The Female Foot: Hormones, Collagen & Why Your Feet Change Over Time Transcript

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Introduction to Female Foot Health

A woman can lose 2% of her total collagen each year. We want to make sure that we are focusing on foot strength, foot integrity, potentially foot support.

If a female gets a stress fracture during the menopausal phase, it takes a little bit longer to heal from them. Hello and welcome to another episode of Root to Rise.

My name is Dr. Emily Spickle, your host, and today's episode is all about the ladies. And what we are talking about is the female foot and specifically how the females hormones and hormonal changes can affect foot health, foot structure and ultimately your foot strength.

So what we're going to be diving into is the top female hormones, estrogen, progesterone. How do they affect foot structures? Of course, different hormonal changes as we go through pregnancy, maybe our monthly menstrual cycle, and then of course the big one, menopause.

And then what can you do to prevent some of the overload or the stress that is affected through these hormonial changes? So to kick this off, we are going to start by going into the two main female hormones.

Of course, were talking about estrogen and progesterone. The main one that we're going be focusing on that is going have the greatest impact on our feet is, of course going, to be estrogen.

Now, estrogen is responsible for maintaining our collagen and our elastin. And collagen, we'll talk about this in a little bit, is going to be one of the most important proteins that brings integrity and scaffolding to a lot of our structures.

But in addition, estrogen is also responsible to maintain our bones, our bone health. It is important for fat distribution. Now there's fat in our feet that we do not want to lose and we'll be going into that.

And then of course our nerve health circulation.

Estrogen, Progesterone, and Collagen

There's a deep integration between circulation and nerve Health and this is through what is called micro circulation, all of the nerves in her body, especially the itty bitty ones that go to the tips of our toes and the.

Tips of her fingers have tiny little blood vessels that supply and bring oxygen so those nerves stay healthy and strong. When we look at the other female hormone, of course, this is going to be progesterone.

What we think about with pro testosterone is sleep. A lot of people actually take pro gesterones before they go to bed. It's very important for sleep, mood regulation, and then fluid balance.

So those are going be the two main female hormones that we're exploring. The big one or the focus is going to be, as I said, estrogen because of its influence on collagen.

Now collagen is one of the most important and abundant proteins in the human body. And it makes up 30% of our total protein. protein. When you think collagen, a lot of people will think about their skin, which of course it brings integrity to the skin.

As we start to lose collagen in our skin that's where you start get wrinkles and the face starts to drop a little bit. So that is where a lots of this conversation collagen estrogen aging etc.

But we are going to bring it even deeper into the body. plays a really important role in the strength of our ligaments, our tendons, or bones, the scaffolding of the structure and the integrity of your body.

So as a woman goes through different hormonal changes, specifically menopause, A woman can lose 2% of her total collagen each year. So this is happening over a period of 15 years.

You can see a massive decline in collagen, which then is going to affect your skin, your bones, joints, cartilage, tendons, ligaments, fascia, blood vessels, and your nerves.

So let's go into these three main categories of how hormones change for women during their adulthood. We're going to start with the monthly menstrual cycle.

And this is an important topic and this really trending and becoming a focal point in female athletes because you can actually predict certain injury risks in a female athlete depending on where she is in her monthly cycle So this is great to bring this to the forefront because we could be preventing perhaps some of the ankle sprains that we see or the ACL injuries.

I mean, women are at a greater risk of knee injuries versus men just in general. So how can we protect that female athlete? So the way that were going to look at this, is going be breaking down the female menstrual cycle into two main halves.

So you have your follicular phase which is day 1 through 14, and then you're you of your luteal phase, which has day 15 to 28. In that first half which, is going to be again that follicular phase day one to 14 you, have a increase in your estrogen.

Now as your estrogen goes up you are going, to start to experience a little bit of laxity in, your ligaments. Again, thinking about perhaps that female athletes, maybe there's an increased risk of ankle sprains during this period, may be a little bit of delayed stabilization of the knee and that's where you're seeing some of these ACL injuries, but we want to make sure that as we are in this follicular phase or as that females is in the follicular phase, she is predisposed for ligamentous based injuries.

Menstrual Cycle and Injury Risk

Now the way that I like to think about it is how can you help that woman or that young female athlete sense the joint faster? So this could be using things like kinesiology tape.

Maybe you want to tape the knee, tape, the ankle, bring some neurofeedback and acceleration of neuro feedback to these joints during that follicular phase.

right? Throwing in things like the neboso insoles so that the female can feel the feet faster and therefore stabilize a little bit faster. Now why this is important and I want to make sure everyone understands the way that ligaments work and the ligament talk to the nervous system to create a muscular response is that, ligaments, which are packed with nerves, send the signal to nervous systems when they are at an end stretch.

So let's say in the case of an ankle sprain is as you're about to sprained that ankle, you need to get to a tight enough stretch of the ligament to send the signal.

In the cases of this follicular phase, which is creating a little bit of a laxity into that ligaments, the female has to go a bit further through that joint range of motion than they are used to.

which means they're not going to get that signal fast enough and therefore they are predisposed to certain injuries, particularly the ankle and the knee.

So in this phase, you are thinking about drive up that proprioceptive stimulation through the bottom of the foot, through to the joint, the root taping, kinesiology tape, use vibration around the joints to wake up the propriocepters and nerve endings and that's how we are going anticipate some of those potential injuries.

Now on the second half, which is day 15 to 28, this is the luteal phase. This is where you will see progesterone rising. And as that progesterone rises, this is where you will see a shift in fluids.

So fluid retention. Maybe there's a little bit more swelling. Of course, you can get this swelling not just in the abdomen area, but down into the feet, so feet swelling, maybe you start to experience a bit of heaviness.

Heaviness in body, heavines in feet. maybe your feet get tired easier. so this where we want to focus on lymphatics. recovery, using things like the neuro stick, dry brushing, if you use products like Normatec boots and things that are going to help with the circulation and bringing that fluid back to the heart and to lungs.

So that is the side that we want to focus on the second half. Again, different aspects of potential injuries, and different experiences for the female.

I think the big one here would be thinking about the athlete and how these hormonal changes are potentially affecting them. Now, let's transition to another time in a woman's life where she may experience different hormonal changes, then that, of course, is going to be during pregnancy.

Now, course we know the estrogen and progesterone are changing, so we still carry what we understand of those two hormones, but now we're going add another hormone.

And the hormone that we are adding here is called relaxin. Now, relaxin is a hormone that is released and you start to see an increase as a female enters the third trimester because the purpose of relax in is to relax the ligaments and relax, the pelvis and the pelvic outlet so that the woman can give birth.

Now, here's the thing with relaxin is that it is not just specific to the ligaments of the pelvis. It is going to affect all ligament in the body, including your feet.

And did you know that your feet have over 100 ligaments and these 100. Ligaments are designed to create structure and stability. So a big part of the shape of.

The foot is based off of ligament ligamentos integrity and any sort of laxity in ligamins is going to. Create a falling. the arch which creates a widening of the foot.

So if you have ever heard that a woman's foot will grow a shoe size during pregnancy this is actually a correct a correct statement.

Pregnancy, Relaxin, and Foot Changes

Of course, it depends on every woman. Is it multiple pregnancies? Is that her second, her third, et cetera? Each successive one, the foot is going to have more and more stress.

But yes, a woman's foot can grow a size, half a, size during pregnancy. And as a arch falls and a foot becomes wider, It actually becomes longer as well.

So a flatter foot, is always longer than a high arched foot. So this relaxant. Now, in addition, or what's compounding this even more as far as foot health during pregnancy is there is, of course, going to be a weight gain.

There's an inherent weight gained during the pregnancy because you have the baby, you the placenta. All of that, so what is happening here is you have increased load to the foot.

So an increased low to this structures, namely the plantar fascia is where we see a lot of the stress going is then

going to be affected. You have a dropping of an arch, arch compression, which is stretching the plantar fascia.

And because of different hormones of estrogen and progesterone, the recovery of that plant or fasci is not as efficient. So you can absolutely get a plantarfasciitis during pregnancy because the compounding effect of hormones and weight gain.

So this is where I will actually recommend to my female patients that during the third trimester or as the woman enters a third, and then I actually recommended this to continue through the fourth trimesters is to use arch supports.

Now you could use the Noboso Form Art Support if you would like, which has the structure with the texture on it, so you are keeping the foot strong, you're supporting circulation, that is the goal of the nobosso form, or you can use something like a powerstab or other over-the-counter art supports.

But I definitely do recommend this because again, the integrity of ligaments and that plantar fascia with that weight gain. Now, another component that may not be focused on too much is that the way that a woman walks as she enters the third trimester is going to change.

She actually shifts into a highly inefficient gait pattern. And for any of my ladies who are listening, if you've been pregnant or you have had multiple pregnancy, you know exactly what I'm talking about, where your hips are going start to rotate out maybe your feet go a little bit wider we obviously have our center of mass shifted forward but the big thing here is less about the mass of the baby or the shift in the center gravity but it is that your pelvis actually starts to lock And when your pelvis locks, your rib cage locks.

So we start to change the way that we walk from a long stride arm swing pelvis rotation with a counter rotation of the T-spine, which is a huge part of how we hydrate and minimize stress to the pelvis and the t- spine and your spine.

That actually goes away. What happens is that a woman starts to shuffle or waddle, which is a very stereotypical pregnancy walk. But what that's doing is, that is changing the way that your foot relates to the ground.

We have higher ground reaction forces, stresses the plantar fascia leading to again some contribution towards plantarfasciitis. It can overload the bones of the foot which can lead to stress fractures.

So it's just another reason of why we want to be thinking about some structure and integrity to the feet as a female is entering that third trimester.

I also focus on foot recovery for women as they go through pregnancy, making sure that they're using some sort of art support, maybe some cushion in the shoes, and then these things we're of course going to shift away from after we give birth, but really after you're out of that fourth trimester.

The fourth trimester is going be the first three months after give you birth. And those three month your hormones are rebalancing. We had a lot of shifting to the skeletal and the fascial structures in the female's body, the pelvic floor is oftentimes inhibited.

So we have to get the public floor back online. We have the transverse abdominals back on line. You have get our feet connected to our core. This period, this first three months is very, very important to how we maintain integrity to the foot so that we are not getting any injuries.

So very important recommendations and thoughts as we're going through pregnancy as one of these hormonal change periods. To recap, some of the pregnancy foot related changes and stresses is that, we want to use supportive insoles, and we wanna bring structure as these ligaments are becoming lax.

We want to focus on foot recovery. You have 26 muscles in the bottom of the feet, even if this is just asking your partner to massage your feet. That's what I'd recommend focusing on the lymphatics to keep that fluid balance.

Another important thing when it comes to fluid, balance and the swelling that a woman may experience in her feet at the end of day is part of how we maintain fluid.

Balance is through walking. in the way that we were designed to walk, which is with long steps, with a rotating pelvis and swinging arms, big ankle movements.

That's actually activating a circulatory pump, which is how fluids get back up to the heart and to lungs. So without that, we're going to see a lot of stasis or swelling in fluids.

That could be through a massage, dry brushing, etc. Using things like toe spacers are great to me. They're such an easy way to recover the feet and just give a little bit of TLC to your feet.

And then, of course, any sort of icing of the feet. In the new Ignite Neural Ball, we have a cryocore, which you can freeze. You can just roll that on the bottom of your foot.

It gives a nice reset to the feets and it is smooth. No pressure needed. So no pressure on your feet, you're just rolling on that cryo core to bring that cooling temperature, that cold therapy to your feats.

Feels amazing. All right, so now as we transition to the third phase where a woman, this is inevitable, where, a women is going to start to see the hormonal changes of menopause.

Now here we go back to, the two big female hormones and how they are changing as a, woman enters and transitions through the entire menoppause phase and what can start, to happen in the feet and then how do we, prevent that from happening.

So major one decreasing estrogen. so as your estrogen starts to drop we understand what the estrogen is tied to and that again is collagen. As your collagen starts, to draw this is going to affect your ligaments just like during pregnancy and relaxing.

So can a woman's feet get wider, bigger, dropped arches as she transitions through menopause? Absolutely. This is where we want to make sure that we are focusing on foot strength, foot integrity, potentially foot support, depending on the direction that you want it to go.

But another big one is your tendon. So now not just the ligaments are affected by changing in estrogen and collagen, but same thing with your tendons.

Your tendon becomes weaker. And there's a very important tendon in the human foot, a muscle, muscle into tendon, and it is called your posterior tibialis.

Now, your posterior tibialis is a muscle that is deep in your calf. It's actually behind or beneath your calves, between your leg bones, and it's going to come around the inside of your foot.

And as it comes around, the outside of the foot and your ankle, it is going insert onto a bone on the side of you foot called the navicular, but that happens to be your arch.

So this bone on the inside of your foot navicular is the highest point of you medial arch. So that's where it inserts. It's job is to lift your arch dynamically.

And this tendon, what's very unique about this tendin, kind of like your Achilles tendon is that it actually rotates on itself. And I talk a lot about the Achille's tendon.

Menopause and Foot Strength

I will do a webinar, just focus on the achille tendon but what is unique your achilles tendon is it rotates itself and part of that rotation of the tendon on its self is makes it stronger.

kind of like a boat rope. So a Boat Rope, which is like, a woven twisted rope, is a very, very strong rope and that strength comes from the spiraling or the twisting of the rope fibers on itself.

Think the same thing with your Achilles tendon. Very, Very strong tendon rotating on its self just like boat Ropes. However, there's another tendon in the foot that does that, and that is your posterior tibialis.

And the reason why we need this tendon to be so strong is because it is dynamically lifting your arch when you take a step, when run, jump, change direction.

A lot of force is going through this tendons. However. Anytime a tendon rotates on itself or spirals on yourself, you compromise circulation. So any tendon in the human body that is spiraling is strong, but ironically weak.

because of the circulation. So it has a difficult time repairing itself. Achilles tendon, posterior tibialis. All tendons, but specifically the posterior is uniquely susceptible to the stress of decreasing estrogen decreasing collagen.

What does that mean for these ladies is that you can start to get a tear or degeneration in your post-hip tendon which is then leading to what's called adults acquired flat foot and this usually presents on one side.

so if you have one foot that has suddenly fallen fallen and collapsed in and you're like I used to have an arch and look at my foot now it is completely flat and pronated if You know what that means it looks like right it's spiraling in into that over pronation that More common in women, more common and women who are menopausal or post-menopause, right?

And then of course, if you have a little bit of extra weight on your body, you're going to stress these tendons even more. So something really, really important that I want to call out and make sure that we are anticipating and knowing that the importance of foot strength and foot integrity is really as we go through this menopposal phase.

Another one that decreasing estrogen is going to affect is our bones, our bone density. And when we do a bone-density scan, a DEXA scan oftentimes they're looking at the femoral neck, they look at our lumbar, but we also want to be thinking about our feet.

And as we start to get decreasing bone density, as you go through the menopausal phase, what happens is that a woman is predisposed to stress fractures.

So just something to think about, right? If you are a runner, depending on the shoes, the activity level, how you train your foot, is that as we go through menopausal phase, we are a little bit more susceptible to bone stress and therefore stress fractures, which also means if a female gets a stress fracture during the menapausals phase it takes a bit longer to heal from them.

So very important consideration. And I do remember from my office, real quick story, that I would get these women And it would always be the women, of course, now understanding the impact of hormones and a woman who is post-menopausal is, I remember getting these female patients, they would be, let's say around 60, and they will say, from Grand Central to Union Square with, if you do not know that distance, that's roughly 30 blocks, and they would get stress fractures in their feet.

And I remember seeing patient, first patient and then another patient. They would all say a very similar story that they will walk approximately 30 block, right?

Just moved to New York City from Florida and I'm just literally walking around my normal day and I got stress fractures in my feet. So it's something that just started popping and kind of alerting to me that we need to call this out and we to have it be something women are anticipating and then the way that you anticipate that is you keep your feet strong, you recover your feets, your thoughtful about the shoes that your wearing and of course you can take supplements that increase your bone health.

Now, another one as far as decreasing estrogen is going to be our fat distribution. Now we know this, we now that

we lose fat in our face, which we don't want to lose because that changes the shape, right?

And that's what holds a lot of the structure and the skin in the face is volume, Right? We need the volume of fat and in face. Of course we put fat in other places that maybe we don't want.

But in our feet, we actually start to lose fat, in the ball of the foot and in heel. And we have fat pads, and these fat pad are critical to your comfort.

If we did not have fat in the bottom of our feet, we would not be able to stand the way that we do. We would be not able wear stilettos. That would very painful.

But also a lot of the dynamic that you do and the experiencing of impact forces. A lot that is dissipated from these fat pads. So it is called fat pad atrophy.

more common than I've seen in my office in the ball of the foot, but it can also happen in heel, underneath the heel bone. So fat pad atrophy. What do you do for this?

Of course, it's about creating pressure distribution. There is an insole called plastazote. This is a pink material. It's actually a trademarked or patented material, plastizote, pink, you can go to Amazon and find this.

This is kind of like a memory foam insole and it redistributes pressure and its great for individuals who have fat pad atrophy. I love using a metatarsal pad, I have videos on my YouTube about metataursal pads, just search metatasalpad.

Dr. Splickle and you will see videos and how to put it on your foot, how put on the in sole, different brands that I like, where I recommend it, etc. Now another contribution here is if you have hammer toes.

So hammer toe or a contracture of your toes causes what's called retrograde pressure. Toe is hammering, the pressure goes up, back and under into the ball of the foot.

and fat pad atrophy, your pressure or your experience of the pressure is going to be compounded. So for you, I would recommend definitely the metatarsal pads if you're going use plastazote insoles, but I will add into the story, toe spacers.

And for here, I would recommend checking out the Noboso Splay toe spacers. The way that they work is by creating long straight flat toes to take the pressure off of the ball of foot and essentially what you are experiencing is called metatarsalgia and that is ball-of-foot pain.

Okay, so that's an important consideration as well in the menopausal foot, we'll call it. And then, of course, nerve health and circulation. So, the one that I want to call out here is that there is a menopause-related neuropathy.

Yes, you can get menoppause, peripheral neuopathy, and not a lot of people are talking about it. To me, it's one of the things where during pregnancy, for any of my ladies who have been pregnant, that if you get all these weird, different symptoms, oftentimes the obstetrician will just be like, you're pregnant right that it's just this bucket of normalcy to have not normal symptoms if that makes sense right where i just i remember some of the ones that i experienced i had ridiculous restless leg syndrome towards the third trimester and it was like You're pregnant, right?

And ironically, the moment I gave birth, my restless leg syndrome went away. So it was a pregnancy, but doesn't mean that it is just live with it. Here, with menopause and the neuropathy symptoms, yes, you can experience this.

How do you manage it? How you do manage if you are getting burning, tingling, stabbing, radiating symptoms to your feet? Well, there's different things that you look at.

I love GABA Gaba supplements. I would recommend this to my patients in the evening. Um, I like higher dose. So

again, this is all kind of at your own discretion, but 750 milligrams is the dose that I liked for GAB.

It's using things like potentially magnesium for your feet. There's actually a topical nerve and the company is called pros P R O Z E pros.com. and the topical agent is called nerve.

It does have a CBD component, but then it has other blends in it, a lot of essential oils. I love this for when my feet are tired, my legs are tire, if you're thinking like charley horse prevention, restless leg, or some of these neuropathies.

So you can use that in the evening on your legs and on you feet, which is really, really good. And then you look at other supplements that are nerve protective.

Arlopoic acid, acetylacarnitine, L-methylfolate, these are great for your nerve health. And then of course things like dry brushing, the neuro stick, different things to essentially desensitize some of the elevated sensation of these nerves.

For the circulation component, this is where you might feel like your feet are cold. If you have a history of Raynaud's, your Raynoids may get a little bit more triggered.

Do you get capillary spasticity, right? So we are essentially anticipating these things. Now, two things that are huge for supporting microcirculation.

First one is vibration. I love vibration rollers, vibration platforms. It actually creates a vasodilation. it warms up the tissue, it changes blood viscosity.

So it's a really good for microcirculation. And then the second, of course, is going to be textured. So using things like the Noboso socks are great for supporting micro circulation.

Okay, let's go to the 2nd female hormone, which is progesterone. Already mentioned this briefly in the beginning. that this is responsible for sleep. So as your progesterone is changing, it's going to change a woman's ability to sleep, sleep is where recovery happens.

Just thinking about that, what are other ways that you can navigate sleep? We, of course, have our fluid balance. Fluid balance, this is where you can start to get a lot of swelling.

So thinking about lymphatics, thinking microcirculation, dry brushing, neuro stick, vibration is great for this. You can get lymphatic massages, Normatech boots, some different components to fully support that fluid balanced.

And then of, course mood regulation, recovery and tissue healing. Of course, there's some rises in hormones and these are going to be our androgens, so the testosterone.

Now, as estrogen drops, the testosterone becomes dominant. It doesn't mean that it's necessarily rising, it just that, is now becoming the dominant hormone.

This can affect your muscle tone, further your fat distribution, and then can lead to joint stiffness. Okay, so I just want to dive in a little bit closer on each of these, bring some recapping, and then we're gonna tie it to our feet and get you some practical takeaways here.

So, estrogen changes, collagen goes down, what is happening to all of our skin, not just our face, but the top of your hands, the tops of you feet, your skin is of course everywhere, is that that collagen is bringing firmness, scaffolding and integrity, right?

This is where you can think about taking collagen supplements. I'm also a huge proponent in amino acids and taking those as well. So drinking bone broths, you're doing things to make sure that we are maintaining the collagen.

For our bones, the collagen is the scaffolding. Also, it's thinking integrity. Less collagen equals bone fragility, which is increased risk of stress fractures.

Okay. When it comes to the joint and the cartilage, our cartilages, is cushions. You can start to see a lot of joint space narrowing, fluid changes, maybe some of your joints are swelling.

Maybe we start get a little bit closer bone on bone, leading to arthritis. We have our tendons and our collagen. Of course, this is your tensile strength.

Are we at risk for a lot of different tendonitis in the shoulder, maybe in your hamstring, in you hip, and your feet, right? And how do we start to navigate this as well?

our fascia. So our fasc is not just our plantar fasci. Our fascias, everywhere it surrounds, our muscles, all of your muscles are surrounded by fasces and then every fiber and every fascicle and your fascial is just this super, super interconnected spider web of connective tissue, nerve tissue collagen that is in every part of our body.

It is a critical component of how we move, how build spatial awareness, how we create movement accuracy, movement efficiency. So we want to make sure that we are thinking about fascial health.

I did a whole podcast on fascia health and how our fashion needs to be hydrated. It needs be elastic like a rubber band, but it has to also have tensile strength to create stiffness.

so I definitely encourage you to check out that episode. And then of course our circulation. So let's recap how this affects our feet and what we can do as we are entering into the menopausal phase.

We're at the peak or we're on the other side of it. So first one, big risk is widening feet, bigger feet. And fall in arches. Thinking about foot strength.

There's two ways that you can go with this. You can either strengthen your foot muscles through exercises like short foot, forward lean, single leg exercises.

I encourage this anyway for everyone, but you could also go on the side of arch supports. I like the combination of both, especially if you have a flatter foot to start is if, you are going to do something that is going be high stress to the feet, such as standing long hours, walking long, hours et cetera, is to use a little bit of that support, mechanical support to foot.

And then part of your lifestyle is that you're frequently doing your foot exercises. Take pilates, take yoga. I have a lot of exercises and workouts on YouTube.

If you just search barefoot balance training, bare foot balance, training on youtube and my name, you will see a LOT of workouts to work all this cold bear.

and it is one of the most effective ways to build strength into your foot. Your foot, your glute, and your hip. As far as our tendonitis is, we are anticipating this.

I am now recommending more and more peptides. So peptide are something that you could explore as far your tendon health, tendon integrity, especially as you're going for menopause.

i'm going to do a whole podcast on menopus and peptids so that, you can explore and understand the role that they could play as we understand our collagen is going down.

So please, please stay tuned for that. And if you do want to learn more about peptides for your feet specifically, Please reach out to me. My website is just my name.

DrEmilySlickle.com. Of course, we have increased risk of stress fractures. Stress fracture means we need to be

thinking about ground reaction forces. The number one way to prevent stress fracture in your feed is to have strong feet.

So keep doing your short foot, keep during your forward lean, Keep doing you barefoot balance exercises in that we do little dynamic movement and jumps.

That is how you prevent your stress fractures. Fat pad atrophy, we are anticipating this through possibly plastizoid insoles. Toe spacers, love them. Met pads, so we're building that in.

And then of course we have our neuropathies. So stay ahead of the nerve health, the circulation, right? Understand the role that Neboso could play in all of these changes that we are experiencing.

But my goal through this podcast through, this episode and through other videos that I've done and articles and presentations around menopause or really hormones, female hormones and the foot is that, we need to understand that Our foot is sensitive to these different hormones.

And what happens as those hormones increase and decrease? What happens is we are exposed to relaxing. What happened when we become a little bit more testosterone dominant?

Just what can we do as women to feel empowered and that things that we may be experiencing in our feet are not just told, It's part of menopause or it's a part or pregnancy or part the monthly cycle, right?

There are always things that we can do and it is my goal as a functional podiatrist to empower you to know what you can to do. And then through some of these products such as those by Noboso or partners that I love, I mentioned Pros and their Nerve Cream.

So to understand how we can incorporate these into our day and into are lifestyle. I hope that you enjoyed. Listen again if you need some of those resources, especially some other vitamins that I have recommended.

And if are ever curious to get a very specific look at your feet or you're experiencing some these symptoms, I do see patients virtually and you can book that directly on my website as well.

Hope you enjoy the episode and I look forward to seeing you the next. Thank you and take care.