Opening on Longevity and Future Health

or not even deprioritizing, maybe just not occurring, right? It's like to have that end in mind and think about how is it, you know, looking at your loved ones right now that are in their 70s or in the 80s and how they're spending their time.

And is that the way you want to spend your time? Right. Exactly. Yeah. I don't think any of us think about it because we're just constantly trying to make it through the next day.

We're so busy and just pushing through everything. Right, right. And I know a lot of people just assume that's the inevitable, but I think there's a whole lot we can do to change what your 70s and 80s look like.

Absolutely. Welcome to the resiliency method, the truth about healing. I'm Dr. Erica and we are here to uncover the root causes keeping you stuck. Together we'll restore your energy, your focus and your resiliency so you can finally heal, regenerate and feel truly alive again.

Did you know that women with lower muscle mass are up to five times more likely to experience cognitive decline and dementia? If that stat just made your jaw drop, you're in the right place.

I'm Dr. Erica, and today on The Resiliency Method, the truth about healing podcast, we're diving deep into why your muscle is your most powerful longevity organ.

And it's not just about looking toned. Joining me today are Dr. Heidi Codino, Dr Serena Rasmussen, two naturopathic doctors who are blowing up myths about hormones, aging, and what it really takes to stay sharp, strong, independent, well into your 80s.

Trust me, this conversation will change how you think about your future. Let's dive in. Welcome back to the Resiliency Method, the Truth About Healing podcast.

I'm Dr. Erica. And joining me today have Dr., Heidi Codino and Dr, Serena Rossum. They are naturopathic doctors and experts in women's health and longevity medicine. They are award-winning speakers.

Dr Codenio is on the advisory board for the Menopause Association, known for helping women thrive from perimenopausal through postmenopas. while Dr. Rusum specializes in hormonal health, BHRT and functional medicine with a strong focus on root cause healing.

Together, they bring a powerful holistic approach to women's health from puberty through menopause and helping people understand their hormones, optimize their longevity and live vibrant, healthy lives.

So welcome, ladies. Thank you. Thanks for having us here. We're very excited. Yes, so great to have you today. You guys have such a wealth of knowledge.

I'm excited to you on and to share with our audience some of the things that you're up to and the wealth knowledge that have, especially in the area of perimenopause and menopausal and women's health and aging process.

Yes, it's very under-talked about.

Introducing Muscle as a Longevity Organ

It is, and it is a very prevalent and useful topic because I know there's a lot of women out there who are identifying and probably even like feeling a little worried about the aging process.

And, you know, we need to get them on a better footing for that. Yeah? Absolutely. All right. So yeah, I want to start off by asking you some questions to hear about specifically, as women are aging, and we often hear this pretty commonly, too, is the importance of muscle.

and why muscle is such a critical piece of the puzzle when we're talking about longevity and resilience. Can you get us started off on the thinking around that?

Yeah, absolutely. You know, muscle isn't just about tone or power. It's a vital organ for your metabolism, your hormones, you brain. Healthy muscle, is what really regulates your blood sugar, supports your bone strength, keeps your hormone balanced.

And after menopause, maintaining muscle becomes way more important. Studies show that women with lower muscle mass are up to five times more likely to experience cognitive decline and dementia.

That's because when you activate muscles, they release key brain-supporting compounds like EDNF-alpha and IGF1, so brain derived neurotropic factor and insulin-like growth factor.

These help keep your brain nice and sharp, your mood balanced, which we all need a little bit of, and your blood vessels healthy. Less muscle also means less movement and less independence.

And I don't know about you, but as a woman in my late forties, I love my independence and I want to keep it. So if you have less independent, you're going to have fewer chances for social and mental engagement.

Those are all also essential for long-term brain vitality. The good news is, is that we haven't lost it all yet. Muscle loss is not inevitable. We can build it and preserve it through resistance training, adequate protein, daily activity.

You can protect both your body and your brain by building your muscle. So in short, strong muscles are one of the best ways to stay mentally sharp, physically resilient, and hormonally balanced as you age, even after menopause.

Love it. Yeah. Tell us more. So can you explain how the aging and the hormonal changes that affect muscle loss and what that actually means for women's long-term resilience as well?

Yeah, so as we age, muscle loss, called sarcopenia, tends to speed up. This happens because levels of estrogen, a hormone that helps protect muscle and support repair, it's not just about your cycle, ladies, begins to drop.

At the same time, the body becomes more prone to inflammation when you have less estrogen and less efficient at building muscle. So on average, women lose about 0.5% of lean muscle each year during the menopausal transition.

While body fat naturally increases, this shift in body composition can make women more likely to experience frailty, falls, fractures, and reduce independence later in life.

It's not just estrogen though. Testosterone plays a huge role. it's And during and after menopause, declines in testosterone makes it harder to build and maintain muscle strength.

So as we age, when those hormones start to drop, it gets harder maintain our muscle and we got to work harder do it. Yeah, true. And what are some of the ways that…

Well, first, let's start with what the roles do you think that optimizing the hormonal health and using BHRT, and let us define that for our audience too, right?

And play in supporting muscle health in overall longevity. Yeah, so BHRT is bioidentical hormone replacement therapy. You can say HRT, you can see say, HR, we've heard all of them.

We like to use the HR T because we do only the bio identical forms. So really, with kind of like what leading back to

what she was saying is estrogen and testosterone, especially like they are what helps with inflammation and what helped with building muscle and keeping muscle.

Estrogen does much more than just regulate your cycle, like she said. It's also a powerful muscle protector. So the main form, estradiol, helps your body repair and rebuild muscle by activating special muscle stem cells.

They're called satellite cells, These also reduce inflammation and help prevent muscle breakdown. So when estrogen level drops during perimenopause, these repair systems slow down.

Muscles don't recover as easy, they don' grow as easily, which leads to the sarcopenia or the muscle loss. and higher risk of weakness, falls, fatigue, and same thing with testosterone.

Testosterone, even though it's not considered the male hormone, it also declines when we're going through perimenopause and menopausal. So testosterone is also important for making muscle protein synthesis.

It tells your body to build and maintain muscle tissue. As both estrogen and testosterone decline, women's ability to gain or preserve muscle becomes so much harder.

If we can provide exogenous hormones, so like an estradiol patch and a micronized progesterone pill and maybe a testosterone cream to get their hormones back into optimal ranges, then we combat all of these negative effects from not having enough hormones to keep your muscle and to your bones healthy and the inflammation down and all the other things that hormones do.

Wow, so interesting. And, you know, there's a lot of fear around hormone replacement and historically there certainly has been. I feel like that's subsiding a little bit and people are starting to have a bit more comfort, especially with some of the analysis of older studies and newer studies, and such.

Then even, I think, some forms of hormones, like you mentioned, becoming more And I'm a preference to bioidentical. That's sort of where I feel more comfortable when my patients come and we're working on the root causes of the hormone imbalances.

Hormonal Changes, Sarcopenia, and BHRT Basics

Having that certainly as a part of their journey is really useful and it makes me more uncomfortable when there's bio identical. But, you know, I've been a little, probably like a lot of people, then there are some things that I have had to come to understand around hormones that are sort getting broken up.

So, tell us a bit more on those myths for us. So I feel like I always come in contact with kind of like what I call the big five myths. So the first one is all hormone replacement therapy is dangerous and causes cancer.

This broad fear comes largely from outdated studies, namely the Women's Health Initiative. And primarily that study was performed on synthetic hormone placement therapy formulations, oral forms, and it was also done in a lot of women who wouldn't be considered candidates today.

The current science differentiates between types of hormones and delivery methods, which is huge because oral versus transdermal, there's a big risk difference and also our body processes.

When you come to biogenical hormones, basically they're molecularly identical to those that the body produces and are often safer and better tolerated than the synthetic versions.

The synthetic versions don't get processed through the body the same way. And so one big thing that you have to consider when you're doing hormone replacement therapy is progesterone and estrogen or estrogens, I should say, are let's think of them like sisters.

So you the really fun younger sister This is her analogy. This my analogy, I use it all the time. Really fun younger

sister, estradiol. She likes to go have fun, but she can get into trouble sometimes.

But when she goes out with her older sister progesterone, it keeps her in check. When you get the synthetic projestins, It does not keep your estridiol and all of the estrogens in-check in the same way.

It's really important to keep those ratios in balance. In general, Besides the synthetic versions not being the best in my opinion, the risks depend on timing, dose, individual health risks, and like we already talked about the formulation.

Many studies now highlight how protective biogenical hormone replacement therapy can be for cardiovascular health, metabolic benefits, are really early and appropriately prescribed to many women now.

manage many symptoms. Going on to the second big myth is that iodontal hormone replacement therapy is only for treating hot flashes and menopausal symptoms While it is effective at managing those symptoms, it also supports long-term health by protecting bones, muscle, brain function, metabolic balance.

It helps counteract sarcopenia, osteoporosis, and cognitive decline risks, underscoring its role in longevity, not just symptomatic care. So when we talk about root causes, hormones are really important at maintaining our health.

The big number three myth is that you have to take hormones forever or else it's dangerous to stop. I don't even know where that one came from, honestly.

That's just not true. Yeah, that is an interesting one. You don' t know the foundings of that in particular. No, I, don t, but I hear it all the time.

The reality is you can take it for the period that you need it and if you don't want to take any more you can get off of it. Many women safely use biological hormone replacement therapy for several years adjusting as symptoms and health risk evolves and then discontinue it under medical guidance and it's generally safe and does not cause any sudden health crises.

However, I will tell you many women are like I'm not giving these up so you're not taking them away from me. What's the earliest that you prescribe BHRT to your patients?

And what would you say about, you know, when to start, age, and when you'd be looking at it? So, it really depends on their symptom picture, right? Perimenopause, generally, starts at age 35 to 45, Right?

and it lasts for 10 to 15 years until you hit that one day, that menopaus, at 12 months without a period, And then you're post-menopAUSE. So like, everybody says menOPAUse, but really menOpAUS is literally just one-day.

We'll start it. If they're having a lot of symptoms at 35 or even younger, some people have primary ovarian failure, you know, just depending on what's going on.

We will check, see their hormones, obviously something is going. But if they are having symptoms and it's completely, it is ruining their lives a we will do hormone therapy when they're, you know, 35 or if they are having symptoms of perimenopause.

It really is life-changing when you get to that point and you just don't feel like yourself anymore because your hormones have just dipped so low that you're just like, I have no idea who I am.

All of these things are happening to me. I'm having all of the symptoms. Nobody can figure out what it is. We will start hormones. we generally start at the very lowest dose and then we'll kind of go up as you with bioidentical hormones, it's safe to start when you are having symptoms.

Yeah, got it. Okay. And then, you know, some people are like, I don't want to do those hormones. But I think there's a few more myths, right, that we want cover?

I didn't wanna get too far because this is gonna have an interesting conversation. Let's keep going on the myths. Tell me more. So also the idea that natural or bi-biogenical means it is completely safe and there's no risk at all.

That's not true. I mean, at this point, we still need to acknowledge that there are some risks with biogenital hormone replacement therapy. Okay. In general, like the updated Women's Health Initiative study is showing that it is very protective in all the things that we thought it was going to cause, like we already talked about.

However, we still need to be careful and warn women about the potential risks. So those typically are Breast cancer, although I know there are doctors out there today who, if you have a breast cancer history, are not saying that you are no longer a candidate for hormone replacement therapy, especially if your talking about vaginal health and urethral health.

Women now, they are definitely candidates for that because it prevents those chronic UTIs later in life. So even if you've had breast cancer in the past, you can still use vaginal estradiol to help maintain those tissues.

That's one of the big things that has changed around safety profile. The other thing is they've removed the black box warnings off testosterone. before they were talking about the cardiovascular increased risk with that, that has no longer there.

However, when you're talking and going back to women with estrogen, the other risk is the increase in blood clots. The research shows that transdermal or non-oral estrogen does not have the same risk.

Whenever I'm prescribing these hormones to people, I still do acknowledge that the old study was over a longer period of time and had a lot more people in it is a lot larger.

So I still need to tell you about these risks. However, all of the current research is showing that those risks are significantly reduced if not no longer present.

And then lastly, a lotta people are concerned about weight gain with biodegradable hormone replacement therapy. The reality is that weight changes depend on many factors.

Just because you're on hormone replacement therapy is not going to just cause you to gain weight. There's many other things going on. That's usually progestins, honestly.

Myths and Safety Around Bioidentical Hormones

Progestin will make you gain a lot of weight Yeah, and if you're already low and we're just trying to get you to a physiological normal level, that's not going to cause weight gain.

It's going be more about preserving that muscle to actually help your metabolic rate so you don't gain weight. Are you guys seeing a transition from doctors like really just going more towards the bioidentical hormone replacement as opposed to the synthetics?

What kind of movement do you see or you know of in that arena? I am not. So as naturopathic doctors, I think a lot of people seek us out because they don't want the conventional kind, right?

And a lots of the convention doctors still are not prescribing hormones. They're still saying, oh no, it's too dangerous because maybe they're not up on the research or something.

I had a 53 year old woman come to me just last week and she was on an oral contraceptive and it was estrogen and progestin contracptive to help her through her perimenopause and postmenopausal.

And it was her gynecologist that had prescribed it. And I'm glad I still wear masks at work because I think my jaw would have hit the floor. Yeah, that's not safe.

That's healthy. I got her off of that right away. We are putting her on bioidentical, a transdermal estradiol and a micronized progesterone, which is a pill, but progesterone actually works better that way.

And then I'm also putting on some testosterone because the labs that we ran show that her testosterone is just barely there and she's working out and doing the things she can, she is not gaining any muscle and not even preserving what she has.

I have not seen it get better in conventional medicine, also we're in a specialized kind of niche where people come to us because we do different things.

So I'm not sure. Yeah. I would say I've seen a little bit of improvement. Definitely seen conventional doctors more willing to prescribe it. However, I feel like the thing that concerns me the most is that they often still put women on like a Madroxy persistent instead of just real progesterone.

And like we talked about, that synthetic projestin doesn't counteract the negative effects of the estradiol the same way. It's important to keep that ratio.

I really strongly disagree with the whole, if you don't have a uterus, you won't need proesteroin. there's many other reasons why you would want to be taking progesterone brain health, heart health skin health hair health all of those reasons to like support those things but also just to keep the estradiol in balance so you're not having because estridiol is great it does so many amazing things for us but it is the one like we talked about that naughty younger sister that like you know gets into slightly more trouble when it's unopposed.

When it doesn't have that older sister to be like, wait, maybe we shouldn't do that right now. Maybe we should step it back. So I feel like those are kind of the biggest, like I'm seeing a more willingness to look into it and prescribe it, but I still think they have a long way to go.

You got it. Yeah. Are you tied to treatments, protocols, and gurus who promise results but don't deliver? You're not alone. For years, I struggled with my own long-term illness and I know how frustrating it feels when nothing seems to work.

That's why I developed the resiliency method. It's a science-backed approach to combine the best of Western and ancient medicines to restore your body's natural intelligence.

Patient after patient has discovered what's possible, living stronger, brighter, and more spiritually connected than ever before. Whether you're facing autoimmune issues, hormonal imbalances, weight struggles, or just feeling stuck, you don't need another quick fix.

You need a clear path forward. Take the first step with a discovery call at drericaonline.com forward slash discovery. That's D-R-E- R-I-K-A, online. com forward, slash, discovery, Or dive deeper with the full initial consultation at DrEricaOnline dot com, forward Dash consultation because your health, your clarity and your freedom cannot wait.

Did we cover all the myths that we know are out there? I do have like a quick summary for people. Yeah, that'd be great. That was a lot. Good information.

But yeah, if you could summarize it, it would be good. So the current science really emphasizes a personalized, evidence-based, individualized approach to biodegradable hormone replacement therapy.

So using formulations identical to our endogenous hormones can reduce side effects and improve outcomes and current science supports a lower risk profile.

Not risk-free, but a significantly lower-risk profile Starting therapy near menopause onset can maximize benefits while minimizing the risk as well as maintain our longevity because that's what we are really wanting to talk about here is the importance of longevity, but also VHRT benefits extend beyond symptoms relief, including muscle

preservation, bone density, maintenance, cardiovascular support, and cognitive protection.

So like that longevity piece like we talked about. I think a lot of doctors are just using it to maintain symptoms, but it can also be part of a longevity protocol.

And I that should be more addressed and we're seeing how much it really benefits women in those key health parameters. Finally, it should shared decision making and ongoing monitoring is key for maintaining safety and making sure that you have an effective therapy and are on appropriate dose.

And you guys are using what kind of diagnostics to measure hormone health and balance? What's your standard that you're using? Blood, serum, urine combination?

It really depends on what our patients can afford. So obviously we would love to just have urine. It's the best to see the metabolites and everything like that.

That's not always going to be the case. Or for monitoring. Yeah, we're not going make them do that every time for monitor because it can be very expensive and insurance doesn't cover it.

So we do serum a lot just because that is what most of our patients can either afford or have time for, or it's quick and easy. And we found that there's a lotta good research out there that tells you the serum levels.

So for instance, for estradiol, in order to keep a good bone health and cognitive support, you need to have it at about 80 to 100. That's really good reference range that we can use in something that's covered by insurance.

Got it. Awesome. Now, I know there's some people that, especially in my audience, that may be a little bit not used to or not necessarily seeking out, but I think this is some great information you're bringing to the table because it is a different way of looking at hormones than we've ever really considered and sort of starting to open up and expand our thinking around hormone therapy.

And even hormone, therapy, like you said, it doesn't have to be forever. It can be to bring you back online for a period of time. In our approach, we're oftentimes getting to root causes of hormone deficiencies, and we'll start to bring the body in balance by repairing kidneys at the glandular level, doing that repair that we specialize in.

But I know that some people just might still be obstinate and can't get on the page of doing the BHRT, maybe just not their avenue. And I know you guys have a great balanced approach in looking at that and some other ways for not just only I've heard you speak about it's important for people that are on hormones as well as not on the hormones, but your attention, like we started with the conversation today on muscle and building that, supporting that using that as a way to prevent decline.

If you can expand a little bit on that, I'm going to throw one more question too in there. Just also too, can you talk a bit about cardiovascular exercise?

Because I've got some thoughts on it. I think we're middle age, we start to probably do too much of that or we tend to think that our exercise program should look the way it did in our 20s and 30s, and we are seemingly trying to reach that goal.

where doing cardio as a bigger portion was probably okay and we got away with it. As we get older, it doesn't seem like we do as much. I'd like you to expand on that too, if you can.

Yeah, absolutely. So I love talking about exercise and training and all that stuff. You know, I was raised in the 80s and 90s. And so everything was, you know cardio this and cardio that.

Don't lift heavy weights because you're going to get bulky. Calories in, calories out, all these things. Absolutely all of it was wrong.

Exercise Strategy for Midlife Strength and Resilience

Especially now in midlife. We have to completely rework all of that. And we have get that out of our heads. It's still even hard for me to get out, and I know better.

Yeah, because I study Chinese medicine, ancient medicine. I started looking at other cultures and how they move and their exercise and what they use as exercise.

For example, Chinese You know, there's a lot of tension on Tai Chi and Qigong, and at first I was like, what the heck? That's wasting your time. And I started to see that over time, I'm like oh, they're actually using things like that to increase energy, not trying to take a body and actually put it in a gym and continue to deplete the energy from it.

Right. Well, also they are contracting their muscles, right? So they building muscle because they contracting it, but they also doing mobility exercise, which is huge.

You want to keep your mobility. Cardio is not horrible. It's just not the only thing. The biggest thing, especially for if you're wanting to maintain muscle mass, specially after your hormones start dipping, resistance and strength training is huge.

And it's not, you know, I'm going to take a five pound weight and do a hundred reps. Literally you want do big muscle groups three to four times a week and you wanna lift heavy.

So, lifting heavy is not going to make you bulky. Lifting heavy, is going build muscle and you want to do progressive overload because that continually challenges the muscles.

So when you continually challenge the muscle, that sends the message to the brain saying, oh, okay, we got to send messages to muscle to build more muscle because they keep adding more load.

Resistance and strength training needs to be your biggest key, key portion. I always do, um, cardio. Do I do sprints though? Um, I don't like just do a long-term, i'm going to jog for two miles kind of thing.

So I have exercise induced asthma, so I hate that feeling anyways. Sprints are great for me and sprint is really good. It's kind like, it's kinda like hit, but not completely it.

One minute on, one minute off. They're called Sprint. That's kind of my warm-up to before I lift weights, and that gets my cardiovascular up. I have a very good VO2 max, I had the great HR variability, but that's how I do it, right?

You do need cardio, you need to move your body, You need go for long walks, walk up hills. You DO need that, it's just not… I'm going to do all of these things all the time and not lift muscles.

I need to pound my joints into the ground. Yeah. I like to say you should be doing moderate intensity cardio. The sprints is fine for a warmup, but if you're going to do 30 minutes of cardio, you don't need be running your heart out.

You should do a brisk walk and that's probably going be a lot better for your longevity than train for marathon honestly. Technically, my sprints are 24 minutes, but that's my warm up.

That's the only time I do cardio because I don't like it. We're doing like the minute and then off. I'm doing a minute of fast walking and a fast-walking and minute sprinting.

And I just do it on the treadmill. You're in your blood flowing and ready to then lift. Like, I want to go for a run. Yes. for the busy professional and the high performers and, you know, all of us, our time is like of the essence.

And the model you're talking about really is pretty doable, right? Can you break that down into time that we would take to get that kind of routine in?

I'll just give you what I do. Cause this is kind of what, I tell my patients to do anyways. Also, break it down into four times a week. I go to the gym four time.

And I got to gym because when I first got back into, so I was a nutritionist and master trainer before I went to med school. And then I went to med school and didn't teach anymore and gained a bunch of weight.

And, you know, med schools just not for your body in any way. Um, but when I got back into it, I felt weak. I was going through perimenopause. So like I'd already had some of that sarcopenia.

and so I chose to go to a gym so that I could use machines so, that i could lift heavy safely. or more safely than trying to do free weights. I knew how to all the free-weights.

But I didn't trust my body because I hadn't used them in so long I wanted to make sure that I got my muscles back up before I did free weight. So I choose to go to a gym and I have a lot of people start there.

So what I do is I go four days a week, I break it down into body parts. You always want to do opposing muscles. So I have a leg day, which is my favorite day.

I'm always excited on that day it's my favourite. And that's calves, that glutes, quads, hamstrings, adductors and abductors. That's all of those things.

So that's what I do for them. And I, do, like I said, I did my sprints as my warmup. So I'd do that for 24 minutes first, and then I go and I lift weights.

My sections that I do, I three sets of six reps. And I know that sounds like just a little bit of each, but really what I'm doing is I am doing progressive loading.

So I'll go and I will do something that's pretty heavy but I can do six pretty easy. It hurts and then I don't do it. But it's heavy. Then I go up by 15 pounds or depending on which exercise it is.

I get up. And then for that second set, and I do six again, it's a lot harder to get that six in. And for my last set I go up in weight again. That sixth one, I'm barely getting it out.

Or you might get four in or five in, but that's okay. Yes, that is fine as long as you have good form. So that where you want to go because you wanna do that progressive overlook.

Okay, you're a master trainer and so you love the gym. What about the people that don't love that gym? That's myself. Yeah, I didn't love the gym. I did it because I needed to have a reason to work out.

Once you start feeling strong, it is a lot more fun to go. But if you don't love it, there's lots of other things you can do. I don' like just Pilates or just yoga or stuff like that.

Those are great for stretching and mobility and those kinds of things. You still need to lift heavy. Yeah. And if don', what are the long-term consequences you think of ignoring muscle loss and how does that correlate to our hormone balancing as we age?

Well, I mean, having the muscles, your muscle helps with your bone strength, it helps you know, frailty. As we get older and we lose our balance and everything and hormones dip and every thing else, we're kind of in this place where we are a lot more vulnerable.

You know the slips and the falls, you break your hip and sometimes people don't come back from that. Yeah. So muscle really is the key to keeping all of that together.

And you've got to build it and you got keep it. It's just a lot harder once your hormones have kind of tanked from, you know, your ovaries, they're supposed to give out.

Yeah, that's nature. They're suppose to. We're not supposed be pregnant all for our entire life. No, thank you. No. Thank you at all. Yeah. Currently pregnant, I not recommend.

Not recommended. That's because you're at the very we end. Yes. But also like you were saying, i am not a gym rat. I have never been into lifting, but I've always done a lot of resistance training where I use my own body weight and that's I like different activities that force me to do that.

And it does have to get pretty intense though. It depends on your mobility and where you're at, but your body weight's still pretty heavyweight. So if you are not the person that's going to go to the gym, you can still do resistance training at home and use your bodies.

I love that, yeah. In the living room, right? Yeah. With the dogs in your face kissing you. Just make sure you know what you doing so you don't hurt yourself.

Absolutely. Because an injury can set you so far back. Yeah, form is key, right? We could probably do a whole episode on that. So what are the three things that you guys would advise that, you know, to like future-proof our health and our resilience?

You had to boil it down. Well, one of the biggest things like we've been talking about is maintaining your muscle. I think that came in loud and clear today.

Yeah. First and foremost, maintaining the muscle, you got to do that. Other than that, We're really big on maintaining a healthy diet because if you're not feeding your body, it's not going to build or repair or have that longevity that you are looking for.

Primarily whole foods, shopping at the perimeter of the grocery store. Always a whole food diet. You want to balance your proteins with your carbohydrates and your healthy fats.

Nutrition, Protein, and Gut Health Support

Want to make sure you get all your micronutrients. I don't care exactly what diet you're doing as long as it's a whole food diet that's meeting those basic parameters.

But I will point out that protein intake is usually way under what people should be eating. And I think that comes from our society. The RDA numbers. The low fat diet and the low protein, high carb.

Even if it's whole food, that's not going to get you where you need to go. I usually always tell, especially women, prioritize your protein first. You should be getting anywhere from, depending on how much strength training you're doing, like 90 to 140 grams per day.

And you should break that up in your three different meals throughout the day. And did I hear you say too that like a good target for that is your ideal body weight in grams of protein per day?

Yes, that's how I like to kind of frame it to my patients because technically it's supposed to be like 1 to 1.2 grams per kilogram per body weight. But nobody's going to calculate that.

Nobody wants to. In America anyways, everywhere else uses that, but we're just too late. We're special. Really, I tell people, if 135 or 140 pounds is your ideal weight, that's how much protein I want you to eat.

Because you really need to that in order to build the muscle that is going to then get rid of the fat. I also make sure that I point out, and I know you do too, they need eat fat, healthy fats.

Healthy fats are huge. If you don't eat that, your body is gonna store whatever you and you won't want that. Yeah, absolutely. The cholesterol conversation, right?

Increase that HDL so that we can offset the LDL and that's a strategy to keeping that in good ratio and good proportion. And then, yeah, and then I have a question kind of on the protein subject for you guys.

You know, we're talking a lot about perimenopause and menopausal females and such. And one of the things I've seen definitely in my patient population is increasing rates of gastroparesis and, you know things that look like digestive disorders that looked very much correlated to poor basal vagal tone and especially as we age and so I feel like, A lot of females in that age range are really struggling.

They're on the struggle bus with the protein, especially the animal protein. Can you give some suggestions on dietary and ways to do that, to accomplish that number per day?

Yeah. So I'm vegetarian. Okay. I get about 140 grams of protein per days because I do lift heavy and I want to build muscle. And I am in perimenopause.

Here we are. Yes. And I've experienced the gastroparesis and all the things. One of the reasons that actually comes about, this is kind of a cool thing and I'll try to make it quick, is part of our microbiome is the estrobolome.

It breaks down the estrogen and it either regenerates it or detoxes it, or sends it to where it needs to go. But when you have less estrogen to feed it it kind dies off.

of your other microbiome because of that. And so that's what really kind of starts that whole cascade of things. Yeah, exactly. The gas and the bloating and all of a sudden you have all these food intolerances that you never had before and it's kind crazy.

But what you can do is if you had high quality proteins, whether it is animal-based or vegetable- based, You can take digestive enzymes. There's some really great digestive.

Enzymes out there until you can get, you know, if you are on HRT, If you have your, your normal levels or your good balance of levels that will soon kind of balance out on its own.

there's also some probiotics that you. Add in as needed. One of my very favorite things to do for that gastroparesis is fiber. Lots and lots of fiber, I always tell people they need to have at least 40 grams of a day.

Um, you can get that with vegetables. You can. Beans, legumes, lentils, all those kinds of things. Fruit also, but you know, fruits, a little high sugar.

It's good for you. Yeah. So, you know, that helps. But one of my very favorite things that I do for mine, and I don't do it every day, it's a peptide.

It's called BPC-157. I absolutely love it. it is healing for the gut, for joints. Its actually skin healing. Um, It kind of works on a lot of different realms.

And I just take it when I feel like I need it Got it. Great. Part of our foundations of health is healing the gut. And a big part of that is I do see a pattern quite frequently where people have like a low grade H.

pylori infection, which is then decreasing their stomach acid. When your stomach acids decrease, you're not breaking down that, but then also when it leaves the GI tract, then that it's not acidic enough to then trigger enough bile release or enough pancreatic enzymes.

So I feel like, Getting those infections out of the way and optimizing your microbiome health is really important and often needs to be done before you start like drastically increasing the fiber or drastically Increasing the protein because you're right.

You're not going to break it down if we're having a Huge gut inflammation and these microbes in there that you know don't like to play nice So there is that big aspect as well.

Basically your phase one of your program Yeah, absolutely.

Future-Proofing Health and Closing Remarks

Yep, for sure, it starts there. Yeah. Great. And then the better question I want you to think about, I wanted you think what in words, and I like to hear from, you can do this as a team or individually too.

What if you could give your clients one question and you would say, this is the one you should be asking in respect to your health, what would that be?

That better questions to ask. I would say you should really be thinking about how do you want your life to look like 10, 50 years from now? And are you living in a way that's going to support that?

Are you doing the things you need to do now to be where you want to in 50 years? And feel the way you wanna feel in fifty years. I love it. So many of us have just, it's not us, but obviously we're in this profession and advocating for that, and so many in our communities are.

We're not even deprioritizing, maybe just not occurring, right? It's like to have that end in mind and think about how is it, you know, looking at your loved ones right now that are in their 70s or in the 80s and how they're spending their time and is that the way you want to spend your time?

Right. Exactly. Yeah. I don't think any of us think about it because we're just constantly trying to make it through the next day. We're so busy and just pushing through everything.

Right, right. And I think a lot of people just assume that's the inevitable, but I know there's a whole lot we can do to change what your 70s and 80s look like.

Absolutely. Wow, what a great conversation you guys are so informative, especially around hormones and muscle building muscle that strategy that was really great takeaways from today's conversation.

Anything else you feel like you want to impart before we close up the session? Really just that, you know, we do see patients in Oregon and Washington.

We are a telehealth base. And so if you are looking for some extra hormone advice, support, information, We would love to hear from you. You can reach us at info at blossominglongevity.com or you can check out our website at blossomlingongevity.com.

I love it. Thank you guys so much. So great to, to here from your perspective and such, just a lot of useful information here today. Thank you so much for having us.

It was great. Thank