Introduction and guest background

Welcome back. You're watching the Restore your mitochondrial Matrix summit. I'm your host, Laura Frontera. I'm bringing you experts with fresh ideas and proven methods to help you boost your energy and fix your health so you can build the life you love.

Today I have two special guests, Maria Claps and Kristen Johnson. Hi guys, welcome to the summit. I thank you. Yeah. Fun to have both of you here. You have a really interesting business model.

You two work together, you interview together and Maria you're a functional diagnostic nutrition practitioner. And Kristen, you're a functional nutrition therapy practitioner.

And you're good friends, and you share your passion for women's health and especially women with midlife health. And you combine into individualized nutrition and lifestyle changes.

Need to tailor it to midlife women's needs. And you do mindset coaching. You do lab testing and hormone replacement therapy and really educate women to help them thrive so they can, you know, prevent their health from spinning out of control and just live their best lives.

So, so excited to have you guys here today. Thank you. We're excited. So we're going to talk all things hormones and mitochondria today. And for starters let's just you know before we jump into terminology and menopause can you just talk about how you guys came together.

Let's hear the story here. Because I know it's oh goodness. Right. You got me to go. Just so we got okay we to ask this a lot which is great. I mean we love it and it is it is a fun, you know, sort of unique situation.

So we were both, solo practitioners and, working in nutrition and just general health and whatnot. And then, Ria had already kind of honed in on women in midlife and hormones.

I was sort of doing more generalized work and started to notice that all of my clients kind of kept coming with the same issues. Right? And the same complaints and, hormones being kind of the primary issue in their 40s and beyond.

And so I started looking for clinical, training to start working in some different testing and got a few different names from some colleagues. And Maria was one of them.

And so I sent her a cold email just saying, hey, could you tell me what practitioner training you provide? And, she replied with not a lot of information other than here's my cell phone call. Me.

And I thought, okay, this is a little strange, but I'll call this woman. And we ended up talking for a long, long time on the phone, covering a whole bunch of topics, learned a lot about each other.

And, when I hung up, my husband said, I think you just talked to your best friend. And I started laughing and said, I don't even know this woman, but, we ended up, you know, I took her training.

She was a wonderful teacher. We just found a lot of synergy with each other. And at one point, she kind of reached out with this, baited question about, where people saw themselves and what they enjoyed doing for their work.

And my answer resonated with her. And she reached out and said, I'm glad you said that. Let's talk. And we just eventually, sort of slowly combined our practice, really.

I came on board with hers to help out, and then eventually we realized that we had some things special. And so we just decided to make it legal. And now we're each other's work lives.

So that's a fun story. It's a fun story. Maria, do you concur? Is that a story? I can concur, and I just will add this because is very humble and, we are really great lawyer who brought together, our kind of business stuff.

Defining menopause and perimenopause

And so the lawyer is Kristen. And so I will say that, you know, she she takes her kind of passion for law and research and is able to kind of transmit those skills to how we, you know, how she and I work together with women and that she researches, she goes deep.

She really gets into specifics when needed. So we had a great lawyer, and now we have a great, nutritional therapy practitioner. All right. Amazing. Okay, so now we know how you guys got together and what you're doing.

So let's jump into this topic. And can we start by talking about the terminology around menopause. Can you define that. Oh right. So we I'll start with this.

So menopause it's it's it's such a charged topic because you know, so many, people from women themselves to their doctors to the scientific literature, you know, we'll talk about, menopausal women will be like, I'm in menopause, I'm going through menopause.

What they really mean is they're going through perimenopause, right? They're in that. Or perimenopause can also be referred to as the menopausal transition.

And that's that time period where things just start to change sometimes, you know, the biggest change that women tend to notice is the cycle change or the things they notice as mood changes, things like that.

But we like to look at it as, we're not so super strict with, oh, okay, you're menopausal. You are technically menopausal when you've gone 12 months without a period, right?

We like to try to shy away from that definition because women feel like they can't take specific action. One of those things is HRT. We don't need to get into that now, but just other actions in general.

They don't take specific action until they've, you know, being able to look in the rearview mirror. Oh, 12 months have gone by without a period. And now I can kind of do stuff for menopause.

And so, so we like to say, you know, you can start well before your technically menopausal, which is 12 months without a period. Anything prior to that, you know, those years of 2 to 5, you know, some people say up to 10 or 12.

I was skeptical about that, about perimenopause. But those years leading up, it's ovarian senescence. The ovaries are really kind of in that wind down.

So got it. Got it. All right. So now we know kind of when menopause is happening and when to start thinking about it. Now obviously it occurs alongside of aging.

So you know talk about that because you're trying to figure out what's going on in your body and your aging at the same time. Yeah. I mean, there's a lot of, kind of simultaneous and very related, functional changes that are happening.

Right? We see these functional declines happening as a result of aging. And we tell women all the time that even if you kept your hormones till you're 90, you're still going to have some of these functional changes happening solely because of aging women.

We kind of take it the worst because we layer that start of aging kind of the 30s and 40s, kind of the start of the

decline. We layer that with this decline in hormones that's starting.

And the problem is, is there's a lot of crosstalk between different functions in the body and female hormones. So as one starts to change, the other starts to adapt.

And it's honestly not a great adaptation is the result. Right? And so in this context, the mitochondria, we see that aging. But what people don't understand is that those beautiful little organelles have an entirely tight relationship with estrogen.

So as women are losing their estrogen over this slow decline, we sort of exacerbate the effects of aging. And men don't have it the same way, right? Their hormones don't fall off a cliff.

And sure as heck don't change as early as ours do. So you know that piece of it. It's like we have this layered scenario, and a lot of women either attribute it only to their hormones or only to aging and they don't realize that it's really bulk.

Yeah. Yeah, definitely.

Aging, estrogen loss, and mitochondrial decline

And so today we're really going to we're going to dig in and talk about the loss of ovarian hormones and how that's connected with the decline in, mitochondria bioenergetics in the brain.

So can you speak into that. Let's have a let's have a good talk about that. So people really understand how over ovaries hormones mitochondria, brain it's all connected.

Yeah. Well the the bioenergetics in the brain is ovarian hormone precedes that loss. And there are other things that we we don't exactly know why the bioenergetics of the brain fully.

It kind of leans towards an Alzheimer's presentation in some women. But we know that estrogen definitely has, a lot to do with that. And so it's those ovarian hormones will precede the US when you think about like the average age of the Alzheimer's patient, I believe, Lori, maybe you can be more specific with this is in their 70s.

Right. Well, we're losing those hormones at around 50 years old. So, you know, we've got to start thinking 20 years at minimum prior and start taking action then, because that estrogen loss is a principal regulator of of mitochondrial function.

So when we lose it it's a big deal. It is a big deal. Yeah. And in the brain specifically, you know, we have to be careful sometimes because I think people hear me and Maria and they think you guys think everything's, you know, hormonal related, and you don't want to be that person who has a hammer and sees everything as a nail.

But the reality is, is in the female body, estrogens, this regulator of so many things and specifically in the brain, it's the regulator of the metabolic system of the female brain.

So when we have it, you know, regulating glucose transport, ATP, you know, aerobic glycolysis, all of these things that are really impactful to the bioenergetics of the brain.

So that piece of it, you know, we really can't overlook is that, as you know, we're losing estrogen. There is a direct impact on that bio energetic system in the brain.

Yeah. And so can you speak into a little bit, how you approach this in your practice. What do you do to help women really, maintain estrogen to really support their health in all ways and mitochondrial health to.

So we, we leave we kind of lead with, estrogen and kind of drop the idea of hormone replacement therapy. We actually kind of leave that out of the picture for quite a while.

Because there are other things that will affect the bioenergetics of the brain. And one of them is, you know, how the body processes and handles glucose or sugar or starch or carbs.

I kind of somewhat use those words interchangeably. But, you know, it's just that, that carbohydrate load that we could get away with at 2030 maybe, you know, early 40s, we can't anymore.

And so that's not good for the brain either. Again, just leaving out estrogen replacement hormone replacement therapy out of the picture. You've got to really be careful with what you eat.

Because that's just another regulator of the body when estrogen is gone. And, you know, Chris and I speak in terms of gone, is it technically gone? No, we have some estrogen.

We have a teensy bit of estradiol. So for all intents and purposes, we kind of use the terminology G. It's gone. So when it's gone, we cannot, effectively use glucose like we used to.

So we have to really, really minimize it. And we put the focus really squarely on protein, you know, with a moderate amount of fat and fairly low carb, depending on a woman's, activity level.

And we need to lose body fat. But, you know, honestly, even if she's, you know, fairly lean, we're still not going to recommend a high carbohydrate diet just because, again, it's not just about how we look.

It's about what's that excess body fat doing to the brain. So yeah, we we definitely do a lot of work on metabolic health of women and getting them to understand that, that metabolic derangement usually starts in their 30s and they have more influence over it than they realize.

And I think the hard thing is, is we whether it's, you know, after childbirth or just a general shift in our 30s of our metabolism, women, unfortunately, adopt a bunch of lifestyle habits that don't play well with this changing metabolism.

And, you know, usually it's going fairly low animal protein, heavily plant based. You do a lot of fasting. They invest in cardio, you know, God bless peloton.

Not really.

Brain bioenergetics and metabolic health in midlife

You know, like they really start to shift, they follow calories in, calories out, right? They do all these things that they think is right. Because that's what we used to do.

And that worked when we were younger. But the problem is it's really rooting this metabolic derangement for them. And what scary is when progesterone starts to decline, which is part of our female profile as well.

We see a lot of mood changes, cognition changes, anxiety developing. And then a lot of women will come to us and say, I feel like I've lost my brain, like I don't know who I am any longer.

And well, yes, the HRT and hormone discussion is going to come on the table at some point. We really try and get them to focus first on, okay, what are the lifestyle foundations that you have in place right now that need to be adjusted for this period of life?

You know, because they don't they see this as their body kind of rebelling against them and breaking, you know, my body's failed me, etc. and we have to gently sort of tell them you had a role in this, you know, and so because you had a role in this, that's a great thing.

It means you actually have some agency over making change to. And so that's what we try with our work is to get them to understand those basic things.

The sleep is a huge piece of it. We all know how much the brain needs sleep, how many midlife women are not sleeping like most of them, right. And they're sticking on blue light blockers, but then they're scrolling on their phones in bed.

I mean, it's just ironic. So we really, when women come to work with us, really try and educate them and how they do have levers in their control to address this metabolic piece and then teach them.

And on this metabolic piece, you know, you mentioned heavy workouts are probably not serving them the way they were eating. Isn't serving them any longer.

Can you speak into how you would support someone? You mentioned that they're intermittent fasting and it may not be serving them. So what would it what would you recommend?

Yeah, I mean, we recommend that women really adapt all of these things in their life to prioritize skeletal muscle, because at the end of the day, that's going to be their engine for metabolic health.

And, you know, getting women to adjust that mindset to lifting heavy things, moving away from the cardio, you know, time restricted eating can be really powerful.

And I think for those who come in with a lot of excess adipose tissue and things like that, we do need to help them. Re sensitized to insulin sensitivity.

So obviously some fasting might be helpful. But the vast majority of women they just need basic 12 maybe 14 hours of not eating. You know when we see their food journals, they're eating at 930 at night and then again at six in the morning.

You know, we just need to kind of make them aware of those things. So we do advise, you know, sort of this digestive break, so to speak, to let the body chill out a little bit, get some rest, sort of sleep.

We definitely focus on the animal protein piece along with the strength training, because those are your two, you know, components that are going to maximize skeletal muscle and change their metabolism, both in their brain, their bones, their body everywhere.

So, we're big proponents of animal protein. Some women don't love that. But, if they don't like it, we find that it's often because they've lost their digestive capacity for it.

So there's a little bit of work on that. But really just, you know, kind of shifting their lifestyle choices to optimize for that skeletal muscle. Great.

Maria, anything to add to that before I move on to the next question. It's, it's underlies there is the ability to digest that animal protein. It has to be a complete protein.

That's why you're hearing I'll say animal protein. It has to have all the amino acids. So and again, Kristen touched on it. We, you know, we don't shy away from that.

Maybe they feel it's not feminine. You know, we think salad with a little bit of chicken, you know, and a few walnuts on top. I mean there's nothing wrong with salad.

But what we see again in this life stage is, as women are putting on body weight, they're thinking like, well, let me just have a big salad. And what happens is that salad kind of tends to displace the amount of protein that they should be eating, or they're just not eating protein, again, because digestion is.

So we would say, you know, digestion super important for healthy aging, super important. And preserving that is is key. And how much protein are you recommending for peri and pre post and apostle women.

Yeah we follow the one gram per pound of body weight. And we would say ideal body weight. Obviously there's some women who come in and they they need or want 2015 30 pounds whatever off.

So we say you know what is your goal weight and get that in protein daily. And it's a huge shift. We have wonderful women who really think that they're choosing correctly.

You know, they're, they're eating organic or they're choosing, you know, regenerative farmed meats and, you know, they're they're doing the right things.

It's just their distribution of macronutrients is not favoring the protein piece. They need to get that. It's a satiety issue. It's you know, your glucose disposal depends on your muscle, you know, so there's so much to it.

So once they learn the why, they're more willing to adopt the what. But for many of them it's not just they've lost their digestion, they've also lost their I say appetite, but they, they don't have hunger any longer because they've been under feeding themselves for so long.

And we met with someone today who's a wonderful woman. She is very athletic body. She's lean, she's appears metabolically healthy. And when we told her she needed about 145g of of animal protein a day, and then we looked at what she normally eats.

She was getting maybe 80g. And so, you know, coaching them into what does this look like?

Nutrition, protein, and strength training strategies

How do you accomplish that? But that piece of it, you know, there's also a per meal. This is getting a little technical, but a lot of women distribute their protein heavy on the dinner side.

Right? So their breakfast is maybe two eggs and a cup of coffee, and then their lunch is that salad with maybe a sliver of salmon. And then dinner, they'll have the steak or burger with their husband or something.

So we try and get them to understand that if we're goal, if our goal is muscle protein synthesis, we need to be getting a minimum of 30g a meal and then over the course of the day, we need to be getting that one gram per pound of body weight.

So it definitely requires attention to both distribution as well as total quantity. Thank you. You know, I'm hearing that you really, really focus on the importance of animal protein, and I can't agree more.

Can you speak a little bit into vegetarian diet and what's lacking there? Because you mentioned you want complete proteins, all the amino acids. I mean, I'm sure there's people watching who are vegetarians.

So let's speak about that a little bit. It's kind of like the elephant in the room right now. We're talking about animal protein. Well, I, I will kind of weigh in with something.

I'm Chris to wrap it up, but so, for, for me what I find the biggest thing and this is going to be for most women is that, you know, you, if you're really careful, like, let's let's be real here, you can combine, right, your different grains and your beans, and you can get all the amino acids.

First of all, our women are way too busy to do that. Okay. Second of all, even if you were able to get all those amino acids in, you're also getting like so much carbohydrate to actually meet your protein.

And, Kristen, what did you say? Is it like six cups of quinoa to meet in a chicken breast? One chicken breast? Okay, so that's that's not healthy. That's not healthy.

That's really probably not healthy for anyone of any age. It's just a huge carbohydrate. It's it's orders of magnitude worse for, you know, say we'll just say women over 35 or 40 whose hormones are starting to fluctuate downward.

And again, that whole insulin, glucose sensitivity gets lost when we lose that estrogen. So yeah I mean so Maria hit on it. You've got the excess carbohydrates that come along with a plant based diet in order to achieve your protein goals.

But you also have to realize that a lot of plant proteins are actually, directed at oxidation and they're not actually brought into the muscle protein synthesis, equation.

So, you know, it's what the protein does in the body that also matters. And animal proteins just take the cake when it comes to muscle protein synthesis.

You also have bioavailability. You know, there are certain nutrients in animal proteins that require no conversion. Whereas in some of their plant components they require conversion.

And example would be, you know, the beta carotene retinol versus pro vitamin A, looking at carrots versus what you might get in a steak. Similarly flax, great omegas, but you need to convert those.

And some people actually have genetic snips that avoid the conversion to get into the EPA and DHEA that you could just get from eating fish. So, you know, there's the, the carbohydrate load, which is going to come with, you know, volume of food, excess, I should say.

Then you have the bioavailability, then you have things like heme iron. You cannot get from plants and you absolutely need that vitamin B12, D3, I mean, we go on there's so many micronutrients and you know, yes, you can isolate these micronutrients in some plants.

Not all of them like the D3 and B12 are only going to be found in animals. But just because you can isolate them in the lab doesn't mean that your body actually synthesizes them from plants, whereas from animal proteins, they're almost perfectly synthesized.

So it's that and then the various, amino acids each have roles in contributing to anti inflammation in the body and contributing to immune system regulation, things that the amino is lacking and plants are not going to contribute.

So we are pretty adamant about that because there's just such a broad spectrum of benefit from animal protein versus plant protein. We're not anti plans.

It's just they're not a protein. Yeah I'm glad we're talking about this. And I know it's kind of a side note that I'm taking you guys off on a tangent.

It's okay. Can you explain it really well. And it's really important that the people hear this. Now what if you have a vegetarian who's committed to to bringing to start eating animal proteins, but it just kind of revolts her like a cat.

It's hard because she hasn't eaten, you know, animal protein for a long time. Do you have a way to ease people in, to help them kind of build that muscle again, of eating animal protein?

Yeah, we definitely do. We recommend, you know, start with basic like sipping on bone broth. Right. Just sort of re sensitizing the palate to the, you know, army of, of animal proteins, stewed meats, ground meats, things like that.

Making soups are a very quick and easy way. It's kind of pre digested, especially the students. And then supporting their digestion is another piece of it.

I think sometimes when we feel that sort of instant bloat or kind of rock in the gut, it sort of triggers this brain response of like nausea. This isn't good for me or I don't like this.

So if we can help with supporting stomach acid and the enzymes that have sort of been dormant because they haven't been called upon due to lack of exposure to the animal protein, it really can sort of make this a more enjoyable experience.

And, you know, whether it's starting with fish or eggs or whatever, but just slowly easing into it when women are willing to commit to that, they're like poster children for health.

They come out, they're like, I feel like my brain is on fire. I've never felt this good. I have so much energy. My mood is improved. And, you know, it's another piece like, we can't make our neurotransmitters without some of these aminos.

And so all of that, it's just such a beautiful kind of metamorphic cyst. When we see women who've been heavily plant based and animal protein, they're the ones who just blossom.

So it's it's pretty fun to watch. And I think once women trust that process and we can support them through it, it becomes much more palatable to them.

I love that we're talking about this. And, and thanks for going down that kind of side to, I always tell my clients, you know, eat dinner for breakfast, right?

You know, because breakfast food is so carbohydrate laden. But I'll share a quick story. I was just in Fort Lauderdale at the A forum conference, and the hotel we were at did not have room service, and they did not.

They did have, refrigerators. Of course, you don't have a way to cook in a hotel room generally, unless you bring a skillet with you, you know, electric plate. Yeah.

All right. So I put in a, you know, an Amazon grocery order and what I had delivered meat. So I was eating, you know, chicken for, you know, cooked chicken and goat cheese and literally twice a day.

And then I'd just go out and then, but that is my hack when I go to hotels is I have, you know, that type of ready to go just eat meat. And I'm basically eat that whole and some.

And then of course to some other easy dry things, you know, like nuts and seeds or whatever. But yeah, yeah, that's my hack. Gotta have my animal protein.

I feel terrible about it. Okay, keep people be surprised that, you know, I will have steak or salmon for breakfast. I'm like, I feel amazing. Why wouldn't I not know?

I love eating dinner for breakfast. It's the bath. Everybody looks at me cross-eyed when I tell them to do that. Like what? Try it. You like it? Yeah.

Okay, so back to our beloved mitochondria. So let's, jump into the link between mitochondria and the issues of cognition. We've been talking about how your brain feels better when you eat meat and, you know, with with women and aging.

We're thinking about dementia, Alzheimer's. So what's the link there? Well, the mitochondria, actually, they play, they they help us create our estradiol.

Right. And the brain is actually animated and runs on estradiol. So when we lose that, I mean, that's thought to be one of the underlying principles as to why women get more Alzheimer's than men do.

So, I mean, estrogen is a huge factor in synaptic function and plasticity. And, you know, what are the two things that we have alterations in that lead to these cognitive changes and, and get into the dementia.

And then, you know, we've talked about the metabolism with glucose in the brain, and there's so much more about, you know, Alzheimer's and certain dementia related conditions being the sort of type three diabetes and looking at the role of these beta amyloid plaques and estrogen actually prevents plaque buildup, both in the arteries and in the brain.

So, you know, when we lose that piece of it, we are just really vulnerable to this development in these cognitive disorders as women. And and it's you know, it shouldn't be that surprising to most because if you sat back and looked at the percentage of women or the ratio of women to men with Alzheimer's and cognitive decline, it's so heavily biased towards women.

And that's not, you know, kind of, an interesting, occurrence. It's directly related to our estradiol decline. And I'll add this, and that is that, you know, we think of the inflammation being like the predisposing factor towards Alzheimer's disease.

Vegetarian diets and transitioning to animal protein

And people tend to be kind of shocked when I say this. And I'd like to just put it out there fairly bluntly. And that is if you are in menopause, you're in a default state of inflammation.

Now that inflammation can be mitigated by your diet and your lifestyle. For those women who have committed to never using hormone therapy or for the subset of women, you know, small subset of women who can't, you can absolutely still do things, but without estrogen, as a menopausal woman, you are basically inflamed.

Yeah, that's like a smoldering fire that's going to be present in your body all the time. Well, round. So I think you're the first people on this summit really making the connection between estradiol and, and mitochondria excellent.

Now, I want to talk about something. The critical window hypothesis with regards to hormone therapy. Can you tell us what that means? What it is, what to do about it?

Yeah. So, what that means is start now. What I was getting. So, basically, we want to get thoughts about getting hormone therapy on board in the body, able to be used while we do not, you know, we're not in that prodromal phase or hopefully we don't think we're in that program.

A phase of of Alzheimer's disease. But we want to start it like soon after menopause. I don't know if the critical window hypothesis, if it's five years or ten years, but, you know, let's just say it's five years.

Honestly, the sooner the better. In fact, you know, might be a little bit too much of a cat out of the bag to say this, but we don't even think you have to wait till that full menopause like you've gone 12 months without a menstrual cycle, but so that that's what it is.

You need to start it while you're ideally while you're still healthy, before you've had any kind of, obvious manifestations of Alzheimer's. Yeah, I like that.

You know, piece of it is what so many doctors miss is that they they relied upon a really poor study, which we can name because people talk about it. But the Women's Form initiative, you know, it was poorly designed.

Their subjects were not healthy women. And in addition, they used really bad hormones. But essentially, one of the conclusions that came out of the why, they had kind of an adjunct study called the memory study.

So it's called wins and they looked at that and said, oh gosh, these women developed Alzheimer's. It must be the hormone therapy that caused it. Well, why that's relevant to the critical timing hypothesis is because you if you're going to start replacing hormones, you want to do it while your neurological system is still somewhat intact. And that's going to mean starting it usually at or before the time of menopause.

And what happened in women study is that these women were, you know, 65 plus. So they were more than ten years past, their menopausal kind of, you know, line in the sand.

They were metabolically, incredibly unhealthy. They were obese. They were former smokers. Many of them had type two diabetes, very few of them. Well, and none of them really received any prescreening. Now, hormone therapy or not, any woman who at 65 has that history metabolically and that much adiposity and that much

glucose, you know, and insulin resistance and whatnot.

Her odds of Alzheimer's and cognitive cognitive decline are quite high, regardless of the HRT. So the conclusion that was drawn from that study was incredibly erroneous.

And, you know, there's more there's kind of this increasing body of clinical evidence that showing that this critical window of estrogen benefits cognitive health when, you know, it's given kind of in this thing, and that goes back to that whole estrogen impacts on healthy cells, you know, so if we have healthy cells and estrogen is declining, let's put the estrogen into the tank before those healthy cells are kind of, you know, too far gone to really be helped.

And that is kind of what gets into that critical timing. Can you guys talk, a little bit about since we touched on hormones, you said they use bad hormones and.

Yeah, the Women's Health Women's Health Initiative, we all know that the study was flawed. Well, maybe people don't know that. We practitioners know that.

But, I mean, Western medicine hinged every decision moving forward, you know, and just halted people from hormones immediately. I was working in the clinic in, Western medicine when when all this went down.

And, so can you talk about how you do things different? What kind of estrogen are you using? How is it not not so we we actually don't prescribe we just educate on hormone therapy.

And we we actually really enjoy having that, you know, degree of separation. Because we're, we're not really selling anything. We're, we're selling empowerment.

And you really understanding what's, what can be done. But, we do prefer bioidentical, hormones. And, you know, people have to realize that's not just compounded.

That's like not just a cream that you get from a skilled compounding pharmacies that can be, you know, FDA approved formulations as well as like the patch.

Right. We, you know, don't prefer oral. And so that's what they use in the Women's Health Initiative. They use oral. And it was an which is really a horse estrogen, which it's just much more estrogen than it is estradiol.

Even so, that was really not the issue with the Women's Health Initiative. It was really the the progestin, which was, a dropsy, progesterone acetate, which was really just the more harmful compound.

Unfortunately, I don't know. Estrogen took the rap. Yeah. Yeah. So we so, so Laura and, you know, we said we do prefer bioidentical hormones. Chris and I have said, you know, we get into this like in depth with our clients and probably put this in our book one day, but, if there was nothing, this is how strongly we feel about how beneficial estrogen is, that there was nothing available but primary.

We would both take that okay. We would if there was nothing else available. But the great news is we live in an amazing time and you know, there is a lot of options available to women and how they want to, how they want to do it.

Just the formulation and, and how they want to approach it. Yeah, yeah. And we're, I mean, we, we try and teach that whole spectrum to women. Right? We kind of tell them, like the very worst thing you could do is nothing.

And then we sort of have this, you know, how do we move along the spectrum? Let's avoid if we're going to do something, let's at least avoid the synthetic progesterone.

So if we're going to do something, let's definitely not do pellets. And then from there we sort of teach them, you know, here are your options.

Mitochondria, cognition, and Alzheimer's risk

And we recognize every woman's got different needs and different goals. Right. And so we try and make sure that if a woman chooses not to do HRT, she understands the imperatives of not doing it.

We also try and teach that if a woman chooses to do HRT, that the practitioner needs to be committed to kind of the nuances of it and skilled in the art of it, and committed to facing any obstacles that they may have.

And that's often what so many women meet up against when they first kind of wade into the waters of HRT is they get with a, a and well-intentioned, prescriber who isn't very skilled or isn't super committed and they, you know, the women don't have this amazing experience and some may have a poor experience, depending on how badly it's designed or what their metabolic health was going into it.

We always tell women, look, you want to go in being the perfect host for your HRT. And so it's too many women go in not as a great host, and then they sort of stop and they quit and they conclude HRT didn't work for me, or HRT is bad.

And so that's really what Maria and I kind of our deepest passion is helping women understand, you know, what are what are the downsides of HRT when done poorly, what are the upsides of HRT when done well and sort of what can you design for an HRT plan and who might be a great provider for you?

We personally feel very strongly about physiologic rhythmic dosing of HRT, which is going to involve compounded creams. You know, dosing it to kind of mimic our natural rhythms that we produced when we were in our 30s.

And it's going to mean that for women with a uterus, we're going to bring back a bleed. That can be kind of a big mindbender for a lot of women. So, you know, we try and just really teach all of that.

So women are fluent in HRT because they need to be owning this and not just putting their hands, you know, or their, their trust in the hands of a well intentioned provider.

You guys are totally filling that gap that is just missing in most, Western medicine and quite frankly, a lot of functional medicine practices as well.

So you mentioned something you said that you want to make help women become a good host for their for their hormones and the same things that you do to become a good host for hormones are the same things that help heal your body and preserve your mitochondria.

So talk about those things. What what makes you the most because it also helps your mitochondria. So, exercise, lifting, lifting heavy things. It's going to your mitochondria.

It's going to help your bones. It's going to help your mood. It's going to help your sense of just, you know, just going to have this more like, able life, so to speak.

So, addressing at capacity. I mean, we know that mitochondria function, and adipocytes don't always get along very well. And so, you know, let's address the you know, obesity issue or excess weight issue, which usually means addressing insulin sensitivity.

And so it goes back to all those metabolic things. Sleep I mean, the most amazing mitochondria in the world cannot overcome no sleep. Right. And there is a mindset shift in there for a lot of women.

I think too many of us come into this phase of life very much convinced of our shortcomings. Feeling very burdened. You know, we aren't comfortable caring for ourselves.

And again, you know, mitochondria are going to function best in a happy body.

Critical window hypothesis and hormone therapy

And so we really need to get women to adapt to, you know, it is okay to put yourself first. It is okay to take care of yourself. It's okay to make these investments.

And, you know, gut health is a huge driver of it. If, you know, if estrogen and other hormones can't make it through the gut, we're going to have a clogged sink problem.

So we work on, you know, are you pooping? I mean, you know, there's all these things. So, that is kind of that host mentality is setting them up for success.

Great. Thank you so much. You too. Any final words before we wrap up? Anything you want our, listeners to know and also tell us how, how we can find you.

I would say that we need to go beyond symptoms and and just like how we look in a pair of yoga pants or bikini on the beach or what have you. I mean, we're we're just like, we're in this saturated, like, culture and social media.

You know, women are. And I am not judging this. I just so, you know, like, just it's about the Botox and the filler and the weight loss and the exercise programs for because we want to look good.

And I know we say that there's nothing wrong with looking good. I think when we look good, I know I do. I feel I think other women feel like this. We're like more inclined to make good choices.

We just want women to realize what's going on, you know, in their insides, and go beyond just how you look and think. Like, I feel like I started thinking about this, I'm going to say in my early 40s and like, how do I want my life to be at 65, 75, 80 and, you know, I think I need to start thinking about it now and making choices now because, you know, these the like the days after 40 or 50, Christine and I are both over 50. Like like the things you do, they really they really add up and they really matter.

And that's not to say you can never have chocolate or never have wedding cake or rathbun or what have you. You absolutely can. In fact, the more metabolically healthy you are, the more you can kind of, you know, process goes through and not really let it affect you much.

But so I guess it's just about, you know, it's it's not just about how we look. I really think when you would drill down with most women, it's going to be like, what kind of a life am I going to lead, you know, 20 years from now?

Yeah. I mean, I think the symptoms piece is huge because we've had women come to us who say, I got through menopause. I didn't have a hot flash, I didn't gain excess weight.

My sleep's okay, you know, and so in their mind, it's like, I'm good. I'm sailing through. And that again, the focus, whether it's on the outward appearance or the physiologic signs that you're aware of, that is not what should drive your consideration when it comes to your hormone health and your mitochondrial health.

It's the things happening that you don't know. Nobody knows they have Alzheimer's until they do, right. Nobody knows. Their cognitive function has declined until it's gone.

Nobody knows they have osteoporosis until they've broken a bone. So that piece of it for Maria and I is so huge that outward appearance. Awesome. If you've already got that nailed coming into midlife, that means you invested really well in yourself.

Along the way. Or you had great genes, you know, symptoms of perimenopause and menopause.

Building a healthy host and final takeaways

You didn't feel them all that bad, or they came and they went, good for you. Congratulations. You're in the minority.

What you're never going to not be a part of is the community of women who will experience functional declines in the background that once you finally are made aware of them, it's too late to correct.

And that's what we want to change. Oh my. And so tell us where we can find you. We're we're pretty active on Instagram. So if they could just type into the search bar wise and.

Well, and then we do have a, an alternate channel that where we can go a little bit deeper. We talk like, really we have a really in-depth cholesterol series because that's kind of seems to be another thing that starting to catch a lot of midlife women's attention as their cholesterol.

But so our, our kind of alternate channel is called Mighty Networks. And Christine, how can they find that? Yeah. If you go to our Instagram link, our Instagram Insta links within our Instagram profile, we have a direct, kind of join here button.

It's a free group. It's not noisy. There's no Facebook, there's no friending, there's no newsfeeds, there's no nothing. It's just a community of women, you know, being helped and served by one another and by me and Maria and and we love it there.

So yeah. Amazing. And we have a website wise and well dot me. Oh good. Yeah. Thank you both. Maria. Christine, your work to the world is so important.

And thank you for contributing on this summit and connecting the dots for our viewers between, you know, menopause, estrogen, mitochondria, brain health, all of it.

Thank you so much. Oh, pleasure. Thank you for having us. All right. Take good care. Bye now.