Midlife Makeover: Outsmart Menopausal Weight Gain For Good Transcript

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Introduction to Menopausal Weight Gain and Metabolic Flexibility

Welcome back to the Longevity Summit. I'm your host, Doctor David Jockers, and I'm excited about today's interview. This is all about menopausal weight gain creating metabolic flexibility in midlife so you can live a long, healthy, vibrant life.

My guess is Doctor Mariza Schneider. She's a functional doctor, perimenopause and menopause expert, and the author of eight books. Her recent book, The Essential Oils Menopause Solution, focuses on solutions for women in perimenopausal menopause, and she also has the number one national bestselling book, The Essential Oils Hormone Solution, which focuses on optimizing women's health.

Doctor Morris is also the host of the top rated Energized podcast, really great podcast that's designed to empower women to claim agency over their health.

You can check out our website. Doctor Mariza, and we're going to go all through things like bioidentical hormone replacement. We're going to talk about her best lab tests for looking at inflammation.

Best lab tests to get if you're a perimenopause or menopausal female looking to optimize your health. We're going to talk about the best natural solutions and how to create metabolic flexibility, and how to balance your blood sugar and burn fat for fuel effectively.

So really great topic. Let's go into it. Well, Doctor Mariza, like Teresa. So Mariza Snyder is here with us and I'm really excited to dive into this topic.

You're obviously perimenopause menopause expert. So many women are struggling with different issues when it comes to going through this. You know, this part of midlife where their hormones start to change and there's so many women out there that are struggling with issues and they're looking for solutions.

So let's start with, you know, your perimenopause journey and how that's inspired you to support women as they go through this? Yes, I am fully in perimenopause as we speak at the age of 45.

I would say I'm kind of in between early and late.

Mariza Snyder's Perimenopause Journey

I'm in the middle and it has been a profound journey. You know, I remember the first time I really kind of knew what perimenopause was, is when I watched my mom go through it, and I was old enough at that time that I could actually help guide her.

But I felt like I didn't have a lot of tools in my toolbox, like no one had really prepared me. I didn't learn a lot about it in school, let alone menopause, but at least I knew a little bit about menopause.

I had no idea that it was such a profound, what I call neuroendocrine transition, where everything is kind of on the decline in a lot of ways. It happens without our permission.

And I remember my mom's journey looking like a nightmare unfolding to me. And I thought, oh my God, is this coming for me? And luckily, I knew a lot about what to expect, but it has been pretty profound for me as well, and especially all the brain related symptoms.

But a lot of what women come to me for, not just the brain related, the mood swings, the brain fog, the lack of word recall, or even the lack of stress tolerance.

It's more the metabolic changes. Like all of a sudden, you know, biomarkers, lipids, fasting blood glucose, all of those look great. And then all of a sudden, a year later, they start to move in an unfavorable direction.

And that has a lot to do with the fact that as these hormones decline, that's ultimately what's going on. Our protection, our insulin sensitivity begins to kind of get disrupted and we start to see fat distribution shifting and changing.

We begin to see lipid markers, and I guess the blood sugars start to shift. We start to see more inching towards prediabetes. But women, what they what they describe and what I've seen in my own practice is that they, you know, everything that they're doing isn't working anymore.

And they want to know, how can I actually pivot? Or is this just is this just how it's going to be? And I hope that's what we'll get to get into today.

Well, absolutely. Let's talk about some of the most common symptoms that women are experiencing as they get into this transition. And also you touched on this, this topic of neuroendocrine transition.

And so that that means brain hormone. And so let's talk about how the brain communicates with more brain. The brain. You know, the brain is obviously communicating with everything in the body and the hormones are communicating messengers.

And so let's dive into that topic as well. Yeah. Let's talk about those feedback loops. And we talk about one of the most profound feedback loops, which is the Po access, the hypothalamic pituitary ovarian access or the gonadal access.

And there is a connection. We think about women once we come online. That's puberty, right. And perimenopause is very much a second puberty. So I always call puberty the ascension, where girls are coming online and their cycles are beginning to run.

And we have, you know, follicular stimulating hormone and luteinizing hormone. These are these are actually hypothalamic hormones that are in the pituitary gland.

And they are relaying information to run our cycle. And they're really controlling our our menstrual cycle, our ovarian cycle. And as a result there controlling estradiol and progesterone.

And that there's this beautiful dance that happens, let's say, every 28 days for about 30 plus years until we start to wind things down. And when a lot of people don't realize is that it's all based on our egg supply.

And that egg supply was already predetermined before you were born, before any woman was born. And as those eggs start to wind down, usually after the age of, let's say, you know, 35, 37, 38, we start to experience this disconnection, this disruption in that feedback loop between the brain and the endocrine glands, that the ovaries.

And as that begins to decline, we know that those life giving hormones, estradiol and progesterone are beginning to climb as well. And that's really what perimenopause is.

It is they erratic decline of these really profound life giving hormones. Now, the one that I want to focus on really quickly probably is really running.

The show is going to be estradiol and she is a growth hormone.

Brain-Hormone Changes in Perimenopause

She she really is the queen bee. But what a lot of people don't know is that estradiol is the master regulator for the female brain, that she is basically the fuel that the brain runs on.

And as your brain is shifting away from estradiol being that massive fuel source, we begin to see major changes happen. We see an uptick in inflammation in the brain.

We see a change in glucose metabolism. You know, we think about prediabetes being, you know, type three diabetes is Alzheimer's. And so we see that that shift in glucose metabolism, we also see a shift in neurotransmitters because they're not being bound to the way that they were when we had, you know, an abundance of estrogen and progesterone in the brain.

And so that's that's a lot of what we're talking about when we talk about that neuroendocrine transition is not only are we seeing major changes throughout the body on a, on a metabolic scale, whether it's blood sugar, it's bone remodeling, it is, you know, the way that our muscles are stimulated, but also on a neurological level where women notice the hot flashes, night sweats, these are neurologically driven or brain derived symptoms low libido, low stress tolerance, brain fog, lack of word recall, inflammation, sleep issues.

All of this is brain related symptoms. Due to the decline of these hormones and the decline of our ovarian function. Yeah, absolutely. And so during this transition, estrogen, progesterone and testosterone all drop.

Yes I found melatonin right. And melatonin as well. And so I've heard I've heard from many that oftentimes for a lot of people the estrogen to progesterone ratio that you know, you know there's always more estrogen in a sense than progesterone.

But then they both drop during perimenopause. But the drop in progesterone for many females is more significant than the drop in estrogen. Have you found that to be the case?

I have found that to be the case in the beginning. So in the in the beginning, you know, let's let's talk a little bit about the phases of perimenopause.

The first, first phase I call it early early perimenopause. And I would say that is anywhere between our mid to late 30s into our really early 40s. And a lot of it's brushed off as the normalization of the daily pain points of modern day life for women.

I'm a mom to a four year old who's actually sick right now, so let me tell you my sleep the last couple of nights not so great with a little featuring four year old.

There's nothing more uncomfortable than a little four year old or a three year old who doesn't even know why they're uncomfortable. You know, at least when you're an adult, you understand what's going on.

You're like, okay, there's a virus. There's something I'm I'm fighting a virus. You understand why your nose is running and why you're yucky, whereas little ones there just say there is just everything's miserable.

So we've been we've been in that camp right now and I could easily, you know, in the beginning, let's say late 30s, early 40s, I could say, oh, man, I'm just not getting enough sleep.

You know, I'm prioritizing obligations or I'm getting a little bit edgier, a little bit more irritated, like the most common symptom, the hands down. And then people think it's mostly weight resistance or weight gain.

But the most common symptom of perimenopause is irritability. We are just things are shifting and that's that low progesterone that you're talking about.

But initially it just kind of feels like things are just a little gestural. Is a Gaba agonist, right? Yes. It is inhibitory neurotransmitter in the brain.

And it's a sedative too. It's a beautiful sedative. And it works really beautifully with with melatonin. So it's no surprise that melatonin is declining as progesterone is declining.

But then around like early 40s for most women in perimenopause, they really start to notice. And that's when progesterone is not just subtly shifting that hormone, significantly shifting and declining.

And so all of a sudden now we're it's mostly, again, these brain related symptoms where women are like, man, I just don't feel like myself anymore, especially that second half of our cycle when we're supposed to have actually a rope.

It's actually more progesterone than estrogen on day 21, day 20 of that luteal phase of your cycle. And yes, some women may notice in relation to lower levels of progesterone, some unopposed estrogen.

So we would call that estrogen dominance. But often I see that really only an early perimenopause where women will notice it's basically more severe PMS, you know, more bloating, heavier periods, you know, more more irritation, more you know, more mood like symptoms where there's kind of like this disconnect where we just don't have enough progesterone to kind of carry us through that second half of our cycle.

And it just feels like someone just ratchet just took it up a notch, a big notch. But then as we had, you know, again, perimenopause being, you know, an on average an eight year transition very similar to puberty.

Hormone Decline and Menstrual Cycle Changes

It takes, you know, it takes about eight years to really get into full reproductive years, like late teens, early 20s. It's going to take us just as long, except that we're not worried about high school friends and tests in school.

Now we have families and jobs and a lot of bigger responsibilities that we're dealing with, so it all just feels like a lot more is going on during this transition.

But around our mid mid 40s, I would say that's when we start to notice slight estrogen withdrawals as well. And that's when we'll we'll notice maybe again it's harder to put on muscle.

We're noticing metabolic changes. We're seeing shifts in our labs. We're feeling more inflamed. Maybe our thyroid function starts to shift as well. And so we'll start to notice some even bigger changes as we in more symptoms as we move into late menopause and late menopause.

The way that we kind of define it is that this is when you're missing, you're missing a period from more than 60 days, and you know, you're about four years out from menopause.

So a lot of women around 4647 is when they really are in late perimenopause. But in those early Perimenopausal years where you still are regularly cycling, you may not be in every single cycle and things are rough yet again, we often are.

Normalizing those is just things getting a little bit harder. Or maybe we're pushing ourselves too hard when it really is a drop in progesterone levels, along with life happening at the same time.

Yeah, that's a really great breakdown. And, you know, I'm sorry to hear about your daughter there being sick. I've got four young kids as well for young kids under nine years old.

So I, I know what that's like. And yeah, I'm sure when your household gets sick, it's a lot of family. Absolutely. Yeah, absolutely. And I and my wife's in Perry menopause as well.

I would say the biggest symptom she notices is that her her menstrual cycle is unpredictable. Right. So rather than following a 28 day cycle, some some months it's 20 days.

Other months, it's 25 days. Right. But it's it's not as predictable as it used to be for her. And I think that's a common thing as well that happens. Absolutely. Yeah.

So yeah initially you'll notice it'll shorten. So you know full disclaimer. Mine used to be 2829. Now it's 26. I'm not to the point where it's it's that erratic where it's really shifting days.

But I noticed the symptoms in that luteal phase where the progesterone just isn't. She's not showing up the way that she used to, and I don't. Every, every single month.

That's just not happened anymore at 45 years old. And then, you know, I know that in the next several years, I always tell women like how you'll know kind of your timeline in perimenopause is to ask your mom, you know, hopefully she didn't have a hysterectomy that put her into earlier menopause, but that is the case for a lot of the women I talked to.

But ask your mom when she went into menopause. So my mom was like 53, 54. And so, you know, I'm reverse engineering my numbers. And so yeah, that puts me kind of in the middle of perimenopause right now.

I'm probably going to late perimenopause in the next two years for sure. Now let's talk about blood glucose and managing our blood sugar our insulin levels.

Why is that so impactful when it comes to perimenopause and menopause? Absolutely. I would say that is the probably one of the biggest levers that we can pull when it comes to not only our cellular energy, but ultimately our overall energy and function.

And ultimately, if we're looking to maintain a healthy weight, blood glucose is going to play a big role here as well. And as I mentioned earlier, estradiol is one of those great protectors of insulin and blood glucose levels in the body.

And as we start to see that estrogen drop again, you know, mid mid 40s, give or take, that's when we'll start to notice that maybe we're creeping towards, you know, a fasting blood glucose of 90 or even 100mg per deciliter, that being an indicator of prediabetes, but also it's an indicator of of weight gain and fat gain as well.

I always say insulin is a fat storage hormone and not just a regulator of our metabolism, metabolism. And, you know, for many of us, due to lifestyle changes and habits, you know, we probably heading into perimenopause a bit insulin resistant out the gate and losing those hormones doesn't do us any favors.

And so as we start to see that that last bit of protection that we had, that estradiol protection is we begin to lose that all of a sudden our weight begins to climb.

And I believe the 90% of us will gain 5 pounds of fat in perimenopause. 10% of us will gain at least 10 pounds of fat. And so if we just go through it in a default kind of way, we don't make those pivots to help to shore up our blood glucose levels and help to ensure that we stay insulin sensitive.

Yeah. For sure. And so you say that this weight gain, the main factor there is going to be insulin resistance. And so what can women do to help support blood sugar management and insulin sensitivity?

I think the first thing tests don't guess. See where you're at I think it's always good to know. You know ask bag go out of your network to get that fasting insulin test.

You know, a lot of our insurances aren't covering it or doctors aren't giving it to us. But I would say annually, if you can get that fast, inexpensive test, it's extremely expensive.

Yeah, yeah, you can absolutely do it on out of pocket. There's a lot of different companies that will do it with for you, but that would be one of the first things I would do is just kind of see my the level I want you at is five or under, although you know a, you know on the on the range for your test, it'll say something between 1 and 25, you know, international units.

And so I just want to make it clear that you want to be under five and then be looking at your fasting blood glucose and your hemoglobin A1 as well. And so I'm always looking for a hemoglobin A1.

See, you know, 5.5 or under. I'm looking for a fasting glucose under 85mg per deciliter. And then the other thing I always tell women, especially if you feel like something isn't right, you're putting on that weight is to invest in a continuous glucose monitor.

It's probably one of the most game changing, you know, devices that we can put on our bodies to really understand what's going on in real time, what what we're eating, how that's influencing our metabolism.

I always say that insulin and blood glucose are the ultimate biomarkers of longevity, because they really are helping to, you know, it's giving you a picture of what your mitochondrial health is looking like.

Blood Sugar, Insulin Resistance, and Weight Gain

If your mitochondria having to constantly take on more and more substrate, it just ends up gunning the system and causing more mitochondrial damage and degradation.

And so putting on a continuous glucose monitor allows you to look at real time. You know, how your sleep is affecting your your metabolism and your blood glucose.

What you're eating is affecting your blood glucose, your movement, your stress levels. You mean all of those things can be really interpreted through wearing a continuous glucose monitor?

Yeah, I think that's really helpful. Gives you that dynamic feedback as far as how your body is responding to things. Now, what I found is that I think fasting insulin is a lot more important than the fasting glucose. Of course, you and I both know fasting glucose could be like out of control, right?

Somebody has uncontrolled diabetes, insulin resistance. The issue is particularly when somebody has very high fasting glucose and high fasting insulin. Right.

But you know, if the fasting glucose is like 100, 105, but the insulin is three in the morning, that person might just have like a dawn phenomenon or maybe a little bit stressed, you know, as they're getting their blood, blood drawn so much or poor sleep, you know, that night before sleep for sure, for sure, any of those factors.

And I think that's why I like I mean, we, we don't have we do not have technology yet that allows us to look at real time fasting insulin, which would be so amazing.

And I believe that that's coming very soon. But you know, what we can extrapolate from with the fasting glucose is trends. Like we can look every single day.

So the first number always tell people when they wear a continuous glucose monitor is your fasting glucose. You know, and really reverse engineering those variables.

You know, asking yourself if today it's higher. Like let's say yesterday it was 77mg per deciliter and now it's 86mg per deciliter. You know, can we deduce, did you have a late night snack last night?

But did you only get five hours of sleep last night? So be looking at those types of things. Is that the dawn phenomenon? You know. So it's kind of figuring that out.

But then throughout the day looking okay after is it when I drink my espresso before breakfast, is that impacting my blood sugar. Is that having an impact on my cortisol levels?

You know, we can extrapolate from there. You know, what kind of breakfast is the type of breakfast that is going to set the tone for the day? I always tell people, not sure you've seen this yourself, but depending on the kind of breakfast you eat in the morning, what it's like, maybe it's a bagel and cream cheese and some orange juice.

Or maybe it's a veggie omelet with black coffee. You know, if we see a blood sugar spike, you know, out of, let's

say, beyond one 40mg per deciliter, I find that even if you eat metabolically healthy for the rest of the day, it's going to take a give or take 36 hours to restore that fasting blood glucose.

So if every day you're kicking off breakfast with a vanilla latte and a muffin or toast and jam every morning, you are setting the tone for what I call a blood sugar roller coaster.

Reactive hypoglycemia. Like it's just a constant and there's no way to get off that that roller coaster. And so that that first meal of the day to me really sets the tone for the rest of the day, especially for women, where we're losing muscle mass and lean mass.

You know, I hope it's a very protein focused breakfast. One of the things I speak a lot into, and this has been the case for me, I have a family full of prediabetes and full of diabetes, and when I even run my own genetics, that's like the one risk factor, like, watch your blood sugar is the big thing.

And so I've worn a CGM and on and off for about three years, and I usually wear it quarterly, you know, to keep me honest, to keep me accountable, make sure everything's where it needs to be.

And what I have noticed is if I eat past the hour of six, six, 630. Let's say I have dinner at 8:00. It's the same meal. It's going to have a much bigger glucose spike for me.

And so one of the things I've learned, particularly working with women in midlife, is, you know, we can eat an earlier dinner when we are relatively more insulin resistant at night and, you know, and shut it off.

So I eat dinner and then I don't eat again until breakfast the next day. So I'm a big proponent of circadian fasting, where I like the 12 to 14 hour fast earlier in the evening and then and then hit it in the next morning.

And as I've looked at my own end of one CGM data, my always my optimal range is anywhere between 70 and 105mg per deciliter. It's a really that's a tight range.

And I when I when I follow that when I'm mindful about what the day. But ultimately I don't eat after six, 630 at night and you know moving throughout the day.

I'm moving after meals. I can keep my blood glucose in that tight range. And so those are the the recommendations I'll make, and probably my favorite longevity hack that I've been following for the past several years is to move as much as possible whenever possible, but most importantly, after meals.

And if there was one meal I could choose, it was always going to be dinner. Yeah for sure. So circadian fasting. You're eating your foods during the daylight hours.

And we know that during the daylight hours you're more insulin sensitive. And as the sun sets, you become more insulin resistant. So your body has to produce more insulin in order to get the sugar into the cells.

And as you're producing more insulin, you're also blocking fat burning that insulin is going to stay elevated in your bloodstream for a longer period of time, and it's going to block your ability to burn fat.

It's also going to going to promote more inflammation in your system. And so it sounds like a great idea. And then of course, the movement is such a key factor for getting that glucose into the cells.

Right. Your as you move your, your muscle tissue actually produces this glute for protein receptor. That or protein compound that helps come out to transporter and helps pull glucose into the cell like a almost like a sponge kind of a track or like a magnet attracting it without insulin, without insulin.

So you need to produce less insulin. So yeah, some great strategies right there. What are some other good strategies you mentioned. Obviously the circadian fasting.

So let's say eating from like 8 a.m. to 6 p.m. as an example. Kind of like what you're doing here. And then what are some other good you mentioned a protein centric breakfast.

Can you talk about like how you set up your meals. Absolutely. So I'm a big so my the way that I talk about meals is really metabolically healthy meals.

That's always what I'm thinking about. But particularly with women in midlife, which is a lot of us out there am also mindful about, you know, again, maintaining that lean mass and helping to build lean muscle.

And so I'm a big fan of a minimum of 30mg per 30g of protein at breakfast, closer to 40 if you can, because I'd love for women to hit that leucine threshold out the gate.

And I thought, you know, if there was a I'm thinking about my own personal motivation. And, you know, if I'm trying to hit protein numbers, let's say it's one one gram of protein per pound of lean body mass.

You know, I'm probably going to have a better chance of hitting that if I really start my breakfast or my morning routine strong. So my goal is always 40 40g of protein out the gate, and then supplement the rest of the 110 throughout the day.

And you mentioned leucine threshold. Leucine is a branch chain amino acids primary stimulator of muscle protein synthesis. And so that means muscle growth right.

That's so key in muscle rebuilding in our system. It's roughly I think you know it's going to depend on the person's body. The body. Yeah. Right. Slimmer leaner women like under 125 pounds probably about 2.5g or so.

And then, you know, around 150 pounds, around three grams. And you could just say maybe every 25 to 30 pounds, you're going to have to add about a half a half a gram and roughly about.

Protein, Strength Training, and Muscle Preservation

Most proteins other than like collagen or bone broth protein are roughly around 10% leucine. So if you get 30g of protein, three grams of leucine, if it's from eggs or steak or some sort of muscle meat, it's it's going to take animal protein or, or even plant protein, it's going to be roughly about 10%.

So that's kind of what you're referring to there. Yes. So yeah. So I'm always like, gosh, if I hit the 40g, whether it's a bone broth protein or a way protein or it's, you know, it's or it's hamburgers from the night before with eggs like that's a guarantee I'm going to hit that threshold so that I'm really, you know, and then obviously you need this you need the stimulus to you can I mean, that we can't build some muscle with just eating protein.

But then I want, you know, I obviously want women, men alike to be lifting heavy weights. That is the name of the game you want to stimulate. And with the loss of estradiol, that stimulation is much more critical.

It's easier with estradiol because there's satellite cells that estradiol helped to bind to that allows for that muscle protein synthesis. But as we lose estradiol, we really have to stimulate those muscle fibers to build that lean muscle.

And also you need to have the substrates to actually build that lean muscle with. So for me and a lot of the women I work with when it comes to weight, but most importantly, staying strong and having longevity, you know, hitting those protein numbers in the morning where we're in a more thermogenic state makes the most sense.

And that's where I see some not only muscle gains but also weight loss. Yeah. So hitting your protein and then also lifting weights. Now lifting weights is so key.

Especially if we're talking about longevity. We know sarcopenia or muscle losses a huge risk factor for all cause mortality and mortality. Right. So ending up with a chronic disease or ending up dying.

And so it's so important that we preserve that lean body mass. And as those hormones go down it becomes harder. So we need that stimulus like you were talking about.

But a lot of women are worried about building too much muscle, right. Getting too bulky. Oh, I wish I wish it was. I wish it was that simple. I will say that muscle gaining muscle mass probably one of the most challenging things to do in our health journey like it is.

I want any woman to hear that. Like you have to work for it. And it's amazing to me how hard you got to work for it as you get older. It is nowhere near as easy as it used to be, like even five years ago.

I will tell you, it was a lot easier than it is today for me. I did a big leg workout today and man, I just it takes months and months and months of consistency to build any muscle to be honest.

What are some of your favorite exercises and imagine compound exercises. What are some of the things that I train for life too. So a lot of presses and I'm lifting my son.

You know, my little you know, I'm trying to throw the I'm only five foot two. So even in shoes, maybe five, maybe five foot three on a good day. But I want to be able to shop, put my luggage into the overhead compartment like people always want to know what I'm like.

I got this. Okay, let me just let me throw this thing in there with a with a baby with a four year old in one arm. So yeah. So I would say a big one I would say a lot of so RDL they do a lot of presses, a lot of bench press and also, you know, shoulder press I would lunges.

Yeah. A lot of like a lot of compound movement where you're actually lifting for life would be the direction that I would recommend. And that's where you get the best growth hormone testosterone stimulus.

And we haven't talked about testosterone for women, but so key for especially for building muscle mass libido, things like that. Brain health, brain health. Yeah.

But yeah, those compound exercises, deadlifts, squats. Right. The larger muscle groups, that's going to help stimulate more of that. Yeah. And then and then movement I mean I think you got to get that in.

And it's just kind of a necessary I don't know some people love it. Some people it's a necessary evil. And that's just something you got to do. But then I also believe, you know, I think about the blue zone centenarians or who are just moving constantly and that's, you know, there's no gyms, there's no lifting of weights, there's just a lot of movement, movement in life.

And so I always I want to embody that as well. So I'm always thinking about ways I do a lot of exercise snacks. So after this interview I'll, I'll, I'll do a little mini hit training where I'll knock out some jump squats, some some a little bit of plyometrics, I'll do some mountain climbers, I'll do some push ups, and I will knock out a circuit in like five minutes, just enough to get my heart rate up, enough to move me into probably zone three, give or take.

Again, do move those fast twitch muscles. I also want I want women and men. I want us to all have power, you know? So if my son is falling off of something, or I need to snatch him up from whatever it may be, I have the ability.

I've got that power. And so not only do I want, I would. I think strength is such a big player here in terms of longevity. But it's also power. So fast twitch movement. And so I train.

I do believe even, you know, again, multiple times a day, three times three minutes in a, in a sitting. Not only do you get your blood sugar, I talk about a way to get your blood sugar.

You know, it might tiny spike, but it's going to it's going to equal out, you know, more again more resilient, but also to create again that longevity.

I'm always thinking, how am I going to train for life? How am I training to to do the things I want to do in 20 years from now, not just in five years from now?

And so that's always on my mind. So I'm building I build a lot of movement into my day, whether it's walking outside said, I get that sunshine and that cortisol awakening response in the morning, or it is fast twitch movements like plyometrics and hit training.

Whether it's sprint training, I don't do that very often, maybe a couple times a week, or it's lifting weights. Like I'm always thinking about ways like, how do I move?

How do we move our bodies in a way that we are building resilience for the future? Yeah. Sounds like you have a good plan. There they are. Our ancestors walked, on average 5 to 8 miles a day.

Most Americans are not even walking a mile a day. So yeah, under under 5000, 5000 steps. Yeah, we got to pick it up for sure. I always recommend getting at least 10,000, at least 10,000 and track it.

I mean, we live in a time where we have all we have all this, this ability to track. I have a strap on right now and they just added step tracking. And I love it because I love I love the body score.

I love the sleep. But if I had to choose a wearable it would be it would be a continuous glucose monitor. Yeah, that would be my favorite. Now you mentioned sleep there.

So as women are as melatonin is going down, melatonin is our major sleep hormone. But melatonin actually is also our it's an anti-aging hormone. It really helps clean up the mitochondria and protect the mitochondria for optimal energy production.

So melatonin is key. What can women do to help optimize melatonin. They're still producing and have good sleep one eradicate stress. It's going to need. Just kidding.

Yeah right. Pretty impossible right there be impossible. But I think yeah I mean there is a there is a level of being mindful of being of stress, you know, especially in midlife where our stress tolerance isn't what it used to be.

You know, I would say that we're talking about, you know, testosterone and estradiol and progesterone and maybe even growth hormone in cortisol. It's a big part of our circadian rhythm along with melatonin.

And and, you know, melatonin has a really difficult time doing its job when cortisol is very deregulated into the evening. And so, you know, there are mindfulness practices that I believe can be really beneficial to us.

Again, even walking outside or dance parties, I mean, movement can be a part of this, but anything that helps you to kind of relieve some of that stress heading into the evening, I think is important.

The other thing is having really great sleep hygiene. I know nobody wants to hear it, but I am. I always say, treat your sleep routine like it's $1 million meeting.

So every now and again, my husband will come to me with a work related question after my son went to bed and it's my time to go to bed. And I'm like, are you? Are you?

Is this $1 million question right now? Because if it is not, you can bring it up to me tomorrow morning. And so I'd say protecting that routine. And, you know, for some of us it's about getting a little bit more discipline.

So my once my son's in bed at eight, I've got a half hour. I basically I start taking supplements. I always anchor my super teen to something physical.

And so it's my supplement routine. It's, you know, it's magnesium, it's some systemic enzymes. I have a whole little protocol. And so I'll take those.

And that's what really kicks off that routine. And then I'm very, very disciplined about it, particularly making sure that everything's cool enough in the room that we have.

All of our rooms are completely blacked out and dark.

Sleep, Melatonin, and Progesterone Support

My phone is put away. I have, you know, I have a book to read. And so I really want to make sure and I honor my circadian rhythm by ensuring that I go to bed at the same time every night within about, I would say 15 to 20 minutes.

But then more importantly, I honor that by waking up at the same time every single morning. So even if I go to bed late, like let's say for whatever reason, I decided that I needed to stay up a little bit longer than I was supposed to.

I still honor my wake up time so that I can keep my circadian rhythm running. So that's one of the ways that I really honor that process and honor that melatonin is being released when it needs to be released.

The other thing that I love for women in midlife to help support melatonin is considering bioidentical progesterone as a supplement, especially if you're cycling in the second phase of your cycle.

When we would make it, there is a you know, there is a deep connection between progesterone levels and melatonin levels. And I think that there's that correlation of them dropping has something to do with progesterone as well.

And estradiol really a lot of how the brain is changing at that time, I believe it's like 67% of women in midlife suffer from sleep issues. And it's I mean, we can see on a chart that melatonin is dropping pretty much at the same time as progesterone is when we look at hormones across the board.

And so if you're really struggling, especially that second phase of your cycle with sleep issues, like that's when it really pops up. Am I recommendation is to consider trying if supplements aren't working, adding in progesterone to kind of help ease some of those sleep issues that you're having. I find that's good.

What's a good dose for women if they're going to try that? What's typically a good dose obviously. I mean you and I would both recommend working with practitioner on that.

What have you seen for you know, being average dosage I think 200mg. I personally like rhythmically doing it. So I like to follow the way that progesterone would really would be working with my cycle.

So I normally if I'm recommending it and again, you want to be working with a practitioner, I start at 100. I moved to two. Sometimes women need to go up to three kind of around peak progesterone.

And then I would I would step it back down to two and then one right before your cycle. Because that's how progesterone does work in the body. Did you do it in divided doses? Would you do it at night?

How would you dose that. So it depends on the person. So if it's just a sleep issue and just general wanting progesterone support I would do it at night.

But if women are exhibiting severe anxiety or panic attacks, major stress stress tolerance issues, I would usually recommend, you know, I would split it, let's say 200 at night, 100 during the day, or 100 at night, 100 during the day.

It just really depends on what the symptoms are like. If it's mainly sleep, then I would I would really stack it at night and I wouldn't go any higher than 100 during the day, because 200mg of oral progesterone can be very sedative like.

And so I would really be mindful about that. Yeah, it's really good to know. Now you've also written some books on essential oils and how they impact hormones.

What are some of your favorite essential oils to use and how do you like to use them for sleep? For stress? What are we talking about? I mean, you know, sleep and stress would be a great place to start right there.

I mean, most people would love better sleep and better stress response. Yeah. And, you know, we were talking about supplementation. And not to say that melatonin can't be supportive, but I think it's worth trying some of these other things out.

I think even progesterone can be even more supportive than bringing on melatonin. And so I know there can be a lot of controversy around that. And if you do decide to do melatonin, I would just start at a very low, low dose, like one milligram at the most.

But I would anchor to essential oils. So besides my supplements I anchored to oils as well. Like we put lavender on my son every night before it goes to bed.

And I think about like, I'm so grateful to be in perimenopause when I have such a young child, because I think about how routine his nighttime routine is.

It is consistent. Like we don't deviate. I'm sure it's for your kids too, right? It's like they know it. Baths, brush your teeth, pajamas, reading, cuddles, you know, essential oils with pajamas.

And so I think at the same thing, I'm like, why aren't I anchoring to a routine every night? And so I love I love like lavender, jasmine, cedarwood, clary sage, anything that's calming.

Roman, camomile. You could have it in diffuser. You can make it in a roller. But what I love about scent is that it anchors our nervous system, or even our limbic system, to calm, to being calm, to being relaxed.

You know, it's almost like you're sending your brain a signal like, hey, it's time for bed. This is the scent for bedtime. This is the scent to turn it off and to go to sleep.

Because, you know, as we get older, it's a lot harder. We don't just shut it off, you know, you can't just run into bed anymore. You got to, like, really, you know, kind of.

You wind yourself down for stress. I love a lot of different oils. I think you got to find what really resonates with you and carve out a moment. So I think for all of us, transitions can be hard.

Essential Oils for Stress Relief and Better Sleep

So if you're coming home from work and you've got to put on the parent face, you've got to you got to shift gears. I think taking a minute or two, having an oil like lavender or citrus oil like wild orange or grapefruit, something that feels good to you, something that can offer a state change.

So I think so often when we're in the mess of things, whether it's we're feeling stressed from work or we're feeling stress from something that we had to finish, or maybe it was a really intense conversation.

It can be hard to shift into that next, being a gentle parent or, you know, showing up the way that we want. And so I love I love scent as a way of kind of resetting the stress response system, resetting the limbic system and giving us a state change.

I would say with the essential oils, you can choose your mood, you can choose how you want to feel. Most of us are choosing to feel more peaceful or more joyful, and so picking an oil that helps you to feel that way, that shifts your state.

It can happen in a matter of seconds. And so I think, you know, more so that it is the reminder of, let me take this moment, this one minute before I walk in the door, this one minute before I leave the office to reset my state and let me use something to anchor myself to that which is like a scent, right?

That's, I don't know, anything that works faster than a scent made me movement. Maybe. Like you put on your favorite Whitney Houston song. I don't know, Beyonce.

And like you, you know, maybe that works for you, but I find that scent works a lot faster. Yeah, that's great advice. So this has been a great interview.

Give it so many great nuggets here. And so guys you can check out. She's got a couple great books all about these essential oils. She's got the essential oils menopause solution and the essential oils hormone solution as well.

Check out our website doctor Marissa. But with the Z Ma. And also you can follow her on social media as well. Any last words of inspiration here for our audience?

I would say, you know, anytime you're thinking about making these changes, you know, one at a time, but also with, I always imagine kind of my vision self, my future self and how she's living that life and how she's feeling in the future.

And just remember that all of these different strategies and habits are really about creating the Beautiful Life game that we're creating. And so anytime I am doubling down on whether it's balancing my blood sugar or getting a better sleep routine or eating from my brain, whatever that may be, I'm always imagining myself in the future, living that way, operating that way, and feeling so amazing in that.

And so just note that all of this is really just a part of you living a beautiful life, not only currently, but later in life, and that it's those little things every day that compounds towards that that North Star in future.

Well, I love that guys. Again. Check out Marissa, check out her website. It is Doctor Marissa. So check that out and it's time to go live a beautiful life.