Perimenopause & Gut Health: Why Symptoms Spike & What Helps With Cynthia Thurlow Transcript

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Introduction and Guest Background

Hello, welcome to the Thyroid Pharmacists Healing Conversations podcast. I'm your host, Dr. Isabella Wentz, also known as the thyroid pharmacist. And today I am really excited to be joined by the Cynthia Thurlow.

We're going to talking about what happens to our gut during menopause and perimenopausal and what we can do about that. So Cynthia is a nurse practitioner.

She's the host of the Everyday Wellness podcast, an author, international speaker, and she's got over 15 million views on her Ted Talk on intermittent fasting.

I'm going to link to that in the show notes. She does have a lot of experience in health and wellness, And she is a globally recognized expert in perimenopause and menopaus, as well as intermittent fast.

And now she tackling gut health. Which I feel like is such an important topic, obviously, right? So if you've known a little bit about my history, I have had a history of Hashimoto's from the time I was in my twenties, as well as irritable bowel syndrome.

And so this is something that I'm super, super passionate about. I Was joking with Cynthia before. Before we started recording that I'm 1 of those people that achieved a lot in my 20s.

In terms of what people typically achieve in their 40s and 50s, and by a. Meaning that, I had all of these illnesses, right? So being diagnosed with auto immunity.

premature ovarian insufficiency, I feel like I wish I had known more about perimenopause and women's hormones in my 20s. I know you might hear the word menopaus and you may not think this is relevant for you, but if you are a woman or somebody that cares for women, trust me, this information is going to be life-changing.

So, Cynthia, it's so wonderful to have you here today. Thanks so much for having me. I, you know, one of the things I always like to ask my guests is many of us in functional medicine come into this world of functional eating green foods or fasting or supplements, right?

This kind of work tends to find us, really potentially because of our own journeys or somebody that we perhaps family member or maybe some patients that just weren't getting better.

So I'm curious, what brought you into the world of functional and integrative medicine? Such an important question. Well, to give everyone some background, I was an ER nurse, trauma nurse and then went into cardiology.

And so I wasn't clinical cardiologist, a nurse practitioner for 16 years and did both inpatient and outpatient management. I grew increasingly kind of disillusioned with the traditional allopathic model that was very focused on symptoms or treated with pills.

Everyone thought it was cute. Cute is the word they used. We have this nurse practitioner who likes to talk about nutrition and lifestyle. And so I became increasingly disillusioned because I felt like a lot of things that I was treating patients for were lifestyle mediated, meaning if I could get them to prioritize their sleep and change their diet and exercise and manage their stress, a lot of the lifestyle related diseases would have not been an issue.

And so I took a massive leap of faith in well actually 10 years ago and took this leap a faith out of traditional allopathic medicine started all my functional integrative training started my own practice.

and literally was exactly the poster child of what you should not do. As a middle-aged woman, I was weight loss resistant, exhausted, wasn't sleeping, probably over-exercising, too low-carb, all the wrong things at the right time.

I had a husband who traveled. I literally became the poster child for every patient that came to me with struggling with the same issues, you know, high achieving women who had successfully been able to do all the things for so many years and then the wheels literally effectively fall off the bus and perimenopause.

And that has a lot to what's happening physiologically in our bodies. I think that as I figured out how I was going to heal my body moving forward, I able to figure out exactly the path and the recommendations I would make for my own patients.

And so it's interesting how have two very different experiences. I spent 20 years in traditional allopathic medicine. Spent the last 10 years and functional integrative medicine, and I can see the benefits of both.

And yet at the same time, I understand when patients come to me and say, "I'm struggling with weight loss resistance. I don't sleep well. I can't think straight.

Um, I'm being told that this is just the way things are at 42, 45, 50, whatever age someone is.

Functional Medicine and Midlife Health

" And let's be clear, women can experience symptoms of perimenopause in their mid to late thirties. And I think in many ways, a lot of experiences that we have as women, Like when I reflect back, I had my first child at 34, my second at 36. And a lot of what I experienced very likely was the beginning of perimenopause.

But we write it off. We're like, oh, yeah, i'm a mom with young kids. Of course, I'm tired. Of course I'm not sleeping well. A lotof these symptoms that we are seem very benign and relatively innocuous are actually a sign that our hormones are declining. And there are things thatwe can do to support our bodies.

I certainly didn't learn it the first time around it really took all the additional training I've done over the past 10 years to be able to help women differently and to We have existed in a space where a lot of the medical interventions have been based off of research on men.

And I love men, I'm the only female in my house, and I have all boys. I even have male dogs. So I always say this is not a strike against men it's just observationally the research has really not been done on women, not enough of it.

Out of that has come a one size fits all philosophy in medicine. It's one of the many reasons I really like a very personalized bio-individual approach.

And that's really what I think functional integrative medicine does a great job with, is that they're really figuring out like the N of one, the bio individual approach that is going to be able to help that patient.

We have common themes, but every patient might need a slightly different intervention or strategy to heal them. I'm with you with traditional medicine.

When I was going through pharmacy school, And we were learning about diabetes right and I was like okay so when I graduate basically my job can be a pharmacist that provides medications to people with diabetes after they've been on.

You know this lifestyle journey for 510 1520 30 years of doing all the wrong things and now they have diabetes and Now they require medications and I'm talking about type two diabetes right and my brother.

Was talking about spending some time in Louisiana where up there's a town there and he talks about how everybody just gets diabetes like it's the rite of passage when they become older like you, you know you go to

school.

You get married you have kids you get diabetes it just like something that happens to you and I feel like a lot of times. Women get that messaging that in midlife, like mid-life just sort of happens to you.

You get perimenopause, you get menopaus, You essentially, gain weight and then you feel like crap, but it doesn't have to be that way, right? Can you share a little bit more about your thoughts on that?

No, I 100% agree. And I think so much of it is finding a reframe around aging. I'm not suggesting like I am a 54 year old female, and I completely proud and completely comfortable talking about aging, but I also think we owe it to our patients.

to help them understand there doesn't have to be this, I turn X age, therefore it's normal to have joint pain. It is normal not to sleep well, it is to normal be weight loss resistant, inflamed, diabetic, or have poor metabolic health.

And so I think there are so many things that we can do to helps our patients navigate changes that have we to make in terms of lifestyle. I would be the first person to say that Um, I went to my 30th high school reunion.

I remember having a conversation with friends and, um, you know, 90% of everyone looked great. There were a couple of people who were still living like they were when we were 17 and 18 years old and weren't feeling so great and I recall saying like fully adulting is acknowledging that in order to feel good, and you sometimes have to do the boring stuff you have prioritize sleep, you have to manage your stress, eat nutrient-dense food, move your body, have healthy boundaries and say no.

You have deal with your stuff. If you had things that happened in your childhood or young adulthood that have impacted you significantly, like get the help, talk therapy, a whole slew of things I talk about in the book, I think part of adulting is, number one, finding the reframe for aging.

So it's not this terrible thing. I think, unfortunately, we live in a society that prioritizes youth. And I get it, I totally understand it. But I also think we need to find a reframes around the privilege of being able to get older.

How many people, how many patients I took care of that were young when they passed away? And so aging is a privilege. We have to define that reframed around You know, these common kind of misconceptions that we have to accept, you know just surviving instead of thriving at a certain age.

And so I think that far too many people accept what is changing in their bodies instead being willing to like make little changes. I'm not suggesting everyone has to do what I do or what my husband does.

But I think that many people still want to live like they're 18. And then they wonder why they don't feel great. Well, you know, we didn't sleep, We probably ate the wrong foods.

We certainly didn' abstain from alcohol or whatever else people were doing. So I guess we get older, and we have to be kinder to our bodies. If we are kind to It's amazing how much farther you can get in terms of results and strategies and just physiologically feeling better.

Like I always say, like, I actually feel better at 54 than I did at 44 because I remember what I was like at forty four. I. Was so burned out when I left clinical medicine.

April 1st will be ten years when. When I laughed, was actually saying to my husband, it's hard to believe I feel like 10 years has just flown by. But I think for so many of us that resonate with that, that Once we start prioritizing ourselves, we're able to invest the time and effort in making different choices.

And even it's changing, maybe it is changing your friend group, leaving a relationship, changing a toxic job. I think for many of us, it doesn't necessarily have to be that dramatic.

But I do think we have make changes. The word pause, perimenopause, really is designed to force us to reflect what's working and what is not working. What can you do about it?

I refuse to believe I don't know if this is a byproduct of me just being a feisty individual, but I refuse to believe that we have to accept things as they are.

There's always opportunities to change. Yeah, I really appreciate you saying that because I feel like when you get older, it's definitely a privilege.

But the same things are just not going to work that maybe worked for you when were in your 20s. I know I always joke that like, when I was in my 20's, i drank mojitos and jungle juice and I went dancing and i was like in perfect shape, right?

Until I got Hashimoto's of course. But the same things are not going to work as far as our metabolism go, or just even feeling our best self. People have described perimenopause and menopausus sort of like this unraveling of all of the things that have been Essentially in our system and they've been, I guess, maybe just waiting for the right time to appear, right?

And so we might find that we have these unresolved issues with trauma. We have un resolve issues. With our gut health and our hormones were sort of stepping in and doing.

The work to keep these things contained for for many of us for those of, us with like auto immunity like myself a lot of that that.

Hormonal Shifts in Perimenopause

That stuff hit the fan a little earlier, but a lotta women do find that they are in that age range and all of a sudden they start having. symptoms that they've never had before.

So they might start having more food sensitivities. They might started having those joint pains and all of a sudden their metabolism stops working. What's going on at that point?

Yeah, it's such a good question. I think that if we understand physiologically what's changing at the beginning of perimenopause, we're seeing a decline in a key hormone called progesterone.

And so pro gesterones is important for a lot of things in the body. But one of the key things is it helps with sleep. A lot people probably understand if I say the week before your menstrual cycle, do you notice that you have a little bit more trouble with mood, a little more trouble with food cravings, more sleep, that is a byproduct of progesterone's decline.

So imagine over the course of a month that's magnified. And so this is when I will sometimes see women saying, you know, my sleep just hasn't been great.

I'm feeling like I am someone that maybe had a little postpartum depression, but now either I have significant depression or I m experiencing an uptick in my anxiety symptoms.

For a lot of women, understanding that with progesterone comes a main inhibitory neurotransmitter called GABA. And for some people that inhibition of GABA vis-a-vis less progesterone can show up with all these like anxiety, depression.

We can see motility changes in the gut with a decrease in smooth muscle contractility. a rise in estrogen. So estrogen and progesterone are designed to balance each other out like a seesaw throughout the menstrual cycle.

But with less projesterome, we're going to see something, a term that people like to use, probably not necessarily correctly, estrogen dominance, but it's really this imbalance of estrogen to projesterone.

So many things will come from this relative drop in progesterone that really kind of gets magnified and think about Isabella in the United States, the number one endocrine disorder is PCOS.

I think it is grossly underdiagnosed. Um, I am a thin phenotype PCO S I didn't even know I had PCOs until I tried to get pregnant and went through a bunch of infertility treatments because I was an ovulating.

And so women that have PC OS, perimenopause journey can be a bit rockier. They're already starting with less progesterone. they have this luteal phase defect, which is a fancy way of saying less pergestorone in that lutial phase, and so it can magnify all those symptoms.

And so that's a starting point, but we do know that estradiol, this other key hormone, can 20 to 30 percent higher in permenopausal. So for some women, that will drive weight loss resistance, brain fog, it can drive joint pain.

You can start seeing alterations in your likelihood of developing autoimmunity because estradiol is a potent immune modulatory hormone, which is fancy way of saying it's immune regulatory.

So the immune system and estrogen go together very closely like lock and key with less estrogen, you're more likely to develop leaky gut. Why do we see four to five times more autoimmune conditions during the perimenopause to menopausal transition has a great deal to do with this loss of estrogen.

So the small intestinal lining is only one cell layer thick. And if estrogen is responsible for that locking key mechanism of keeping that small intestine lining together, it can get worsened during peri-menopase and certainly menipause.

There's a whole constellation of things that can happen, but the digestive system takes a significant hit. I mentioned how progesterone helps with smooth muscle contractility.

Estrogen helps the nitric oxide signaling. Nitric oxides this potent signaling molecule, that it helps movement of the digest system in general. Many women will say, I feel like I eat a really healthy meal and it just sits in my stomach.

And that can be a byproduct. Of course, my patients then worry about gastroparesis. And I'm like, all right, that's probably much less likely. That typically happens with patients that have long-standing diabetes that just get decreased innervation of the gut.

There's nothing that could be done about it, very little that it can done. But there's lots of things that happen with these changes in hormones. Those are some of key things we see.

The other thing about estrogen that I think is important to mention, because sleep becomes such a big pain point, Serotonin is intricately interwoven with estrogen.

So as estrogen's going up and down, that can impact sleep quality because serotonins is a precursor to melatonin. And I'm sure your listeners are super savvy and melotonine is not just a sleep hormone, it is in master antioxidant in the body.

And so you just see this domino effect. It's like this slow transition that's happening, but it seems kind of benign. And for many people, they just think it's normal to be bloated.

They think that it is normal for them to constipated, to maybe have chronic diarrhea, or to have digestive concerns or new food sensitivities. And there's lots of reasons why these happen, but you'll just get this magnification in middle age.

You know, suddenly a woman will tell me that I think I'm sensitive to dairy, like all of a sudden I can't eat dairy. I don't even need to eat much of it.

And I get a histamine response and I have a stuffy nose and maybe I got cramping. So just understanding it at a

very basic level. As these hormones are changing, we are seeing adjustments in our immune cell function.

We're seeing increased likelihood of developing autoimmune conditions. But we get a lot more symptoms. And I think most of these symptoms get brushed off.

Women are told, it's normal to be bloated. You just ate too much. Or you ate to much, you eat too frequently. you're eating the wrong types of foods. and yet we're not talking about what's happening physiologically that's contributing to why women are feeling differently.

I want to dive a little bit deeper into the gut health component of this. It's just really fascinating in my research for my book on irritable bowel syndrome.

I've seen a lot of studies that show how stress hormones can actually impact the good health. Different hormones like female hormones, can also impact gut-health.

A lot that really does shift when we have hormonal shifts. Of course, it's a two-way street, for example, if you're constipated, You're going to be more likely to like recycle your estrogen and not not properly clear it out of the body, but the hormones can also impact our gut health, our microbiome and motility and our good health is one of those areas where we really need to focus in on when we have perimenopause and menopausal.

Can you dive into that a little bit more? Yeah, I think, you know, when you talk about stress, because I Think it has such an enormous impact on the gut and the Gut microbiome and The Gut Microbiome is really speaking to 40 trillion bacteria, viruses, fungi and protozoa that encompass the large intestine or the colon, depending on who I'm speaking too.

Sometimes I use the words kind of intricately synonymous. But understanding that acute stress, like we're having this conversation, and I'm sure if we measured our saliva right now or looked at blood, we would notice that our cortisol is up a little bit because we are excited, engaged, having a great conversation with one another.

That's not the type of stress that we talk about. We're talking about chronic stress. And maybe in our teens, 20s and 30s, chronic The stress that we live when day to day, whether it's a stressful job, a bad relationship, you know, circumstances are just happening beyond our control.

We tend to weather it a bit better as we're kind of navigating middle age. What we are finding is cortisol over time can be catabolic, so it can break down muscle.

It can impact our immune system, So we suddenly more susceptible to opportunistic infections. It can actually be caustic to the gut itself. So it can lead to leaky gut.

And so it's probably not surprising that, you know, people will say, You know there was, I was going through a divorce. I lost my job. had this big move.

There was some type of antecedent situation that people say. Oh, that's when I, That came before I developed celiac or that came Before I develop Hashimoto's or rheumatoid arthritis or psoriasis.

or eczema, like all of a sudden patients will be able to identify. There's a very clear path of stress, then some type of digestive change, and then a diagnosis that comes out of that.

But when we're thinking about chronic stress it's understanding that it even disrupts our ability to digest our food. Digestion starts in our brains, but if we are chronically stressed, we're not going to be able to digest, assimilate, and detoxify.

And that then leads to, you know, the astrobalone, which is this goofy name for where estrogen gets processed in our digestive system and really helping people understand that when we talk about detoxification, it's not a kit that you buy online.

Our body detoxifies every day, we urinate, poop, breathe, sweat, then we have the liver, both phase one and phase two detoxification.

Stress, Trauma, and Ovarian Aging

And so anything that we come in contact with it, it's designed to be broken down into water soluble metabolites, goes through the liver and then in the gut, and I'm going to oversimplify things, but in gut we're designed be able to package up just like a present and poop out our estrogen.

But what happens with perimenopause and menopaus, that can get disrupted. It can be related to chronic stress, it can environmental exposures to estrogen-mimicking chemicals, certainly toxins in our food, personal care products, our environment can exacerbate that, and you can end up recirculating.

that estrogen, you know, there's a very important enzyme called beta glucuronidase. And if that's working effectively, that can help you break down package up and poop out the estrogen.

But what I see happens with a lot of women, whether it's exacerbated by environmental food choices, etc, they can recirculate the oestrogen. And remember, I mentioned earlier that perimenopause can be a time where our estradiol levels, which is the predominant form of estrogen our bodies make prior to menopausal, can recirculate that estrogen.

So imagine estrogen is already higher, it's getting rec circulated, and then women are really weight loss resistant. They're very bloated. they have brain fog, they get mood disturbances.

And I didn't mention that there's this communication superhighway between the gut and the brain called the vagus nerve, and that can get dysregulated, especially with chronic stress.

And so I think that when I'm thinking about conversations I have with women, it's helping them understand that stress can magnify everything else. It can make it harder for your body to break down protein.

Hydrochloric acid helps with that in the stomach. it can be harder to have pancreatic enzyme efficiency to breakdown you know breakdown carbohydrates and fats and then also interestingly enough with stress it can influence your ability for your bile to be able to break down and emulsify fat and that is also intricately tied to estrogen so as estrogen goes down guess what makes it harder for us to breakdown fat.

And so all of these things can contribute to alterations and symptoms regularity of bowels. I think any of us listening probably tend to be prone to one thing or another.

When I get stressed, I lose stools. And when someone else gets stressed they might get constipated. It just depends on how our body is innervated and the communication patterns between the gut and brain and stress.

And that's just a sampling. There are so many other things that kind of go along with that. But I remind people that when you're chronically stressed, your gut is sending information to the brain.

So if there's a lot of inflammation going on in the gut, it will lead to inflammation in your brain, you can get these inflammatory proteins called cytokines that can magnify all the symptoms that you are experiencing.

Not to mention the fact that, as with those decline in progesterone estrogen, you can get alterations in those neurotransmitters, which can exacerbate mood issues.

So if someone's already feeling depressed, they may feel more depressed. If someone is really having issues with an uptick in their OCD symptoms or more anxiety, that can be a direct reflection of inflammation.

and chronic stress. And so I think for a lot of women, maybe they experience a lots of stress and trauma as children and they do pretty well, teens, twenties, thirties, and then in perimenopause, the wheels literally fall off the bus.

It just becomes that much harder to try to hold everything together. So I, I of peri-menopaus is like the great awakening for lot women. They're forced to kind of show up differently because they're they're coping mechanisms suddenly, like whatever they were doing to cope before just isn't working as effectively.

So chronic stress over time can be really hard for the body, but it's something that we can overcome. I always want the, you know, the kind of prevailing theme to be, we always improve upon where we are.

There's always things we do. And I definitely think there are some of us, and I'll include myself in this, I have to work a little harder, because I tend to run a bit sympathetic dominant.

I think most of my patients and clients do as well. They're like, I'm type A, and I can get things done. And I've got a long to-do list. All of a sudden, you realize you have be a kinder to yourself, that you actually have process and identify strategies to decrease your stress so that are having less symptoms, so you're able to sleep, able digest your food, I think a lot of people are surprised how pervasive stress can be on our digestive system in general and just how we feel in terms of symptoms.

Yeah, stress is one of those things that I feel like we all have, but we don't really appreciate. all of the things that it can do for us. Everybody knows that stress is bad, right?

We should not be stressed, but sometimes it's easier said than done. My last book was on adrenals and how to recover from burnout and having that stressed response.

A lot of my clients also have been very much type A individuals. Typically, we find that with autoimmunity, I'm not going to say everybody, there tends to be some underlying trauma as part of that.

And I know that trauma and stress can also impact our hormones and early menopause. Can you speak to what you found with your research on that topic? Yeah, I think this was really surprising when I was writing the book.

There were definitely some aha moments. And I, think it's so interesting how life imitates art. So when was knee deep in the research and really looking at adverse childhood events, trained in inner city Baltimore, anyone listening could arguably understand.

When I tell you I saw the big T traumas, the murder, rape, suicide, regularly as an ER and trauma nurse. And in my mind, we weren't even having conversations about little t trauma, which I think can be equally destructive.

You know, it's the day to day abuse, neglect, addiction, if children are growing up in a house with a parent or parents that are addicted. And so there was a joint study that was done between Kaiser Permanente and the CDC.

Anyone listening can go online and get access to this material. It's a quick quiz. And what I found fascinating was individuals who had high numbers on the scoring had greater likelihood for autoimmune conditions, disorder relationships with food, poor metabolic health.

to me that was fascinating because it goes to show you that when you grow up in a home or an environment where your body doesn't feel safe, that it rewires your autonomic nervous system.

And so you're constantly in surveillance mode. I think that people usually end up replicating what they grew up or they end becoming achievement oriented to try to escape from what But what I found interesting was all of that in terms of research on autoimmunity and poor metabolic health and eating disorder behavior.

That was not at all surprising because I was seeing that, in my clinical experience. But, what i found fascinating was A lot of people don't talk about how our ovaries set the pacemaker of aging for us.

So when you think about over time, cortisol is a good hormone. We wouldn't be able to live without it. But cortisol can be caustic over the time. And so I think what are the things that age our overage?

We know based on research, it's toxins. Think about tobacco use. That in particular is huge. It just clamps down on not just arteries and veins, but capillary beds, alcohol use, trauma can age our ovaries.

So when I was knee deep in the research realizing why was I talking to, for example, physician friends who were ER doctors or were GYNs who are up all night long delivering babies or colleagues of mine that were worked in trauma based trauma areas.

Why were they going to menopause earlier? I don't think I fully appreciated it at the time because our ovaries are the most mitochondrial dense organ in our bodies.

They're also the pacemaker of aging. But as I started talking to colleagues, looking at longevity research and then looking the trauma research, I was like, oh my gosh, there was a research article that was done that looking women that had sexually abused as children, who then went on to have families of their own and their children were sexually abuse, went into menopause eight years earlier than their conventional counterparts.

I get chills even thinking about it. we don't talk enough about the impact of trauma. And I think that when I look at my colleagues that had those backgrounds of GYNs, OBs trauma surgeons, ER doctors, even gosh, I think about all the nights I was up all night long, how many of us went into menopause before 51? 51 is the average age here in the United States.

And you can look at other groups of people outside the Unites States, and the numbers are fairly consistent. But I went in to menopus at 48, And I about what I grew up with.

So for me, it was very much a eye-opening experience to realize I have a high ACE score, I went into menopause a little bit earlier. So many of my colleagues did as well.

And I think that women are sometimes surprised because they don't even think about they, myself included, I wasn't thinking about my ovaries when I was in my 20s or 30s.

But I Think it's very interesting and very telling that we're starting to now understand how pervasive trauma is. And perhaps now we're going to take it a lot more seriously.

I mean, there have been some burgeoning experts who obviously, I'm thinking about the myth of normal, Gabor Mate, as an incredible resource. So I interviewed him on the podcast and it was one of those Interviews that left an indelible impression on me and I think for a lot of people listening Understand we can't control what happened in our past But we Can control how we respond to what's going on in Our lives now and so I Think people that have experienced a Lot of adverse childhood events or a, lot, of trauma have to work a Whole lot harder in middle-age it doesn't mean it's impossible I have a very high A score and I share that just transparently, but I think for a lot of us, it means that we've run a little hot.

We run the little sympathetic dominant. we have to do a more to gear ourselves down and we to learn how to say no and create boundaries. And that can look a different for each one of but Isabella, I was frankly shocked but now that I've looked at all the research, now I'm not shocked.

It makes a great deal of sense of how chronic stress chronic trauma influences the aging of our ovaries and can impact when we go into menopause. Average age is 51, but that doesn't necessarily mean that's what most of us are going to do.

I think that most the colleagues that I talked to, they're in their early 40s, mid-40s when they were going into Menopaus, and it was not what they expected.

Wow. Like really eye-opening for me, and I feel like probably a lot of people listening to this, they might really see themselves in it. And I know that tracks for myself.

So I actually had premature ovarian insufficiencies and autoimmunity in my 20s. I oftentimes with my clients, I

asked them to think about what was going on in your life before you got sick.

For me it was something that happened when I was 18, where I essentially decided that I not going to depend on anybody because of getting disappointed in a situation where I was like, okay, I'm just going take over the world and do everything by myself, and I am not gonna have any needs.

And I feel like that was actually probably the last time that I felt well. A lot of times we don't realize that some of the things that happened to us when we were much, much younger set the pace for our entire lives until we do something about that, right?

And so I really appreciate you saying that. And for some women, this might be a realization in their 20s, 30s 40s 50s that, hey, what happened to me 20 years ago, thirty years, ago doesn't define me.

I don't have to do the same things, right? I could look back at the past and say, This is something I can leave there and I'm going to live my best life moving forward.

Absolutely. I think I always share my own experiences because people make assumptions. They see my family or what we share on social media, and they assume, oh, you must have just grown up perfectly.

And I would say my parents did the best they can. In no way am I putting shade on anyone. But it's just the realization that we have so much control. Like I got married a little later than most of my friends did.

know, my kids have grown up very, very differently. So you can grow up one way, and then you ensure you put things in place that ensure like your future family grows up differently, there's always things that we can do.

But I think there is always this evolution of self.

Gut Health, Motility, and Estrogen Recycling

And the other thing that I would say that is relevant, I remember I have this well I remember I have an amazing integrative medicine physician and we've had some very frank conversations and at the very top of my chart it says narcissistic mother and alcoholic father and he said I want you to understand the significance of these because you have four autoimmune conditions that are all in remission, but we don't want you to ever develop more.

I think many women don' know or don understand, like once you've won, you're more likely to have others. And so you know, have to give yourself grace and with the understanding that irrespective of where you are in time and space, there's always opportunities to positively impact our health.

Like our gut is so malleable, the gut microbiome in particular is mallable just because we're diagnosed with let's just say Hashimoto's, which I have.

It doesn't mean that you're forever going to have symptoms. I feel like everything is in remission because of all the lifestyle things that I do very proactively.

So there's always opportunities to improve upon where you are. There's it's never a proverbial, I don't want to use the word death sentence, but I think for some people they hear they have one autoimmune condition and then they think it is the end.

And I'm like, no, there are so many things you can do. How many women have I worked with that we've gotten to a point where they haven't needed to take biologics anymore, which are the really very important drugs for people who are not able to control symptoms, whether they've got IBD or like more severe autoimmune conditions.

But there's always opportunities where you can intervene and improve upon things. You get a diagnosis and that's the end. There's so much that you could do to help support your body.

Yeah, and you talked about, you know, obviously going back to gut health again, this is a key component for auto immunity. We do know that people who have autoimmunity have some degree of intestinal permeability in my experience.

Working with clients and just my own personal experience that people might have symptoms of intestinal permeability 5, 10, 15 years before they develop autoimmune disease.

And for many people, the symptoms might lead to an irritable bowel syndrome diagnosis or some other kind of digestive distress. that is kind of the only sign that something is going on with your body.

And a lot of times people don't necessarily take digestive symptoms seriously. They don t really pay attention to their gut because they might be saying, Oh, I have PCOS.

What does my gut have to do it with it? I'm having hormonal issues because I m in perimenopause. what does My gut has to deal with that writer I haven't thyroid issue the the gut and the thyroid they're so far away from each other.

But we know from functional medicine and all of our personal experience with our clients that the gut is one of those key areas that we do need to focus on if we're trying to be healthy.

I'm curious if you have some strategies that you could share with listeners today on what do they do? They're struggling with brain fog, they're struggle with anxiety, their weight is not budging.

They sort of get into this hormonal state where everything comes to surface for them. foods just are not absorbing as well, they've got insulin sensitivity, like how do we shift that?

How do empower ourselves? Yeah, you have to start with the basics. Like I jokingly say, major in the majors, before we even get to really extensive testing and other diagnostics, it's like, number one, we gotta get you sleeping.

So what are the things we need to do to set in a place to get your to sleep? Because when you can sleep, your gonna have less stress, You're gonna be able to feel better and you're going to be like maybe you could move your body.

It's starting with sleep prioritization. Sometimes these patients frankly need sleep hygiene, and then they probably need some progesterone as a starting point.

Because if they're, you know, if their early 40s to mid 40's pro gesterones, even if it's during the luteal phase of their cycle before they start menstruating can be life changing.

I think simple things because when someone's already stressed, And when we understand the physiology of our brains, that if our amygdala overrides our prefrontal cortex, we can't make good decisions.

So it's like giving someone 20 things to do is just woefully overwhelming. Sometimes they'll say before you eat a meal, I want you to take four to five deep breaths, because people don't realize that digestion starts in your brains.

If you're literally not in the parasympathetic, And you sit down, eat a meal and you're just literally racing through your meal or you are standing up and eating or eating in your car or screaming at your kids or even off their place.

Like your body is not in any position to be able to digest food. So sleep, you know, something as simple as sitting down and try to, before we even get to elimination diets, just try and focus on like eating enough protein or at least eating more protein than what you are.

Try to eat a little less processed food. Make sure you're hydrating your body. Some brain fog, honest to God, is related to dehydration and that's not a sexy topic.

Like telling someone to consume half your weight in ounces of water a day plus or minus some electrolytes is not sexy. But Sexy is what is foundational or not.

What is not? It's not a sexy, but it is a foundational and therefore it's important. I would say other things is if someone's already a little bit insulin resistant than asking to take a walk for five or 10 minutes after a meal.

We know that. something as simple as walking after a meal will help you lower your blood sugar. And that's because in your muscles, you have these little glucose reservoirs that are scavenging up your Blood sugar, there are these gluten for transporters can be very, very helpful for lowering your sugar and you don't have to start at the gym, just walk for 10 or 15 minutes after, well, ideally after every meal, but if we're at a starting point, just really starting simply and saying, let's just walk for one meal, your largest meal of the day, Let's get you walking for 10 or 15 minutes.

So that's as simple as we start, because if someone's really overwhelmed and really stressed, And I made this mistake in the beginning as a nurse practitioner, I would just give patients these long lists of stuff I wanted them to do, realizing now like they probably could do maybe one or two.

So we keep it really simple. When they start sleeping better and they starts being able to break down and digest their food, they're gonna make better food choices.

We can get their blood sugar better managed. They're going to make food choice is they'll probably have less brain fog. And then the next step is to really look at diagnostics and a deep dive because most of the information I need, I get from a really good history and physical.

And I think many people, even clinicians that might be listening, one thing that I do really, really well is I listen. That was something that, remember, my colleagues would say, how do you get the patient to tell you that?

And it was like I just listened. So 90% of what I needed to do I learned from having a good intake on patients. Because then I can then decide, where are they on their motivation to change.

Are they ready to jump right in, feet first? Or is this someone who is just ready enough to acknowledge they need help? You handle those patients completely differently.

The other thing, and this is something I know you and I've talked about, red flags, like things that are concerning that I think need to be addressed first, oftentimes get brought up in that first conversation.

So if there's something suggestive of a larger problem, unlike that needs to address first before we even worry about all these lifestyle things, it's like, let's make sure there is nothing more serious going on.

And then we address those things, and then I use the term play, but we have time to have a longer conversation about what direction they want to go and how motivated they are.

Because having their motivation in hand is really important for creating a sustainable strategy, because you could give them a massive plan. that would be all encompassing for an entire year.

But if they're going to tune you out as soon as they leave because they are just woefully overwhelmed, that's not effective. So I think start simple, major in the majors and then move on to more intricate things.

That's what I found to be really, really helpful. Do you have some favorite go-to-gut strategies that you might recommend for women in perimenopause or menopausal?

I know a lot of us are hearing that we need to eat more protein and we have heavier weights compared to when we were younger, perhaps maybe eat fiber.

Do have favorite recommendations like that? Yeah, I would say before we even get really serious about protein

needs, let's track your macros because then I know where are we and I'm like, don't tell me what I want to hear.

Actually, give me the real picture of what's going on because I can provide the best guidance. We know we need more protein because we can trigger muscle protein synthesis.

and I think probably your listeners just like mine, they're like super savvy. They already know this, but you have to eat enough protein because that helps with satiety, that help with maintaining and building muscle.

Fiber is incredibly bio individual. I affectionately call fiber the new F word because depending on who I'm talking to, there either offended by the talking about fiber and they are like fibers not effective, fiber bloats me.

And I am like, if you understand the physiology of our bodies and what's changing, you will understand Yes, each one of us has a different threshold for fiber.

Like Isabella, what you may consume in a day might be more than me or less than, but it's very bio individual. So fiber is important because we get a drop in short chain fatty acid production and short-chain fatty acids are important, because they're signaling molecules.

They're important for communication with the brain. Butyrates, one that probably most of your listeners have heard of, can cross the blood-brain barrier.

our body can then create short-chain fatty acids. So as they're declining, we get more inflammation, more oxidative stress. We're creating less endogenous GLP1 regulation.

I know everyone's heard of those drugs. They're changing the way that we're practicing medicine, but they are important. Our body makes its own endogenous GLp1.

It helps with the mucus lining in the small intestine, which I mentioned is one cell layer thick. So when we talk about fiber, I always say, we just need to find the right fiber for you.

So I tend to pick fibers when I'm, sometimes people want to get semantic over soluble versus insoluble. I just want you to fine fibers that you'll eat and that don't bloat you, when patients tell me that fiber bloats them, there's usually a couple things going on.

It's either too large a quantity, too much too quickly, or their gut terrain is so decimated that Yes, they are not tolerating fiber. And there's foundational work that we still need to do.

So I typically will say things like fresh ground flax and chia seeds are great, generally very well tolerated can really help with, you know, healthy bowel movements and Bristol stool chart.

I also think about like a small amount of lentils. I think a lot of people think fiber and they're like big vegetables. And I'm like, well, if someone's not tolerating cooked vegetables all that readily, sometimes raw vegetables can be harder to tolerate.

Or even, you know, stewing an apple, like you can actually bake an Apple. If you're concerned about it being, challenging to break down the skin on the fiber or the That can be another way, but it's all about finding the quantity that you can tolerate.

And when we track macros, we then can decide like, are you currently at 10 grams a day? Well, like pushing you to 30 is going to make you miserable. So we're just looking for a little bit more.

I think when people understand the science of why we recommend fiber, they're like oh, I can buy into that. Like I understand now there are changes going on with alterations in hormones, etc.

So that's a starting point, but it's that granular that we're kind of walking through and it is the hydration piece. Again,

this has been this way for 30 years.

People are chronically dehydrated. As we get older and our estrogen levels are dropping, we are not even aware. of our hydration cues. And so it can be harder for people to remember to drink water and to stay hydrated.

So that's like a starting point before we ever talk about supplements and peptides and hormones, which everyone thinks that what we want to talk. But I'm like, you got to dial in on these things first, because I find once I can get you satiated, once i can gets you finding, a few fiber foods that you tolerate, then it's easy to add the other things.

But I think for a lot of people, they go from zero to 60. They go, from McDonald's three times a day to trying to eat a steak and a big salad. And then all of a sudden their body's like, whoa, wait a minute.

I don't even know what to do with all this. So it understand we have to be a little kinder and give our bodies time to adjust to whatever intervention we're doing.

Yeah. It's interesting. When I was on my healing journey, I used to work in an office in a public health up roll and everybody was like, oh, what are you eating?

Practical Gut and Hormone Support Strategies

You're eating these beautiful green smoothies. They had a weight loss challenge in my office and one of the ladies was, I'm going to do that too. But her shift was so drastic that she actually felt worse instead of feeling better trying green smoothie and following the lifestyle that I was following.

As a pharmacist, i've always been trained to start low and go slow. And to your point about giving somebody a list of like 100 things that they can change, that is so overwhelming.

I know when I first started working with clients, I was like, oh, here's like a hundred different things you can do. And I thought I. Was doing them a favor by like being so generous with with all of my suggestions, but then I see them again in a few weeks and maybe like this was overwhelming, so I love that you focus on sleep first because If you're not sleeping, your brain's not going to be working.

You're going be as motivated. Your not gonna make good choices, right? And so getting somebody to sleep and for a lot of women in perimenopause, it is getting some progesterone on board.

If your've always been a good sleeper and all of a sudden your not, when your hormones change, then this could be the answer. There's of course other issues and lifestyle changes that can be helpful and I know you cover a lots of suggestions in your new book, The Menopaus Guts.

Can you share with us where people can get a copy of your book and a little bit more information about your Yeah, thank you so much. It's been such a pleasure connecting.

So the menopause gut is really designed for women in perimenopausal menopus. And I walk people through the gut bone access, you know that the got immune access.

I mean, literally every system in the body is kind of identified and how they interplay and it explains a lot of the symptoms that women experience. it's really a love letter to women.

It's probably what I'm most proud of professionally because it really was the past 10 years worth of work kind of rolled into one book. Obviously, you can get it anywhere books are sold.

But I was obviously Amazon, Barnes and Noble, Books A Million, Target, or anywhere there. If you have a brick and mortar business, I always say, since the pandemic, always encourage people, if they have brick-and-mortar business to go and try to purchase a book there because I know retailers have really suffered.

But across social media, my website is www. CynthiaThurlow.com. I have podcast, Everyday Wellness, that Isabella has been a guest on twice. It's such an honor to reconnect with you.

But I'm everywhere on social media. I am like most interested right now in growing Substack just because it's an opportunity to connect with other people that actually like really, really enjoy reading like longer formats, but I kind of active on Social Media.

Yeah, I'm loving Substack because people can really share a lot of depth on that platform. Sometimes I love Instagram as well, but sometimes you have to get things out in like 15 second clips.

Otherwise, they might get missed by the algorithm. So I loved that you had all of these ways that people could connect with you. And I really appreciate you taking all the time to research this book and use all of your expertise to create a guide for us that we can just pull off the shelf and Use it to help ourselves to heal.

I know it takes a lot of blood sweat and tears to to Create a resource like this. So I really appreciate you doing this for for all us women Thank you so much before I let you go I'd love to ask you a couple of rapid-fire questions if you have the time Yeah, absolutely So if the supplement police came to your house and said, you have to get rid of all of your supplements, but we'll let you keep one, which one would you?

Oh, I would say creatine monohydrate because you can use it for multiple things. And I think that's what I try to do is make sure that a supplement has multiple purposes, because then it's easier to remember to take it.

Tell us how you like to use creatinine. What do you recommend it? I personally like creatine. So creatinine is helpful for jet lag and there's research to support it for bone health.

And so obviously, we know women lose most of their, a good portion of the bone mass in the first five years of menopause, but also for strength, muscle strength.

But knowing that it helps us leave architecture is of tremendous interest to me. Obviously, you need a little bit more. So if you're just using creatine for muscle and performance in the gym, it's five grams.

If you want more, for like brain support or bone support, we need more to cross the blood brain barrier. so anywhere from eight to 12. I've seen some research up to 20, but I think quality is really important.

This is where I would say, if you buy the cheap stuff from China, you might find it bloating. So you definitely want to pick a brand that source that uses Crea Pure, which is has to be licensed through a company in Germany.

But I do think creatine is multipurpose. And so for me, because I try to pair back on supplements, that's one that for, me is like, I consume it every day without fail.

Weirdest thing that you've done for your health. Oh, without a question, coffee enemas. I went through a period of time where my mercury was high, which they thought might have been like, fetal conferent, because I've never had a mercury amalgam, but my mom had many.

And so when they found my Mercury was like 13, Which is very high. They were like they gave me the option, you can do chelation therapy, or you coffee enemas.

And it was so successful that my internal medicine doctor presented it at a conference, honest to God, but it Was the weirdest thing I think I've ever done for my health.

It probably makes people laugh that do it. But it It was interesting having to explain to my husband and my kids, you know, there's certain times you cannot come in my bathroom and here's why.

I would say bordering on some people think it sounds crazy, but it can be incredibly effective. But for me, it was incredibly affective and allowed me to avoid chelation, which if anyone is familiar with that, that can hard to tolerate.

So that was a relatively easy six month process to help up regulate getting rid of mercury in my body. What kind of health benefits did you see from that?

It's interesting when you do it, you can get this kind of boost in glutathione so you Can feel more energy. I mean, once you get past the semantics of it.

For me, I definitely had more Energy I had a little bit of weight loss resistance, which probably was not helped by how high my mercury was because it was stored in fat tissue.

And so there was this whole protocol and process of doing it but I Definitely felt energetic after doing them, which my husband thought was hilarious.

And I was like, thank you for making fun of me, but it's something I legitimately want to try to do to avoid chelation. Chelations can be such a harsh process.

I did some chelas and I ended up with a full body rash and it was pretty intense. So that's great that you found a way to not do that because that can be intense too.

And I know to each his own with coffee enemas, some people swear by them. Some people will say they will never touch them, right? And, I think we all have our health hacks that we refuse to participate in or health trends that, we just will, never do.

Do you have any like that where you're just like, that's a hard pass for me? I'm not really a And this is a personal decision. And I have colleagues that have had great results.

Like, I don't think ayahuasca is going to be part of my healing journey. I respect people that've done it, and I think it's cool, but I've also heard from colleagues, physician colleagues who have patients with similar backgrounds to what I had who've had negative experiences.

So for me, many people have incredible experiences, that's just not the path for Yeah, I think that's a really interesting consideration because we're all bio individuals and some people might have these amazing transformations with hallucinogenic drugs or microdosing.

And then there's other people who perhaps tend to get paranoid. that might not do so well in those situations where it can actually end up being a traumatic experience for them rather than an experience where they're able to let go of that trauma.

Book, Resources, and Rapid-Fire Questions

So I think we have to listen to our bodies and we to have listen our own intuition with some of these health hacks, whether they are psychedelics or cold plunges or whatever is on our no list.

A lot of times that can be guided by our intuition. Yeah, and it's not that I'm opposed to like MDMA assisted therapy. I mean, like, that's something I've definitely considered and talked to my integrative doc about but we had a whole like powwow on ayahuasca and he was like you were definitely not one of those people I'd want you to do that just by virtue of like what his own experiences have been with patients who've done it.

And again, if that's been part of someone's healing journey, it's worked well, I think that great. It's just, for me, probably be even more conservative, which is why MDMA, MD, MA, that might be the path.

If I decide to try that, to work through additional trauma stuff that I'm still working on, but I'd probably more be conservative. I probably fairly conservative is what I am saying.

Yeah, it's fascinating, I have looked into MDMA therapy. I had a participant in my docu-series that utilized this therapy for the thyroid secret docuseries, not for this series, but she shared her experience.

And what was very fascinating is I met her before she did the therapy and then after she the did therapy, and I thought she was completely transformed.

She was a very guarded person. she did the therapy. And after the therapist, she just became much more open and comfortable with herself, started a long term relationship, starting a new job, and just I felt like the world had opened up for her.

So she was not one of the people that was considered a success. But even they I don't recall what their success rate was, I believe the study was done somewhere in Denver or Boulder where I lived at the time.

I believe Will van der Veer was the psychiatrist on that, but it was really fascinating to see because I was like, wow, you've really changed and this has really helped you.

And she's like I, was one of the failures. So I feel like there's a lot of information out. There's, a, lot, of different therapies out there that I'd love to learn more about.

The tricky part for me is a lot of times you hear the success stories of the people that do really, really well with something, or you might hear like the, people do, do poorly with it, right?

And it takes a clinician, somebody really familiar with your history and with the therapy to help you decide if right fit for you. Yeah, no, definitely.

And I think it's so interesting because I have colleagues that are licensed therapists and psychiatrists that have had incredible experiences and I so respect that.

But I agree with you. It's like, whether it is intuition, or intuition plus a conversation with your own health care team, you're like, maybe, like we'll dip our toe in the pond, but in a different way.

And so I think it just goes to show us like there are so many opportunities to constantly be iterating and improving upon ourselves. It's just making sure we're doing it in alignment with what our goals and our focus needs to be.

Yeah, yeah. Last but not least, I'd love to know your thoughts on delaying menopause. I know this is sort of a thing in the biohacking world. This is of interest to me having been somebody with premature ovarian insufficiency.

So I would love Yeah, I mean, the research is still evolving. I certainly have had conversations with female physicians and researchers, and it's still ongoing.

What has necessarily been replicated in a lab in an animal model may or may not be able to be replicated. In humans, things like rapamycin have been talked about.

I just don't feel like, well, I should say like I find it fascinating that, you know, there are women in their 20s and 30s that are really thoughtfully contemplating this and then their research also looking at this.

I don t think we know yet. We know things that can age and accelerate the ovaries aging. is going to be an effective way to slow the aging of the ovaries.

And I think the other thing is there's so much now like there are now trackers and there is so technology now that's allowing us to look more thoughtfully at whether it's antral follicle count or AMH.

you know, lab values that were not even in existence when I was going through infertility in my 30s. But I think it's fascinating. I just don't think we're there yet.

And I feel like I'm not the expert in this area, but my conversations that I've had, there's certainly animal models that are suggesting there may be things that can be effective, It's fascinating, but I know that there is some hope for things that we can do these these days, such as living a cleaner lifestyle and not smoking, not having a lot of stress

in our lives.

So there are a Who knows, science might take us somewhere else in the next few years. So I'm always curious about this and part of me is always like, yeah, but do we want to necessarily delay menopause and how long do you want delay it and what are the consequences of that, right?

Well, and I think, you know, there's certainly people in the health and wellness space, like physicians that are talking about women continuing to cycle in menopause.

So they're not actually ovulating, but they are augmenting hormones in a way that they still, they having bleeds every month. And, I've had some of these individuals on my podcast and it's just such an interesting conversation.

Like I'm always open to changing my mind. I just like, well, I intellectually understand why we want estrogen levels to be at a certain level to stimulate, you know, there's certain receptors, There's alpha and beta receptors.

And, and, I can intellectually but I'm like, the question is, do we continuing to keep our estrogen levels that high? Do we want to our progesterone levels cycling like we did when we were younger?

And I'm not sure I am 100% there yet. Like maybe in another year I might be, but I still trying to figure out like what makes the most sense like long-term.

Yeah, yeah, it's one of those things that that I'm certainly involving my opinion on as as the time goes to some always curious and learning just just as you are and I really appreciate all of the work that you're doing in the world.

I Really appreciate you taking the Time out of your busy schedule to come and chat with us and thank you for everything that You do and everybody listening I hope that this has been helpful on your healing journey.

Be sure to check out Cynthia's new book The Menopause Guts. You can get that on Amazon, Barnes & Noble, everywhere that fine books are sold. And thank you again for dialing in.