type one, and I honestly did not know what to do with that. I really felt a lot of shame and a lot of stigma.

Didn't understand, you know, what had happened to me. I felt like it was, you know, medication induced. And if I hadn't been on the medication, would that have happened?

And so I pretty much disowned that part of myself that that's not happening to me, thank you very much. And I marched through the world wearing this mask again, that I'm okay on the outside, but I wasn't doing very well on the inside.

And, graduated, was working. And then basically it all culminated in, having a, I had a suicide attempt, actually, almost, 27 years ago. Yeah. The day that we're talking here, it's just it's in a couple weeks.

But anyway, that was really the spiritual crisis for me, and it was like it was a turning point where I had to figure out another way to navigate my life, because medication upon, medication upon medication wasn't solving it for me.

And so eventually I went to see an actual body doctor. And, so that's kind of that's my journey, sort of a longer, longer, meandering story there for you.

But, basically just have had a lot of struggles mental health wise. And that's what then led me to make the career change, to become an actual father doctor myself.

And so that your focus and practice now working with patients who have been given a diagnosis of bipolar or mental health disorders. Yeah, yeah, that's so important and so needed.

So where do we start? I guess so where do you start? What do you start addressing when looking at someone's health? What are the common areas you look at.

Yeah. Yeah. Well the first thing I like to people to understand is that there's four sort of overarching aspects to, to all of us. We have the physical level, the mental, the emotional and the spiritual.

And if you can even just visualize that as sort of concentric circles on the outside, physical, mental, emotional and spiritual at the center. And distortions can happen on any and any level, and it creates ripples throughout that whole system.

Right. But our medical system is focused mostly on that physical side. And I think if that's all you're going to look at, then you're going to, I think, do a disservice to people because 75% of the puzzle lies in looking at the mental, emotional, spiritual realm.

So that's the one sort of really important piece that I like people to understand. I know for me, my healing started on the physical level as it does for many of us.

Right. But eventually that wasn't enough. And then I had to look at my thoughts of my emotions and you know, all of these other factors. Exactly. And this is such an important topic for, for all of you listening.

Because a lot of times as we're going through our hormonal journey, we do start to feel anxious or depressed. And so even if you don't have an actual diagnosis, the things that we're going to talk about today are applicable to you and how you're feeling.

And and I love the way you you said how there are these circles and they all affect each other because that's just such a good way to look at it. I always think that things usually start in a spiritual or emotional realm, and they kind

of come into our body.

Holistic Framework for Healing

But, I mean, I have worked with patients who it was something that was just physical. And so it's really nice to think of it that way. I'm going to think of it that way from now on, where it's just this line and it's rippling and affecting everyone.

So thanks for the visual. Yeah. And you're just, you know, it. Also, I just want to say from your story and for anyone listening, you're, you're you're living proof and such an inspiration and that even at our lowest of times we can find help and we can rebound and be a vibrant being just like you are.

So I. I just honor you for that. That's quite a journey. Yes. Thank you. Yeah. You know, that piece has been was really challenging because it's it's because I mentioned and I know I'm not supposed to joke about suicide, but you know, I mentioned I'm an overachiever and so I overachieved in that area too.

But it didn't work right. And so I was like, what the hell? You know, like, why am I why am I still here? And and I had to, you know, reconcile that within myself.

And, you know, this might be getting two for people. But one of the things for me that I how I made sense of that, which because it really didn't make sense according to all the the nephrologists and, you know, I had kidney failure.

I mean, all of the, the doctors, it did not make sense. Why is this person still here? And they think, for me, maybe just one of I think we all come with lessons that we're here to learn on a spiritual or a soul level.

And it may be forgiveness, it may be compassion, it may be for me. I think it's really just learning to love and accept myself. And I may have not been able to do that.

And perhaps if there's such a thing as previous lives. And so this lifetime is about not succumbing to suicide, and that's, you know, it's it's, you know, it's been it's been a it's been hard because I have spent a lot of days in those in darkness.

Right. But anyway, yes, I am here, thank you. And I and you're right, I it's, you know, I often say to people, look, suicide is a permanent, a permanent, decision or a permanent, step it to a temporary situation.

You know, it's it's the state that you might be if you're listening to this and you've been struggling. It's it's it is temporary. Trust me. It is temporary. It will pass.

And so I hope this is not too personal. The question to ask, but do you ever have suicidal thoughts still, is it something that you feel like you have to constantly be in conversation with throughout your life, or have you really put that behind you and doing the things you've done through naturopathic medicine?

Do you feel like that's the past and not an issue anymore?

Menopause, Hormones, and Self-Care

It you know, I up until last September, if you had asked me that question last August, I would have said, yeah, it's behind me and it doesn't happen. But, you know, going through menopause now, I had a depressive episode.

And it's interesting because my first go to was not to think it was my hormones. Right. It's, it's and I, and I tell women this all the time that are my age, it's your hormones.

It's not neurotransmitter based. It's your walk ons. Right. But even with myself I didn't go there. It was so interesting. So I did have some thoughts.

Come my way. But it's what I do with them now. I don't attached to them and I don't follow them, and I don't let one thought lead into another. I recognize them, and then I refrain from following them any further.

So that's, you know, then it's a core wound, I think, within me. So it's, it's, you know, it's something that's very deep and hopefully it won't come again.

But if it does, it's not scary for me. And you know, it's not I don't entertain it if I mean if that makes sense. Yeah. Gives a lot of hope. So speaking about menopause, what did you do for yourself and what do you do for your patients.

Are there these macro systems, as you call them, that you support during menopause? I'd love to hear you talk a little bit about that. Yeah. So with any, you know, with any health condition, whether we're talking mental health or we're talking menopause or hormones or whatever, thyroid, whatever it might be, we just want to, first understand that there is, on that physical level, three macro systems in the body.

So there is the neurotransmitters and then the hormonal, the neuroendocrine system and then the organs of detoxification and our immune system. And I find and I'm curious too, if you find this as well, that women who have supported themselves from from a stress perspective, adrenal health perspective in their 20s and 30s and 40s do better in menopause than the ones that don't.

And I'm kind of laughing because I'm thinking, well, you know, how many of us are actually supporting ourselves and our bodies that are 30s and 40s, right.

It's like but the more that we can and that's why this is so important for people to know that the self-care practices that we, you know, that are often talked about the really important, really important.

No. Yes. And and yeah, I, I was laughing too, because I was one of those lucky women just because of my career in the position I was in, I, I totally trashed my adrenals in my 20s, but in my 30s I got on board.

And so I was able to go through my transition, without ever having a hot flash and really beautifully and peacefully because I had, I call it pre gaming.

I pre game to my hormonal journey. And so yes. So if you are watching this and you know, women who aren't thinking about that's why I'm like it's the menopause transition.

Because this is for perimenopausal women. This is for women of all ages. Because if you listen to this now in your 20s and you just hear what we just talked about, what a gift you're giving yourself down the road.

So it really is a it's a lifetime of learning to love ourselves, care for ourselves. And the earlier we start, the better it is. Yeah, absolutely. And I think the other the other piece of the that puzzle is that any symptom that we may be experienced like I think I think our society accepts that there's going to be symptoms and that, you know, menopause is a medical condition, if you will.

And it's just not. And, you know, as you just said, you can you can transition seamlessly, effortlessly sail through it no problem. And and even for me, it's been, you know, I have that mood, dip.

But there were other things going on at that time, too. But then I've had, some most I just was experiencing some night sweats for just about 2 or 3 weeks before I was, you know, you sort of think each night this is going to happen again, or was that a one off like, no, that was it.

I did not really have it, you know. So then after a couple of weeks I'm like, okay, I think I better get on this, right? So I started a little bit of, this weekend, they have, something called side O. B., which is a little bit of a bioidentical little formula.

So I just started using that in that, that nice. But one way, like, like, literally the next day it was so I by. Yeah. My by

night sweats. So I love that you mentioned what would you like to share about because we talk a lot about hormones.

Obviously we don't talk as much about neurotransmitters, and we certainly don't talk as much as a culture about the elementary organs and the immune system.

So what would you like to share about those pieces? Well, so the main organs of detoxification are your liver, your kidneys, your colon, your lungs, your skin, your lymphatic system.

And we want to understand that it's one thing to be making the hormones and the neurotransmitters, but it's another thing to get rid of them. Right. Estrogen in particular.

It has some gets broken down into metabolites and I won't go too far into that the science side of things. But just understand that your liver and your kidneys work really hard to get these, these metabolites or get these hormones broken down into metabolites so that your body can get rid of them through either the colon or the urine.

But what can happen in the colon is if you don't eliminate regularly or you're not having a bowel movement, ideally twice a day, then there there's an enzyme or a bacteria in the in the large intestine that can basically D conjugate or break down.

Again, these hormones that your body's trying to get rid of. And then you reabsorb them. So there's something called big beta glucan. These and these these things we want to take a look at.

Because if you're not going to the bathroom and I know a lot of people don't like to talk about this, but it's such an important thing. And for me, goodness me, being on there was at one point I was on five psychotropic meds, and I can tell you I was not going very often to the bathroom, which is not healthy.

So not healthy. But I didn't know anything about health and so I didn't know any better. And I think a lot of people, again, they're taking all these medications and they don't realize that it's impacting these other systems in the body, which is in fact impacting your overall your overall health systemically.

Detox Pathways and Gut Health

So, so I needed another naturopath to come on so we could have the coop conversation because it's of any natural Vedic doctors we're now. And we'll just be at dinner talking about our poop and we don't think anything of it.

And then you have someone like, are you really talking about that? But it is so important, and I'm sure you've seen it too, in your years of practice, where a patient will come in and say, oh yeah, I go, I don't go every day, but I go regularly.

And I've learned over the years that I need to define, could you please define what regularly is for me? And it's like I go every other Saturday, I go twice a month regularly.

And we've been taught that that's okay. And so here's our here's our poop message. You have to be going to the bathroom. You have to be moving your bowels.

And we accept once a day, right? We we think if you go once a day, but optimally, I always go back to nursing babies. When you're nursing a baby, they're they're suckling at your breast and they're always pooping while they're eating because it's the stimulus of taking food in and eliminating.

So optimally, if you're eating two meals a day, two bowel movements a day, and so that's really important if you're listening and you don't have regular bowel movements to connect with your health care practitioner or find a new health care practitioner, if you have one who didn't already bring this up, and make sure you're looking at why you're not going to the bathroom.

And like Doctor Christina says, often meds can be a cause. It can be a side effect, but there can be so many other reasons, from dehydration to magnesium deficiencies to thyroid issues and so on and so forth.

So thank you. Thank you for bringing that up. Yeah. And I just mentioned to you a lot of people will say that they're regular, but they're drinking a lot of coffee and that you're also right.

You're not you're kind of that's assisted. Right. That's not. So the dehydration piece is huge. So many people don't realize how much, you know, the minimum amount of water is half your body weight in ounces.

So you have free body weight in pounds. And so a lot of I honestly, I rarely see a patient drinking the right amount of water. The minimum amount like minimum amount, it's an epidemic.

And if you haven't checked out the interview with Gina Bria on the summit, make sure you do, because we dive. She is the water queen. She is the hydration foundation.

And so we dive deep into the importance of hydration because yes, it is. You can't heal. You can't have a happy hormone transition if you're not properly hydrated.

So super important. Absolutely. And so so we've got the we talked about the colon and dehydration. What of the kidneys. How about the lymph system. That's one of my favorites.

Yeah. And actually just that's one little thing I'll mention too about the colon. Like a simple test people can do. You know again ideally yes. Going to the bathroom if you're eating two meals a day, then you have two bowel movements.

But also there's the transit time, which is how long it's taking for the food to transition through your body. And you can do a beat test. That's where you you have to eat, you know, a good C, 2 or 3 medium sized beads and then you time how long it takes for you to notice that red color in your stool.

And and that can give you an idea as to the transit time because you could still be going twice a day, but your transit time might also be slow. And because there's so much, so many, you know, baseball field or football field of intestines within us.

Right. It's got a long journey to go through. So anyway I just found that also helpful for, for myself and, and and I was yeah, I would say that there's just so many things that you can not try.

The doctors are always really focus on the liver and the colon and, you know, getting these organs, the detoxification and or the transit time all the time.

I'm glad you brought that up. That is an important one. Is something you ladies can do at home. And where do you like to see their transit time so they know if they get a good result?

Yeah I'm going to stay in that 12 to 18 hours. Right. Because there's also the flip side of not going. And then there's the flip side of you have diarrhea and your transit time is too quick and you don't even have time to absorb anything.

So so that's a great test. Safe test you can do at home just to see where you're at. Yeah. So now we got you working on your water side. Coffee met eating beets okay.

Next lymphatic system. So one bag system what we want to do. So the lymphatic system is also it's sort of a unsung hero I guess, if you will, in the body.

And it doesn't get a lot of lip service or, you know, discussion around it, but it's basically. And I'm not I'm not going to I'm not even going to do a great service by calling it this, but it's kind of like a garbage dump of the body.

So it's where we we really want to make sure that that your lymphatic system is moving and flowing. And so a good thing you can do there, if you're not already doing something to support your lymphatic system, is a dry skin brushing.

So that's something that and the key word here is is dry. So we want to you know before you have a shower you can buy a dry skin brush. And you're just going to you know, you start at your ankles and you move up your inner thigh and outer thigh.

You know, your inner arms and up your abdomen always towards your heart. You've got some main areas, here in the subclavian and in your clavicle area where there's, sort of major, I don't know.

I don't know how to say it really properly, but I just call it dumps. If you get major back there. Right. That's bringing it together, draining down from the head and.

Yes, exactly. So yeah, it is the unsung hero of the body. And such an and I always think about like in traditional mainstream medicine, there's a pulmonologist, there's a gastroenterologist is a cardiologist.

And why don't they have a limp. Apologies. They just have totally disregarded one of the most important systems, because if your lymph isn't moving, you're not detoxing.

And you're not you're you're moving towards disease rather than towards health. And and yes, that was a great point you brought up to about the coffee that we want bowel movements on our own, not with an assist from caffeine.

Do you, do you take your patients off of coffee or what's your thoughts on coffee? I'm not a big fan, actually, of it. So I try to I'm always looking at where they are and seeing if I can, you know, move it down.

Generally, I just find our society is is pretty attached to coffee. So often I would say, okay, well, maximum one cup, but it's also what are you putting in it right.

Like, are you putting in sugar? Like, we don't want to be doing that. And the source of the beans too is, is important, right. I've, I've, I've read that there's, there can be mold in a lot of the coffee beans.

So, I, I don't, I personally don't drink coffee. I, I used to say I was always saving it to use it as a drug, you know, so I could stay up and pull it all night or to write an exam or something like that.

So I never really got into it, but anyway, I also I think you definitely. Yes, if you have anxiety or depression, I do try to mostly anxiety with depression sometimes because people are struggling to get going, struggling to have motivation, get out of bed, just really struggling.

Oftentimes I don't want to take the coffee because it is something that does help them. Until we can get things balanced and restored and then we can look at taking that crutch away.

Yeah. Coffee. I think coffee is one of the highest sprayed crops. And so if you are indulging in coffee, you want to make sure it's organic or bulletproof or pure.

You know, it's a clean brand that's not sprayed, that's not growing mycotoxins. Exactly. So what about neurotransmitters? Yeah. What do you what do you have to say about them?

Because they're they're definitely the unsung heroes as well. We talk about hormones and we don't talk about the neurotransmitters. As often as. I'd like to see the conversation in society. Yes.

Lymphatic Support and Hydration

Yeah. So there's me. There are two main, so there's sort of two groups of neurotransmitters inhibitory and

excitatory. And with mental health, with depression, which is the most.

Well, I guess it's arguable which one's more prominent depression or anxiety. But they're they're both high. Well, with the level of people who are suffering.

But generally speaking, serotonin is is one of the more common inhibitory neurotransmitters that's mentioned. And there's a whole class of medications dedicated to raising serotonin levels in, in the body that those are called SSRI selective serotonin reuptake inhibitors. And and what I really want people to understand is that serotonin is derived from an amino acid, an essential amino acid called tryptophan.

So this is important because my own case, I was on and off these SSRI medications for about 15 years, actually was on a medic, had recently been prescribed an SSRI shortly prior to my suicide attempt.

And so if you are a clinician listening to this and you put somebody on an SSRI, please be following up with them within the first three months because it can increase suicidality in people.

So and that happened to me, and I know it happens to lots of people. So not saying never to take the medications, but I'm just saying follow up with your patients and then but the thing is you want to we always talk about that medicine addressing the root of the problem.

And so if tryptophan is the essential amino acid that then gets converted to five ATP and then to serotonin, why are we not then looking at that first and in my own case, I was deficient.

When I analyzed my diet, I was deficient in tryptophan. I wasn't eating it because I was a vegetarian at that time, and I didn't have a very good diet.

Even though I was a vegetarian, I was mostly a carpenter. Iron wasn't a lot of vegetables to be found in my diet, hence the bowel movement problem and so and so.

But nobody ever asked me what I was eating right. So super important to understand. And dopamine is another really important neurotransmitter that's involved in often with ADHD anything to do with addictions.

And, and whether you're addiction is, you know, from cocaine to heroin to over exercising. Right. Dopamine is a is a neuron another really important neurotransmitter that we're all, we're all needing, especially with these, these devices that a lot of us are using.

Every time you get a ding, that's a dopamine hit. Right? And when you're saying addictions, you're saying over exercising. I'm saying in my brain to Facebook, to Instagram.

Right. Because those are they can very easily be an addiction. They're totally addictions. And they these people that engineered these things, they're not they're not they're not missing anything upstairs.

Right. They want you to be addicted to their product. Yeah. What what was that? There was a documentary on Netflix. This was called The Social Experiment.

Yeah, that if if you haven't seen that, I highly recommend watching it. It kind of is creepy, but it really shows you how they they, the people who are engineering it are really thinking, and they're doing it to make you addicted and take you out of your life and into this, this online addiction.

It's kind of kind of scary. It's very scary. I think it what's called the social dilemma, the social dilemma. Yes. I think that's what I was going to. Yeah.

So I kind of went on a tangent there. But basically the key thing to understand is a lot of the neurotransmitters are the majority of the neurotransmitters are derived from essential amino acids.

And the key thing with these is we can't make them within the body. You've got to get it from your diet. And if you're if you're not or you're getting not getting enough, then you may not be making these neurotransmitters.

And it's it's not a slam dunk that say each of the bad forming foods. I'm going to go to serotonin because when tryptophan comes in the body, it's first and foremost going to be converted to something called vitamin B3 or niacin, because that's used in every single cell of our body to produce what's called adenosine triphosphate, or ATP, which is an energy currency that every cell needs.

So it's more important to keep your heart beating and your lungs breathing than it is for you to feel good. But then if the and the other fly in the ointment with tryptophan is if you're under a lot of stress, there's another pathway in the body, it can go down and that you you produce something called Quindlen like acid.

And then you get more depressed because you're never getting to serotonin. So it's quite complicated. But it's also it's also so solvable. So what is I'm sure there are women listening who are on antidepressants and who obviously you don't want to tell someone to just stop their medication.

But what what words of wisdom or advice do you have for the women who are listening, who maybe are on an antidepressant, or thinking about going on one?

Well, if you're on one already, then first and foremost, how are you doing?

Neurotransmitters and Antidepressants

Right? Are you are you feeling better on it? And if you are, then that's telling us something that's telling us that, okay, then that medication is perhaps helping.

But the other thing is, why did you go on it in the first place? And how long have you been on it? Because sometimes we go on these things for certain situations, and then when we feel better, we just never go off of it.

But yet our circumstances have changed. And so maybe you'll be okay to do a slow taper. And the key word there is slow taper. And whenever you do taper, you want to build in these nutritional co-factors that support that pathway of the tryptophan pathway. So and I was I refer to it as bridging the gap.

So we always want to build in this extra support so that when you're weaning off you still have something there to support you in the production of of these neurotransmitters.

And it's also really important to ask, well, you know, when I as I said, like what was going on initially, but what stage of your life? Because if you were again, if it's in menopause, then were your hormones looked at like, is it really the right macro system.

Right. Because, because sometimes you, you know, you're generally if you start an antidepressant, you should feel better, right? If you don't, it tells you a couple of things.

It tells you that it's the wrong neurotransmitter that you're supporting, or you could have something blocking the receptor. Like we look at things like the environment in terms of there can be chemicals from the environment that you might be making things, but you can't get in the door.

Or it could be the wrong macro system, right? It could be, as we're just saying, it could be your hormones or not your neurotransmitters. And then if you're the person who isn't feeling that great is thinking about going on one, then I would definitely, I would always start with a monitoring form to get a sense of the depth and the degree of your depression.

And depending on, you know, if you're depending on where you score or lie objectively, then that dictates, you know, perhaps you could start with the natural support, because a lot of these things that we do make a big difference, and you might not need this heavy hitter, you know, this really big hammer over here of the of the

medication.

I'm not saying not to take it, but just assess whether you whether you really need it. And could you start with some of the changes that one of us would suggest and, and see what happens and that's still available to you.

Right. Exactly. I love that you, said first, how are you doing? It just made me reflect on my clinical career and I have never had to prescribe an antidepressant because I always use all the things that you're talking about and get good results.

But I've had patients come in unanswered depressants, and more often than not, when they're coming in, they're not feeling good. But once I had a patient who came in and she was feeling good and I didn't take her off of it because it was working for her.

And so it's really important to always remember what you said, like, how are you doing? How's it working for you? We get so attached sometimes to belief systems or can become very zealous.

And ultimately we want what's working for you. And if sometimes if a medication is working, it might be the answer for that moment. And so but I think both of us would agree it's shouldn't usually be your first step.

There are many other things that can be looked at. They're actually going to get to the root cause. Yeah. So you said something before and I kind of want to go back to it.

I'm gonna shift gears a little, but you said you manage your mind now and you manage your thoughts now. And I'm curious if you have any, examples or solutions or advice for the ladies listening, because I'm sure a lot of women are going, oh, that's amazing.

But how does she do it? I guess, yeah, yeah. So, so what I'll do is I'll just preface how I remember I mentioned. So there's those three macro systems and that's my job, I think, to figure out which of the macro systems I need to support in you, if not all of them or, or maybe it's just one.

In my case it was all three. And then the way I support your you in health is the foundation of health is nutrition right. We want to make sure we're eating to support our hormones and our neurotransmitters.

And then sleep and exercise are also very underrated, but yet super important in health. And a lot of us are sacrificing sleep. And also exercise is the first thing to go when we're when we're busy, right?

It's like, oh, I don't have time for that today. So then but then the next area is looking at managing stress, which includes looking at your thoughts.

Right. And other areas include how you manage your emotions and how you behave and react in the world and the environment. And ultimately, you know, wrapping everything up in love and compassion for you because at the end of the day, it I think it all comes down to that.

So that is a key question that I ask is on a scale of 1 to 10, how much do you love yourself? And again, very rare for me to get an answer over five. And part of the problem is because we if you're struggling with mental health, many well, I'm going to say all patients have an inner critic.

So it's this voice in the head, right, that keeps talking, talking. And we're completely, immersed in this in this, in this voice. And we listen to it, but yet it's beating us up, you know, telling us you're not doing it good enough.

You're not smart enough, you're not pretty enough. You're not whatever. Fill in the blank enough. And it just beats us down. And I know in my case, with every, every depressive episode, every suicide attempt, it has been because the inner critic has the stage.

And so how to manage that? So the first thing I learned was, is this process called it's called somewhere between

the four hours and the seven hours, depending on the day when I explain it.

So today, like if you if you have my book which is called the on the label, I just called the seven hours. But just what I do talks is just shorter to keep it like, you know, the five hours.

So I'll just like we'll get to through as many as we can. But the basically the first step basically is to recognize again what is the nature of the thoughts and ask the question, is this serving me or sabotaging me?

Is this hurting me or helping me? Is it the inner critic or the inner cheerleader, the inner body or the inner body? Ultimately, is it the ego or the soul?

Is it based in fear or based in love? And scientifically? Is it sympathetic or parasympathetic? Is it moving me into stress, or is it me helping me relax?

So what side are you on? And if you're on a sympathetic side, which a lot of people are in this sort of stress heightened state, the the unfortunate thing is some functions in the body, like digestion, which we're all big about in that traumatic medicine, is it doesn't happen as properly as it could, because digestion is a parasympathetic process.

Hence coming back to the poop, right? If you're in this state, you're not going to have a bowel movement because you need to be relaxed, right? So first up is really it's like it's like almost like you're taking the thought out of your head and you're looking at it and you're asking the question, is this helping me to think this right now?

Managing Thoughts and Breath Practice

And if not, then let's reframe that's the second are refrained from following it. And the way you do that reframe by relaxing into the body, into the breath.

So we want to get into the present moment. A lot of people are living in the past or they're living in the future especially. Anxiety is very much a future based place and people are living there in a catastrophic, worrisome way and they're fortune telling and in a negative way.

And life is going to be over. Right? And especially during this whole pandemic, it's been such a, testament to the fact of pushing people into fear and worry.

Right? Instead of saying, you know, anyway, I won't go too far on that tangent. So, so when you relax into the breath, we can just do this together. So you just put your right hand on your belly button, on your left hand on your heart.

You plant your feet on the floor. This connects yin and yang positions in you and chakra positions. I won't go into the explanations, but just know that and also illustrating that there's this gut brain like relationship and more serotonin receptors between these two hands.

And there is in your brain, which is one of the reasons why people gain weight when they go on an antidepressant. So they also there's more electrical activity happening in your heart than there is in your brain.

I also think with mental health, a lot of times where again, we're focusing, I think on the wrong thing. We're focusing on the brain and how it works.

You know, mechanistic. But, you know, it's often a soul issue, a heart. You know, I talk about this one article I wrote, I can't remember what it's titled, but so basically it was talking about how I felt like I was stuck between two masters.

Right? My ego wants to go west and my soul wants to go east, and I didn't know who to listen to. Right. And so, like, in. So you just stay stuck, you just get paralyzed.

You don't you just can't make any decision because you don't know who to listen to. And we ultimately want to learn to listen to the heart. And a great quote I like is the heart must usher the mind into the zone of revelation.

So we want to learn to lead from a heart centered place anyway, when we're doing the breathing, we want this right hand to move. Because here's the thing you want to really get this just like I.

So most people are living here, right? Just stuck in their heads and discounting their body. Additionally, everyone often is just breathing with a tight little bit.

So their lungs right here, but your lungs go all the way down to your diaphragm, right? And your diaphragm when you pull that down to inflate what's sitting right underneath it on top of your kidneys, it's your adrenal glands.

And what are your adrenal glands doing in response to those not so helpful thoughts or thinking they're producing producing cortisol because your thoughts create neuropeptides.

And then the neuropeptides affect the hormones that get produced. And then the hormones that get produced affect how you feel. It's a little bit of a chicken and egg problem that we have here for sure.

So anyway, we can do the breathing. I just ask people to I mean, you've got a beautiful tapestry behind you so I can stare at that, but, normally I ask people to look out the window, pick something in nature, like a tree or a cloud bird animal or something, and we'll just.

And we'll just do it right now, if that's okay. You okay? Sure. I'm ready. Okay. So just take two. So we'll take a breath in and see if you feel your hand moving and just staring at whatever you're looking at in nature.

So I'm going to stare at your tapestry. So breathing in. And out. And again breathing in. And then breathing out. Perfect. And so then I'll, I would, I would ask if you were sitting with me, or I could ask you, like what was happening.

What was anything going on in your head when you were doing those two breaths? Are you asking me? Yeah, yeah, yeah. And then my favorite medicine is the breath.

So I was listen out that I did I'm mindfulness is my my jam. And so yeah I just as soon as you said we were going to do it I had like that Pavlov and response from like oh we're going to do really meditation with him.

So and I know I, I'm sure some of you listening did not have, that response and maybe you couldn't turn your minds off and so forth, or you were worried how you were doing it if you were doing it right.

And so I don't want to discount that because I've been at this a long time. And so, so. Well, that's that's exactly what we say is like when I, when I'm with the patient and we do this, I get a couple of responses.

One would be that they didn't think anything. Which is perfect. Right. That means you're in what I call the gap, right? We want to learn to be in the gap between one thought triggering another thought.

Because what happens is you have a thought, triggers an emotion, triggers a thought, triggers an emotion, triggers a thought. And most people are just going round and round in that cycle, stuck in anxiety and depression and eating issues and addictions and sleeping issues and etc.

but when you can get in the gap, that's how you can stop the train from taking you away or the bus from driving you off, you know, into places we don't want to drive necessarily.

Other times people will say that they were thinking, were they doing it right? Right. You know, but the thing is, just to understand that the egoic mind is it's very busy and it's it's constantly telling you what to do, given opinions, judgments, thrown off suggestions.

But when you tell it what to do, hey, look at that tree. It's going to be a servant to you. And that just gives you your nervous system. The whole point of this is so that your nervous system can calm and we can take you down hopefully, and help move you to parasympathetic.

And get in that gap. Right if you will. I felt the space between the clouds. Right. If you, if you get this out yourself, the gift of lying on a lawn that's not sprayed with chemicals and, and you can watch the clouds and it's the spaces between that's, that's a beautiful gap.

It's that beautiful pause. Yeah. Yeah yeah they are right. That was our second was the third. Our third are. Yeah. Yeah I was just going to say they say that music is the space between the notes.

Exactly. Exactly. Certainly is. Yeah. So that's the third are so so is recognize refrain relax into the body with a couple of breaths. And then the fourth are is to repeat resolve to repeat those first three steps over and over and over.

And again. Yes. So yeah when I was first taught this I was like, goodness me, I'm going to be doing this all day long. Like I was. But the blessing of this was, that was the first time somebody actually taught me to question my thoughts.

Really, up until then, I felt I was one with them and I never could. I couldn't separate myself and then if you are constantly stuck there, you'll never get to this deeper place within you, which is this place of stillness.

And that's another beautiful, physical way of looking at it, to really take your thought out and put it in front of you. Because whose thought is it, anyway? My.

Is it your thought? Is it your parents spot? Is it society's spot? Is it your sibling spot? A lot of these inner critic thoughts we've just been trained to believe them in our early years.

And we have this opportunity. And I find now more than ever, I think it's really funny. I don't know if you can hear, but the garbage trucks outside taking out the garbage and like, here we go with the trees that we are emanating and detoxing our trees in action.

And this is it. You're hearing it. There they go. So, but yeah, we have this opportunity and I find in myself and the patients I'm honored to work with that as we are in this process, as we are in our 40s and 50s, we can really embrace this, even if it's been running our life all these years, that as we get older, we truly get wiser.

We come into ourselves, we really can dance like no one's watching and not give a shit about it. Finally, and so this is just such, a beautiful practice.

And to me, the feeling I feel from it. To me, that's health. That feeling of peace and the feeling of the exhale and the feeling of knowing I'm in parasympathetic.

That's one of the best tools we can use to ward off chronic disease and inflammation and cancer and all of these things, because stress in our thoughts can be such an underlying driver for that.

So thank you for taking us through that lovely, lovely exercise. Yeah, yeah, yeah.

Forgiveness and Closing Reflections

I'll just say maybe this visual help too is just, you know, your thoughts are like passengers, okay? Your brain is the bus and your heart is the driver, and the passengers are your thoughts.

And you as the driver, get to decide who's riding on your bus. You can drive by and leave, you know, leave those yahoos on the side of the road. It's like you don't need to pick them all up.

You're like an analogy master I love it. That's a great one. And I think also just the reminder of heart centered is this sort of does this make me feel, do I feel the energy of my heart opening?

Our heart is certainly an important brain in our body, and the more we follow it, the healthier we feel and the more bliss we get to experience in our lives.

So such such powerful, powerful words of wisdom from you are. Is there anything last comments, last thoughts you want to leave with the listeners? Yeah, I think what I would just say is that, you know, healing is is possible.

And if you're, you know, struggling in any way with whether it's depression or anxiety or your hormones or whatever it may be, there is a solution to your suffering and it it just requires you to take a few steps and, you know, see a notch by the doctor and just just believe in in yourself and believe in the healing process because it's it's available to you.

And thank you. What an important topic we had. I told you at the beginning it was going to be an important talk, and it was and so many key pieces from more physical of your organs to living from your heart, reframing your thoughts just, just priceless and such a gift to the ladies.

And speaking of gifts like this, you have a little gift for everyone listening. And what would that be? Yes, so I have this is called it's called a step in forgiveness.

And so I will, leave you with that link, but it's for me. It's been, just because I've had a lot of, again, struggles with my mental health, with some of these bigger hammers, if you will, in the mental health world that forgiveness has been, a key step in my, in my journey.

And eventually I think, I think a lot of us struggle, can struggle with relationships and things and, and learning to move to acceptance and forgiveness, as has also, has also been an important step in my in my journey, as you know, along with managing my mind and learning to trust my heart and my drinking my water, it's important to forgive as well.

Beautiful. Thank you. Yes, forgiveness is is a key piece in, healing. And it's good medicine. So thank you. Thank you. So lovely to be with you and be in this heart space today.

I know I enjoyed the conversation. I'm sure everyone listening did so, just bliss out when you finish watching us. And then we do the practice again. This is definitely a conversation that you can come back to again and again.

And there's so many important pieces in here that are really going through all the levels that create your healing and your hormonal journey. So we'll be back again soon.

Be well everyone, and thanks for being here.