Menopause, Mood, and the Microbiome: What Every Woman Needs to Know Transcript

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Introduction to Doctor Talks and Dr. Julia Ward

Estrogen dominance looks like women who have an easy time gaining weight, a really difficult time losing weight. They tend to pack on weight around the hips and the butt.

And they'll have things like fibroids, uterine fibroids, endometriosis, PCOS. Those are all sort of estrogen dominant disorders. And of course, lack of estrogen is going to give you those hot flashes and the night sweats.

and progesterone dominant than estrogen dominant. Progesterone dominant is usually like the women that never seem to have a problem with their weight.

They're always skinny. Those are usually the progesterone dominant women. This is Doctor Talks. Real talk from real doctors on the issues that matter to you most.

Hi, today we're going to be on our podcast called To Curious MD where we're going to be talking with Dr. Julia Ward and she is a compassionate and pioneering physician with over a decade of experience in functional medicine offering holistic patient centered approach to health and wellness.

After earning her medical degree from the University of Southern California, yay, I'm in Northern California. She's also a veteran in the U. S. Navy, where she practiced general urgent and emergency medicine, both domestically and abroad.

She faced her personal challenges in her health that led her to functional medicine. Frustrated by the limitations of conventional care, Dr. Ward embraced a root cause approach, completing a fellowship within the Board of Anti-Aging and Regenerative Medicine in 2016. She has since dedicated her career to empowering patients with knowledge, promoting sustainable lifestyle changes, and integrating cutting edge science in her practice to address physical and environmental factors impacting health.

She's also a devoted wife and a mother of five. Oh, wow. I want to know more about that. It combines her passion for medicine with a steadfast commitment to improving lives through transformative care.

So welcome to Curious MD where we ask those unasked questions. And I'm going to be asking you a lot of questions today because I'm very curious about the work that you do.

But first, I want to know more about you and what was your journey to functional medicine and the care that you provide now? Absolutely. So I was practicing medicine in like urgent care kind of situations, primary care and a lot of smaller emergency room kind of settings.

And I was getting a little burnt out with that because it was the same sort of things over and over. I felt like I wasn't making much of a difference.

And then when I was, I think, you know, about the age of like 45 or so, I started feeling overwhelmingly tired and fatigued. And that was like really my only sign that something hormonally was changing, was just that overwhelming fatigue.

Dr. Wardu2019s Path to Functional Medicine

And when I went to my GYN doctor, I really didn't get any answers. It was clear to me that they didn't have any knowledge about bioidentical hormones.

And at that stage, I didn't either. So when I started researching, you know, what are bioidentical hormones and could they maybe help me with this fatigue?

And that's when I stumbled onto, well, this is functional medicine. And all of a sudden it just like, oh, well, this makes so much more sense. You know, this is so logical.

So that's how I started studying functional medicine and getting into a bioidentical hormone replacement. You know, I would say I hear that a lot from patients that I treat, especially women who are at that transitional stage, I would say, because it's not just about menopause.

It's not just that one time frame. It's like the whole transition. I would say even as a physician, what was that journey like versus, you know, not knowing the science and not knowing that, not having that background and that training.

Tell me more about how that occurred for you as a physician navigating your own health through the systems that you're familiar with and then how did you than your training in functional medicine.

I think it was, you know, it was clear to me when I was speaking with my gynecologist that she didn't have any knowledge of bioidentical hormones and that just made me more curious to go and look for it.

And so when I started researching on the web, Basically, I would find different organizations, different, you know, kind of teachings about this. And that's kind of how I got into it, you know, just trying to figure out.

And at that time, you know, I mean, this was like about 14 years ago or so. There weren't as many online courses as there are now. But so I just picked one of the major ones, which at the time was A4M and went with them.

And it was really eye opening. I remember my very first conference on hormones going there and I was like, oh my gosh, they're like speaking a whole nother language.

Like I've not even heard of, you know, they're talking about all these herbal stuff. They're talking about metabolic pathways. And I was like, wow, this is so foreign.

I mean, we didn't learn any of this in medical school. Yeah, or some recess in our minds by, you know, metabolic medicine with some L chem class that we had taken.

And I actually remember in medical school, I was fascinated by biochemistry. So I actually remembered that I had made this big diagram, you know, in our time before, you know, with computers, we actually I had a whole map of all the metabolic pathways because I was just so fascinated by it and had color coded it, looking into my archives of my material for that diagram.

And then I found it and I said, wow, actually all those pathways, we get studied. And it was just, again, just revived, you know, my training in integrative medicine, which actually does explore the same kind of way of But integrating other components like the holistic arts and healing arts that are also seen in other sciences in the Eastern and Western practices of medicine.

But functional medicine is right down with integrative medicine. That's how I see it. I see it very complementary and very in the practice medicine that I see with patients.

It's very much a component, really digging deep. into the functional health, down to the cellular health. I'm also curious about your work in health and your practice, particularly for menopause and that transition, as I said earlier.

Tell me more about how you see mental health treatments for women going through the transition stages towards menopause and thereafter. I always tell women, I mean, the mental health is so key and essential.

And if they have some mental health issue that they're not dealing with, then it doesn't matter what I do with hormones or supplements or, you know, it's just like nothing else is really going to work until we address that

mental health issue.

So, I've always encouraged patients to seek therapy, counselors, you know, in whatever form is going to be easier for them. And long ago, I started offering ketamine IVs in my clinic because I do have an anesthesia background.

And so, I'm like, well, how hard can this be? And I would do just very low doses, but we'd get really some remarkable improvements in patients. Even after one or two IVs, it was pretty amazing.

So you have combined your hormonal treatments with ketamine treatments, is that correct? Yes, and I don't do a lot of them. They're just, you know, for whatever reason, it's not like our emphasis, but we do have them.

And then more recently, as I've gotten more into the treating chronic disease, people with like mold and Lyme, I'm always recommending some of these amygdala retraining programs like Primal Trust or the Gupta program or the Annie Hopper.

So… No, anything about that. Tell me more about what you mean. So these are programs designed for, you know, people who've had a lot of chronic disease, they've been sick a long time, they usually have some trauma in their background, and it's sort of like they are permanently stuck in this hyperarousal mode, right?

They're in that fight or flight, constant, everything's inflamed. And it translates down to the cellular level where their immune system is way off balance.

They're just in this chronically inflamed state.

Mental Health, Ketamine, and Chronic Illness

And until they can kind of get, you know, so now their brain is misinterpreting signals that are just, you know, normal for us, but it's causing a reaction in them.

And so, you know, you get a lot of allergies, a lot of chemical sensitivities, EMF sensitivities, that type of a thing, and it's because they're just so, you know, hyper aroused, you know, they're just in that fight or flight.

And so these amygdala retraining programs help them to kind of calm the nervous system, if you will. So yeah, it's been very helpful for these chronically ill patients.

Wow. Tell me more about what you see in what type of hormonal changes occur in menopause and how does that really affect mood or anxiety or their cognition even?

What have you seen in your practice and how do women come to you? So usually women who are going through perimenopause or menopause, you know, they're experiencing things like mood swings, anxiety, depression, brain fog is a big one, hot flashes, night sweats, maybe their sleep is thrown off.

and they just don't feel like themselves. I had a friend of mine say that she literally felt like she was dying inside and she couldn't, you know, couldn't really tell why.

And of course, when you go to the traditional doctor or even your GYN, they're just running some blood tests and they're like, oh, you know, your FSH and LH are not elevated, you're still having periods, you're not in menopause, you're fine, like everything's fine, but you know something is not right.

So, you know, it has to do with the levels of the estrogen, progesterone, testosterone, and those start fluctuating. And especially as we get into that perimenopausal range, you know, and menopause really can happen anytime from 35 to 55. Everybody's going to be different.

And how long you stay in that perimenopausal range, it just varies depending on, you know, genetics and lifestyle factors and things like that. I imagine those fluctuations is where the symptoms emerge, right?

Yeah, absolutely. And, you know, some women have more estrogen dominant kind of symptoms and other people, you know, some women never have a hot flash going through menopause.

And so they're like, oh, good, I'm not going through menopause, but they still are lacking those hormones. And it's still affecting things like bone health, cardiovascular health, and even memory.

So it's still important to kind of address those. And that was me. I actually did not get any hot flashes to this date. To this day, I have not had any hot flashes.

So I don't really have that experience on my own transition. And I imagine that definitely is a factor, right? It's well known that hot flashes is the sign and yet going through it, you know, you don't notice the other symptoms that emerge, right?

The sleep issues, the changes, even the skin changes. You know, there's so many other, I mean, and for our audience, because estrogen receptors and progesterone receptors are everywhere and it's not just in the genital or female organ systems and it's not telling me more about all the different types of symptoms and why is it that it is so generalized and so it's so subtle so it would be almost difficult to differentiate between that and something like you know colitis or gastric, you know, or sleep into something else.

How do you differentiate that? I think it just depends. I mean, that's the beauty of functional and integrative medicine is that you can treat everybody so personalized and individualized and kind of see what's going on.

But we definitely have to address the role of digestion and gut health because that does play a huge role in in overall health, but especially with hormone regulation as well.

So there's like this gut hormone access, access, if you will. And so, you know, the microbiome is playing a critical role in metabolizing and regulating hormones, not only estrogen and testosterone, but cortisol, which is our stress hormone, and thyroid hormones.

And if our gut is leaky or if there's problems with our digestion, we're going to have imbalances, things like estrogen dominance, something called adrenal fatigue, which is, you know, not technically correct because the adrenals are not, they're a gland, they're not a muscle, so they don't fatigue out.

But, you know, when you're stressed for a long period of time, your cortisol is initially like high, but then after a while the brain stops listening to the signals to produce it and then it falls down low and then you get kind of this flat line of cortisol and it's a whole other set of problems, if you will.

But it's kind of a protective mechanism because cortisol, too much cortisol over a long period of time is very damaging to the brain, especially in the memory center of the brain.

So it's not an entirely bad thing to shut it down, but it does bring on more issues. Intimal patients, yeah, your body's actually responding to your situation in a way that supports you.

Of course, that itself can become dysfunctional over time. And how do you address that and how to reverse that aspect of getting back to what it should be doing versus what it's trying to do to adjust to a stressful situation, like a toxic level situation.

And you mentioned in your work about root cause treatment, and I'm very fascinated by root cause level treatment. What is your approach to addressing root cause?

Tell me more about how. You know, it's basically thinking like an overall health assessment of where you are and taking in all kinds of factors. But, you know, we start with a gut because so much of our health depends on a healthy gut.

And I can tell you from experience, you know, when I first started doing functional medicine, and I would just focus

on hormones because that's what I first learned.

And I would say the majority of patients would get better when I replaced their hormones with bioidentical hormones, but not everyone. And I started to realize that the people who were not improving were usually had some other source of inflammation, like their gut was really off, their diet was really off, you know, that type of a thing.

And so until we addressed that and fixed that, nothing else was going to kind of fall into place. So we definitely want to look at gut health and inflammation in general.

Menopause Symptoms and Hormonal Shifts

If you're having a lot of inflammation, that's a problem. And you want to find out where that's coming from and why you're having that. How would you address and how would you track where that inflammation is coming from?

Yeah, it just depends. I mean, you know, we just run some standard blood work we can do. I usually run an expanded lipid profile panel that has some inflammatory markers on that.

That gives me some good… ideas, too. But also just from the history, you know, just listening to the patient and what's going on in their life, you know, sometimes you can pick that out from, okay, you know, obviously if somebody's having gut issues, if they're having chronic diarrhea or constipation or it's a lot of gas and bloating, like, chances are that's a lot of inflammation is coming from there.

Yeah, in your own journey, where you kind of navigated your own treatment by actually pursuing further studies and certifications, what would you tell women how can they advocate for themselves for their mental health treatment during menopause or during their perimenopausals?

Well, if they're not getting satisfactory answers from their provider, you know, seek another opinion. Because there's plenty of doctors out there, but you have to find somebody that has had that training in either bioidentical hormones or treating the gut holistically or different things like that.

So if you're not finding that answer, if you feel like you're just getting sort of gaslighted by your provider, then go find a second opinion because they're out there.

Yeah, they definitely are. I mean, I know now, of course, you know, there's so much more material, so much more information in social media. I mean, take for example, a lot of my patients tell me, I found this on TikTok and what do you think, doctor?

And you're like, yeah, let me look at that. Being open, I think your doctor, I've always seen that now gone to my doctor is like, is my doctor open to kind of other ways of Talking about things, what's their way that they communicate with you?

How busy are they? How distracted? Do they have an interest in you as a human being, or is it just being a patient or a number? Or, you know, just that 15 minute appointment and you're out the door and you get a prescription.

I know a lot of patients, a lot of women. The first thing is, you know, when they go to their doctor, you know, they'll say, oh, I'm feeling really depressed and sad and I don't know what's going on.

and they'll give a good history, then the doctor will say, okay, I'll just write a prescription for an antidepressant. And there's no further, I would say curiosity in what else is happening or why would that be.

And a lot of times these treatments are just, I mean, I find it funny that in psychiatry, Conditions are labeled as symptoms, you know, you're depressed.

So you order that's a depression. So that's a condition of anxiety. Well, that's it. That's just a symptom. Yes,

symptom of something. And it's not really the root cause to actually what may be happening.

Yeah, absolutely. When I was going through medical school, I felt like there weren't very many options, especially in psychiatry. You know, it was all like medication management, and it didn't seem like anyone ever got better.

You know, and it was sort of depressing. And I think that sort of turned me off to psychiatry. If I was going into medical school now, I might rethink that just because I feel like there's so many other options with the psychedelics, with genetics, with just all sorts of other things that are just kind of open up possibilities that just wasn't necessarily there before.

Yeah, I will say I had secret curiosity about the brain, always. I was always reading on the side. I did my own training in pediatrics and became an academic, did a lot of work in hospital-based care, did a lot of teaching.

And then I went into narrative medicine, and narrative medicine was all about the stories of illness, the creativity, the element of how you can bring that into health, into patients and conditions, and really understand it from a very creative mindset.

And I found that now I have been bringing in all of the elements of knowledge, both sciences, both academics, but really observing the brain. The brain is not just a black box.

It actually is so much more. It's actually a system. We know a lot about the heart and pumping and the fluid and mechanics and the electrophysiology of the heart, but now we can actually look at the brain in the same way.

chemically, electrophysiologically, and organically, and its connections to all parts of the body, and each part is communicating to the other, right?

It's not just about the brain by itself, it's actually about the whole gut-brain axis and the hormonal axis, as you described, and how all of those systems are really communicating to each other in a very beautiful way, I find it very fascinating.

What treatments in both conventional or in functional medicine have you found effective in treating mental health conditions during women's health? Well, certainly making sure that their gut health is good and that they have their hormones balanced makes a difference.

So using bioidentical hormones to replace that and making sure that their you know, their gut is healthy. And if it's not, you know, testing for what's going on with the gut and then coming up with a sort of a program to bring it back online and reduce the inflammation there.

Because so many of our, as you know, neurotransmitters are produced and regulated in the gut. And so if that is not working well, then nothing else is going to fall into line.

That's correct, actually. A lot of people don't know that. Tell me more about how the gut is responsible for a lot of the hormonal health. Right, so the gut microbiome helps regulate hormone metabolism through specific bacterial strains, particularly the estrobalone, a subset of gut bacteria that influences estrogen processing.

So if these bacteria are out of balance, the body may either reabsorb excess estrogen, contributing to excess estrogen dominance, or they can fail to recycle enough estrogen and lead to deficiencies that is going to impact bone health, mood, and metabolism in general.

So beyond estrogen, though, the gut also affects cortisol, metabolism, insulin sensitivity, thyroid function.

Gut Health, Inflammation, and Root Cause Care

So these are all crucial for overall hormonal balance. Yeah. And, you know, managing that micro ecosystem, right, and at that level, it's quite complicated, I would say, you know, unless you know what actually the gut biome looks

like, it's hard to know, you know, what the ecosystem is really, where the balance is, correct?

Yeah, so I imagine you'd have to have more testing, and how would you explain that to patients? Yeah, so we'll often do a stool test on patients, where it's a take-home test, and it's either a one-day or a three-day, you know, they'll put some stool samples in little tubes, send that off to the lab, and then that gets a whole sort of DNA analysis of not only what is there as far as the gut bacteria, but also inflammatory markers and markers of digestion, things like that to see, like, are you breaking down your food well enough or, you know, maybe you don't have enough gut acid.

And then it's looking at things like short-chain fatty acids, which are, like, part of the food that feeds the colon cells. And we want to have certain sort of keystone species there that are present.

And sometimes people are missing those, and that can really result in a lot of inflammation and just imbalance in general. I've heard about the four-gut protocol, and that's kind of the process that I actually implement with treatments.

What is your process? Is it similar where you kind of address the four-gut protocol? Yeah. Look at what the stool test showed, and then, okay, well, do we need to kill off anything that shouldn't be there?

That's, you know, like the first step. And then we're going to repopulate it with good bacteria. And then we're going to maybe give you some prebiotics to help support that.

and maybe some immunoglobulins to help stop that leaky gut. And we might also do a food allergy and sensitivity test that I usually wait a little bit until somebody's down the line and detox, because if we do that food allergy and sensitivity test right at the beginning of everything, They're like lighting up for everything because their gut is really leaky.

They're going to react to a lot of foods. And then it becomes overwhelming, like, well, I can't eat anything, so forget it. It's like overwhelmed. So I usually wait till they've done a little bit of a detox, you know, because there's low-hanging fruit, right?

There's stuff that we know is going to cause inflammation in the gut, like gluten, right? Like, I know that that's going to cause a lot of inflammation.

So let's just take out gluten for a while. And for a lot of people, they'll get significantly better just with that. But the food allergy and sensitivity test is more like a fine tuning after we've taken out some really inflammatory stuff.

And that's a good point, you know, exactly. I mean, the leaky gut, the cross transfer of, you know, large proteins, you know, across that barrier and the sensitivity that does develop, I often find patients coming in the other way where they're having a lot more allergies and, you know, sensitivities to so many things.

And then the first thing we were trained in, conventionally, is like, okay, let's do an allergy test. And of course, you know, without really addressing why.

you know, why are they being sensitized to this? Yeah, so that question kind of reversing the end of that is where I find, you know, we weren't taught in medical school, we were not taught that, oh yeah, look at the, you know, try to find that, why?

You know, why? Don't stop that, don't ask, I mean, we're always talking the surface level symptoms, right? And then eradicate those symptoms, we're not really looking at the source of where that is coming from.

Yeah, yeah, exactly. I often get patients who have had history of breast cancer, whether they're estrogen or receptor positive, you know, positive cancers, and then having them on hormone replacement is often very tricky.

And I have known in conventional medicine that would be a contraindication that would really avoid doing any

hormone replacement. What is your approach there for?

Yeah, I'm probably a little more on the edge of that one because if somebody has breast cancer or they had breast cancer recently, but they're just miserable because they have no hormones on board and they're like, my quality of life is horrendous.

I will still do testosterone therapy alone. I won't do any estrogen or progesterone, but I'll do testosterone therapy. because that will boost up their testosterone levels to super physiologic, but it's not, it makes them feel so much better.

They have energy, they can sleep. Testosterone is a natural anti-inflammatory. It helps a lot with sleep. So just giving them testosterone can be a huge game changer.

And there have been some studies showing the anti-cancer properties of testosterone. But it's definitely very much a personal choice. It's not for everyone.

Yeah, and I know that science is really going to change, especially if we can look at more genetics around causation, even some of the epigenetic markers for sometimes those conditions, those inflammatory conditions.

And I think that is important for patients to know that the science is ongoing. And there are providers who, I suggest, who are specialized in integrative or functional medicine who do treat women with hormone replacement, bioidentical hormone replacement, and knowing which type and which is the best way to manage that is more of a specialty, I would say, even in functional medicine.

What are your thoughts there? Yes, definitely it would be like more of a specialty thing, you know, where people are just focused on that one thing. I don't have very many breast cancer patients, but there are definitely a few.

Yeah, I do a lot of mental health treatments with ketamine as well as combining them with integrative medicine and find that the patients that are coming to me are really coming with that mindset of I want to treat my mental health first and that their history is also there, but it's more of in the background.

And I think that When you finally do treat the mental health and they're not depressed and then they're able to be more functional, they're able to think more clear, they're able to have more energy, they feel more motivated for change, even with weight loss.

I can imagine that's a whole other field as well in medicine, but it's such an important part of mental health. And even addressing that the motivation that comes right after they feel mentally better is so much of a big factor in how they see themselves and their health.

Yeah, absolutely, absolutely. Some of the questions around menopause, and I think it's also depression around premenstrual or cycle. And you mentioned also estrogen dominance and progesterone dominance too, right?

Or even low progesterone, there's so many. How do you assess, what are some of the symptoms, I guess, for our audience to help them determine where their imbalance is.

Yeah. So estrogen dominance looks like women who have an easy time gaining weight, a really difficult time losing weight. They tend to pack on weight around the hips and the butt.

And they'll have things like fibroids, uterine fibroids, endometriosis, PCOS. Those are all sort of estrogen dominant disorders. And of course, lack of estrogen is going to give you those hot flashes and the night sweats.

And progesterone dominant, then estrogen dominant. Progesterone dominant is usually like the women that never seem to have a problem with their weight.

Hormone Balance, Breast Cancer, and Endocrine Disruptors

They're always skinny. Those are usually the progesterone dominant women. So, but you can definitely go overboard with progesterone. I've seen a lot of women who've come to me and they said, oh, I got this progesterone cream off of Amazon.

And I've been using a lot of it and it can actually cause, you know, a lot of symptoms that you would associate with, well, just weirdness, you know, like hair loss and insomnia and things like that.

So it's like there's a balance there. Too much, too little are going to give you different symptoms. Yeah, and it's such a delicate balance, too, because it does cycle, right?

That whole hormonal process is cycling, where there is a high amount of estrogen at the early part, and then it drops, and then the pedestrian dominates.

You have to be able to manage through the whole cycle, correct? Yeah, yeah. And that's what makes perimenopause even more challenging because it's like you're trying to balance a system that's in constant flux.

And so it's almost easier to treat somebody who's, you know, far post-menopausal, like they're stable. Whatever we give them, that's what they have on board versus somebody who's perimenopausal.

They're still making some of their own hormones and it's throwing off the system. A lot of OB and gynecologists will say they're not going to necessarily treat postmenopausal beyond a certain number of years of not having a replacement.

What is your approach and what are your thoughts there? Yeah, I don't like to put a time limit on people because I really feel like balancing your hormones is the keystone of any anti-aging program.

If you want to age gracefully, you're going to have your hormones balanced at youthful levels. And if you take away those hormones because you say, oh, well, look, you're five, 10 years beyond menopause, then you're just accelerating the aging process.

And like, who wants to accelerate their aging process, you know? So I don't think that there should be a time limit. I think it's, you know, of course it's personal.

If you just decide I'm done, I don't want to use them anymore, that's totally up to you. But I don't think that there's necessarily a medical reason for stopping these.

You know, would you say there's a difference between how women are treated in healthcare versus men treating in healthcare for the same reasons of hormonal imbalance?

Yeah, it's been so long since I've been in traditional medicine, like, you know, that I would see that. I haven't seen that type of behavior in a while.

So, but there's, there always does seem to be more of an emphasis on, you know, if men want their testosterone for life, nobody's going to say anything, right?

Right. I have a question also about endocrine disruptors and, you know, the exposure that we have now more than ever, I think, in everything, right? Endocrine disruptors exist in everything, microplastics and, you know, makeup products and topical treatments and things that aren't even FDA cleared or approved.

It's such a challenge and I think it's more of a challenge I see in the younger inch population and the fact that the impact it has on their mental health, endocrine disruptors are, you know, even birth control, we would consider as an instructor, essentially as kind of this.

Yeah, I remember when I was on the birth control pill back in college and I got depressed from it. I mean, you know, it made a huge difference. But I just did a five-part series on reducing your everyday toxic burden, you know,

and I talk about things like, getting plastics out of the kitchen, what ingredients to look for in your personal care products and things like that.

Because you're right, there are so many endocrine disruptors out there. And there are some little things that you can do to kind of just lower your daily toxic burden.

What would that be for our audience? I'd love to know more. So, I mean, like in the kitchen, for me, like, okay, I used to have these pots and pans that were like Teflon, but they were old.

And so they're all scratched up, you know? And so that was a big source of getting chemicals in our food. And I just didn't even think about it. And so I immediately went and replaced pots and pans with newer, you know, stainless steel or, you know, surfaces that are not going to leach chemicals into the food.

Or even just simple things like replacing our cutting boards. We used to have these plastic cutting boards and replace them with some wooden ones. So, you know, we're not getting the microplastics that way.

And then storing our foods in glass containers now instead of plastic. Yeah. Yeah. I remember the time we used to warm things in the microwave with plastic.

Yeah. And even now, you know, like we'll get lunch brought in from say a nutraceutical rep and they come in plastic containers. And if it's been sitting around, you know, the immediate.

thing is just like to throw it in the microwave and warm it up. And now I'm like, no, no, no, you got to put it in a different, you know, a different dish.

Who aren't even aware of, I mean, you can, I mean, aren't even aware of the Teflon coated, you know, kitchen materials as a source of, as it being a decontestrupter.

It's not a well-known fact and maybe it should be, it would definitely change the industry, right? And with that knowledge, and I think it is important, and I think what it reminds us that we're going back to the basics.

Really going back to the basics. Plastic, the invention of plastic. I'm very curious about the world without plastic. What would that really look like?

You've been working on plastic until the 50s. Right. Yeah, and now we're the chemical engineer. I was a chemical engineer and we actually kind of, polymer science was one of our courses.

And, you know, the whole history of polymer science really started then. And it was such a technological advance at that time when plastics became introduced.

It changed the way we live. And now we're going back to trying to think how can we not rely on plastics and not, and really remove that from our daily lives.

Yeah. Yeah. Tell me more about what you would advise for patients on makeup or products there. So I have to look and see, but I certainly am trying to look for more products that are natural or they have less some of these ingredients in them that can be endocrine disruptors.

And certainly I've stopped using things like fragrances because those do contain phthalates, which are known endocrine disruptors. So I'm just going to Yeah, all perfumes have it in them.

It's not an essential oils. Yeah, exactly. Yeah. I actually, I found an app actually that you can use on as a barcode. Oh yeah. Oh, Yuca app. Have you heard of that?

No, no. Maybe I should be promoting there. Yuca is called Y-U-K-A. It's a really cool app on your phone. And when I go to Costco or when I go to the grocery store, sometimes I'll just scan the barcode and it tells you everything

that's in there.

And it gives you kind of a number, rating, exposures, and alternatives that you can use instead. Yeah, there's, I know of another app called like Clearya, Clear and then YA, and a similar thing where you can scan things and it's going to tell you if it's…

And I think that's very helpful because you're right, there's so many products and there's so many things that we don't even know the names of. Can't even pronounce half of them.

And yet they are present for whatever. Yeah. And even just in like the food packaging alone, you know, this is why, you know, it's better to get food in glass jars versus cans because of all the BPA in the cans.

And then certain packaging, you know, that just has a lot of that. Anything that's like grease proof that has those BPAs in there. Yeah. Well, the list goes on.

It does. What is it like for you when you go to the grocery store? Well, again, I try to, I try to shop on the periphery, you know, the fresh foods and, you know, frozen foods and dairy, you know, the cold sections and things like that.

I try to avoid the middle. That's right. And I do the same exact thing. I avoid the middle. I never even go in the middle, hardly now. And I'm surprised that I don't really need to go in the middle.

It's like all of the foods that are there really are not even, I don't even need them, you know? You think you need them until you realize you don't. And I often tell patients, yeah, go on the outside.

Anything that comes on the ground or can be, you know..

Lifestyle Strategies for Perimenopause and Healthy Aging

. Exactly. That's good. Yeah. Yeah. We're always promoting, you know, a whole clean, unprocessed foods as the majority of your diet, because the more processed foods you have, the worse, it's like the worse your health is going to be.

And there's so much sugar in those processed foods that you just don't even realize. Yeah. Which is also very inflammatory. Yes. Yeah. Absolutely. You have four, five kids.

Five kids. Yeah. What's their health approach? Yeah, I think they're all, they're all pretty healthy. So I can't complain, but I was not the perfect mom by any sense.

You know, like I was not shopping organic and you know, I was in basic survival mode for when the kids were younger. So. You know, I didn't even really start diving into studying toxins and what's out there until just recently, because, you know, when you're, when you're in that survival mode and you're just trying to get dinner on the table, you're like, I don't really care if it's organic or not.

I just got to get it on the table. And that's a lot of people's story, too. It's really the way we're living in that fast food lifestyle where access is readily available.

And the epigenetic factor that comes up with that. I know that there are markers for starved gut in some places in the world. I've worked overseas. you know, food was so much different.

And then coming to the United States, the food is very different. It tastes different. It feels different. The sweetness factor is higher. And how your body metabolizes that is very different.

And so the risk factors for cancer, diabetes, you know, cardiovascular illness increases dramatically just by your migration. Just by two, one country.

Absolutely. Your whole gut microbiome changes. Yeah, definitely. But we're living here, right? So your body kind of tries to adjust for you in that weird way, but it definitely has an impact on your health.

And I wish they would teach this in medical school as well. Where are you from? What's your history like? What's your story? How do you live? And your generational story.

It's more about, we talk about family history, but really we don't really get the generational history. The trauma history we're not drawn in for. in the way we question or learn about our patients.

And I think that's such an important factor to know these health is knowing, you know, how they live. And I imagine that's something similar for you too, with your patients.

Yeah, yeah, it definitely, you need to ask about what they're eating, when they're eating, habits, and all that kind of stuff, because that just makes a huge impact for overall health, but especially weight loss.

I get a lot of women who are overweight, and they're like, well, I'm eating once a day or twice a day. I'm like, well, that's a problem. Undereating can be just as bad as overeating, because when you're under eating, you're not getting enough protein in, you're burning your muscle mass, your resting metabolism goes down.

And then your mitochondria, which is the little batteries inside your cells, are super efficient at dealing with adjustments to how much energy they're being given.

You know, so if you decrease your calories, all of a sudden they become more efficient and you're not necessarily losing weight. So, yeah. Well, as we close, I'd like to ask the question about what would be your recommendation for a woman who is in perimenopause, supplements, way of life to impact the mental health and their transition to menopause.

I would say, you know, it's really important to eat, you know, clean, healthy diet. The less sugar, the better. In fact, I had one lady who was having horrible hot flashes and she just went sugar-free.

She just, cold turkey went sugar-free and her hot flashes and night sweats went away. So, you know, you can really make that big change just by eating a clean, healthy diet and reducing the amount of what we call oxidative stress on the body.

But again, exercise is a huge one too. And you don't necessarily have to jump into hormone replacement right away. There are some herbal supplements that can kind of help reduce that oxidative stress.

There's, you know, a variety of different things depending on what the symptoms are. So, but it's eating a clean, healthy diet, getting enough exercise, getting enough sleep, and dealing with your stress.

And I think women in general tend to ignore themselves and their needs because we're so used to taking care of others that it's like we feel guilty for spending any time or money on ourselves, but we forget that if we don't take care of ourselves, we're not going to have that to give to the people that are depending on us.

So, yeah. That's so true. You mentioned sleep. I ask now every patient about sleep, which I didn't used to. What's their sleep history like? How do they approach sleep?

Do they even have a sleep hygiene? What are they doing with their technology, devices, and how they can even use trackers and really look at sleep in a very broad way, both objectively and subjectively.

I make every patient as a condition of treatment to say, well, every morning you're going to step out from 7 to 9 a.m. and you're going to look at the sky without any…

You're going to step outside and you're going to look at the sky, not the sun, just look at the sky. Just bring light into your eyes and meditate or just take five minutes, 10 minutes, however long, and you'll notice a difference right

away.

You'll notice how your body wakes up. Feel your body go, wow, I'm awake now. Yeah. That's a great recommendation. Yeah. I love that. And the other recommendation is, and at night, do the same exact thing, but the opposite.

The opposite. Going inside. Right. Two hours before you go to sleep, just start to turn things down. Turn all the devices off, turn lights down, just kind of just slow things out and really take time for yourself.

That's your time. If you want to just take a moisturizer and just, you know, just, you know, just especially with women, you know, just like massage your skin and just notice your skin and just love yourself and just look at yourself and say, Hey, I love you.

You know, you'll feel it in your body. You'll feel that emotion of love in your body. That's excellent. Your cells will feel it. They'll know that, oh, my mom, me, I love myself.

Love my heart. Thank you, heart. Thank you for everything you did today. Thank you, Sam. You know, really just staying present with your body and show gratitude.

Yeah. Because it shows up and the next morning, you know, when you comb your hair, you know, just take time in that last part of beginning part of your day.

That's your time, your ritual, you know, put on music, you know, just really just, you know, kind of enjoy the last day. That's great. Yeah, I mean, there's little things.

Yeah, little things, exactly. Yeah. Yeah. Well, it was wonderful to talk to you, Julia. Thank you very much. I've got so many more questions, and I'm sure I hope we meet again and do another podcast together.

This is such a good way of us learning about each other's work. It's our way of understanding community of health care providers out there who are doing the same thing.

You're in Houston, Texas. How would somebody find you on the internet? How would people look for you? My website is drjuliaward.com. So just dr, j-u-l-i-a-w-a-r-d.com.

And I'm in Sugarland, Texas, which is just outside of Houston. Yeah. Do you have a telehealth practice or are you outside of this? I just see Texas patients right now.

Well, thank you. And I'm so grateful for you to be here in our podcast and enjoy talking to you some more. Thank you so much for having me. I really appreciate it.

It was so much fun. Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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