Introduction to Hormone Heroines and Dr. Chelsea

The science is there, you know, both from holistic side and from the functional medicine side. The science is there to support, you know, tighter margins on all of these things, but it's really like some screwy financial stuff that keeps our systems locked into this disease care instead of healthcare.

And what people are expecting, what they think that they're getting is healthcare. And I think we can do a whole lot better to deliver on that. Do you feel like your hormones have turned against you?

Trust us, you're not alone. We're Dr. Serena and Dr. Heidi, and on hormone heroines, we explore all the root causes that are behind hormone imbalances, and we teach you how to thrive through them.

Join us for real talk, expert tips, and even a few laughs. Hello and welcome to Hormone Heroines podcast. This week's episode is featuring Dr. Chelsea Ieltz, a personal friend of mine.

I love her. We used to work together. Dr. Chelsea Ieltz is a naturopathic doctor, a doctor of classical Chinese medicine and a functional health expert.

She's built a bridge between modern health science and ancient healing arts, guiding thousands of visionary women to embodied wealth over the past 10 years.

Chelsea works with science-backed strategy, somatic practice, meridian theory, and therapeutic hypnosis so you can go from uncertainty in health to your most vital expression of body, mind, and mood.

So what we're gonna be talking to her today about is PCOS and how it's a neuroendocrine metabolic disorder, not just a hormonal imbalance.

PCOS as a Neuroendocrine Metabolic Disorder

And we're gonna share how conventional advice such as losing weight, cutting carbs, going on birth control, managing stress can be oversimplified or insufficient for many.

And we're also gonna discuss other strategies on managing PCOS such as blood sugar instability, cortisol and circadian disruptions, and practical functional approaches to address more of the root cause of the issue.

So we're going to start off with our first question. And what does it mean to call PCOS a neuroendocrine metabolic disorder? And how does this differ from viewing it only as a hormonal issue?

Oh, what a good question. Thank you so much for having me. It's such a pleasure to be here. This question for me really helps to paint a picture of the differences between a more holistic whole body approach to healthcare versus our conventional standard approach.

When we're thinking about kind of conventional medicine, oftentimes we're just looking at how to suppress the symptom, how to get the symptom to stop, right?

With PCOS, most of the symptoms have to do with hormones. We know that the testosterone levels, androgen levels are high. Oftentimes, sex hormones are out of balance and insulin is involved.

All of these being hormones, from a conventional approach, that's all they want to focus on to get the symptom to stop. But oftentimes that means you're dependent on whatever medication is prescribed for that.

If we really want to go upstream and look at what's causing the hormonal disruption, it's important that we look at the body as a whole. And this is where kind of a holistic naturopathic approach functional medicine shines in this way too.

And it's not just hormones involved when we go upstream and look at the whole picture of PCOS. It involves the nervous system, the hormones and metabolic pathways too.

For listeners, when I talk about metabolism, we really want to kind of zoom in on the level of the cell. Inside of your cells is basically a thermostat that determines how readily your body turns fat or food into usable energy.

And metabolism at the level of the cell can get disrupted by so many things in PCOS, which contributes to symptoms downstream. That's kind of like my approach to why I call it a neuroendocrine metabolic disorder rather than just hormonal.

Right. And then why do you believe the mainstream recommendations for PCOS often fail women? And where do these recommendations miss the mark most noticeably to really expand on what you're discussing around the metabolic panel as well?

Yeah. Well, you know, if we're taking things like spironal lactone to block androgens and we're taking oral contraceptives to deal with really irregular or really uncomfortable period symptoms, They can do that.

They can manage those symptoms in a way. But oftentimes, the underlying issues of metabolic dysfunction remains intact when we do these therapies. And long term, that can turn into a lot of downstream issues.

For many people, this can turn into things like diabetes and high blood pressure and liver detox issues, breakthrough fatigue. All of these things aren't really being addressed.

Why Conventional PCOS Treatments Fall Short

So many of the people that I work with come to me because they're like, I'm taking these meds and I still feel off. And that's just not what I want. Yeah.

We see it a lot too. Yeah. Okay. So let's, let's kind of switch to all of the sections that we said we were going to talk about. How about, let's start with blood sugar instability.

How does blood sugar instability actually drive PCOS symptoms? Well, it's insulin resistance. So when the cells of the body stop taking in sugar effectively, we call this insulin resistance, like insulin's telling the cells, take in sugar, take in sugar from the bloodstream, and your cells just aren't listening.

This resistance in the ovary itself is a big driver of PCOS symptoms. It starts to drive up the testosterone, drives up the DHEA. So these things that cause like facial hair and acne and some mood swings all start to rise as a response to insulin resistance.

Other things signaling from the brain down to the ovary as well, which actually causes the cysts in the ovaries also is a response to insulin resistance.

So definitely blood sugar instability can be a huge driver and one of the key targets when we're wanting to look upstream and start to address PCOS in a more holistic way, super important to look there.

There can be this vicious cycle basically where insulin acts on the ovary, it drives up the testosterone and androgens, which further makes the cells actually resistant to glucose uptake.

So it makes them more insulin resistant. And now there's this vicious cycle going back and forth and the brain gets involved too. And so this whole signaling pathway gets totally thrown out of whack.

Right, right. Now you did bring up some signs like, you know, the hirsutism, the dark hair and stuff like that, but what other signs and symptoms might reveal a destabilized blood sugar picture in somebody with PCOS?

I mean, biggest sign, I mean, I see them in so many people, people with PCOS and just, you know, your average person who comes in, biggest thing I see, no appetite or nausea in the morning, feeling kind of jittery and like a little wired in the morning with no appetite.

Blood Sugar Instability and PCOS Symptoms

Okay. Maybe sugar cravings, real intense carb cravings throughout the day, feeling hangry, having a headache if you skip a meal or feeling like your energy just tanks, like especially after lunch, after dinner.

All of those can be kind of common day signs that there is some kind of blood sugar issue happening. I always want to follow it up then with labs and see what does the labs have to say when we look at your fasting blood sugar, when we look at hemoglobin A1C and insulin, like let's confirm and see how far this is on the spectrum between some beginning insulin resistance all the way up to pre-diabetes and diabetes.

Right, right. Okay. Can you share some of your favorite labs to help differentiate those? Differentiate, uh, what do you mean? Like how far up, like how far up you're going?

You just ran on a once in a while. Like what else do you do? Yeah, absolutely. So fasting blood sugar is usually the first one I'll start to see climb.

And we can see fasting blood sugar inching above 100, creeping up, creeping up before basic, you know, your standard labs are going to flag it as off.

We can start to see that number climbing. And if we pair it with these symptoms, it can give us really early clues long before anything is thrown off.

I also like to look at hemoglobin A1C to know kind of brought you long term picture of your blood sugar. It shows us about a three month window of time of where your average blood sugar rides.

Sometimes for people if they have really high highs or low lows in blood sugar, hemoglobin A1C will average out. So I also add in fasting insulin and something called C-peptide to let us know a little bit more too about that insulin pathway and can give us a more holistic picture into blood sugar balance.

Okay, perfect. Yeah, I think we've used, we've used something similar and Quest has a insulin resistance panel. I love it. That we use and it's got the C-peptide, it's got fasting insulin, it's got, it's got a bunch of stuff.

I can't remember all of those things. Yeah, but it definitely really helps. It does. Yeah, it does. On a functional medicine perspective, do you just go by the lab average values or do you ever be like, oh, it's creeping up before there and try to act sooner or do you have like optimal ranges that you prefer those labs to be in?

I'll definitely, I mean, even if fasting sugar is not flagged by the lab and it's elevated and then I'm looking at nutrition on average, like what a person typically eats.

from meal to meal, because I want to look whole person, whole picture, right? So sometimes like maybe you had a really carb heavy meal before you go into the lab and have this test run.

And it's a snapshot in time. So it might be just a one off. But for a lot of people, if we correlate it to what they're feeling in the course of the day, what you're telling me in my office, what I'm seeing on the lab is like early markers of these starting to rise, especially if we compare from visit to visit to visit, and we're seeing a climb in these numbers.

all definitely start acting well before they're out of range, which is the beauty of functional medicine. Instead of

waiting until someone gets to a point where we can diagnose disease, it's, you know, that whole saying of an ounce of prevention is worth a pound of cure is so true, right?

The earlier we intervene, the more your function is intact still, the less we need to do in order to correct the situation. But if we wait until all the labs are throwing red flags, it's like so much harder to get things back on track.

Yeah, for sure. We definitely see that every day. Do you have any examples of patients you've worked with where you have some examples of how you've regulated blood sugar and what you've done for those interventions that have led to symptom relief for the clients?

Oh, 100%. A woman comes to mind, she's in her mid-40s, we'll call her J. She's the most recent woman I saw who came in and she's struggling with PCOS, also had the diagnosis of pre-diabetes.

And she's in her mid-40s, so she's had this diagnosis over a decade. She's done all of the standard conventional things. She's just now wanting to go off of birth control.

Labs for Early Insulin Resistance Detection

It's kind of the fad thing right now, right? Like people are really questioning long-term birth control and wanting to know like, oh, what are my hormones?

What's my natural hormonal rhythm? And get back in touch with that. So this is her picture. And she's like, okay, you know, what once was like, hey, a stubborn five pounds has now turned into 10. It's now turned into 12. And she's like, I don't like the way this is going.

My blood pressure's climbing. I don't like where my cholesterol is at. All of these signs are there. She came in, we ran all of the labs, got a good baseline for her and really focused on nutrition first.

In my practice, I'm working with a lot of people who are, it's not really a disease care model. I'm definitely shifting more into that healthcare model.

What happens when you go beyond just dealing with a diagnosis and like, you really want to get to that place of what's the best possible quality of life I can achieve and how good can I feel and how much energy can I have and joy and better, you know, betterment of my relationships and all of these things.

So I'm doing this with her. And so as a foundational thing, we touch into nutrition and doing a bit of a gut cleanse because this absolutely loops into the causes.

Why is there insulin resistance? Sometimes it's inflammatory in nature. And for her, that was definitely the case. So we dive into nutrition and gut health.

And the biggest things with the nutrition is how can we stabilize blood sugar at every meal? and how can we reduce inflammation in her cells, in her gut, in her cells to improve metabolic function.

That's purely where we start. Some of the rules I give her, no naked carbs. So no starchy carbs, rice, bread, pasta by themselves. They always have to come with protein and a little bit of fat and fiber at every meal, every snack, no naked carbs.

I also had her doing, I'm a big fan of the glucose goddess. She's a biochemist who put out some really kind of easy to use guidance for people that's backed by her pretty large studies.

And so we incorporate a tablespoon of apple cider vinegar, any way she wants to take it as a salad dressing, in warm water as a beverage, with a little sparkly water as a mocktail, a tablespoon a day.

Just to get the deuces flowing? It actually shows that postprandial glucose spikes are blunted and lowered when

there's apple cider vinegar on board. Nice.

So she's been doing that after lunch and then after one meal a day taking a 10-minute walk. So we start there and based on her food sensitivity testing, we're moderating inflammatory foods, foods that for her body at this moment in time are causing high levels of inflammation, we cut those.

So she's got this kind of basic thing of like, all right, we're looking for protein, fat, healthy amount of carbs, balanced at every meal and snack, a little bit of apple cider vinegar, a little bit of walking, cutting just a couple of foods for a short period of time.

Within six months, all of her metabolic labs have normalized. She no longer meets the criteria for pre-diabetes. Her last two cycles have been completely normal.

So going from like, man, I don't know when I'm going to have a period, it might be 40 days, it might be 20. now like two cycles in a row at 36 days. So definitely things are starting to come into tighter regulation.

Her mood's better. She's sleeping. She's just starting to be like, my pants are loose. I'm feeling good. Like, let's do more. And this is just one example of many where nutrition makes such a huge difference.

Nutrition, Protein, and Blood Sugar Support

Well, and it's such a simple thing and people, you know, conventional medicine is not taught nutrition. I think we talked to a doctor that we work with regularly who's an MD and they, they said that they got three hours of nutrition total, total in, in all four years of med school.

I know we got a year of nutrition, solely just nutrition, but then it was also incorporated in the other three years. So we have a lot more nutrition training.

And people will sometimes look at us like, well, aren't you just going to give me some pills that will fix all of this? And I'm like, no, we need to start here because pills aren't going to do anything if you keep adding inflammatory things to your body and you really just need to be healthy.

There's such a wisdom in that. You truly are made of what you eat. You cannot out supplement a crappy diet. It's just true. For sure. It's that whole base of naturopathic holistic medicine where you have to care for the terrain if you want the flowers to grow.

Yeah, absolutely. Yes. In our practice, we feel really strongly about how women don't get enough protein and how that impacts many different hormonal issues, not just PCOS.

But do you have like specific protein goals for your patients or is it just like get the balance? So, it depends. If I'm working with someone who is like, okay, really overwhelmed when we talk about macronutrients or we start talking grams of protein and they're like, I cannot even go there.

I have like a kind of a quick and dirty method that I'll give people where I say the size and thickness of your palm of protein at every meal, a handful of produce at every meal, and fat the size of your thumb at every meal.

So that's like pretty just on the fly if you're like, is this enough protein? Like a kind of a way of measuring. But otherwise, I'll definitely look at, you know, if kidneys are in a good shape, there's no reason why we need to like be moderate around protein.

I'll usually times their weight by 0.8 to 1 to find grams of protein in a day. If there's weight loss goals, sometimes I'll help just moderate, like kind of drop calories slowly and in a sustainable way.

But yeah, typically 0.8 to one grams times body weight a day, splitting that up with meal snacks as a protein goal. And protein is kind of the top macronutrient that I add in.

for women because it's true. It's like a big blind spot where we're like, okay, I'm getting all my carbs, I'm getting all my fat, but where's the protein?

Yeah, that's the easy part. The protein is the harder part. Sometimes it's hard to get patients to buy in, so I love your hand ratios to start with. Do you have any other strategies for getting patients to buy in on treating the foundations and nutrition when you first start?

At this stage in my practice, I'm just fairly blunt. where we want to end up in our health is so individually determined. And I think there's no right and wrong.

Like if a person wants to have a large caramel frappuccino for breakfast every day and they want to eat convenience food and that's more important to them than having, you know, joints that work when they're older and blood pressure and all of these things.

Cool. Cool. Probably not a good fit for me in my practice. If you care about like, hey, I want to be in my best shape and I want to have good mental function.

I want a stable mood and I want a libido as I age. Great. Then you've already sold yourself on why the lifestyle things are important. And I'll just say it like that.

Like this is that important. Truly. Like it's where we start. It's so foundational. You are made of what you eat and this is signaling your brain. The way you eat is signaling your brain and your nervous system.

The way you eat is signaling your hormones and your immune system. Like everything comes down to this. So there's no shame, there's no blame, but there's just that reality of if you want these goals, this is necessary.

Right. And you have to make… I'm very, very blunt also. And I'm like, either you do these changes or there's no point in us having visits. Yeah. And that's okay.

Because I can't help you if you're not willing to help yourself. Yeah, truly, truly, truly. And sometimes I'll ask people too, like, okay, well, if you really want this goal, And you're struggling here.

What's the hold up? Like, what is what's the obstacle? Is it cravings? And if it's cravings, is it just because you're like hungry? Or is it because you're like hungry for more like that dopamine serotonin thing, you're not getting enough self nourishment in the way of like, rewarding experiences in life, which for women is a big issue too, like not taking enough self-care time, having enough connection, not making time and priority for like pleasure and receiving, like just purely receiving goodness in your life.

Okay, cool. Like we can absolutely address those things and meet them in other ways. Like if food was the coping tool, I don't want to take that away and not replace it.

But it's a place for sometimes for a little bit bigger conversation. If you're like, I do want this, but my cravings are this or that are like killing me.

How do I get over it? That's like another conversation we can have. Sometimes the hypnosis makes a world difference. Acu therapy makes a world of difference.

Yeah, yeah, it just kind of depends. It's so personalized, right? Right, exactly. And I also think that, especially in our society, women do everything and we are kind of like, it's almost as if we're selfish or feel guilty if we take time for ourselves and do self-care for ourselves.

So I think, especially my generation, my generation especially, you know, self-care was not a thing growing up. And so I don't even, honestly, I don't even know how to do self-care.

I don't, because it was never a thing growing up. And of course I don't have time, but I definitely need to figure it

out. I think also women who are moms as well, they're like, if you take time for yourself or do those things and aren't doing everything for your kids, then you're not as good of a mom.

So there's so many different levels of our society and how they make us feel like self-care shouldn't be how we're spending our time. But I love that you brought up that point and how that does really play into a lot of power.

Oh, 100%. Yes, yes. You know, it kind of points back to like that neuroendocrine tie-in with PCOS. We know, hey, stress hormone is really high. One of the ways we moderate this is we think stress hormones are intimately connected with our fight and flight nervous system.

And what's the counterbalance of this? It's our rest and digest nervous system, that taking the time to really slow down, to enjoy a meal, strengthen your ability to go to sleep, your ability to just turn the computer off and walk away and let your brain defrag.

This is something, it's a skill, it's like a muscle, we can build it, but it does take that consistent exercise, right, in order to make it more habit.

It does. Definitely. This is actually a great transition to our next topic of the cortisol dysregulation. It's all connected, right? Okay. So what are the typical patterns of cortisol dysregulation you see in people with PCOS?

I always see that high cortisol level. And just like we were talking about when fighter flight is really high, because it's just cultural at this point.

We all are just culturally entrained. Like the moment you wake up, you're checking your phone, you're flying out of bed, you got stuff to do, you got to take care of the kids, you got to do this, do that.

And there's just not that slow roll up. And most people just keep going all day long, like at lunch, you're just kind of eating something real quick over the computer while you finish up some stuff and then cook.

That's like our every day at work. Yes, you're just a busy body from the moment you get up to the moment you go to bed. And then it's like, okay, then we start over and do it again.

And sometimes sleep's disrupted too. So it's like this pattern of go, go, go, it doesn't really unwind or stop in the day. And that it's just it signals stress hormone, the body feels like there's a threat fight or flight systems stimulated.

It means we feel like there's a threat, something we have to do, something we have to handle. Stress hormone is the body's response to that. It's how we kind of get the whole body primed and ready to run away from the tiger or like deal with the survival issue.

Trouble is when it's chronic, it starts to create downstream problems all over the place. kind of immediate things I see for most of my clients is like a tendency to be reactive.

Stress, Cortisol, and Nervous System Regulation

So instead of like, hey, you hear something that you don't jive with, you're just reactive right off the bat instead of responsive, or maybe like the reaction is out of proportion to the stress.

This is kind of a common thing. In the course of the day, it might be that you're tired first thing when you wake up. You just can't get going without the coffee.

But then when it's time to go to bed, your mind is racing and you were just wired and you cannot fall asleep. That's kind of like the first little place I see the long-term adrenal dysfunction show up.

Eventually, it gets to the point for some people where it's just you're flatlined all day long. Your adrenals just are like, no, I can't keep up with this.

Flatlined. I'm tired. I could sleep 12 hours. Nothing refills the cup, right? And that's usually how I see kind of like the patterns go through is like this reactive reversed cortisol pattern where it should be high in the morning.

Stress is hormone is good. It does things for us. It should be high first thing in the morning where we're like, boom, wide awake. I woke up. I'm good.

I'm ready to get out of bed. and then it comes down and by the evening you're like hey I'm tired I'm ready to go sleep. This should be like a normal healthy pattern where we have little spikes when I need to handle something like oh my kid runs in traffic like I want that stress hormone so that my body is like boom on it immediately.

But we then should be able to recover really quickly and go back about our day and have it not really throw things off. And this is a habitual pattern that doesn't work quite like that.

So on that note, how do these chronically disrupted cortisol levels impact metabolic and reproductive health? Oh, everywhere, everywhere. So, you know, I kind of think of the master control systems of the body are three.

We have our hormonal system. We have our immune system and our nervous system. Any one of those can throw the whole balance of the others off. And so if stress is the primary driver for insulin disruption for someone with PCOS, or if it's kind of a secondary, so it could be chicken or the egg, when it's off, it drives up inflammation levels.

We know this. So it suppresses immune function. It drives up inflammation. In time, it will actually blunt thyroid function. So when we're thinking like, oh, PCOS, we're already struggling with weight gain and troubles here, it can add kind of insult to injury by blunting the thyroid.

Because it's coming from the adrenals, our androgen hormones also come from the adrenals. So this overstimulation of the adrenal cortex starts to make that androgens rise more.

More stress, more androgens. They just go up together. I also see this kind of teeter-totter balance with progesterone and stress hormone. So stress hormone is really high, progesterone starts to drop, and that creates really weird periods, like the cycle is just completely all over the place.

And then when the periods come, they're often just horrible because the ratio of estrogen and progesterone is just not where we want it to be. And then cortisol is intimately tied to your circadian rhythm too.

So it's kind of like this whole constellation of things that come as just a downstream consequence to high stress that we often just kind of like, it's like a frog in a pot.

They just slowly start coming on and on and on. And eventually you're looking at this and being like, what happened? Oh my gosh, this is a lot. Yeah. Yeah, so we deal with, I feel like in so many different hormonal issues, low progesterone becomes an issue because of this whole stress pattern that you're describing.

So what are your primary strategies for supporting progesterone production to try and balance that out? Well, of course, I'm going to test each individual.

I love the Dutch test for kind of looking at how much of these hormones is your body making? And then how is your body actually metabolizing them, getting rid of them?

When they're done, how well do you get rid of them? Are there bottlenecks there? Because a lot of the symptom picture can come from either production issue or a detox issue.

And because cortisol is kind of the driver of this, I always start with somatic nervous system regulation. So looking at that fight-flight system and creating a regular routine thing in the day, non-negotiable, that helps to regulate the fight and flight.

I give all my clients just this little 10-minute recording I put together. It's awesome. It's got binaural beats. It gets you

focused on somatics, which means like you're focused on the sensation in the body.

You know, we can't think our way out of stress. If you tell yourself like, stop thinking that, stop thinking that, you just keep thinking it, right? The mental loop spins forever.

But like Eckhart Tolle says, like the thinking mind can't feel. This is like our key. If you focus on your feeling, the feeling, the sensations in the body, this monkey mind just starts to naturally calm down.

If you do this seriously, just five minutes a day, every single day without fail, It lowers baseline stress and it increases your capacity. So I always start people there.

It's like one little simple thing we can add that just makes it to where the window that we can intervene is so much bigger. So I always add this. It's a prerequisite.

And then based on the labs, where's your cortisol level at? Where's the stress hormone level at? Sometimes I'll use things like adaptogens or phosphatidylserine to help modulate stress hormone.

If someone's completely tanked, we kind of go down a different rabbit hole with that, but I'll always look at the stress piece. And then for actually boosting progesterone, It depends on where a person's at.

Are we in perimenopause? Are we moving more into menopause? Or are we really, really in primary productive years? Um, and some of my favorites, passion flowers, great for boosting progesterone.

Um, gosh, there are so many different herbs. There are so many different herbs that we can use. Vitanica has a great product out in rebalance. Oh, yep.

We love that one. I was, I was just asking if you use like Primrose oil and stuff like that. Evening primrose, I'll do seed cycling with evening primrose and, you know, omega-3, cod liver oil, alternating with pumpkin seeds, sesame seed, flax, sunflower, just a typical seed cycling because it does so many different things nutritionally, but that and passionflower.

There's so many good products out there. And then you kind of already touched on this a little bit. We talked about your, you install that, like that little recording that you have for the biurinal beats and all that.

But do you have any other like sustainable methods for restoring cortisol rhythms? Yep. Yeah. So I'm a big fan of just somatic therapy in general. So we start with a grounding practice.

Me and my clients will usually do a grounding practice every day. And then I'll actually get into somatic therapy with them. So like really starting to reconnect to the body and teaching them the tools to actually intervene when stress is like at its earliest parts.

You know, if I think about your stress response, if you think about it on a scale of one to 10, How active, how stressed out are you? How activated is your fight and flight system?

Anytime we hit seven out of 10 or higher, we're in dysregulated state. Like the body will take over, cortisol levels are going to be high. Your body's just going to take over and you're going to be reactive and do things.

Some people live their entire life in the seven out of 10 and above. And they're like, man, I don't even know how I feel. I'm so tightly wound. Like I'm overwhelmed.

capacity for me is like the space between where you are and that seven out of ten. I want my clients feeling like, hey, I'm like at like two or three out of ten baseline.

You know, some of course things are going to come up in the day and you modulate and you kind of move in and out of activation, but having the tools to be able to keep yourself at that baseline, two to three out of ten, often

comes just with like a lot of willingness to feel the sensations in your body and learn how to regulate them.

So whether through movement or sound or taking like a moment to breathe or setting better boundaries with people or like really finding like what are the drivers of the stress and actually creating the lifestyle circumstances that allow you to have a lower baseline.

Now you Serena, this culture needs to learn to prop up its moms like Moms are just like in a season of self-sacrifice. And that's just sometimes you're going to be really activated for prolonged periods of time.

And it's like, we would all do really well to hold up our moms because we all need moms. That's where we come from. So it's only right to honor them. But if you're not a mother to a very young child, like being able to create and carve out those boundaries with people is huge.

And learning to have like just less self-abandonment and better communication skills is huge. And, you know, as a naturopath, like a lot of what we do is lifestyle medicine.

And I think that's huge for actually getting to the root. We tell people, regulate your stress. And you're like, what does that mean? Like, do I just take pills all the time?

No, no. It comes down to the lifestyle and the way that we're actually handling the stress. And I think that just takes time and like really working with someone who can actually help you navigate that tricky terrain.

Yeah, it is definitely really hard to navigate that, especially when you're… Yes. Well, I also just think that as culturally as women, we're not always taught to set good boundaries because we're taught to be the givers in general.

And so I think it's one of those skills that's really important that we can help our patients address and just talk about it with them. Yeah. Yeah. And it's, you know, sometimes for us too, like as doctors, I work with a lot of healthcare professionals where it's like, okay, sometimes you do have to compartmentalize, like periods of high stress, like you're in an emergency room situation for eight hours a day, or, you know, whatever it is that you're doing, if that's your service.

holding space outside of that to kind of counterbalance what you've been through and allow yourself to have that recovery period or decompression period is necessary if you want balance in the nervous system and ultimately balance and stress hormone.

Exactly well and that kind of leads us to you know the next topic or part of our topic is you know when you have that high stress hormone your circadian rhythm is completely off So why is the circadian rhythm continuity so critical to the metabolic health and PCOS specifically, not just for everybody it is, but like specifically for PCOS?

And does it really kind of tie back into that high cortisol level that we often do see in PCOS? I think so. That's what I see in practice. It's interesting.

It's like we don't really think about, but every hormone in the body has what they call a diurnal rhythm and it sets itself to the circadian rhythm, to your sleep-wake rhythm.

So, I mean, literally all of the hormones that we're talking about in PCOS will set themselves to this rhythm.

Circadian Rhythm, Light, and Sleep Support

And so when that rhythm is thrown off, the entire cascade of things that happens in PCOS quality of sleep, nervous system regulation, inflammatory levels, all of these hormonal pieces, they all become exacerbated and inflamed because of circadian disruption.

Okay. What are some of the most common disruptions to the circadian rhythm in modern life that you see that especially impact PCOS, but pretty much everybody?

Yeah, everybody, yes, we have this conversation. Stress is the biggest one, right? Just how are we regulating ourselves in the day? But then also light, artificial light, it controls our melatonin levels, and that's one of our primary sleep drivers.

And then also stimulants. This adenosine is another sleep driver, and all of the caffeine and stimulants that we get into will absolutely throw off that balance.

Another one that's really not talked about much could be EMF as well and like our sleeping environments being so just kind of chaotic to the nervous system to where you can't sleep very well.

Yeah, I definitely feel it sometimes. Since it is so hard, how can people realign or reinforce their circadian rhythms on a daily basis? So many lifestyle pieces.

So in addition to some of the herbs that we talked about, like there's a great product I like to use, cortisol manager, that's got magnolia, ashwagandha, phosphatidylserine, and I find it to be really helpful in just starting to create a better relationship to sleep and kind of those early stages.

And if we're adding in the somatic mindfulness practice as well, definitely that's a great starting place. I'm oftentimes giving my clients like first thing, waking up, getting some bright light exposure, going outside within 30 minutes of waking up and getting at least 10 minutes of light.

It's helpful if it's actually coming from like all around your visual field. because it's pretty stimulating to cortisol. We want to get that healthy cortisol burst first thing in the morning.

If you're going to do any kind of cardio exercise or HIIT training or anything like this, emphasizing that in the morning time can be helpful too because it'll also peak that cortisol level.

And then when it comes to evening time, really having good wind down practices where you're turning off any artificial light, seriously, two hours before bed.

But if you're like, okay, I'm pushing it an hour before bed. And for some people where they're like, oh, that's the only time I get with my sweetie, we love watching Netflix.

And I'm just like, okay, get the blue blockers. Get the blue blockers out. Do it. Put your thing on night shift mode. Just minimize it as much as you possibly can.

No overhead lights. Dim everything down. Just try and create this natural environment where there's just less light. Because we know even in a natural environment, there's a full moon.

If we were sleeping out in nature, there is some light. There's some light pollution depending on where we're at. That's natural. We can acclimate to that.

We just don't want it to be crazy. Speaking of acclimating, since we live in the Pacific Northwest, we're getting to the time of the year where in the mornings, most of us get up before the sun is up, again, because of, you know, our life.

And if it is dark and cloudy and rainy outside, there's not really a lot of light in the morning for you to get that full exposure. What do you suggest in the winter months of, you know, like the Pacific Northwest or other places where they don't have, or Alaska, where they don't have any light?

What do you suggest they get? Is there something they can get like a little machine that they can use? Or what are your thoughts on what they can do to help that since not everybody can get full sunlight every day?

Yeah, I am a big fan of red light. So this photobiomodulation unit, that's such a mouthful, but like Mito Red is my preferred brand. I've got like a big unit that sometimes we'll just flick on in the morning.

And it's interesting, like the animals will all take their time. I have two little dogs and a cat. And they'll each take turns just going and sitting and sunning themselves in front of it.

It kind of feels like sunlight, but for those, you know, we're in these northern latitudes. We do what we got to do. It makes a huge difference. Yes. Yeah.

Okay. Great. And do you like the red light more than like the standard, like happy lights that are like the full spectrum lights? I mean, I'm kind of nerdy about the benefit of red light therapy in close exposure to the skin and the amount of joules of light, so the actual energy transmission like through the skin and its penetration through the skin and how well it stimulates mitochondria.

I choose the red light for all of those added benefits as well. If it's purely just for stimulating good light exposure in the morning, certainly a happy light can do it.

People notice huge benefit to mood and stress regulation with a happy light. So it's like use what you got. But you know, there's so many added benefits to for the red light therapy.

I go for that one. Yeah. Great, thank you. Okay, so I kind of want to summarize a lot of the things that we talked about, but what for lifestyle interventions and functional medicine approaches that we've covered that we can kind of put together in this little snapshot are going to make the biggest difference in blood sugar, cortisol, and circadian health?

Like what are your big three for those? So, big three, I'll just say preface to this, a framework is necessary. Whenever we have this big complex thing going on, like PCOS, in order to work out of these things, I caution people against a shotgun approach.

I think starting and working through really step by step, sort of the four pillars of like how I guide people through this is like first and foremost, adrenal regulation and blood sugar regulation first.

So stress and blood sugar first. then I get into digestive health and the microbiome. We didn't touch in too much on that, but certainly digestive inflammation can be a huge driver for metabolic dysfunction.

When we're noticing metabolism slowing down, we're gaining weight, all of these things are really stubborn and hard to shift. Looking at the gut is huge.

So that's kind of step number two. for hormonal regulation too, because the gut is what makes everything active and detoxes them and everything. So I think people tend to forget how important the gut is.

100%. To simplify that, the gut is what's breaking down our hormones into other active metabolites, which can have equal effects as the original hormones.

Yes, absolutely. So I start, okay, blood sugar balance, adrenal regulation, number one. Number two, I go to gut health and really do a nice solid gut rehab project with people.

Then I look at detox, how well we're detoxing at the level of the liver, are you peeing, are you pooping, are you sweating, all of these things, and then all the way down to the level of the cell.

How can we move out toxic herbicides, pesticides, heavy metals, things that the body's holding onto? And then four is the last phase is where I look at, okay, let's look at testosterone, all these androgens, estrogen, progesterone, because oftentimes we find if we do that groundwork, there's a really refinement, not huge things that needs to happen.

So I kind of look at a framework first, But then when we think, okay, what are the action things that you can start with? I would say the somatic practice or some kind of body-based, sensation-based regulation practice that you do every day in order to lower your baseline stress.

And then really looking at blood sugar balance. healthy way of eating, like anti-inflammatory way of eating are kind of the big two that I'd say are like the levers you can pull right now that will make a huge difference in all of the constellation of symptoms that contribute to PCOS.

Yeah, for sure. Okay. Yeah, I mean, I just, there's so many things out there that you can find online and so many like quick fixes. What are your, what are the biggest myths that you have seen about PCOS management that really need debunking?

Well, that you have to live with this forever. That you should just have to manage it forever. That it can't be brought to a place of resolution. That's a myth.

Right, like so many pharma, whatever, we don't have to name them. We know who they are. But like a lot of these companies really have vested financial interest in making people feel pretty disempowered about the conditions that they're struggling with and knowing that there really can be like whole other levels of quality of life where you're not regularly managing, but you're free of symptoms is a real possibility.

Yeah, that's definitely a big one. That's definitely what, how we kind of approach it too, because I feel like pretty much everything, I mean, not, not everything, obviously, but almost everything, even autoimmune diseases can be reversible.

That is to say, though, that I feel like you will be managing a healthy lifestyle thereafter. To keep it in check. To keep it in that resolution phase, you do still need to be managing a healthy lifestyle and doing all the things that we've been talking about to do that.

And I think that's such a beautiful thing. I think that the frame of mind is very different. Like when we're managing symptoms, it's oftentimes like we're moving away from pain.

But when we're managing a healthy lifestyle, we should be moving towards pleasure. Like a healthy lifestyle feels good when you found the like the perfect balance for you and the way that you want to live your life and that aligns to your values.

Like truly, it can be quite pleasurable and not like this thing like you have with this to-do list of a hundred things or something that feels really stressful and heavy.

It should feel pretty good. Right. And I feel like, you know, personally speaking, but also with my patients, I feel like it gets easier with time anyways, and it just becomes the life.

Like, it's not like you're actually, it's almost like you're not actually doing those things because that's just who you are and what you're doing. It's not that you're having to do all these extra things.

It's literally just what you are. Yes. Yes. Yeah. And I like that you put it in the framework of it becomes pleasurable because I feel like a lot of times people are first getting into this, they feel like, oh my gosh, it's so much work.

So hard. It is so hard.

Functional Medicine Framework for PCOS Recovery

And it's not to say it isn't major changes, but once you make those changes and you just feel good all the time, it doesn't, it's not work anymore. You're right.

It does feel pleasurable. And I don't think we tell people that enough. Yeah. Oh yeah. Yeah, I think that's important and a very important point. Yeah.

Next up, looking forward, what changes would you like to see in how medical and wellness professionals approach PCOS? Holism. You know, we're not one system removed from another.

We're not just a collection of parts, like all of these systems work together. they work together with our consciousness and our mind has this huge input on our body and our physiologic function.

We call that epigenetics. And then like for our cells in our body have this huge input on our mind. And if we, you know, ultimately, I think the goal of healthcare should be Managing crises when they arise, of course, yes, but going the extra mile beyond this and helping people to arrive at a quality of life where they're not just managing disease.

We're not waiting for things to be red flags on the lab and everything being so insurance-driven. quote unquote, medically necessary is the only thing that matters.

It's like it's not really doing people the highest service that we can offer. The science is there, you know, both from holistic side and from the functional medicine side, the science is there to support, you know, tighter margins on all of these things, but it's really like some screwy financial stuff that keeps our systems locked into this disease care instead of health care.

And what people are expecting, what they think that they're getting is health care. And I think we can do a whole lot better to deliver on that. Yeah, definitely agree.

It is very hard working with insurance, especially because they will not cover things if it's not deemed medically necessary, even though it really is.

Because if we were to fix all of these things with diet and nutrition and maybe some supplements and these tests that we want to run, it would be a lot cheaper than doing all these emergency surgeries or having them on hospice or all of these things.

Or on the medication. Or on the medication. This is much cheaper. But yeah, our system is a little bit broken. We all live in different places, but do you have any advice to listeners if they really resonated with this talk on where they can find evidence-based support or community in their area?

Where could they start? Well, finding other people who are interested in health would really be like, okay, what are your values? Really identifying what are your core values and what's good enough for you?

What would be the perfect picture of your health? And if you really had like, okay, if there were no limits at all, how would you like your days to feel?

How do you want to feel in your body? Like really getting clear on exactly what you want. And then from there, it's easier to find people who are like-minded because you will like get a sense like, hey, if I want to be like exercising regularly, I'll meet people at the rock gym or at the yoga studio.

Or if I'm just out walking early in the morning, I'll run into other people who walk their dog early in the morning. Like, you know, just other ways that we just naturally meet human beings and the world is a place.

And then seeking out functional health care providers. Of course, they're not all created equal. Some, you know, a lot of people in the functional health space are coming from standard medical disciplines where it's like they really don't have a whole lot of wholeism training, except for what you get in like a short, you know, IFM training.

If you can, seeking out people who do functional medicine, but also have that background of like naturopathic medicine, so it's anchored in something that's a very holistic system, I think is going to do you the best.

Agreed. And I do think that, you know, we need to make sure that listeners are looking for, if they're looking for a naturopath, they need to make sure that they're looking specifically for naturopathic doctors.

There are certification programs that can be done on a weekend that will make you a certified naturopath. So just please make sure that you are looking for a naturopathic doctor, if that is where you want to go, because we do

med school, but we also do all of the holistic medicine as well.

Someone who went to a four-year. Yes, a four-year medical school. A four-year doctoral degree in naturopathic medicine, not a one or two year certification online makes a very big difference.

That's so confusing. Yeah, good point. It is. That's why it's important to be clear that naturopath is not the same thing as a naturopathic doctor or naturopathic physician because they are called different things depending on what state you're in, but you want to make sure they have that four-year doctoral degree.

Yes. Yes. Okay. So all of the nuance, naturopathic doctors, functional medicine, you're like, these are good. Yes, exactly. Yeah. And you know, you can always reach out and we'll be happy to look into things too.

So I think really just to kind of wrap things up, you know, we really want our listeners to realize that PCOS is manageable and it is not a lifelong thing.

Myths, Holistic Care, and Where to Find Support

You can fix it. You can make yourself whole again and feel the way you deserve to feel and have all of the pleasure like you said. And next steps really for our listeners would be to find somebody that can help you.

If you're in Oregon and Washington, you've got Dr. Chelsea, you've got us, we are all here for you. There's lots of good doctors out there that are naturopathic doctors or even regular doctors that have done some training in functional medicine.

The biggest key is just asking all of the questions and making sure that you feel comfortable enough with what they're telling you as well and do your own research.

Do you have any closing remarks? Yes, absolutely. I think that's wonderful. It's so empowering to be able to like seek out and find quality care anywhere in the world.

These days, it's available all over the place if you just do a little bit of poking around and finding. And for anyone listening, if you're interested in a somatic grounding practice, like I mentioned, I have that quick little 10-minute one I put together.

Just find me over on Instagram at Dr. Chelsea Ielts, and you can just DM me. I'll send it over to you for free. I'll give you a link for it. Nice. And if you want to, you can send us a link and we'll put it on our podcast.

Oh, perfect. I will. I will. I'll do that. Great. Thank you so much for joining us, Dr. Chelsea. I love you and I really miss you. I love you. Thank you so much for having me.

It's been a real pleasure. Thank you for being here. You too. Have a great rest of your day. Thank you. You too. Bye. Bye. Thanks for watching Hormone Heroines.

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See you next week.