Podcast Intro and Guest Introduction

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So we all preheat a little different to get to that menopausal point. perimenopause journey is not going to look like someone else's out there, but we can do things that will help support us through this hormonal change.

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But perimenopause, that's why it is not talked about a Welcome to the TBD Fit podcast on Dr. Talks. I'm your host, Daniel Quile, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the dos, dos and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to another episode of the TV Fit Podcast, Where we explore the cutting edge of functional medicine, longevity and human performance.

that impacts millions of women yet remains deeply misunderstood, Harry Menopause. Joining me is someone who is transforming the conversation around this stage of life, Dr.

Jen Flegar, and she is double-certified, board- certified physician in emergency and integrative medicine, a graduate of Lake Erie College of osteopathic medicine.

and a fellow of the Andrew Wiel Center for Integrative Medicine. Through her practice, Healthy by Dr. Jen, she provides virtual care, inspires thousands through her online platform at Integrate Mom.

She's also the author of The International Best Selling Book, The Perimenopause Reset, written to help half a million women navigate perimenopaths with face-based science-backed strategies to reclaim energy, clarity, and joy.

Dr Jen welcome to the show. Thank you for having me. I love opening every episode by understanding our guest's origin story. What has led you to do what you're doing today?

Yeah, absolutely. Well, went to a conventional medical school, but I am a DO, a doctor of osteopathic medicine, which basically means we try to see the body as a whole.

So the founder, Dr. Still, he really believed that our function and structure was important, that we could heal the body, you know, without a bunch of medications.

And I went into medical school, like with that thought and that love, but you have to study to pass a test. There is a lot of influence from pharmaceutical companies on medical education.

So it was basically like pair symptoms and a disease with a medication. And, you know, I ended up going into emergency medicine and really, really good at emergency medicines, still love it, but no one was getting better and most of what I was seeing was chronic disease.

So things that could be prevented and it was horrible. It was just horrible to see. I remember I would have the same

patients coming in with chronic belly pain.

They've already had 10 CTs. I would start going through what they ate with them, asking them to write down and see if it correlates with any of their symptoms.

I basically had that integrative mindset. Then I started diving into autoimmune disease because I was diagnosed with Hashimoto's, which is a really widespread autoimmune disease in women and the number one cause for hypo or low functioning thyroid in woman and started diving into all these root causes and Lyme and chronic disease.

And I told my husband, I'm going back and doing a fellowship. So I went back and did an integrative medicine fellowship and I'm board certified in integrate of medicine and have been practicing for a decade in integrated medicine.

Dr. Jen's Medical Background and Integrative Medicine Journey

My Hashimoto's is in remission. my antibodies are zero. I just feel so blessed that I. Went down this path when I did before it was. trendy and was able to help my own kids out that have been exposed to molds from basement flooding in a preschool.

I mean, root cause medicine is just, it's the future and it should be the basis of everything. But that being said, we know that healthy people don't fill hospitals and procedures like taking out gallbladders really have good payouts and keep hospital systems running.

So it was actually interesting during the pandemic, I was still working a lot of shifts in the ER and still have my integrative medicine clinic running and We like wouldn't get a lot of patients because people weren't coming into the ER for, you know, a sore throat or chronic pain.

They would literally only come for emergencies. And the hospital was like losing so much money. It's really interesting. But anyway, that is how it went, became full circle.

You know? So, so blessed for my conventional training because. People miss this, really good integrative practitioners. Our physicians, our doctors that have gone through all the conventional training, they know what can kill you still.

They know it can hurt you, but then they have that root cause mentality. And I say this to patients a lot or mothers of kids that were sick and something serious happened like a seizure and they did all that MRIs and all conventional medicine.

I'm like, that's good. Rule out the bad stuff, the tumors. You know, the cancers rule that out and then we'll have integrative functional medicine come in and actually fix the problem, you know?

Because there are still things that we need to watch for because sometimes if you go to someone that doesn't have that conventional training under their belt, they're just going to blow off all of the big things.

So it's a sort of balance. So I know with, you know, integrative places popping up everywhere, just make sure the backbone in the training is there. Cause I am proud of that training, honestly.

Pain drives purpose. So your story is no different. In our modern environment, that's all too common. Unfortunately, we have so many women that we've treated with Hashimoto's, much like yours and auto antibodies that go to zero and full recovery.

Obviously, what we need to understand is that a diagnosis is not your destiny. And once you uncover kind of the underlying drivers, right, often external and internally related, the body can heal relatively quickly.

looking at perimenopause in particular, which is kind of the wheelhouse of today's conversation. Where do you

start? Is this a diagnosis of exclusion?

Are you just monitoring specific markers? Or is it just shorter menstrual cycles? And is that a maladaptation to hormonal shifts? is there an implication of birth control?

Obviously a whole slew of symptoms that are often overlooked. where, where do start Yeah, all of the above. So perimenopause is such an interesting space for women because there's early peri-menopaus and middle and late perimeopau.

It's this whole spectrum. it could be a whole decade. And they actually did a study in 2025 where they ask women, like, when did you start having perimetopos symptoms and start reaching out to a doctor?

And a lot of them, it was in their early thirties, which is very interesting. So we have this decline of progesterone that happens during perimenopause as we age, similar to andropause or male aging of their testosterone going down and down.

But women are special. Our hormones are different every single day of our cycle, during that 28 to 30 day cycle. all of our hormones are different, where men are the same every day.

So in perimenopause, that progesterone starts sliding down, going down pretty consistently where our estradiol is going but it's very erratic and it going up and down and kind of spiky and going a little wild like a roller coaster.

It feels like rollercoaster. And you have symptoms anywhere from weight gain to palpitations, anxiety, heavier cycles, shorter cycles. You know, we see a lot of different things.

So what happens is you go to your doctor with these complaints like, oh, I'm more irritable or I am gaining weight and they put a label on it and call it a disease so they can treat it with a medication.

and they call it depression or anxiety and you know oh we need to regulate your period so we're going to put you on birth control and we are going give you an antidepressant.

And none of those are good options for a woman in perimenopause. That's actually going to make them feel worse and send them off the edge. And it's just, it not good.

So we'll talk about strategies later. But a good way to think about perimentopaus is kind of like your body is an oven. My oven at my house is different from your oven, at your house, on how it preheats.

We all preheat a little different to get to that menopauce point. So my perimenopause journey is not gonna look like someone else's out there, but we can do things that will help support us through this hormonal change.

I honestly think menopausal, which is a complete cessation of cycles for 12 months, is easier because you're not fighting these hormone fluctuations that are confusing and hard.

You can stabilize a woman in menopause easily and they're good to go. They're not going to have any big changes unless they have a lot like a big stressor in their life or something go on.

But perimenopausal, that's why it is not talked about a lots because it's difficult and it really calls for personalized medicine with each patient.

Understanding Perimenopause and Hormonal Fluctuations

Yeah, I like your analogy of an oven and so how we heat. And it's interesting because look, going back to the thyroid full circle, when you mentioned Hashimoto's that they're predispositioned to women with thyroid issues.

Thyroid being your kind of master metabolic or regulator. I look at the adrenals as your furnace or the oven. That's

going to be obviously underpinning part of today's discussion, especially When we look at PCOS and the prevalence of man on the rise, and obviously the conversation is not necessarily exclusive to PC OS, but it's contribution to later stages in terms of perimenopause and a shortening of cycle.

We had a patient that was just in my office earlier today, she came in with shorting of her cycle, her Her days were less and after some time and the shift happens relatively quickly.

Now we restored a healthier 20 day cycles. We're looking at different factors. So what are some of those? uh, different factors. Cause how I look at it is, um, there's higher E2 during the reproductive years.

There's environmental toxins, their circadian misalignment. there is food there in the environment. Uh, I call it my, my unlucky seven. It's, it's with pathogens, bacteria, fungus, parasite virus, then you have heavy metals, now environmental toxic burden and then stress and trauma.

So when you mentioned obviously stress being a huge elephant in a room. All this driving insulin resistance, all this creating a recalibration and hitting the immune system, which obviously then further exacerbates the issue and up regulates inflammation.

So where are you starting with specific testing? How are trying to uncover the driver? Because giving someone a prescription for a symptom, we know we can do better.

Yeah, and I think that is where just stult comes in a little bit when you're sitting and listening to your patient and really seeing what the ultimate driver is.

And then also a good history and physical because if, well, more so history than physical. But honestly, it's the history. and that first appointment with the patient or just listening them and you'll find out drivers.

Now testing will also help, of course. And in a perfect world, we would order a gut health test, a cortisol test. You know, all the labs, We would uncover a mold, but sometimes we need to narrow it down a little bit more for cost savings.

So that also comes into play with personalized medicine because we do want to make sure we're not stressing the patient financially. low hanging fruit that I like to do with women specifically in perimenopause is, you know, cycle syncing.

So we are doing habits with movement and food that support their cycle so we can get more into that later. And then also, Gut health is pretty foundational because our gut health, and that includes our liver, you know, part of the axis, our lower gallbladder to the gut is really important in detoxifying our estrogen all the way through liver all, the ways through gut to get it out.

And we can have estrogen dominance pattern when we're not getting rid of our estrogens properly. Especially this happens a lot in younger women when we start to see, you know, heavy cycles, shortened cycles and ovulatory or not ovulating cycles.

So we really want to make sure that we're supporting healthy estrogen detoxification. You know to your point about different infections and root cause drivers, I've seen mold be a big one.

where there's so many mold toxins it is clogging up the liver and certain molds can also act as estrogen mimicers and hurt that part of the cycle and be endocrine disruptors.

So yeah, it's tough sometimes so you really have to make sure you're asking the correct questions and doing the right testing. It's interesting though because Also, sometimes you just have to, you know, just look at each patient and see what's working and what is not.

When it comes to mast cells, so mast are cells in our body that release histamine. So we have a lot of women

complaining about sudden histamines problems as they get further into perimenopause.

Well, progesterone is gonna stable those mast cells a little more. We could have like a root cause of maybe a mold exposure and your body's compensating, because our bodies actually compensates really well, but then permenopausus is where it kind of breaks down.

because now we're having these hormone fluctuations and things are changing. So then all of a sudden, bam, now, we are noticing this histamine response because the mast cells are exploding and it's really the root causes mold.

I had an interesting patient where we had her on all the things. We figured out it was mold finally after she was like, struggling for years and had her on cromulin, had it on quercetin, and so many botanicals and medications to help with mast cells.

But finally, I'm like, we're going to do hormone focus more with you and do progesterone. We know that the mold is affecting us, but we are just going give you some luteal phase pro testosterone.

She was not in perimenopause yet, maybe early peri-menopaus. Just what she needed. So sometimes, you know, it's not like we can do things in a specific order all the time.

Sometimes we have to do a little trial and error and see what's fits for each patient because this is like a symphony. You know our body is all working together.

It's like conventional medicine where you go to an ear, nose and throat doctor. and you go to a GI doctor and go do a heart doctor. Well, it's actually usually the same root cause for all of those systems.

So yeah, so I think that, you know, to your point about finding all these root causes and working on the gut and yeah it is all important and sometimes it just when you are working with a specific patient you have to see how much they can do, what they are ready to do.

You know and this is where motivational interviewing comes in and see what also their capacity is. How many supplements can they even start at once? Are they doing basic lifestyle strategies for health?

Like, are they eating properly and sleeping properly, and moving their body? You know, because sometimes I think, especially with TikTok and Instagram out there, we just think that there is a simple fix for everything.

And this is making functional and integrative medicine just like conventional medicine, like, oh, try this new NAD product. Oh, Try this New Peptide. Try This New Supplement.

It's going to fix everything." No, We just have to go back to the basics a lot of the time. So that's something else that I feel like especially Women who we know women are the ones that are buying most things in the household.

Women are buy it. They're buying it for their husbands, for themselves, or their kids. Social media is just basically marketing strategy right now. And everyone is trying to get you to buy something, whether it's a service or a pill.

So just make sure you step back and you look at the whole picture and realize there's not one supplement that is going to save you if you're not getting good sleep or having good nutrition.

I think that's kind of we have to go back to the basics. But it's just what I've noticed. The more and more I practice, I'm like, we're becoming more conventional medicine here.

Root Causes: Gut Health, Mold, and Mast Cell Issues

We better take a step back. Yes, if only. It's interesting when you mentioned obviously the gut impact and the predisposition now of IBS going back to immune function and even starting earlier, estradiol and perimenopausal years.

correlation of three times higher than, than in the reproductive years, progesterone slowly deteriorates. So you're starting very, very safely with adding in progeterones.

And so when you made that example earlier, that to me is, is one very effective intervention that helps, and especially at the level of the brain and kind of calm down the nervous system.

especially as the luteal phase begins to shorten. So the brain cells make their own estradiol, but providing the P to kind of support that E to P ratio becomes, I think, very relevant.

And in terms of the immunology, so sometimes we don't understand that the hot flashes in this example, right, which is common, usually attributable with low estrogen.

But maybe it's not actually low estrogen, maybe is not due to that. Maybe it is the issue of high estrogen to the menstrual low levels of estrogen but the high E is attributed to a high histamine because you have this trigger from the mast cells and then you fluid retention and headaches and irritability that follow but it starts with something like mold and so I've been practicing what I term microbial medicine for almost the last decade and what's interesting is that was one of the earliest overlooked pieces.

Now as we becoming obviously understanding the impact of all then because my patients would get you know 75, 85, 95 percent better but there's still kind of that Achilles heel and I'm seeing that to be far more pervasive.

Is it a question of our modern environment that's kind more toxic or our internal environment that's driving it. Like I said at the beginning of the conversation, probably both but the histamine component Certainly is one that's, it's another big one.

That's often overlooked because we'll do nutrigenomics as an aside. And we, I see that pathway very susceptible in many of our patients that have a lot of these adverse reactions, especially with food.

Right. Especially with stress, even like, you know, the whole craze of cold punching now or heat sometimes we will drive that. So there's many different histamine receptors, which can present with.

some of these symptoms or even at the level of the gut with diarrhea, brain obviously with migraines and skin as hives, which further can then decrease DAO as that's implicated.

And so we need to get estrogen sometimes out of gut working on the strobilome, Otherwise, that begins to degrade brush border enzymes and now you have also nervous system dysfunction.

And now eventually you're a hot mess, pun intended. So obviously things can go haywire quickly. Our focus is obviously a lot of the patients come to us with gut issues, but obviously their impacts, this hormonal dance, the symphony that that you alluded to.

What else is kind of the UCR commonalities? If you've ever felt like your body's carrying a little too much of today's toxic load, this sponsor of this episode is definitely worth knowing about ZeoCharge.

It's a supercharged zeolite powder that acts as a smart binder, meaning it helps bind and remove unwanted toxins like heavy metals, mycotoxins, and the metabolic waste without stripping away essential nutrients that your body requires.

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The goal is simple. Help calm the storm and overwork system by reducing the toxic burden. For listeners of this podcast, you can learn more at zeolitelabs.com dot com slash zeolite discount.

Again, that's zeo, L Z E O L I T E labs.com slash Zeolight discount Talking about low gut health, it's one thing that

is fair to note. If you are a hot mess, like you were saying, everything is out of sorts, its not going to get fixed the next day.

I think that that's something that I have to talk to patients about. took time for you to get like this bad off, like our body can compensate until it doesn't.

So we need to make sure that we have patience for true, correct healing. You know, it's funny, my 13 year old has been having some like upper gastric pain and you know there's a lot of GI bugs going around.

you know, giving him some immunoglobulin. I'm also giving them some peptides. And he's like, grumbling today with me about, you taking these supplements and he was like oh, it's not better and I've been taking this for three days.

What? Like, no, it's going to take time, right? And it is just the mentality of this instant gratification. And we need to know our microbiome is not going change that fast overnight.

Another incidence of my family and I, we were in Mexico and like half of us like was getting like sick, like GI sickness. And it was so funny because I'm like, well, the strongest one survives, you know.

I didn't go down at all. So it's pretty funny when you look at that in gut health and how important it is. That's important with our hormones and with perimenopause, having that good astrobiome like you talked about and making sure we are detoxifying estrogen properly and not recycling it constantly.

Because that's what we don't want to do. We don' want recycle estrogens and toxins. So we need to have a good functioning factory of our liver and our gallbladder for sure.

It's really important that we focus on that when we're looking at perimenopause, PCOS, that are not avoiding the gut health. The crazy thing is so many women are put on birth control.

Birth control wrecks our gut. It makes it more hospitable for candida and yeast and messes with our pH and the vagina. when you're going to a regular conventional doctor, they're giving you birth control to regulate your period because that's all they know how to do.

They don't have other tools in their toolbox. So I think that is what is hard for people is that they go for help, their given birth, control, there even lied to and given you know, an IUD and told that those hormones aren't systemically absorbed, which isn't true.

They're still affecting your hormones. So for women, I think that we are Unfortunately, you know, not given good care in the conventional system and we're not giving informed consent when it comes to birth control.

And there was actually, a study, I believe, out of Sweden looking at birth, control and it did increase overall cancer risk. So no one's getting informed, consent for this either.

I actually was on birth. Control to regulate my cycle. And this was when I was in high school and we believed it, but the root cause was thyroid and then mold and all of that.

So, you know, paying out of pocket to see a functional integrative office and doctor, it's going to save you money in the long run and save your headaches too of health consequences due to those, those easy fixes where we're not getting to that root cause.

And that goes to also, you go on birth control for PCOS, You get kind of faster relief than if you controlled your blood sugar, fixed your gut health, took proper supplements to support balancing of those hormones.

So I think patience is very important when it comes to women hormones and making sure you discuss that.

Birth Control, Hormone Therapy, and Informed Consent

Or if your listening out there and you're frustrated with your hormones, It's not going to be an overnight thing. You may get some big wins quickly. I just had a patient that told me, you know, we started her on progesterone.

She needed to on it for a while, but just was brought to me. And slept through the night, the best sleep she's gotten for like a decade. So sometimes you do have those easy wins, But we also need to make sure that we're doing things safely.

Let's maybe underscore birth control as an oral contraceptive. It depletes beta-carotene, the entire full suite of B vitamins, vitamin C, magnesium, tryptophan, zinc, tyrosine.

No one's talking about drug-induced nutrient depleations or worse still microbiome induced nutrient. So we hit hard on the gut earlier in terms of this.

hormonal harmony, if you will, or symphony, as you had mentioned. But we're not looking necessarily at the impact in some of these missing microbes. That is one of the missing link.

It's interesting because as we continue to evolve, our microbiomes continue deteriorate. And babies are born with an estimated, I think, 290 chemicals in the mom's birthing placenta.

it's remarkable the kind of hit or assault early on. So when you're saying you are taking a full medical history, that's critical. What's the health of mom and dad?

right in preparation for this whole process, but it's no surprise then that we're deteriorating. And so looking at birth control, are you ever suggesting the use of this oral contraceptive anymore?

I will not write a script for it now, but if patients come to me and they are on birth control or have an IUD, my first recommendation is to get off of it.

If they're like, well, I'm going to be more stressed thinking I am going get pregnant all the time, then I'll be like well that's on you, here are the consequences.

So I mean, I do work with the patient, but I also look at it from a biblical standpoint and we're supposed to, you know, take dominion over the earth and multiply and kids are a blessing.

They have brought so much joy to my life. Not that it's easy, things that Things that are hard, you know, hard is not the same thing as bad as from the book Emma's for Mama, it's hard as not bad.

So yeah, for me, birth control is a hard no for many reasons, but I am here to also support patients, But I will not lie to them and tell them that it is fixing their hormones, because it not.

It is actually poisoning their body. But, you know, we know also that there's a lot of lies going around with just bioidentical hormone replacement. There are physicians that still call progestins, which are synthetic projosterones, they call them bio identical and call it pro testosterone.

We know this and this is terrifying. Also for me, I'm not a big fan of the patch and this might be an unpopular opinion. Yes. I think that estrogen should be topical, but if you look at the ingredients for pharmaceutical patches, it's petroleum based and we know petroleum is an endocrine disruptor.

So why would we do that? Why would slather on petroleum in a patch? And there's a push for show me your patch. And all that. Show me the money. But that's okay and you know, this is why.

You know, I can put on a tinfoil hat, but seriously, we just need to look at history, history of pharmaceutical companies, why we're in the United States, the sickest nation.

And I think this is hurting women the most. I also think that this might be a tangent, But impairing menopause, if you ask anyone that has been divorced, how what happened or this is most of the cases it's not every case but the woman's in perimenopause and the man is always like she went crazy and yes she probably did because she to her doctor and they put her on birth control and gave her an antidepressant and wrecked her sex drive made her probably even more erratic and angry um and yeah there you go so and we know divorce you know in this country it is a moneymaker too so You know, I just look, perimenopause women, they don't need to suffer.

They can be balanced, have a great marriage, be happy for their children, if they work, stay home. They can be balanced. They don't need to gain, you know, 50 pounds.

Like it can all be good. It can work for their benefits. So I'm very passionate about that, but there, we do have to be careful because there are so many misconceptions out there.

And, You know even look at the women's health initiative. I mean, that was a disaster. and this comes down to progestins are not pro testosterone, conjugated equine estrogens are, not estradiol.

These are not bioidentical. They are made by the pharmaceutical company. So you just need to have knowledge and ask questions. And before you put anything on your body or in your mouth, you should do your own research because there are so many misconceptions even within conventional medicine out there.

We know that there is a driver to policies by where they get funding from. for their conferences or for, you know, them trying to get legislation through.

So, so you just have to look at that. And that's something that, is kind of made me a black sheep a little bit, but I will push back because my duty to serve patients is why I got into medicine.

and I'm not really scared about man, I guess. I, more God fearing because, that kind. so I don't know if you get really. fired up about all this hormone stuff going on, but I just, I get so frustrated.

You've just fired me up and I want to really applaud how outspoken you are and the message needs to be amplified because as an example of birth control, it doesn't come without consequence like Some of these non bioidentical hormones, let's call them, um, birth control in particular, we looked, when you mentioned androgen status, like it, it will look, you can lower T when have a synthetic version.

It's a known endocrine disruptor. I can decrease oxytocin and increase cortisol. it will elevate sex hormone binding globulin, the protein, and when that doesn't go down, some of these women are becoming infertile.

And we already have a huge increase in infertilty. We have so many patients that come to us now for dealing with infertiility and we clean them out, much like we do in terms of perimenopause and long behold, they are fertile again.

But in, in term of birth control, I mean, this- Big money, IVF is big money. huge money. So there's always private incentives. Going back to birth control, I mean, it's anti-angiogenic, shrinks the clitoris, decreases nerve sensation in the Clitorus.

When you talk about enjoyment, there is that implication. It increases the risk of blood clots, heart attack, stroke, osteoporosis, breast, ovarian, liver cancer.

I means, when you said informed consent, that's the problem. Offline, we were speaking earlier in terms of hormones that are being mismanaged. We have so many patients that have been referred to us that their levels are just egregiously high and they're not feeling great either.

So it's no surprise. There is a problem. I see not all practitioners are identical anymore. Again, I want to applaud you on the stance you take in terms of looking at administration, but the details do matter.

Is it a petroleum based? Are there synthetic chemicals? Are their seed oils? are there inflammatory components in there? What is the caring mechanisms?

These things matter. Administration is different for different individuals, contextually driven. Going back in terms of, so yes, it does fire me up greatly because who ultimately suffers is a patient.

Right. And the point is, I don't think they have to. In our modern environment, you have live mindfully and intentionally. So I appreciate you mentioned, faith-based a couple of times too.

There's a huge component of that that we adhere to as well. But in terms of this. perimenopause. I'm thinking about it because earlier today I was talking to a patient about the e-topic march.

Let's call this the peri-menopausal march, what is some of the testing that you like, some the tracking? Are you using something like an aura with your patients?

Obviously cycle mapping.

Testing Hormones and Tracking Metabolic Health

What are some tools that that like? Go for it. Yeah, so definitely we could get a good baseline serum. blood work of everything is going on and check estradiol, testosterone, progesterone, pregmenolone DHEA, insulin, fasting glucose, thyroid, you know, it's all connected.

So I mean, we could get good serum results testing day 19 to 21 of cycles. This is assuming ovulation is on about day 14, 15, and then we're going to test pro testosterone for seven days after.

And then you're gonna get the spike of progesterone. So we'll know what is going on with it. And then if we're applying topical hormones, if you decide to do something topically, then we would switch to saliva testing because then, we are going to see what the tissue status the tissue results are.

Because a big thing that I see in postmenopausal women is that they're given sometimes oral estrogen, sometimes topical, but when they are given the topocal or the patch and then we're testing serum levels, it's grossly underestimating the amount of estradiol actually in the in tissue levels.

And then they're put on higher and higher patches and then I check a saliva and they are overdosed grossly and it's terrifying. So because then we're not having balanced estradiol and progesterone.

That's kind of the testing that takes someone that is very comfortable with hormones to make sure we are using proper testing. Another Cool thing is that there is different technology out there that is showing us everyday estrogen, FSH, progesterone levels.

That is something that I'm going to start incorporating more in my perimenopausal women so we can see what their estrogen is doing every day and their follicle stimulating hormone, if it's being suppressed or if its going up.

A lot of new things, exciting things coming out for making it even more personalized, which sometimes it's tough when we're basing hormone treatment on just a one-day level, especially in perimenopause when you start having anovulatory cycles or you don't ovulate.

So really exciting things coming out there for women. When it comes to younger women like with PCOS, We can check the same hormones and we can't check serum levels.

I think that is totally appropriate. You could also do a saliva cycle mapping where you're testing like every other day of the cycle. They have that out there.

So a lot of different ways to know what's going on. Also just think continuous glucose monitor, looking to see what

is going with their blood sugar. Any age for women is so important.

Especially with PCOS, we know that PCOs is a metabolic disorder and disease. So if we have these younger women who are trying to preserve their fertility and regulate their cycle and their hormones, looking at a continuous glucose monitor and seeing what their blood sugar is doing after they drink that heavy soda or Starbucks drink or something like that, then they could get that feedback and stabilize their sugar.

We're seeing so much insulin resistance. And then that carries into perimenopause and menopaus. When we age, we become more and more insulin resistant.

So really battling that with our diet, nutrition, and then of course, working out and lifting weights is important for these ladies. But definitely if you're listening and you haven't worn a continuous glucose monitor, I would definitely recommend wearing one.

I am wearing on myself right now. It's right here. You can see it. If you are wearing it too, but I love tracking data points. And that is very, very actionable inside low-hanging fruit pun intended because when we look at helping our patients heal, to me, I don't touch hormones until layer five and the first two layers, one is oxygenation naturally.

And then the second is fuel delivery or glucose management. And so that people don't realize has such actionable insight when you can see how your body's responding or even where you're resting.

Metabolic markers look at especially glucose and then the prevalence of insulin resistance, as you had mentioned, you know, in terms of PCOS and perimenopause infertility, this all correlates and hormones are a family.

Cortisol is off, so too will insulin. As if insulin is also too with cortisol. So too would the rest of your hormones when you mentioned, you know, thyroid and susceptibility.

And then eventually you have a brain energy crisis, right? And we're looking at the brain and it's interesting. I mean, there was a published paper in 2001 by Marconi et al regarding insulin, So estradiol influencing insulin sensitivity by several mechanisms, including being supported in mitochondria and turning glucose into energy.

And so when estradiol reduces, we must burn fuel from glucose instead of fat and ketones. This increases the need for kind of ketone utilization, but the brain then loses this metabolic flexibility, which is required.

And if ketones are not available due to insulin resistance, brain cells will cannibalize their own myelin as a source of key tones. So now you have degradation in the.

With the stages set so much earlier, we're not making those connecting those dots earlier is the point. I think it's a. We have to recognize that perimetopause is, is a tipping point and you can really kind of go two directions.

One is toward health or one is towards disease. And when I just mentioned, you know, cognitive decline, this is real dementia, mental health conditions, autoimmune issues, osteoporosis, cardiovascular issues as I alluded to previously.

So I appreciate kind the scope of how you're including everything to assess, okay, what is the. dysfunction here because sometimes and I'm curious if this happened in your mold patient people are it's like the the healthiest sickest among us right they're doing all the right things they've taken all their right nutraceuticals sometimes foundational markers are lifestyle medicine is overlooked but needless to say the spikes very well.

I mean, your blood sugar goes kind of haywire and then it's up for a long time. You never come back down. And now you have this slow bleed of endothelial dysfunction.

Unfortunately, now, you're feeding bad bacteria or proliferating a lot of these gram-negative LPS-inducing bacteria, crossing the blood-brain barrier, causing this kind cascade of dysfunction in the brain, which then impacts hormone secretion as well, So there's many different inputs.

I'm curious if that's some of the connections you made as well. Yeah, definitely more insulin resistant when you have mold on board. And, you know, I am sure you've seen it where just people gain like 20, 40 pounds even, from mold and all the toxicity.

But when it comes to hormones, i really like what you brought up about insulin resistance and, and then even people doing all of right things. and it backfires, they're still not feeling better.

So I see this with exercise and diet with women that are in this sweet perimenopause spot where they are getting less resilient because their hormones are erratic.

One of the things that happens, oh, I'm gaining weight, and I have low energy, so I am going to start doing intermittent fasting because I saw on TikTok that this person started intermittent fast and they lost a bunch of weight.

or I'm going to start carnivore diet and do carnival diet for the next year because someone did that and they all got better.

Cycle Syncing Nutrition and Exercise Strategies

Not that I am knocking those things, but if we do them in the wrong part of our cycle, it can cause more stress on our body and tank our progesterone even more.

mess up our adrenals and thyroid and actually stress cortisol will actually increase our blood sugar and cause more spikes. And I've seen this with patients.

So, you know, I have patients if they're going to take up fasting, which is great. I recommend fasting all the time. If they are still cycling, and I had them do it in the first half of their cycle in luteal phase or sorry, in a follicular phase where estrogen is shining okay so you're already more insulin sensitive estrogen makes us more insulinsensitive but your body is more able to deal with stress in that part so being in ketosis doing longer fast starting low carb or doing carnivore is you do it better you are not stressing out your bodies so that and there's studies that show that we are actually our insulin is higher during that second half of the cycle the the luteal phase and our brain actually doesn't get the same amount of insulin during luteal phase compared to follicular phase.

So in that second half of that cycle, that lutial phase, this is when our body actually demands more calories because we are burning more to procreate, to have a baby, you know, after ovulation.

Then we go into luteal phase with a corpus lutaeum that is secreting more progesterone. And we're more susceptible to stress here too. Our bodies want to hunker down, be all cozy, rest and get ready for fertilization and that egg maturing.

So this is where, when I see women push themselves in fasting here, or low carb or carnivore or started diet, that is the worst thing. First of all, your body is going to resist it because it wants more calories and you're going stress your out which is gonna deplete progesterone, cause stress in the adrenals, and cause more blood sugar spikes.

I'm not saying go out and eat a piece of cake every single night or get frappuccinos. I am not telling you to binge on bad carbs. Just eat more calories.

Have some carbs with some good fibers. Don't starve yourself. It's not going to help. And similar to this is when we look at the cycle is how we train.

So we'll also, same thing, people will be doing all the right things that they think and that the saw online, but they're in this perimenopause spot where they are more susceptible to hormone fluctuations.

I have them train differently too. In that first half, that follicular phase, we are less likely to get hurt. So this is where we can run sprints, do HIIT workouts, lift really heavy your personal records, like really push it.

And then that luteal phase after ovulation, we're more likely to get injured. So tone it down, don't run the sprint, you're not a spring chicken here, right?

And even that fact, it's also in spring chickens in young kids that they've done studies and showed that, they get injury more during that Luteo phase.

So there's a study where they studied adolescent girls. Okay. So not in perimenopause, just adolescent and they looked at their cycle with injuries and.

They had more like ligament and muscle injuries during the luteal phase. And the almost control that they had was for like contusions and like bone. fractures and those were the same during both phases.

And then you look at the graph and the muscle and ligament strain went up really high. They also did a study in a little bit older women. So these were football, soccer players in England and they studied them throughout their cycles throughout the year.

And they had more muscle injuries like soft tissue sprains and strains during their luteal phase at second half of their cycle. And this has to deal with progesterone and elastin and also our estrogen starts dipping down and our neuro motor control isn't as good either.

So it's really interesting and I've seen this personally. When I try to push it, you know, lifting on squats and I'm like, oh, I feel good today. I have a lot of energy.

Like I mean, go for it. And I was in my luteal phase and then like I knew better because I tweaked my back and. Stay still lift because we know muscle.

We need to let, we need muscle it's gonna, it'll help us with aging. still lift during that luteal phase, but have more reps to fatigue, not heavier weights.

We don't want to get injured, that is not good. And definitely don' t be running sprints and doing HIIT workouts during your lutial phase. I mean, we've all heard this, I'm sure these women have walked into your office where they joined Orange Theory, and they are very competitive, you know, because there's a lot of type A women out there, are recovering type-A, They go to orange theory and they're like, I got all these splat points and I should be losing weight and gaining weight in my stomach area, which is cortisol.

I mean, i'm sure you've had people tell you that, but it's physiological. Like we know that we're fighting our physiology and like you're not going to win.

You're going win if you try to do that. So if your train with your cycle, you are not gonna get hurt and you gonna feel better. And I actually had a really interesting case study.

One of my patients, she didn't tell me that she was going to train for a half marathon. And she trained for the half-marathon and she's like, Hey, I messed up.

I'm 20 pounds heavier crossing the finish line and my hormones, my cycles are messed. She tanked her progesterone. It like went down to 2.3 and her testosterone like one down really low too.

Incorporated cycle sinking made sure she was really just relaxing that second half of the cycle with her diet with Her workouts and a couple three months later We rechecked her labs and her progesterone went back up to 13 and Her testosterone had improved and our sex drive came back and all that good stuff.

So Yeah, just don't train for half marathon or a marathon in perimenopause because I will I'll come after you. No, I'm just kidding But I mean you can do it just do at the right way Something as simple as, as hot flash as when you mentioned, you know, the cortisol and the spikes and blood sugar instability, providing someone adaptogenic herbs on a patient to help with blood, sugar stability, to optimize their cortisol patterns, help support the liver, To minimize

that knock on the constant liver to put sugar more into the bloodstream to again, minimize these spikes.

But what I love again how detailed you are because all my guests that I've had. No one has commented on that and that has really been one of the shining stars of women's national soccer team is how they quickly learned how to train their athletes according to their cycle and when to push and went to put tap on the brakes.

In our modern era, what do we do? We just, I just mentioned, you know, cortisol and cortisol imbalance, which cripples the entire system, the whole hormonal symphony or hormontal harmony.

And what happens is. We just press go here in America. We don't know how to pause and disconnect. So when we're running on empty, we say, okay, I need to push harder.

I needed to caffeinate. Right. Burn the rubber. And then we burn out. Then we realize we don' realize why we are suffering. Well, exactly what you alluded to.

Don't run a marathon when you're going through this process. Acknowledge kind of where you are in that process and You just painted that picture very elegantly.

So I don't have to echo what you said in terms of managing nutrition, managing training within the follicular phase versus the alludial phase. And it's interesting because we mentioned about fasting, intermittent fasting.

So many of our patients are like, yeah, I'm doing intermittent fast, which a lot of the studies were at least initially largely done on men. But needless to say is that when we do the nutrigenomic test, while the APOE variants are largely attributable to dementia risk factors, they're also attributive to fasting and how well you can do with longer times of going without food.

And so we'll correlate that. I'll hear some of my patients who say, yeah, I do very well with intermittent fasting, or maybe better yet, time-restricted feeding.

Then I look at their genes and I go, well, there's the reason why versus others. They say, no, you know, it doesn't, I get super hangry like my partner.

And then I look at the jeans. Okay. Well, there's explanation there too, but understanding where you are in the cycle, because we do training here. So component of what we is, is I call functional fitness and we are training our females according to their cycle.

and understanding what that looks like. And the same thing in terms with nutrition and insulin sensitivity during those periods. So acknowledging that.

I love that you have mentioned to that, so I applaud you. You are extremely detailed. That's important. We have this non-negotiable commitment to help our patients heal.

My goal is how can I help someone heal faster and safer? The detail is that faster component, right? And so making sure that kind of all, all the check marks are boxed.

Parasympathetic Health, Stress, and Lifestyle Foundations

What are kind, of some other takeaways, clinical insights that you want to be with our, with, our community who's listening? Yeah, well, I did want to bring up a study because I know from this conversation, you like studies.

So there was a studies on intermittent fasting with pre, so perimenopausal women and menopause women. And it was cool study that I dug up because as you said, there's not a lot of studies done with women because we're annoying like that because our cycle is different and our hormones change every day, right?

So that's why they're like, yeah, we are just not going to do that. But there's still some studies. So this study was

interesting because they looked at hormones after a couple months of intermittent fasting in these pre-menopause and post- menopausal women.

Now, they checked in the post menoppausa women, testosterone and estrogen progesterone, but they didn't check in in pre, which was frustrating. But they did check DHEA in both, and DheA did go down in which DHEA is a hormone.

It's a precursor androgen hormone that is released and made in the adrenal glands. So when I interpret that study, it makes me think, oh yes, just like we think intermittent fasting, and it is stressor.

But it's so much of a stresser that it was affecting their DHA output. I just find that really interesting because it like a few months they were doing it.

If they would have done it correctly with their cycle, the perimenopausal women sorry, just the perimenopausal DHEA decreased, that would have been preserved.

Now, if we look at stressors in general, hormesis, stress on our body is good. That's why we lift the stress, makes it stronger. that's like quibling gene in sauna, they're kind of hormesus stress that builds us back up stronger after a little stress in our bodies.

Once again, with women, we shouldn't, as you were saying earlier, push through and push-through. And that brings me to another hack that I'd want listeners to know is that women We need to make sure that we are spending time in the parasympathetic state.

So we have our autonomic nervous system, and we our sympathetic, our fight or flight, And our parisympathy, which is rest and digest. And it all goes back to what your love is, Which is gut health, right?

So rest, digest and gut-health. If we're chronically stressed, we can take all the peptides, all of the supplements, do all bio hacks, whatever, and our gut will still be struggling, our health will be still struggling.

And it goes back to these foundations. It's not fun to talk about, actually all my patients this morning, I had to talked to them about their parasympathetic system, but it's just inevitable.

We live in a broken world and you look at the news and it is stressful. You know, we're feeling that our body is taking that on. So make sure you are doing things like grounding, like breath work that activates the vagal nerve, vagus nerve stimulation, meditation, prayer.

as like the original biohack. I mean, if you look in the Bible, Jesus would go off by himself and meditate all the time. But, you know, we don't think about that.

We just deprive ourselves of that, and that is not good. So, I means you have time to do that because if don t spend time in that parasympathetic and don s allow that body to rest and GI health to be good and your body calm down, then you are just going to wired all the time, tired, you're going to get burned out, your hormones are going suffer, and then it just all goes down from there.

So I've really been trying to focus you know personally and with patients like this is important yes going through your labs are important so that's what we spend the most of our time on in the appointment but I've been making sure that I talk a lot about the autonomic nervous system in my appointments now because I think my patients think what I spend the most time talking about is the important.

So I've been trying to shift that and being like, hey, this is actually very important that you make this a habit, that put your vagal nerve stimulator by your bedside and do it every night.

So I think that that is a good hack. And me personally, shut down my brick and mortar and moved to Tennessee for my husband's work and just spending time outside with the animals, getting in the mud or moving hay around or

petting the animals and spending more time with my kids or just playing cards with My kids and you know sharing a poppy with, my son or having some tea I mean that is stuff that, is really gonna help our health more so Than doing a red light every day or sauna not that those aren't good and not, that they don't serve specific purposes but if you you, know i've told people to quit their jobs before and And they did, and they are like, wow, that really did help.

And then they got another job. It's not like they were just not doing anything, but we really have to look at priorities for our health. I was just at some board meetings this past week in Tampa with some integrative medicine physicians, a few of us had slowed down on the ER to pursue integrate medicine.

Yeah, women physicians in general live 30% less than women in other jobs. So a lot of that is shift work, night shift, stress. Really just taking a step back and just reevaluating that stuff, even though it's not fun to talk about.

It's cool, but it is really important. I think we need to go back to that basic too, like breath work meditation, prayer, nature, and all of Some things that I wanted to underscore there is, and going back to this whole hormonal harmony, estrogen receptor alpha versus estrogen and receptor beta, estrogen in general versus progesterone, the gas versus the breaks.

The body has this beautiful innate design of yin and yang in some respects. And so the impetus is for us is to acknowledge our signals so that we can honor our beautiful, innate intelligence.

Unfortunately. That's where the system falls dysfunctional, right? Like, as you said, is, we don't have that balance. And to me there, I don' see any balance, it's a question of priorities.

So, you love to do kind of something, pursue your passion in a different context. but at least recognizing certain blind spots, right? Which are driving dysfunction, which are keeping us stuck and sick.

And so our environment can be one of those Achilles heel. Another is going to be our relationships and the quality of our relationship or lack thereof is gonna be a huge driver.

for hormonal harmony. I say this all the time to, well, within the context of my partner, but also within a context, uh, parents and families don't block your oxytocin receptors, right?

A simple hug, a kiss, certain things like that is we need that, yet we're less connected. Uh, you're telling people to leave your jobs. Unfortunately, or fortunately, so many of, of of patients that see me they end up separated in some context.

I don't want to paint a negative light, but I see this as just one individual has this growth mindset and the other one is kind of stuck as in their earlier years, right?

Where they married decades ago. And I'm not saying that's bad or good. There's absolutely no judgment. It's just predicated upon, are we on the same mission and vision?

Are we doing this together? And I don't feel someone has to complete someone. I feel, someone should compliment someone, right? So that you're growing together.

You're challenging each other together, but you are supportive of each, other, together ultimately. Right. And you know, on the same path, you understand there's always going to be bumps in the road and those are times of growth, or they can be types of setback, acknowledging kind of where you, are in that process.

It's interesting because you mentioned animals while I was on a call with my assistant. My goal at some point is to. work a lot more in nature on a farm, kind of a wellness, longevity retreat, either domestically or abroad.

Mini Farm Life, Homeschooling, and Closing Thoughts

And I always joke that the plants don't talk back to me. and she goes, that's why I love working with animals. You

have this in it, you feel connected, You feel less stressed, right?

So those are engaging in activities. Um, like you said, Jesus in meditation, engaging activities that allows us to pause, um, and take score of what's happening.

How are we feeling? Because I was presenting at a conference not long ago and one of the quotes that resonated was when I had said that when we lose our sense of, when were selfless, we loose our self.

And how interesting, right? because ultimately, as my parents raised my brother and I, The goal was to be as selfless as possible. It's the immigrant story to sacrifice everything for our children, but yet they see their decline later on because they neglected their own health.

So we do that for children. How are we showing up best in the world for those that we care about the most? Where it's first you have to prioritize you and it starts with self-love.

I appreciate everything that that, we discussed today. the details of what you provided in terms of navigating this perimenopausal marsh. And now maybe I'm going to coin that because it is complicated, right?

Versus some of the other dysfunctions that we have to navigate. But in term of this, it's very, very specific, and very contextual. So I appreciate the depth of how you look at things.

Where can people find you, learn more, reach out to you? Yeah, so I hang out mostly on Instagram and also YouTube and Integrative Dr Mom, Integrated DR Mom at both of those.

And you can go to Dr. Jen's book to grab a copy of the perimenopause reset, or you could go healthy by Dr Jen too. Yeah. I mean, I talk about everything, hormones, but also my mini farm and it's been an adventure.

And I'm surprised we haven't had any guineas. They were, our guinea fowl, they were being loud earlier when I was on my patient calls, But they retreated.

So that's good. So was that one of the impetus to move to Nashville is to have a farm? Sounds like you guys have farm then, a mini farm. Yeah. Well, we've been wanting to moved down for a few years and the Lord opened doors and we're so excited.

We're on about 10 acres and have some mini cows, so they're not full size cows. So we are actually getting snow this week and this weekend, which is very bizarre.

But I have friends here that are giving me some tricks and tips on what to do with the animals. So we're going to get that probably set up tonight for them, give them a little bit more shelter and a bit of warmth.

But yeah, it's fun. I would 10 out of 10 recommend moving to a mini farm if you can. So where do you start? I know we talked offline briefly and maybe let's just make a note of that.

Where do start if someone wants to start a many farm? And then you mentioned about the homeschooling piece, which I'm seeing that quite prevalent in terms of our community.

Yeah. Such a blessing. Our barn had a chicken coop ready to go, predator proof. We started out with chickens and then I also got some guineas because I was very shocked.

So we're east of Nashville. There's a lot of ticks. So I didn't want to spray chemicals, so we got the guinea fowl for tick control. So we have six guineafowls, and then we had about 30-35 chickens, then two random turkeys, which we're going to eat, but they're just a fun addition to the flock, they are cute.

Um, and then we're going to get some ducks, some runner ducks because I want some duck eggs. So that's our next, but we started out with chickens. Usually they're the gateway.

And then, we decided on mini cows over goats because goats are pretty easy because, um, I wasn't really going do the goat milk thing and we wanted meat, mini meat cows to serve that purpose.

Um, yeah, so then we started out with that and just, we got them from friends from the church and they've been helping us if we have questions. So that's been really great to have some people that you're doing it with.

There's going to be, you know, some death on the farm. That was a shock to me and I'm so. empathetic, that's been hard. So that has gotten better for me.

And yeah, just that. Animals are very unpredictable, but they're sweet and they all have personality and are all very food motivated. If you want to be their favorite, you feed them and then they love you.

But yeah it's great. I go out at sunrise and let them out and give a little sweet grain to the cows. Make sure the chickens have food and water and I then go up and My kids are in a home school hybrid, three days a week at a classical biblical school and then two days week homeschooling.

So it's beautiful because I can work Monday, Tuesday, Wednesday or do podcasts and focus on the family the rest of the week. I think it is all about balance.

quitting your job, but making sure the home is good and then the work is going and the man can go out and do more of the works. So I think it's about balance and so many of us are out of balance right now that we just don't even know what to do and our body feels that.

But yeah, it's good. I have a lot of friends that do purely homeschool, but then they have homeskool co-ops where their kids go to the coop for a day or two or three.

So there are a lots of different options if you don't want to do the traditional schooling. Is there a reference online, someone like if I wanted to start homescolling children as an example, where is there somewhere I can look to online that's a, you know, a vetted good resource?

Yeah. I mean, there's a lot of good like online blogs and different curriculums. So it's, There's really actually so much out there. so you would have to decide what curriculum you'd want to go with first.

And it depends on the ages of kids because it so different, like homeschooling, a kindergartener versus 10th grader. Okay. Well, definitely we can include some things in the show notes.

This conversation has certainly inspired me. So I genuinely appreciate your time and your words of wisdom and everything you contributed. Last question that I end every episode with is if you could have one superpower, what would it be?

I would say like flash, like traveling really fast places because I don't know. I just, I like speaking and going to conferences and being with colleagues, but I also don' like all the travel time because that's just more time away from my kids.

So for now, my hack for that is I usually bring one along, one of the older kids to my conferences with me. So a lot of people that see me or know me from conferences, they've met my two older.

That's how I get around that. Well, it's interesting how you're kind of planting the seed though. Are they interested then in medicine too? No. Not at all.

And I'm fine with that. So, but there's other health businesses we could do, or they can do something completely different. I think, especially my older ones, they saw how hard it was on me working night shift and stuff.

It was hard working in the hospital. it's very, I have a lot of trauma. My limbic system is dysregulated from that for sure. so I, think now they are more entrepreneurial because they see that and Yeah, so I'm going to support that.

This has been awesome. So again, I genuinely appreciate your time. Everyone who has tuned in, and I encourage you to reach out to Dr. Jen, obviously she's a wealth of knowledge and continue to, we will be continuing to further this conversation, as I hope to connect with you in person or visit your farm if there's ever an invitation.

Of course. Your mini farm, I love it. For those listening, please like, review, subscribe, share this message with someone who needs to hear this. Until next time, stay healthy, Stay wealthy, my friends.

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