Navigating Irregular Cycles: Causes And Solutions Transcript

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Introduction and Guest Background

Welcome to this episode of the PCOS SOS summits. I'm your host, Dr. Felice Gersh. With me for this episode is a long time friend of mine, an amazing natural doctor, naturopathic doctor, who is also a women's health expert, Dr.

Katherine Maslen. Welcome. Thank you so much. We're going to talk about periods, but first, I want our audience to know something about you and your journey into dealing with women's health issues, because this is such an important topic for us women.

So I think for me, I've been practicing for 15 years now and I actually built my career early on and my patient base on doing workshops on PCOS, endometriosis and fertility.

And 15 years ago we didn't have the Facebook ads and the stuff that we do now. And I used to put posters up in bus stops and the like with the little fly, like tear off fliers.

And I used to host them in local libraries. So PCOS has been something I've been interested in for a really, really long time. And what I've observed, even in the last 15 years, is that the cases that we're getting are increasing, but they're also a lot more complex than they used to be.

And I'm finding with women's health issues, there's just more and more stuff coming out of the woodwork. And as I think we were having a little chat before we jumped on, a lot still needs to change.

But certainly we're seeing a lot more awareness around what's going on, too. Well, one of the fun things that happens when we deal with each other is we're from different parts of the world.

Maybe tell everyone like, where are you right now? We talked about our time zones before we got off. And so I'm in Brisbane, Australia, and it's quite warm here at the moment.

So even though it's winter, we're kind of in the north of Australia. And yeah, so I've got my practice here, I've got a multi modality clinic here, but our business also helps patients worldwide.

So we have a lot of conversations with clients in the US and I think Australia and the US. Our health situation's relatively similar. Perhaps in the US it might be a little bit more dire in ways because your health insurance stuff.

But certainly there's a lot of similarities around the way doctors practice and the culture around health care in this country. Well, certainly it's really important for everyone out there to know this is an international worldwide problem epidemic of women having PCOS.

And absolutely, the numbers are not just being counted a little bit better now, but also really the numbers are increasing.

What a Healthy Menstrual Cycle Looks Like

And we know one of the Hallmark findings when we look at the definition of PCOS now, the definition came from a committee of doctors. Right. And the definition includes in virtually every case, you know, and many people feel like this is really essential to making the diagnosis is is having something gone awry with the menstrual cycle in some way?

Typically, it's irregular or maybe it's just gone. You're not having any periods at all. So I'd like you to tell our viewers something about the menstrual cycle, because I don't think it's really appreciated or understood by most most women as to its importance or why we even have it.

Yeah, and I think I don't know about that, but in Australia it's not really understood and appreciated by a lot of doctors as well. And you can see that in the way that that lack of education, in the way that they test and analyze hormones and things.

So I think the first thing to talk about is that as women, we're very, very different to men. Men don't have a lot of ebb and flow when it comes to their hormones.

So as women, we have this symphony of hormones that ebbs and flows throughout the month. And because of this symphony and the way that things changes, it's very, very easy for it to be thrown off kilter by other things in our life, from stress or nutritional deficiencies or whatever it is.

So I think the menstrual cycle, it's one of those things that when it goes off track, it's giving us signs that the rest of the body is potentially having issues as well.

And there's other areas that we need to take a look at. So what we need to understand with the menstrual cycle is in order for it to be regular, our body has to feel like it's in a sense of safety and our other cycles in the body need to be functioning well, too.

So for example, the circadian rhythm and our sleep wake cycle will knock off our menstrual cycle. So on a very basic sense, our menstrual cycles can come off track.

And in the case of PCOS and some more other severe hormonal issues, it can go quite badly. The other way and it can take a little bit of work to get it back.

So I guess let's start with talking about what is normal, because a lot of us didn't really grow up learning about the menstrual cycle and what it means and what's healthy and what's not.

Now, if you look at a textbook, you'll see the menstrual cycle is about 28 days and that would be, let's say, a textbook cycle. But anything in between kind of 25, 26 days and 32 days, in my opinion, is normal as long as it is regular.

So let's say you have a 26 day cycle, and that's what it is every month, give or take a day. I would consider that regular. However, if you have a 26 or 30 or 32, a 28, I would consider that to be a little bit irregular.

So we need to think about what is causing the length of that cycle. And in a healthy cycle, what will happen is we'll have our follicular phase. So the first half of the cycle where your little eggs are developing and everything is growing, you'll have a trigger of ovulation.

And in most women and in most cases, once ovulation occurs, we're going to get our period two weeks after that point. And it's at that point that the body goes, okay, there's no pregnancy here.

Maybe we need to start this cycle again and and redo that cycle of reproduction. So anything that's outside of that regular that regularity of having that cycle every every month or every 30 days or whatever it is, you would be considered a regular.

And of course, we go to more extremes with PCOS, where we also will get women having a cycle every six, eight, 12 weeks, every six months, or potentially not at all, where they click into amenorrhea and they're not even bleeding whatsoever.

So our menstrual cycle is one of our vital signs of health. It's a really good indicator that if it starts going a little bit weird and a bit off kilter, we need to really look at what the reason for that is.

I think a really classic example of that is when we travel internationally and then our cycle goes weird or we miss a period and that's just your body's circadian rhythm and even just the stress of that international travel messing with the menstrual cycle directly.

So anything outside of that normal is a reason to get things investigated and to really think about what might be causing that for you. I love that you told everyone that it is a vital sign.

So let's think about what are some of the things in general that can cause a period to become quite irregular? And with PCOS in particular, what are some of the reasons why women with PCOS end up with such, you know, unhealthy irregular cycles?

I think there's two main reasons that cycles can go awry, but one of the biggest ones is stress at the core of it. And that is because when we're under stress and chronic unrelenting stress, our cortisol, our adrenalin is always high and our stress hormones do interact with our reproductive hormones.

So when our sleep wake cycle, which involves cortisol, melatonin isn't functioning well, that can definitely impact our menstrual cycle to the point where they've done studies on women with irregular cycles and studied them and put them to bed at the same time every day and waking up at the same time every morning and exposing them to bright light in the morning.

And it's actually changed the length of their menstrual cycle.

Why Periods Become Irregular in PCOS

So something as simple as the circadian rhythm being out will definitely impact our cycle. Then you look at the thyroid gland, which is also part of that symphony of the endocrine system.

And so when the thyroid gland is dysfunctional, that also will impact the menstrual cycle and how that works. I think another really big one and not so much from a PCOS perspective, but from women who are losing their periods and not getting them very often is just simply not having enough calories and having enough fat to make those based hormones.

So they may have a very low body fat percentage that cholesterol and triglycerides may start reducing. And as a result, they have very low hormonal production.

I say this a lot in people that do a lot of really high intensity interval training in combination with things like a ketogenic diet or a low calorie diet where they're really trying to reach that peak performance, yet their periods don't come.

A good example of that, I guess, is when teenagers are really into gymnastics or sports and they may have delayed menstruation or issues with their menstrual cycle when they're in those younger years.

But there are so many other things that are messing with us as women, right? So we've got stress, we've got thyroid, we've got hormones. And then we also have environmental toxicity that we're constantly fighting.

And nearly all of the chemical toxins in the environment, not nearly a lot of the chemical toxins in the environment. Endocrine disruptors ends in our estrogens, so they are directly binding without estrogen receptors and they're messing with our hormones.

And we know that things like phenols, phthalates, parabens directly impact our hormonal function and increase risks of issues like infertility, endometriosis, PCOS and these hormones are exposed to hundreds of them every single day.

And in countries in the West, our homes are full of them, you know, the fragrance. So we have our air fresheners, we have our scented candles, we have our shampoos, our dishwashing liquid, our laundry powder, pretty much everything that smells nice in the home is has a potential to disrupt our hormones.

And when we talk about these type of toxins, it can be just really hard to fathom because they are studied individually. But we don't really know the impact of having hundreds of different chemicals on us every day.

But what we do know is that infertility is on the rise, both male and female. We do know that we're seeing more PCOS. We do know that we're seeing more endometriosis.

And then if we go down to PCOS specific pathway, it's really looking at dietary stuff. So what's going on with our diet? Are we having too many carbohydrates, too much sugar, not enough protein?

And the Western diet is really setting us on a pathway for PCOS because we do have a lot of carbohydrates. So we might be having it's not uncommon for somebody to have toast or cereal for breakfast, sandwich for lunch and pasta for dinner and all of a sudden your body has to deal with that carbohydrate load.

So many, many, many things that control our menstrual cycles as women. But for me, they're the biggest ones that I see. Well well, that's certainly a lot for people to take in.

And women with PCOS have this added burden of androgen excess. So maybe you could touch on what does that even have to do with a period? Is that just a separate unrelated thing?

Is that related to the periods? If we can lower the testosterone, will that impact the period or you know what's going on with that? If we even know. Oh, it's complicated because of the complex issue of the female body.

Right. And we think and this is where often people will talk about, oh, I have estrogen excess or I'm progesterone deficient, but that type of diagnosis on its own, it doesn't mean anything unless you look at the context of everything that's going on.

And this is where it gets a bit interesting because testosterone isn't one of the primary hormones of the menstrual cycle. So what happens is we have this high testosterone and insulin resistance that's coming up in PCOS that can then impact luteinizing hormone levels.

We end up with high luteinizing hormone and that is what stops you from ovulating and PCOS, right? So there can be this complexity where one thing impacts another impacts another.

And this is general criteria for PCOS, where there's the androgens, there's the insulin resistance and the blood sugar component, but they can be different presentations as well.

So you can get some women where that estrogen can be really high. Some women, the luteinizing hormone is the biggest thing that we need to work on to bring that down.

And then other women will have these symptoms of PCOS and their cycles relatively regular. So it might be a little bit off kilter, but they're still menstruating.

So we really need to think about what does it mean for that each individual woman. And I think PCOS is a really good condition to teach us about the synchronicities in the body and how we need to look at the body as a whole and look at the landscape of everything that's going on.

What are all the parts that make you you that are relevant to your piece of the picture and I know you cover this in your book really well, too, is really educating women on, you know, really understanding that there may be all of these different parts and which ones are going to be most relevant to you.

And that's where with PCOS testing is really important and testing is really important because PCOS can be misdiagnosed as well, which, which you would see a lot and a lot of doctors that don't have a great understanding of things may diagnose someone with PCOS potentially even without doing any blood tests.

I see that happen all the time, but as we were talking about earlier, it may be that you're hormonally deficient rather than excess, and that's why the cycles are going weird.

So we need to really understand the whole picture. I'm so glad that you brought up the point that PCOS is a

syndrome. It's a variety of causation and presentations.

And so you really do need to do testing and evaluate like what is going on because you have to rule out. I always talk, it's a rule out. You got to rule out other things like relating to the adrenal gland that can be very dysfunctional or tumors of the ovary and so on.

So that's really an important takeaway message. Now, you did bring up diet a few times, so I know that what's very popular now is, you know, issues involving time restricted eating, integral fasting.

Does that have any impact in your experience on the menstrual cycle? And does when you eat matter as much as what you eat? What about that sort of idea?

You know, real issue. Really important conversation. And I think we spoke about this on the shift and I spoke about it with a few other of the guests as well.

Because when you look at research on fasting and intermittent fasting, most of it's done on men.

Diet, Fasting, and Nutrient Deficiencies

So when we look at this research that's been done on men and translate that to women who are cycling, have very, very different physiology, sometimes it doesn't check out.

And with fasting, it's such a there's so many different ways to do it, right. So for some people, even fasting might be between dinner and breakfast, break for breakfast, it may be that that's their window of fasting, right?

And then they're eating their breakfast and they're doing good things. And then for other women, they might find it's beneficial to push that out a little bit and eat a bit later in the day.

I don't think there's one recipe for everyone here and myself to noticing with my diet. When I'm doing intermittent fasting, there's times in my life that it works really well for me and there's times where I know that's just not the right thing to be doing right now.

So if I'm under a huge amount of stress and pressure and I've got a lot going on, I'm like, This is a breakfast day. This is a breakfast time. This isn't a time where I'm going to extend that fasting window, too.

So it is important to understand your own physiology. And I think a lot of the issue is we're not really taught to listen to our bodies and to really be our own advocates and understand what's going on.

It's sort of like we've been brought up to do the opposite head in the sand, listen to the doctor. No real understanding of what's going on for us. So when it comes to diet, we do need to really understand these nuances, particularly when it comes to fasting and calorie restrictions.

A really big one. There's some really interesting research that shows that when you calorie restrict at certain times of the cycle, you put on weight rather than lose it.

So you've got to understand that sometimes the body will think it's in starvation. Like, I'm not getting enough, you'll eat the next meal, it'll be like, Well, I'm going to hold onto this because food is scarce at the moment, so it can be counterproductive.

We think maybe if I eat less calories, I workout really hard, then I'm going to lose that weight. And as we know with PCOS, for some women, the weight loss part of it is really difficult because of the hormonal things that they're fighting against.

You know, when there's insulin resistance, so it's fat cells don't want to let go easily. They want to stay right where they are. And particularly for us as women, as we're getting into our thirties, forties, it's difficult for things to shift.

We need to really think about what diet is working for us. And then of course, if we're looking for a diet from a PCOS or just a healthy menstrual cycle perspective, our body needs things to manufacture those hormones.

It needs things to be able to work well. And one of the things that a lot of people are lacking in their diet are healthy fats to manufacture hormones out of.

And particularly it's changing a little bit. I think people are becoming a lot more aware. But we have been living in a low fat culture for a lot of decades now where fat was the enemy and low fat everything.

And there's still a lot of people who abide by this. But the consequence of that is that we are going to have impaired hormonal production. And for a lot of my fertility patients, you know, they are in this sort of low body fat percentage.

This cycle is a flagging and we need to build them up and we do need to really change that macronutrient component of their diet. Now, from a insulin resistance perspective, as I mentioned, we really need to think about carbohydrates and the type of carbohydrates.

And I don't think carbs are the enemy. I think that they can be a really important part of the diet. It's just the carbs that we are eating as modern humans.

They're just not what they used to be. You know, even weight's not weight anymore. It's so highly refined, so highly processed, so full of pesticides and glyphosate that we eat this food.

And it's what I would call almost like a nutrient in rubber. So for instance, if I'm eating a slice of white bread in that grain that it came from, on the outside of the grain, you would have chromium B vitamins, you know, some of those minerals that are really important to break down the carbohydrate inside.

But if we take it from that and we're just eating that middle carbohydrate component, we still need to break it down somehow. And your body will take the chromium, the vitamin C, the magnesium, bauxite, whatever it is from your body in order to break that down.

So that's why I would call these nutrient rubbers. So we really need to be conscious of when we're eating. Are we putting nutrition in or are we eating things that are actually taking it out of our body, which is totally counterproductive to what we want to get done?

Well, talking about nutrient robbers, it made me think of a pharmaceutical that's given to the vast majority, at least in the United States, of women with PCOS and that or birth control pills, oral contraceptives.

And most people don't know that they are nutrient robbers and they have well, they have an effect on your cycles. And most people I find don't really understand what birth control pills do.

Often I hear my patients come in and say they went to another doctor, they got birth control pills because they regulate your cycles. So maybe you could tell our audience what exactly are birth control pills doing both to your nutrient status and also to your cycles?

So it's interesting because people are put on birth control often to regulate their cycles, but it is hormone replacement therapy. And if you look at the ebb and flow of the natural menstrual cycle and the changes that occur with estrogen, progesterone luteinizing hormone, follicle stimulating hormone, when you look at someone on the pill, it's flatlined across the board.

Nothing's happening. So they are in this sort of almost like a menopausal state in a way. Yeah. Whereas with everything is really down regulated and in that state it's not repairing.

It's almost like can be pressing pause on things, but it's a real problem for women. And now I know that some people need to be on the pill and it can be an absolute essential.

So I don't want to be shaming anyone or saying you're doing the wrong thing, but I do think we need to have more education about what it is and what it actually does in the body.

Because, as you said, Felice, it is a nutrient, rather it smashes really every single nutrient in the body zinc, vitamin C, magnesium, most of the B vitamins.

So if you have a look at the research on it, it does actually really deplete women and leads them in. Not a very good state. And I'm not exactly sure why that is.

I'm not sure if you know. But it must be something to do with the metabolism of it and what the body has to do in order to make it work. Because, of course, these hormones, they're not the same as our natural hormones that we would produce.

They're not they're not our natural hormones like progesterone and estrogen. There is a kind of synthetic version of them. So they're not going to behave in quite the same way in the body and they're not going to have the protective effects that natural estrogen and progesterone will in the body.

One of the conversations I think that's important to have around the pill and other forms of birth control is its impact on mental health as well. So really understanding that for a lot of women it can cause anxiety, depression and you see this so much where women will be put on the pill and they're not aware.

And then maybe a couple of months later they start feeling sad, like, I know I'm just feeling low or I'm feeling sad. And they get into this depression and they go and see their doctor.

Six months later and they put them on an antidepressant. Okay, so now you're on the pill, now you're on an antidepressant, and a lot of this awareness just isn't really there.

So when it comes to PCOS, it's such a treatable condition. You probably feel the same feelings with the people that you're working with, but if you know what to do, I find it actually quite a response to being titrate by working with diet, working with lifestyle, using specific herbal medicines, because everything in PCOS is measurable.

So we can have a look at your insulin resistance, your testosterone, the luteinizing hormone, the estrogen, and we can constantly test those to see if we're tracking in the right direction.

And of course, you have the cycle as a sign of health to show that we're tracking in the right direction, too. You do have to be a patient. So we say like you're not called a patient and nothing in PCOS because it does take around 12 months to really start getting headway in most patients.

But you see the signs coming in, you see the periods either begin to start or the hormones are trending in the right direction. And if you track people's blood tests, you can see the moment where things are going to go okay for them.

So they are the pills and interesting conversation. I think it's just one we just need to have more.

Birth Control Pills and Their Effects

People need to be aware and if they need it, they need it and it is not causing you problems. That's great. But a lot of women are on it thinking it's going to be their savior.

And then the 35, they decide they want a baby. They come off it. And then, of course, that period doesn't come back because they still have PCOS, so they still have the hormonal imbalance there or that they've got post pill amenorrhea because they've been taking birth control for 20 years now.

I think that's, like you said, a really important discussion that there can definitely be a place for the use of birth control pills for some women, especially if they're like hemorrhaging and you just got to control the bleeding or if

there's certain circumstances that they really have to just deal with their irregular cycles right then and there.

But our goal, both yours and mine, is to try to repair and get the period to become healthy as a sign of a healthy, functioning female. Because it's, you know, ancient gods used to say fertility gods are so important to to pray to because they understood the importance of fertility.

And that's really what is the menstrual cycle is about fertility, but not because you always want to have a baby. Of course, if you do, that matters. But as a sign of health and birth control pills, I guess the message is it's not really fixing your period.

It's just replacing your period with these chemical hormones that can give you a regular bleed. But it's not like you're ovulating. You're not actually having natural hormone production at all.

So I guess that's a really important takeaway. I'm so glad you explained all of that so well. And now let's look at you said all these different things that can affect the menstrual cycle in women.

So let's look at some solutions like for each of these things, some of them you've already touched on, like if we start with sleep. So sleep is really important.

That's part of regulating your circadian rhythm and light. So is it important what time you go to sleep? How much sleep should a person strive to get?

And what are some signs that you're getting an adequate sleep? Hmm. So sleep's a really interesting one because it just underpins everything. I think what a lot of people don't realize is we do a lot of our healing while we sleep, while we're awake, we're busy being awake and staying alive.

But while we sleep, our body really gets the chance to balance hormones, regenerate a lot of our anti-aging stuff. Our detoxification is happening while we're asleep at night.

And what the research shows is between the hours of about 9 p.m. to 1 a.m., that's when we're getting our most deep restorative sleep. So if people are night owls and they're staying up until 11, 12, 1:00 every night, it can actually interfere with this with the sleep wake cycles and your deep sleep and your deep restored sleep.

So I think one of the most important things we sleep is not fed to light, so we want to be going to bed by ten ish, ideally, and then waking up at the same time every day.

So we don't want to go to bed at ten one, not 11 the next, waking up at four or five six. The body doesn't like that. We're very cyclical creatures, humans.

We do like to have these cycles be regular in our lives because as I said, that circadian rhythm, the cycle of that will then throw out the menstrual cycle.

So we need that's really core and what we're wanting to get done. So signs of a good sleep is I fall asleep easily, I sleep through the night, you may roll over once or twice, but it shouldn't be a big deal.

I wake up feeling like I've had a good night's sleep and dreaming as well is another sign that we're getting into the deep restorative sleep that we need to.

So you're not dreaming. And I know a lot of people will be watching this and going, That's me you will find by increasing your body, vitamins can up the dreaming.

But also it is just working on that sleep wake cycle and getting a really good quality sleep. So if you're waking up every day and you don't feel like you've had a good night's sleep, most likely you're not getting a good night's sleep.

And I know a lot of people use Apple Watches and Fitbits and things like that, and I think they're good. But I do find that people will change their perception of what they're doing based on them.

So they might say, Katherine, I'm waking up eight times a night, but they're waking up feeling great. They're not noticing that they're waking up, but this device is telling them that they're having a bad night's sleep.

It's kind of interesting. I just don't think the technology is quite there to be completely accurate a lot of the time. So it is, you know, how do you feel?

Do you feel like you've had a quality sleep? Are you feeling good when you wake up in the morning? So sleep is something that we need to be getting any less than seven is not right.

We want to be aiming for about seven and a half, 8 hours as women, particularly if we're trying to heal, we're trying to get things happening. I find that if the stress is very low and if our nutrients are really good, let's say you've gone on a holiday for a month and you've been eating great food and feeling amazing.

You may find you get by on less sleep, but our body does have that requirement of 7 to 8 hours and a lot of us, we're just not getting it either by choice because we're staying up and we're doing stuff or just because it's disturbed.

It's taking an hour to fall asleep, or you're waking up during the night and you can't fall back to sleep. So that's the foundations. When people come to see us at the shift clinic, it's always got in sleep.

The two main things that we're looking for before anything else, because if and I see a lot of patients, they're searching online and they're taking their PCOS supplements, but they're not dealing with the stress component.

It is like pushing crap uphill if you don't deal with your stress in sleep and you're trying to deal with hormonal imbalance. So that's a really, really important component.

So the biggest things that will throw people's sleep out stress, it's a sleep white cycle. I'm stressed and then I sleep and then I don't sleep and I'm more stressed and more tired.

And we enter this vicious cycle or caffeine intake is another really big one as well, which is like internal stress, right? We have a cup of coffee. It makes the adrenals produce cortisol, which is telling your body I am in stress.

Sleep, Melatonin, and Circadian Rhythm

So if we're having too much caffeine, particularly later in the day, it will impair your sleep. And I would say if you're not sleeping well, I would recommend cutting caffeine out completely for a period of time.

And that includes tea, coffee, chocolate, dark chocolate. Oh, I totally agree. Some people have a really long metabolism to get rid of the caffeine from their body.

And you've mentioned cortisol and touched on melatonin. So I just have to have you bring melatonin back into the picture because I would like if you could tell the viewers, like to smell the tone and have a role in ovarian function.

And what about just taking melatonin? Is that the same as making melatonin? It's interesting because I'm not sure completely, but there's definitely quite a few studies around using melatonin for various women's health problems.

So fertility, for example, is it's shown that taking melatonin improves air quality endometriosis. I know there's some animal studies using melatonin that's showing that that definitely improves things.

I don't know about PCOS, but probably there's probably something out there. And if we think about that interplay between all of our hormones again, then that makes sense.

But also melatonin, it's a very powerful antioxidant. So if we look at things like egg health, for example, you know, having antioxidants there is really, really important because when our eggs become more oxidized, they don't function as well. They're going to be released.

The corpus lutein may not be as great, so it is really important to have a really high level of antioxidants and support in that ovarian area. And I think that it's just looking at the cycles, having high melatonin in the evening, you know, high cortisol in the morning, but lower cortisol in the evening.

It means that the ebb and flow of the other hormones that are trying to do their job, they're going to it'll be able to get out of the way, you know, and to support them to do what they need to do best.

And let your body get some rest and make your melatonin it. Yeah. Yeah. And thinking about sorry, just really bright lights as well that we're exposed to, you know, the flora is the screens, all of those things are going to downregulate your production of melatonin coming into sleep as well.

Oh, that's such a critical point. I'm so glad you brought that up. And then to the other area that you always stress and me as well, and that is the gut.

So that brings up food. So for our viewers out there with PCOS, what can they do to help get their periods regular through their dietary choices? Yeah, 100%.

And you know, Felice, because you've been on both seasons of the shift in season one was gut health because it's the most important part, right? It impacts every other system in the body.

And we know that for women with PCOS that their microbiomes have a different diversity than the standard population. And that's true for many women's health issues.

So we're starting to really understand with the gut and particularly with the gut microbiome, there is this massive interplay between that and these other hormone systems.

And we know that in the gut we metabolize hormones, we create different neurotransmitters and hormones. So it is a really key area. And again, with our modern diet that's high in carbohydrates, much lower in fiber than it used to be.

Definitely our gut microbiome have taken a hit and I think fiber is something I talk about a lot. It's not sexy, you know, like have kakao or maca or chia seeds, you know, HCI is straight out fiber, but it is so important for our gut microbes and we really need to be thinking when we're eating, we're eating for two.

We have the nutrition for ourselves and then the fibers for our microbiome and bacteria to be able to metabolize. And the modern diet is very, very devoid of that.

And the other one we need to be aware of and looping back to, you know, the oral contraceptive pill is, yes, antibiotic damage, the microbiome, but so does oral contraceptives.

So we know that in women who take oral contraceptives, there are changes in the microbiome. And we know that women who take contraceptives have higher risk of inflammatory bowel disease as well, which is very significant.

You know, and these kind of this kind of data is huge. You know, it's it's really interesting to see all of this coming out, but yet there's not really a lot of movement that happens from from that.

It's some advocates, I guess, like you and I, and people have to really find out their own information to be able to just protect themselves a little bit.

Yeah, you brought up so many really key points. I'm so glad that you brought up about the inflammatory bowel disease like Crohn's disease. This is published. This isn't like theory anymore.

This is proven data. And now I have to hear what is your personal favorite or what do you offer in your clinic for stress reduction? Because it keeps coming back to stress.

Yeah. So I consider myself a bit of a personal expert on stress because I've been through a lot of significant stress and just by the nature of how I live my life, it can be stressful.

A bit like police, like when we decide to write books and do things that open practices like we we do create a lot of this for ourselves. But also every single patient that's walk through my door has some element of stress.

It would be so rare to see someone who has all of these health issues and stresses in playing in in some way for them, and different people respond to stress differently.

So I talk about this concept of internal versus external stress. So external stress might be, okay, I have the work deadline and I know it's due in three days and I haven't done anything.

So I have this external pressure on myself. Internal stress is how am I going to process that?

Gut Health and Stress Reduction Strategies

So in my mind, am I going to be in a story and catastrophize and start really creating this narrative and thinking about all these bad outcomes and how much pressure I am, which physiologically those thoughts and emotions are causing increases in physical hormones and symptoms?

Or is my mind going to handle it in a different way? I'm going to go, right. Well, it's in three days, but I've done this before and I know it's going to be okay and I'm just going to do it methodically.

And we don't have that hormonal fluctuation and we do this all the time. You know, it's we tell ourselves stories about stuff. We catastrophize, we worry about letting people down.

There's a lot of anxiety in the world right now, and especially for women, because we wear so much of it now. There's just so much mental load that we're having to deal with each and every day.

And not only from our families, our work, our stress, but just the pressures that society put on us to be perfect, to be a certain way to act, a certain way to show up a certain way.

And men do not have the same type of pressures that we do. Yes, they have stress, but it's not at the same level that we're experiencing as women. So we need to really think about is it internal stress or external stress?

Now let's talk about external stress and how we tend to create it for ourselves. Right. And this is the busy, busy, busy, busy saying. Yes. To everything, having no boundaries, wanting to be a people pleaser and literally filling our entire calendar with stuff.

I have a patient at the moment actually, and she's a perfect example of this because she is working as staff, doing a case and she's renovating a house at the moment.

She's like, once the renovations done, like then I'll have a bit of space. I'm like, okay, what are you going to be filling it with once that's done? And she was like, Yeah, you're right, I probably will because I can see her patterning, you know, before the renovation, it was doing this over here, doing that over there.

So for her, it's not about finishing the renovation, it's about changing her mental mindset. So she doesn't have to feel like she is always busy to be worthy potentially, right. Or something in that flavor.

So we're very complex humans. We've got a lot of stuff going on in here. So with stress, a lot of it is really taking responsibility for what you're creating for yourself.

If you are the type of person that finds yourself constantly in stress after stress, after stress, why is it that you need to be operating in that mode?

Is it that you're not wanting to look at something? And when things are quiet, the thought processes, the trauma, the stuff comes up and you want to be busy so that you don't have to deal with it.

So I would consider for some people stress is a form of numbing where they really just keep busy because I don't want to deal with the stuff that's inside.

I don't blame them. It's hard to look at these places of ourselves, but we do need to recognize what we're doing and be a little bit more aware about them.

Now, the other part of it is herbal medicine is my best friend. I wouldn't be here probably having this interview with you if it wasn't for the wonders of Adaptogenic herbs and herbal medicine is amazing and I use it a lot in our practice.

So we've got about 150 bottles of liquid herbs that we use at the clinic and a bunch of other stuff. But Adaptogens is a term unique only to herbal medicine and what it is.

There's about maybe ten of them that we're aware of in the world. So it's things like red ginsengs you with Ania, your Rhodiola and these particular herbs, they help us to physiologically respond to stress better.

So I can't take this woman out of her renovation, but I can give us some with pioneer and ginseng, which will help the way that she physiologically responds to that stress and Adaptogens are a godsend for anyone that's really stressed.

And also to reset that sleep wake cycle, we might be thinking about magnesium and how when we're in stress, we just burn through it. It's needed in the process of that stress hormone production.

So when we're under a lot of stress, we have low magnesium, but when we're low in magnesium, it's really hard to deal with stress. We don't feel great at all.

And then of course, when we're stressed, what happens? All of those other habits can fall off. So I'm stressed so that I eat more sugar and then I my blood sugar is all over the places that I feel more stressed and more dysregulated.

So it is really thinking about what are the things that you need to do to bring yourself back from that. One of the things I'm talking about in the book that I'm writing at the moment is this concept of creating a sense of safety in order to be able to heal.

So what that means is that when we don't feel safe physiologically, emotionally, on a spiritual level, our bodies feel like we're unsafe, which means that we're not going to go into that healing process in a in a sense where we're not feeling safe.

We'll be in the flight of flight. We're in survival mode and in survival mode. The body doesn't care if you cycle's dysregulated. It just wants to get you through the day.

So to provide a sense of safety, things like the herbal medicine nutrition's physiologically it's doing things like meditation, it's getting to bed every night, it's changing your calendar, it's getting off social media and stop feeling all of those little things.

Doomscrolling Which is like, you know, looking at all the bad things going on in the world is going to definitely create stress for us. And then it's thinking about emotionally like do we need to go and do some stuff around emotional health and trauma and supporting that big links with PCOS and trauma and emotional health with women and and that stress part of it that certainly like and I can think of a patient right now that we've been working

with for a while and it wasn't until we went in and did some sessions around emotional wellness and hypnosis to kind of get into some of that past trauma of hers that now everything is shifting really quickly for her.

So we're complex. There's a lot of different pieces. Wow. Well, all of your advice is fantastic. So I'm sure everyone has such a better appreciation now for the importance and the meaning of the menstrual cycle and all the different key elements that go into keeping it right or making it messed up.

So, you know, dealing with avoidance of chemical toxicants out in the world, working to maintain a healthy gut microbiome, creating proper nutrients that is working on stress and of course, sleep.

These are key issues that you really just got, you know, perfect in terms of discussing them. I can't thank you enough. Now, you told us you're writing a book.

I know you've already written and published. So tell us about what you have out there. And I know that you're such a wealth of knowledge and you have so much to offer in so many ways.

How can our audience access some of this additional information? Follow you, get your books, the new one that's coming out, and you know, if they want to be your patient, what can they do?

Yeah. So go to theshiftclinic.com or KatherineMaslen.com where there's a heap of info on there. I'm fairly active on Instagram as well, so you can find me there at: katherinemaslen.

So my first book, Get Well, Stay Well, you can get anywhere, you're buying books, Amazon, Target, etc. And my second book, which doesn't have a title, we get that it's about the process of healing.

And for me, my journey has been really personally some really big trauma and healing. But now I've done 65001 to 1 consultations. So I really, really, really excited about understanding what process do people go through when they heal and how do they be successful versus when they're not?

So that's what I'm exploring in this book at the moment. I'm really, really excited about that. Well, I'm excited as well. I can't wait to get a hold of a copy.

You'll be one of the first, I promise. Oh, I can't wait. And it's really so amazing everything that you shared. I feel like you're my soul sister. In Australia we work together on so many projects and this one as well.

You're a wealth of knowledge and you know your caring and empathy just comes across. Doesn't matter if it's in person or a video, you can't miss it. So thank you so much for joining me on this program.

And I know everyone is going to want to go to your website, follow you on Instagram, read your books, and maybe be your patient. So thanks again so much for joining me and participating in this summit.

Thanks so much and thanks for doing this. The women so valuable.