Introduction and Genetics Connection

Okay, we're back. And we're talking to Andrew Donkey, who I've known for some time. And we should we should have spoken to earlier. We actually got connected last week because you're hosting a big summit.

I am, yes. We're going to talk about that a little later. So Andrea is a nutritionist. She runs Natural Savvy, which a lot of you have probably already been to and seen and heard, been on TV all over the place trying to help people with their health.

And in that journey, you became an entrepreneur because you said that. Here's something that I need to fix and I need to do myself. And we just looked at your brain genetics.

We understand why you went down that path and you decided to build a business out of it. So first of all, thanks for coming. Yeah, thanks for having me. I'm excited to be here. Yeah. It's great.

So now you, Andrea, the nutritionist turned entrepreneur running natural savvy. We literally were just looking at your genetics before starting. And what we saw was that you are a messenger.

So you you go down this path of, like, I find this thing that I like and I enjoy, and I kind of get stuck on it. And for you, it didn't happen to be pizza or drugs or whatever.

It was work. Yes. You've been doing it for, like you said, 20 years? Yes. Almost 22 years in March. It's, It's unbelievable. And yes, I am a complete.

And it makes sense now. So I'm so happy that we talked about that before because it makes sense. I am literally 24 over seven learning. And the more I learn, the happier I am.

And when it comes to learning, it's always health and wellness related. And I remember, I don't know, ten days ago, I mentioned somebody to you and right about an hour later you're like, oh, I just listened to this podcast about that thing.

I was like, what are you talking about? What did you do? And as soon as we got out here, like, okay, I just better than you. Let's say you understood the guy.

I figured I was picked up, and then you're on a call with him to get get to work. Oh, yeah. So, yeah, it takes unique neural wiring to be able to do that.

But that's why you're good at what you do. Oh. Thank you. And now I know why genetically. Which is so cool. Yeah. So what what, in this past 22 years, I know what's been going on, but tell everybody how you got to where you are and what you're doing.

Yeah, I'm. I mean, it's an incredible journey. And I always say, as an entrepreneur, I really start with where my life is at. So when I started Naturally Savvy back in 2007, it had to do with, you know, I was having kids and I was in, like very much my fertility mode and building a family and, you know, raising a family.

And that's where naturally savvy really kind of it's sweet spot is really in those, you know, that 25 to 45 age group. And then I, as I came out became, you know, closer came closer to 50.

I was like, oh, perimenopause and menopause. And that's where I'm in, in my life right now. And which is why I'm starting a brand new company and just literally speaking to women in perimenopause and menopause.

So it kind of my entrepreneurial journey follows really where I am in my life. Yeah. And so many sort of call it like functional medicine type stories come from this.

I needed something for me. And here's what I figured out. That worked. And I noticed I'm not getting this advice from anyone else. And I know what I said.

The other women don't know about this thing, and that's with your entrepreneurial mind would drive you into I'm gonna help more people. Oh, yeah. I mean, that is literally my pleasure.

Like, we were talking about what drives pleasure. And for me, it's helping people and, well, helping with my helping myself, understanding it. So then I can explain it to others and help others on their journey.

Yeah. And I remember working with you earlier on, in fact, when we weren't even the DNA company yet, we didn't even know what we were. You know, we were researching, learning.

We knew we had something, but we didn't structure yet. I met with you, it was in Anaheim at a huge trade show. We were expos? Yeah. Expo was a massive.

From Nutritionist to Entrepreneur

I was exhausted walking through that thing, but there was like, you know, some protein chickpeas all the way up to right where ingredients that you can buy in else.

Because I miss. Yeah. And that's where you immediately took interest and just broken apart and understood it. And I was like, oh, where's the what's his brother's brain come from, you know.

And then then we worked together on some media stuff. But since then you've shifted gears, like you said, because of your own personal journey into focusing on solving menopause problems.

Yeah. So, you know, it's interesting. I had so I have three children and I had my first two, and I was in my 30s, 33, 35. And then I had my third when I was 41.

Okay. And in my mind I was like, okay, so I'm 41 and my mom had a hysterectomy, so I don't even know when she would have went into menopause naturally.

And I had, I had my 30s at 41 and it might for some reason in my brain I'm like, wait, because I had a child at 41, I'm thinking fertile. I'm thinking, you know, everything's, you know, working.

Well, I thought I wouldn't go into menopause or didn't even kind of come into my mind until, like, I was in my mid 50s. Right. So when I turned 42, things started to happen.

I started gaining a lot of weight. I started my moods started to become really erratic. I started to get, you know, nights where things just were kind of shifting and I didn't really understand what it was until I was 47, when I got my first flash.

And that's when I was like, oh, hot flash. Yeah, menopause. That's what made the connection. I never thought, you know, waking. I never thought mood swings.

I never thought all those other things that come with now we now know more than 85 different signs and symptoms, the menopause. But really what what did it for me was that hot flash?

Because that's the most common one we know. Like more than 75% of women in menopause have hot flash. So that's what led me down my journey. And I remember thinking to myself, like, first of all, I couldn't function like the hot flashes were so bad.

They were many, many times a day. They would last for like 30s each. They'd go in, then come back again. And I remember looking at my husband and I thought, I'm a nutritionist.

This is what I do for a living. How how is this happening to me? Like, I was so confused, I didn't understand. I felt like I had no one to talk to. I felt really alone and embarrassed and I thought, okay, so I have two choices.

And I looked at my husband and I said, I can't go on like this. This isn't going to happen. This is not a quality of life. I am miserable, like miserable.

And I tried everything under the sun. Natural supplements. I didn't, you know, I didn't at that time, I, I didn't know much about hormones and I tried supplements and nothing was working for me.

And I thought, okay, I'm going to take matters into my own hand and I'm going to do my own research. And this is where I put my binge binging to work.

I'm going to use that terminology because I absolutely love it. And that's when I put it to work. And I literally haven't stopped researching, like since that day, since I was 47.

Now in 52, I just turned 52 recently, and I have figured out how to help my hot flashes, how to help my night sweats. And obviously, as time went on, more and more symptoms started to appear.

But that's when things started to make sense to me and said, okay, now this is going to be my career. So when you talk to the average person, you go down the street, talk to ten people about menopause, they're going to talk about hot flashes.

They're going to talk about maybe aging or hormonal change. That's kind of it. That people know. Yeah, unless you've been through it. But you're saying there's 85 symptoms.

Yeah. I mean, so one of the things part of my personality is tracking, and when I do my research is I really love to learn from as many people as possible.

So I always say I learn from myself as at end of one, right? So that I'm that one person. But then I also listen. I do a lot of social listening and a lot of listening to people who are in this actual phase.

And what we discovered was that there are, in fact, more than 85 different signs and symptoms, and that's literally by me going in to this dog doc on drive and like, well, of course we had somewhere to start.

We knew that there were about 40, you know, very common signs and symptoms. But then going in and literally listening to people going, oh, okay, here's another one, here's another one, here's another one.

So now the list is really way over 85. But I kind of use that as our terminology of like more than 85. So we know the most common we call them are, you know what we call them need states in terms of how we want to help them.

But we know that the most common are anxiety. So anything like brain related anxiety, mood swings, brain fog, you know, any of that memory, all of that plays a really big role.

Sleep. Massive issue for women in menopause and perimenopause. I mean, I have I'm on TikTok, I'm very active on TikTok, and my best performing videos are all around sleep.

It is such an epidemic. It's unbelievable to me how we have so many like, you know, and again, the whole women and women's health thing, that's a whole other conversation which we can or cannot get into.

But, you know, sleep is a big issue. We know that. So I talk about anxiety, brain sleep, hot flashes like we just talked about. Right. And the night sweats come with that.

So the hot flashes during the day and then night sweats and night energy is another big one. Right? So there's so many big categories where women are suffering a lot inflammation, you know, pain in their body.

So we now know that there are so many different areas where women need help that that's why I'm just I'm on a mission. I'm on a mission to help women, but also get rid of the stigma around menopause, right?

Like it's not an embarrassing thing. You know, kids go through, teenagers go through, or pre-teens go through puberty, right? Then we go through our fertility years.

Then if we're blessed to live long enough, we go through menopause and perimenopause. So if we're blessed to live that long, we are all going to go through perimenopause and menopause at some point, right?

So it's just it's talking about it. It's having the conversation. It's getting rid of that stigma. It's it's a way of life. And I remember when I was turning 50, I was super embarrassed of turning 50.

So when I turned 47, 48, I was like, oh my God. I'm like a few years away from 5050. So old in my mind. I'm like, wait a minute, I might leave, you know, like, I'm so old.

Menopause Symptoms and Personal Journey

It's crazy the thought of it. But even though I felt like I was 30 and I remember listening to an Oprah podcast and she was saying, I don't understand why women are afraid to tell their age.

And she was talking to three supermodels. They were supermodels who were in their 60s at this point, she said, because as we get older, it just means we have so much more experience behind us.

And something just clicked and I thought, you know, Oprah and her moments. I was like, I got it. No more embarrassment. I'm going to own my age. And ever since then I tell everybody how old I am now.

I'm like, even people who don't ask, I tell them how old. That's awesome. And those 85 symptoms, you know, when you go, the average woman who has the average medical experience, who has her pain and her hot flashes, goes to the doctor first thing, right?

Yeah. Help me with this. Those things that you've identified, is the doctor even aware of that stuff? So here's what we you know what we do a lot of the listening.

So in some cases so what we've learned from again, this is from the thousands and thousands of conversations that I've listened to or had with women is in many cases, doctors don't really know.

So they don't learn about it in, in school. And a lot of it will come from their patients and how their patients come to it. So some doctors will tell their, their patients that they're too young to be in menopause.

So I hear that over and over and over again. And these are women who are in their 40s. So what we understand now is that perimenopause can really start any time after the age of 35.

In some cases, it's even happening earlier. I've heard from many women who are saying they're in like in their late 20s or early 30s who are experiencing perimenopause.

So I would say in that case, you know, doctors don't really know, and it's not their fault, it's their learning rate. And in many cases, they're learning from the people who are in front of them, from the women in front of them.

So I just feel like as time goes on that, you know, the more I always say we have to empower the people around us and that includes our healthcare healthcare professionals, is to say, well, here's what I learned. So here are the symptoms.

We know that there can be these symptoms, you know, perimenopause and menopause. Here's what I'm going through. And here's, you know, take it to your health care professional to explain it to them because they'll need explaining as well.

So unfortunately, I feel that, you know, we're not listened to as much as I'd like. We're not there yet, I think. I think it's going there, but I think it's not there yet in terms of, you know, understanding fully what women are going through.

I think what a lot of what you're talking about also in terms of, you know, it's supposed to be this way, meaning that the perception of the doctor, right to 25 to young, 35 to young is based on sort of old data, meaning that here's what a woman is designed for.

But guess what? Here's the environment we actually live in today, right? Endocrine disruptors, chemicals. Something as simple as a Teflon pan that's coated in chemicals that were never meant to be in your body, you know, you're on hormone therapy.

You take a birth control pill for 15 years, right? So none of that, what we refer to is like the epigenetic side load that you're putting on, whatever your map is, is taken into account.

And why all of a sudden there's a 35 year old woman have a 55 year old problem? Yeah, because she's accelerated it by 25 years. Not of her own doing by not understanding that the water she drank or the chemicals used or wherever she worked was an additional catalyst, 100%.

Right? Yeah. So that's not something that you can then you're in the position. I have the menopause now, the decisions, the problems that was already done.

So that's more education. People need to know the education. Yeah. And genetics play a big role. So how did your mother go through menopause. And many of us aren't speaking to like our mother about that.

We're speaking to our mother by saying we're not specifically about menopause. So we're always encouraging speak to your mother, your and speak to somebody in your family.

You know, if you're if your mother is no longer around, you know, do you know, did she talk about it? And I'm very open with my mother and on even on my TikTok, I have my conversations with mom, you know, and I'm like, okay, mom.

So what was it like for you and my mother's generation? Nobody spoke about it, right? My grandmother, nobody spoke about it. Taboo was like embarrassing. Yeah, like so it's about having that conversation and having it with your kids too.

So I've got three kids. I have a boy, an 18 year old. He I mean, he wants to like, you know, shrivel up in, like, going to a ball about embarrassment.

The fact that I'm on TikTok talking about menopause. But he told me recently, which I thought was super cool. So he's at university and he's in residence, and he was telling me that the girls on his floor.

So these are 18 year old girls, love my TikTok page and they love the fact that I'm talking about menopause. So I said to him, I said, you see, first of all, I'm educating you because I want you to be aware about what menopause is.

I had no idea going in, but your one day I want you to have this information so that you can pass it along to your family. But also, I love the fact that other 18 year old girls are loving it because the earlier that we understand it, the more we can help with prevention, more we can help with like lifestyle and stress management and all these things that we know when once we get into menopause can have a negative effect, right.

Or could really have that, you know, whatever can make our experience good or maybe not as good. And it takes the kind of work that you're doing to create an environment for prevention.

Right. Otherwise, we already know we're in a very reactionary health care system where the toolkit is when you're sick, call me. Right. So it's too late.

So by the by the time that 35 year old woman who maybe had another 20 years, you know, got there at 35, that that required somebody like you reaching her at 18 and teaching her here. You're on the wrong path.

You got to go this way, right? I mean, absolutely taking care of our adrenals, right? Learning how to deal with stress. And, you know, the other thing that does play a factor here, too, is how earlier?

So I was reading some research about having a period earlier can actually make you go, well, there's a correlation between having periods earlier and going into menopause earlier. So there's so many things at play, right?

Yeah. There actually. So just in general, one thing we've learned genetically. So we understand aging is kind of like the unraveling of your DNA. There's damage that happens over time.

It's been directly correlated that the quicker you age as a teenager, the quicker you develop. Yeah. The shorter you're going to live. Oh, really? Yeah.

It's a clear indication. So, and it's over and over and over again. You know, David Sinclair out of Harvard is the all longevity subject. They've been studying this, and same thing with that correlate of, okay, you got into, sort of puberty earlier, so you probably will hit menopause earlier.

Your hormonal system is more mature. Right. So and that would also directly, you know, correlate with your age also. So that's where biohacking comes in.

Yeah. That's what the bio. Haha. Yeah. That's a whole other conversation. Yeah. So then what these 85 symptoms I'm sure the women are listening say I have 800 some symptoms that there's lots of stuff going on.

So what are the things you're doing to sort of intervene? Is it possible to say your hot flashes don't have to be that bad? Yeah. I mean, so I always say I like to stay in my lane.

So my lane is nutrition, lifestyle and supplements. So that's really where I focus. But there's also nowadays, you know T or body identical hormones. So there are different routes that we can take that were that are available to us today that may have not been available to you, let's say, like someone like my mom when she was going through menopause. Right.

So yeah, there are so many things that we could do. Nutrition really does play a big role, especially when it comes to inflammation, because we know as we go into perimenopause and menopause, we're more prone to inflammation.

So starting with our diet, you know, is really key. So cutting out certain foods that we know create that inflammation in the body and sticking to foods that are anti inflammatory right.

So you know we look at lifestyle stress I mean it is it is unbelievable how much stress plays a role with so many things that are in factors that are going on. Right.

So it has a role plays a role in blood sugar. I wear something called a CGM, a continuous glucose monitor. Right. So I've tracked it when I've heard, you know, I've had a stressful event and then I've actually taken my blood sugar. My blood sugar goes up.

So there's so many ties in to stress in terms of how it makes us feel and, you know, cortisol levels, etc., etc.. Right? So managing stress I'd have to say, is probably learning how to do it.

I'm nobody's going to be perfect at it. We're all going, you know, we all are living in the real world. We don't live in a bubble. But understanding how to manage stress, understanding the adrenal glands and the role that it plays with our adrenals is so important.

And the earlier that we can figure that out is so key. And then also supplements. I'm a massive fan of supplements and being a nutritionist, I hear often of like, you know, you don't need supplements, just, you know, focus on nutrition and that'll make the whole difference.

Well, I'm here to say I don't agree with that. I do believe we need supplementation and for many reasons. One of the major reasons being that our food is so deficient in our soil is deficient in minerals.

Right? So we even if you're eating, you know, you're one, two, three salads a day, is it organic? And even if it's organic, like we're just not getting the minerals that we need.

And minerals are important for all the cells in our body to function properly. Right? So there's just so much tied into it that, yes, there's a lot we can do to answer your question.

And now there's the whole thing around, like hormone therapy, which again, it's out of my lane, but there's a lot of great information coming out on that as well too.

Yeah, I, we had a conversation earlier with a gentleman that deals with sort of regenerative farming, and he's really studied soil to a deep degree. And that's kind of what he said, is that it's not even about what you're eating anymore, because that what isn't what what is it the label does.

It's not a carrot anymore. Yeah.

Why Doctors Miss Perimenopause

If you look at a potato from today versus a potato from 200 years ago, they don't look the same. Right? So whatever the nutritional value or whatever you think your plate is supposed to look like versus what you're actually eating.

So I don't know if we have to start growing our own food now, but we got to at least start cleaning up the mess we're in. But and even if you're growing your own food, making sure you're using the right soil, making sure you're mineralized it right.

Yeah. So there's so there's there's, you know, it takes work to understand that. Right. So when you, when you scoop soil, it should be full of worms and worm castings, like the worm poop that makes it so healthy.

And when you do that, go anywhere you don't see worms because they're all dead from pesticides, right? Chemicals. So which is what you end up then bringing to the food and eating.

So the you're eating dead food. Yeah. Right. So there's no life in them anyways. So going back to hormones the so we have found that there's certain women for whom it's like they wouldn't have survived without it.

Yeah. Right. And there's certain women for whom. And we can obviously you you understand the genetics of the hormone cascade. Yeah. Where it's almost like a death sentence.

It's going to, you know, ovarian cancer, breast cancer, because the net metabolite, you know, what are you turning those hormones into? It's not I need testosterone to give me testosterone.

What do you do with the testosterone? So you know that people that have their genetics or some functional medicine doctor guiding them may know that. How does the average person deal with hormone therapy, or do you need that guidance?

Oh my God. This is probably one of my favorite things to talk about. Again, this isn't what I speak about every day, but it is something that I'm passionate about, let's say personally.

Right? So from what I've learned from the DNA, like from the DNA company and my genetics and understanding and doing other testing as well is so let's go to the metabolites for a minute.

So when I'm asked my opinion of okay Andrea, you know, are hormones okay for us. So my answer is well, if it's something that works for you then yeah, I think it's anything that's going to work to make you feel better. Yeah.

Because so many of us are suffering. I'm like all for it. Just make sure you're working with a proper doctor or health care professional that's monitoring you and testing you.

Yeah. The most important thing is they understand testing and genetics and how you're born. And also how are your estrogens metabolizing. Right. So not just to put you on something blindly.

And I did a great interview with an ObGyn this week. And I was you know, we were chatting openly about it and she was like, absolutely. Every single patient she works with, she is testing and testing often.

So I think when it comes to hormone therapy specifically, let's say body identical or bioidentical hormones is what's important is when we talk about those estrogen metabolites, is our estrogen breaks down into several different metabolites.

And then I mean, this is more sciencey, but it goes into the two. The four is 16 one of the types of estrogen in her body. They go into the two for 16.

How are those metabolized. We know that the two is more protective. The four in the 16 is not. I know for me, for example, most of my breaks down into the four, which is not the good type of estrogen.

So we need to hack it for lack of a better word is to get that four to go to the two. So if you're working with a doctor and you want to go on on hormones, you need to understand how is your estrogen breaking down?

Has it metabolizing, but also how are you methylated and how is your liver detoxification. One of the other things we found for we find with women in menopause is that their liver can change up to 40% in volume, so they might need some extra help or perhaps are taking some supplements.

And this is one of the big ones, which is what led me down the road to create morphs and to want to do supplements. Amorphous is that there are so many women who will who are willing to try things but may not realize, well, wait a second, maybe this isn't so good for my liver.

For example, black cohosh I was on it for years for my hot flashes. It works, but it's not a long term solution because the research shows that it actually can cause issues with liver.

And I went and I go because I'm the tester that I am. I actually have my test, my blood test often, and I found that it actually cause higher liver enzymes for me.

And that's when I kind of went down that, wait a minute, let me go into the research and it shows that it actually can cause that. So yes, I'm I mean, obviously supplements are huge and I'm a big I'm a big advocate, but also understanding what you're taking and just making sure that it's safe for you at this phase of your life and taking all the factors into account.

So, you know, I hope that answers your question. Yeah, yeah. And I mean, you have the knowledge somebody working with you or on your products, which we'll talk about, you know, they're going to get that.

But for the most part, you know, people don't have that right. They don't. Yeah. It's hard to get them. They don't even know that they should be looking for that information. Yeah.

So when you when you finally get it and you land on something, how do you deal with that challenge of, well, I need my doctor to cooperate. How do I take this information to them and actually get them to use it or not?

Tell me to, you know, that's that's full science or that's, you know, and that's a that's a constant challenge. People have that. It's almost an ego battle, right?

Yeah. So the thing about finding the doctor who understands is so there are a lot of doctors who will be open to learning from their patients. Right? So those are amazing doctors.

So if you go in there, you're educated, you go in there. Okay, here's what I learned. You know, here's what I've discovered. And June powering yourself to do your own research. That's one way.

Another way is if you find that you're really hitting a wall with your health care professional or your doctor and they're just are not open to it at all is to see.

And I know this isn't easy, because I hear this from a lot of women as well, is to try and find a new doctor, somebody who is willing to do it. And there are some great resources out there like the North American, Menopause Society, NAMs.

And so there are resources there that are they have menopause, you know, specific, health care providers that can help them. Right? So they're trained and they're menopause certified.

So that's another way to go. So trying to find a practitioner who understands what you're going through, because I do I am a believer that you need to work with a proper health care provider when it comes to this, because especially if you want to do what you have to do, if you want to do hormones.

Right. But I think if you find the right practitioner or the right person to work with, then you're golden, because then they'll listen to you and then they'll help you.

They'll test you, right? Because of some of these tests, any type of blood tests you need a doctor to order for your Medicaid. You know, for the most part, you would need a doctor to help order that for you.

So I think just going in there with the knowledge and the education, doing the research beforehand can make a really big difference. So you're not. So even if you are Pooh poohed or shooed way or like, you know, well, I don't believe this would be like, well, no, no, no, wait a second.

Let me let me educate you. Let me, let me explain it. And if they're really don't if they really don't want to listen, I mean, there's now telehealth.

There's a lot of options online that you can do that you can find and try and find someone who will listen to you. Or maybe going the functional medicine route.

A lot of people will go the functional medicine route, right? If they find because then you have more of that integrative approach. So it sounds like you have your clinician, you have this relationship with.

And it's almost embarrassing to not work with them. But consider that person you're quarterback. Right. That's like the triage where you start. Yeah. But if you have a Ferrari you don't take it to Ford or service and vice versa.

Lifestyle, Stress, and Supplement Foundations

Go to the specialist who knows that topic, that subject matter. You're dealing with, menopause, whatever it is, find that person you have. It's your right to do that. Right to go find.

Absolutely. Like you said, go to the NAMs website. They're there. They're there for this purpose. You don't need to have that struggle or problem. In fact, when you talk about testing, right.

So even something like that, when do you test if you're taking a Dutch test, for example, and you're not familiar with the circadian rhythm of the hormone, you know what's going on monthly, that test could mean many different things.

The result can mean when many different things. And if you're not working with a specialist, they may not even know that nuance. And then the results are completely wrong for you.

So as you have, you had that experience where testing at different times of the month means different things. Well, yeah. So there are no actual tests to diagnose, let's say perimenopause, because your hormones are up and down.

It's really you can't you can't look at a blood test because it's a snippet in time to say, oh yeah, you're for sure in perimenopause. So that's where it gets a little bit more difficult.

So that's why a health care practitioner or a doctor will say, okay, what are your symptoms. So it'll be you know, it'll be and I don't have to use the word diagnose because it denotes a disease in menopause.

This isn't a disease. It's a time in our life, right. It's a phase of life. But we'll use it for just for the ease of vocabulary and understanding. So, we will look at, you know, doctors will look at symptoms.

Doctors will ask you like, they'll look at genetics, like, when did your mother go into, perimenopause as well. So there are certain things and like there's also certain blood markers that you can look at so that, you know, it won't make you my mom won't.

Maybe won't give you the exact, diagnosis, but it can kind of help. The other thing is, once you're in menopause, that's where tests like that's where blood tests will really come in handy, because then you'll know for sure what your blood markers are at and where you're at in menopause.

And there's other things as well. Like they look at FSH so there's different results that they can look at. So going back to the Dutch, Dutch test for a minute is that although it may not be the official diagnosis, it can definitely help you.

It can definitely look to say, okay, well, here's what's kind of looking a little bit like this might be perimenopause, right? Especially if you're on the younger end of it. Right.

So that's where you're kind of like, well, if you're in your mid to late 40s or like, well, chances are if I'm having a lot of these symptoms that there's a good chance it might be perimenopause.

Of course, I want to speak to my doctor and find out if it is for sure. But, if you're on the younger end, if you're like, wait, is this perimenopause or do I need a liver cleanse? Right?

So like, am I getting a hot flash because or maybe is my thyroid low or is my liver a little bit congested? Right. So there can be other things that come into play and the one thing that I will always tell women, and this is kind of a starting point, and I think it's a really important thing to mention, is that you have to look at, have your thyroid tested, because thyroid is crucial, obviously, for men, you know, for most of what's going on in our body, but have your thyroid tested and do six different types of thyroid tests.

And don't just look at your TSH, which is your thyroid stimulating hormone. Look at your free T3, your free T4, your reverse T3, your TPO, your TG, which are your antibodies, right?

Look at your ferritin levels like your iron. Where's that at? Look at your vitamin D levels. So these are definitely when you're going if you're in perimenopause and you're like hey is this a stage I'm in?

Ask your doctor for these tests because these tests can be they can tell you a lot. Even with not even there's not even that many tests. Right. But it can tell you a lot with that, with just those alone.

Plus, you know, doing something like a Dutch test, plus getting your genetic test done so you understand exactly what you know. What am I more genetically predisposed to, and how is that playing out?

Epigenetic epigenetics. Right. So and how can we help it if there's other things that we can do like detox genes, which are my favorite things to talk about the day the DNA company I love the detox gene.

What we've been talking about up until now has been, you know, kind of diagnosing this thing that it's not meant to be diagnosed, right. It's the time in your life.

And we're saying that we now know that this phase that this happens, it's meant to happen. It's natural. From there, we've understood this better. But you've been researching now what to do about it, which is really what everybody wants to know.

I know I got this problem, I can feel it. I got the off line. What do I do? That's the challenge. So that's what what is sort of the impetus or the genesis for Morpheus, what you just built.

Right. Which is your years of working with yourself, with other women, finding the best stuff, going to shows like we talked about in Anaheim and finding the best way and putting them together into here's what women actually need. So talk to us about that.

What did you what did you build? Yeah. So Morpheus, the reason why we wanted to start Morpheus was to have that education for everybody. So everyone. So women, if they're starting this phase in this phase of life in perimenopause or a lot of women don't even know, like, I didn't know perimenopause, I didn't even know what it was or if I was in it. Right.

So giving them that resource. So we are morpheus.com. Our website is really a resource. It's kind of a starting point to get people there. And then the reason why we came up with our supplements is because I was at the point where I'm like, well, wait.

And now I understand a lot more like to your point is, we all need foundation products. So we have like, so what do I mean by foundation products? Well, we all need to have digestive enzymes because we know as we get, you know, older over the age of 35, our digestive enzymes are decreasing, which is a lot of women complain at this stage of like, you know, gas and bloating and like digestive issues.

Right? So we need omega threes. We know omega three. There's over 8000 different you know, studies on omega three is important for hair skin nails brain health heart health.

So you look at minerals like we talked about before right. So we've got these foundations that we need that many of us. One of the questions I'm often asked is okay what do I take.

Like you're telling me you're talking about supplements, which is amazing. What where do I start? What do we take? Right. So that's when I'm always like, well, let's get the foundation right first.

And that's why we have a line of foundation products. Then if you have specific things like you have a sleep issue or you have, you know, you need a little bit more energy or you find that you have your hot flashes in night sweats, what can you do?

So that's where the that's where it came to us to be like, okay, let's help as many people as we can in specific needs states, let's call it, because the biggest ones, like we talked about the anxiety and like all of that and then also what are people really lacking.

So another really big one that is a huge passion of mine is magnesium, because we know 75 to 80% of us are deficient in magnesium. So and these are things that are easily fixable in the sense of of course, I'm not a doctor, I'm not diagnosing anyone.

All I'm saying is, we know from the research that if 75 to 80% of us are deficient in, let's say, something like magnesium, then we know that something like magnesium can probably help a lot of people.

And we know that stress depletes magnesium from our body. When magnesium is depleted, it creates more stress. So like it's just like this vicious cycle, right.

So, you know, magnesium and those minerals, all of that play an important role. So just understanding what it is that you need, what does it need state that you're, that you're looking for.

And then also understanding that we have that foundation for you should you want to start with those as well. So having your magnesium if and I say magnesium because there's different types of magnesium.

So if you have an issue of let's say for sleep you're having a, you're having trouble sleeping. Something as simple as taking magnesium glycine eight or displacement can make a really big difference.

That's because the glycine eight is an amino acid that helps to relax us, right? That's attached to the magnesium. So something as simple as that can make a really big difference for a lot of people just to help them sleep better.

Now if that you need to know. And I'm also a believer in coupling. Right. So like you start here and then if you want to if it's not working or it's helping a little bit okay.

What can we add from here. So my other favorite magnesium is three and a I love magnesium three eight. Why. Because it crosses the blood brain barrier. Yeah.

And it helps to relax us. It helps us. It's amazing for sleep right. So now you can try three and eight with glycine eight and see how that works for you. Right.

And then if you want a little bit more well you can add to that. You know try something if you know, let's say for example, that you're finding that you're waking up to pee a lot during the night, right?

Or to go to the bathroom a lot. And if I could say pee, I guess so, but yeah, if you can go to urinate for later, go to the bathroom. Exactly. Go to the bathroom a lot during the night.

Well, maybe that you need some other support. Like so things that are going to help with, you know, to turn off the hormone or to, to basically bring down or bring up the hormone that helps to stop the peeing.

Right? So like all of that plays a role in it. So there's a product that we have that's called relaxes that helps with that. That will help you sleep throughout the night.

So all of that plays a role. And like in fiber soluble fiber, we know that we need to have soluble fiber in our diet. So we've picked products that we know that are crucial for women at this stage.

And we've done the research to make sure that it's going to help them. And nothing's 100% right. I mean, obviously we do the best that we can, but from the research that we've done for these are these are products specifically for women in perimenopause and menopause.

What's really cool about what you've done is you've built this like, foundation. Like you said, here's what everybody needs right? Here's let's get you at least to some better level.

And then you have this sort of bespoke approach to. And then we can stack your personalized as a as opposed to go buy amount of supplements. Yeah right.

Which I've seen formulations where we understand the genetics of what these ingredients do. And we've seen formulations on the shelf in major stores where there's two ingredients that literally rinse each other out, like they they cancel each other out, the one up, down, up.

Hormones, Testing, and Finding the Right Practitioner

Regulating a gene once down regulate the same gene. It just brings you back to where you started. Yeah, right. Because what you believe is this is good for menopause.

It's good for menopause. Let's just put it all in a capsule. Right. But you have to understand when you're formulating what you're really good at, how does that homogenize?

Like when you put it all together. What does it equal? The net. Right. Yeah. We call that the kitchen sink. Okay. We're not big fans of the kitchen sink. Amorphous.

We really are not like what we've learned is that more is not necessarily better. It's making sure that you're getting the right thing, the right ingredients, and also at the right dosage.

And that's the key is not throwing everything in so that you have. So if there was research that was and that's the other thing. We are big on the research.

So making sure that we have ingredients that have been researched for women in menopause. Right. At least as much as we can because we still need a lot more research.

Is it okay for a man to take that? Yeah, men can take it too. So there are products like, for example, are our fiber. Men can take it too, right? Or magnesium men can take it too.

But so it's a good point. So even though our products are for women in menopause, we're not really doing anything like we don't have any hormonal products.

Right? So we have no products that are like HRT or HRT because we're not allowed to be that. We just stayed away from that. We're staying. We're really working on those, like we said, like the foundation products are helping people sleep better, but it's more not that men can't take it, it's more that we've researched it.

For women at this stage. Right. So we know that it's okay for women at this to be more effective for women in that stage. Like you're very specifically dealing with why she has that problem.

Exactly. As opposed to the men. Okay. It's maybe 80%, right? Yeah. And men can I mean, men have a lot of issues with sleep, too. I know a lot of men. So. Yeah, absolutely.

But where my focus, my focus isn't on research for men. So much. My focus has been on research for. Well yeah. Yeah for sure. Yeah. Yeah. I mean you're not like modulating hormones or anything.

You're saying here's the 85 symptoms. Yeah. Here's the pain points. We need to suppress while keeping you healthy. Not in a way that's like masking it or suppressing it.

Yeah, right. But more like optimizing it or keeping a balance that it's healthy. Right. Is there such thing as taking too much magnesium? There's such thing as taking too much anything.

I am not a fan of taking too much. And I know sometimes the mentality is oh, the more the better. But it's not the case and I'm not a fan of taking too much of anything.

First of all, always read the labels on the bottles. There's a reason why there's dosages on the bottle, and then working with a practitioner or somebody that understands supplements that if you need to kind of go up.

So yeah. So magnesium, it depends also on the type of magnesium you're taking if you're taking. So if you're taking magnesium citrate and you're taking a lot well that could cause loose bowels right.

So you know and other types of magnesium might do the same or might just have ill effects and have a different,

you know, have an effect perhaps on your vitamin D levels, like so too much of anything I'm not a fan of.

So hey, listen to your body. I am a big fan of listening to your body and understanding how your body feels, because we are our own best advocate and we understand our bodies best.

So really paying attention to how we feel when we take certain things, but also understanding from our health why we speak to your doctor. Health care practitioner because if you're on any medications, there's interaction.

So you always want to make sure that you're getting the, the go ahead from your doctor or health care provider before you're taking any Sup or any supplements.

And then also just reading the label like, I just said. So making sure that, you know, you're understanding it and then, you know, if you want to understand more, you know, educate yourself from people who understand supplements, right.

And you can go and it's not only Morpheus, you can go to other companies, you know, you can read what other people say about it. So what you just said is so important because supplements, because they're not prescriptive, they're not medication.

There's this assumption where you don't need specialized knowledge because you can go buy it off the shelf. So as an example, I just ask you, is there such thing as too much magnesium?

You said, well, for certain things, bowel movements. Right. Citrate. So I remember being at a conference where there was a clinician, an MD that was at the booth of a supplement manufacturer, and we were talking about magnesium and my question is, how much is the right amount?

I was trying to figure out dosage. He said, well, really, with magnesium you want to take the maximum. So I said, what does that mean? What does what does that number right, you said was different for different people.

I said, well, how do I know what's the maximum for me? He said, you just keep taking more and more and more until you get diarrhea. So you get a list and I do that.

You go one level back and that's the dosage, right? Right. So this brings us back to supplements are far more complex than people think. If you're also if you're dealing with proper ingredients, if you're taking fillers and, you know, garbage product that has a label on it, it's not doing anything anyway, which is why you're not going to have any of the the poor outcomes if you take too much.

Yeah, but if you're taking good quality stuff, it's powerful, right. And it's powerful. And the guidance that somebody like you can provide can really, truly help somebody know it's so true and read the bottle because they'll have the risk information on the bottle in many cases, depending what country you're in as well.

Because in certain countries we'll have a little bit more. But you know, the bottle can tell you that as well. And then like I said, you can do the research online too.

So you can actually do your own B again, your own health advocate, go online and do the research. And in some cases, if you're taking magnesium, you might find that it has an impact on your vitamin D, right.

So always testing going back. So to me I'm always looking at a doctor or a health care practitioner or a functional medicine doctor, whoever it is that you're working with in terms of, you know, in your help with your health care, is making sure that you're testing on a regular basis and making sure that they understand and you understand what is going on with your body.

Yeah. That's cool. And now with all that you've done, you've done all this research, you've learned all this stuff for your own journey, helping other people.

You're putting it all together and giving it back in the most amazing way. You've created this summit. Yes. Where people are going to know how many doctors are involved in that.

Okay. So it's so it's called the Menopause Shift Summit and it's a summit. We have over 35 different health experts. Many of them are MDS. Many of them are doctors.

We have, you know, all different types of health experts. You're one of our guest experts, which I absolutely love. When we talked about genetics. So it's again, another way to give back, another way to educate and another way to bring it all to one place, because that's the other thing we're finding is that there's information, but it's so sporadic and it's, you know, it's it's kind of everywhere is like I'm like, no, no, no, we need to do it.

So that's in one place only about perimenopause and menopause. And it's again, because I'm so passionate about about this topic. It's exciting that we can bring this to everybody in one place.

So yes, I'm super excited. And, I, I've learned so much even from the interviews that I've been doing. Yeah, it's awesome when I heard what you're doing because it's it's literally what you just said as opposed to this, something that's so fragmented, a misunderstood female hormone issues in general are treated as very gray area.

Right? It's almost you're supposed to have problems. It's your hormones. Right. That's that's typically the answer you're given to. You're supposed to have hot fly. That's what menopause is, right.

So what you're doing is saying there may be a better way. And I'm taking 35 bright minds and putting them all together in one summit. And we're going to talk about this and unpack the whole damn thing.

Yeah. And that's like your curriculum. That's your pre menopause curriculum. Every woman should listen to this.

Building Morpheus and the Menopause Shift Summit

Those 18 year old girls that are five year understanding there's something they need to know about that is telling them this is what they should listen to. But to prepare.

Yeah. Or send it to, you know, somebody that they think that can benefit from it. Right. So that's where I'm like, okay, as women and even like, you know, like you're saying like even men, like we all need to come together to make a difference when it comes to women's health, especially.

And because it's and it needs more research and because there's still we're still learning so much, especially in the menopause and perimenopause space, I find that we're often forgotten or we don't want to.

Like it's not even unless it's like people don't want to talk about it. It's not very exciting. It's just menopause, you know, like so it's oh, they're over 50.

It's like kind of like we've become irrelevant. Right. So here it's like no no no no no no, wait a second. First of all, Gen-X women rock. We are like not going into menopause lightly.

I always say that we are not going into menopause quietly. At least I'm not. And the women that we are speaking to and making a difference. So making sure that we understand where we're going, making sure that there are options available to us, whether that's traditional medical route, whether that's the supplement lifestyle nutrition route, there are options and we are there all open.

And I actually I'm a huge fan of using them all together, if that makes sense for you. Right. So to me is why not work as a team, work with your doctor, work with your, you know, natural practitioner, work with yourself and all the research that you're doing and bring everything together and figure out something that works for you and like you asked me earlier there, like there are a lot of options nowadays.

So it's not like we're out of options and we have to do what works best for us. So you were saying before. So for

some women, hormone therapy is incredible.

It is life changing for them, and for some they can take it or they don't want to take it, or maybe they just don't feel good on it. Right? There isn't necessarily one thing that works for everybody, and that's okay.

That's why we that's why we have so many different options for people. Right. And that's and by the way, all those options can be worked in conjunction as well if it makes sense. Right.

So it makes. Yeah. And from what you just said there's one thing that stood out to me, which is this belief. And you see it especially in previous generations where, menopause is not a phase or transition.

It's the beginning of the end. Right? Meaning that that. And that's why it isn't sort of dealt with because it's like we don't need to deal with it because life is over, right?

I'm in my lap cause I'm now retired and that's it. I'm not fertile anymore. We don't need you. And the reality is, women don't live to 55 anymore. Women are doing more in this world these days than men are, right?

Yeah. So, that belief is a more of it. Yeah, well, it depends where you look. What in our world? The functional medicine world. Yeah. Everywhere I go, I see brilliant women doing brilliant things.

That's awesome. Right. And it's you see it everywhere and it just it's it's quiet under the radar. But it's there. Yeah. So that belief that this thing is not a blip or a transition or it's, it's a marker for like, I'm done.

Yeah. And that's literally what people believe. Yeah. I mean even I was believing it when I before like I said before when I was turning 50, I'm like oh I'm old already.

Yeah. I started a company at 50. Like, you know, like I started my third company with my partner Randy, who I've been partners with for 22 years. We started our third company at 50. Yeah.

Like it is. So is is like I'm looking at it now is that it is a new like it's a new time for so many women. First of all, we're coming into our own. Yeah. And we're also learning, you know, how to say no.

We're learning how to become empowered. We're are many of us have. I had kids later. But for many women, their kids are leaving the home. They're, you know, like, it's just we're getting to know who we are, right?

You know, as opposed to just being, you know, who we were. And I think that's the key. And that's what I always say to women, you know, at this stage when you're in perimenopause, my biggest messages be gentle with yourself.

What does that mean? Our bodies are recalibrating. So if you think of a cell phone and your cell phone, when you're when it's doing an update on the software, you can't use your phone.

Or if you can use it like you can't you, it has to do its thing in order to get the newer version right. Same thing in perimenopause, and a lot of us are very hard on ourselves at this time.

I was as well because this is like it's like, well, wait a minute, who am I who's taking over my body? I'm so like, I will be really our biggest critics, right?

So like, why am I, where's my memory? Why do I have no motivation? Why can I focus and concentrate, which I always see? When I was in perimenopause, I went from a type A to a type F minus, you know, and that's one of my biggest joke because I'm like, wait a minute.

I couldn't get out of bed, I couldn't focus, I could I mean, I was a workaholic for so many years. I didn't even want to work. Like, honestly, I was like, I can't do this for many years.

And perimenopause. Once I got into menopause, it changed again. I'm still not who I was prior to perimenopause and I'm happy about it actually. Now I have this new version of who I am in menopause and it's awesome, you know?

So it has this negative connotation. It has like this, you know, your old heck no, man, we are just starting, like we're just. Yeah, this is what you're doing.

The summit, I think, is really going to help doing all this great work. And now you're going to make this whole thing we just talked about where women need to learn and engage.

And you're making the summit. And I heard it's free for everybody. Yeah. So it's a free summit. You could register it if you go to we are more fis.com more U. S dot com.

If you follow me on TikTok, there's a link in my Linktree as well that you can register, social media at andriod on ski or at. We are more fis. You can find it there.

And, we I know that you're gonna put a link below, read the links to your social and to your to the summit itself. Nice. So, but, I mean, what more could you ask for?

You're getting an entire menopause curriculum, and it's free. You're not. You're giving this back to the world. And it for in terms of the research you've done.

And so now to find out more about your your brand and the work you're doing, it's we are Morpheus. Yeah. So we are more aws.com. So you can visit our website and then follow us on TikTok.

You know, we always laugh. The women on tech. We are like the Gen-X women on TikTok. It is like becoming huge. So at Android, on ski, on TikTok, which is really where I spend a lot of my time.

Awesome. Well, thank you for being here. This is truly mind opening. And like I learned, I feel like maybe I have menopause. I don't know, I gotta go work on it. I'll get diagnosed.

I might have on some of the symptoms, but thank you again for coming. This was awesome. And there is a male menopause. By the way, I did an interview with Bryce Wilde about, anthropos, which is male menopause. Yes.

And that will be an interview in the summit as well. Yeah. Oh, cool. Awesome. Thank you for coming. Thank you for having me. All right.