The Intersection of Trauma & Hormones: What Every Woman Needs to Know with Paula Rastrick Transcript

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Intro to Hormone and Nervous System Sensitivity

Welcome to the Health podcast, where health junkies get their weekly fix of tips, tools and techniques to have limitless energy. Sharp minds and fit physiques for life.

Hey health junkies on this episode of the Health Fix podcast. I'm interviewing Paula Rastrick. She's a trauma informed therapist and holy cow. Has she got a message?

I found her originally on Instagram while I was scrolling through looking for folks talking about hormones and trauma, because I keep seeing it happen over and over again.

Clients come in, they want hormones. We start some hormones. I always start low, often microdose I get get crap from fellow docs about how low I dose people.

But here's the thing. We can have an incredibly huge nervous system response to hormones because hormones are neuro stimulatory. Nobody's talking about this, but Paula is.

And I absolutely adore all of her comments because what she says is sinking with what I'm seeing. Women who don't tolerate hormone replacement, or don't even tolerate herbs that are working to stimulate the hormone production, have some nervous system imbalances and nervous system.

Let's call it issues, for lack of a better term that we need to work on. I talk a lot about vagus nerve. I talk a lot about nervous system regulation. I talk a lot about the nervous system needing to feel safe before we do something.

This phenomenon overlaps into what's going on with chronic illness and why some people cannot recover from chronic things like chronic mold, chronic Lyme, things of that nature.

It's related to past trauma and how the nervous system is wired. Our nervous system is a big deal. We talk about the gut as being foundation. The gut is tied into the nervous system, the gut, the vagus nerve.

If we don't dial those two in, we are going to have trouble with whatever we're trying to manipulate in the body. And so if you're struggling with your health and you've really tried all kinds of things and it's not working.

This is the podcast for you. If you've tried hormones and it didn't quite work out for you, you felt frustrated. Maybe you've just kept bleeding. Maybe certain things happened.

This is the podcast for you. It's something that I just think is so incredibly important to hear, and how hormonally sensitive folks really can struggle.

And what's happening is that the nervous system responds to the hormonal shifts. So if you add hormones in, we're gonna have trouble going to talk all about it in this podcast.

But Paul has a book coming out later this year. This is 2025. It's going to be later on this year. The book is called Hormonally Sensitive a trauma, and she's going to talk all about her raw like, intimate experience with what happened when she tried hormones with a hormone guru in the UK.

And it's a story that's not one that is uncommon in my world. I hear it over and over again. And here's the thing. If you are struggling with hormone balance, you're struggling with Pmdd, PCOS, maybe perimenopause, even going through perimenopause, and maybe you might be on the tail end, but you're still struggling to tolerate hormones.

This podcast is for you if you have any chronic issues, autoimmune conditions, you're thinking about using hormones and you're not sure this podcast is for you.

So you got to meet Paula. So I'm not going to hesitate any more. Let's get into the podcast and introduce you to Paula Rastrick. Welcome to the Health Fix podcast. Hello. Welcome.

Thank you for having me. My goodness. I am so excited to have you on because I've been following you on social media, perhaps stalking a little bit because your information is so good and I'm passing it to a lot of my clients and saying, hey, you have to see this.

This is what is happening to you. And what I'm talking about is all those from our mouths and how we're looking at hormones is the panacea, the cure all.

The one hit wonder, we're going to have amazing lives. Everything's going to go away. It's going to race our past. We're not going to have any issues if we just take hormones and I know you know that that is not the case.

Yeah, it's it's definitely something that we're seeing across social media and have done for a while now. But it's not the reality for a lot of women.

And I am very, very sort of strong in terms of fighting back to explain that there are a lot of women that are taking hormones that don't understand the nervous system, and unfortunately, this is leading to side effects or just treatment not working.

But instead of this being recognized by the medical model, it's almost the woman's fault. She's an outlier. It's her issue. She's more complex. That is simply not true of absolutely, absolutely.

Paula's Perimenopause and HRT Experience

And that more complex women topic really speaks to my heart because I hear it over and over again from women coming to my office, and I'll say over and over again on the podcast that I'm the one that people see when conventional medicine doesn't really work for them, and when their doctor just is like, I don't know what to do with your case is too complex.

And there is that whiny, whiny woman. Complex woman labels. And it makes me so sad because it's it's not our client's fault. It's misunderstanding of what's going on in the medical model.

Yes, I completely agree with that. In fact, the book that I've written is very is an argument really against the oversimplification of women's health when it comes to hormones.

In particular, my area is trauma, but the oversimplification which is now causing harm. Right. So because it's too oversimplified, it's what I call cut and paste.

Stepford wives type of prescribing when it comes to hormones and this one size fits all. And then when it's not working or it's going wrong, it's like the woman is more difficult, the woman is more complex.

She is the one that's causing the problem. And this is then leading to medical gaslighting, which is then leading to more trauma, which is then leading to more stress.

And women are then being misguided because they're then told we'll take anti-depressants on top of the HRT. And and then they take anti-depressants and then they're told, okay, we'll take anti-anxiety.

I'm speaking to women that have been prescribed cocktails of medications because that h the hormones were not prescribed from a trauma informed perspective, and now they're ending up just going round and round in circles full of medication.

I see the same in it, and it disgust me. And it disgust me because folks like you and I get somewhat, let's say, abused a little bit. Yeah, in the media and in other places, because we're like, hey, you can't just give women a 0.05 estradiol patch, and you can't just give them 200mg of progesterone and say, every single woman's going to fit that.

And unfortunately, with anything that I see that happens in the conventional medical model, things do become one size fits all. This is the standard protocol, and I have women microdosing.

I have women cutting patches in the slivers. I have women compounding things to to microdose hormones. And I will catch a lot of flak from conventional doctors if you like.

What are you doing? That is not the standard of care. So well, your standard of care didn't work. So what's my option? You know exactly. And I'm sure you're seeing this on your level with the trauma because trauma does so many things to the body.

Like yeah. And I'm probably saying this is not a very good NLP way, but that's that's what's coming off the top of my head. I want you to tell us a little bit about your story, so that we can kind of weave folks into your mission and how you're helping women right now, because it does seem that this so many women have had trauma.

Yeah, in multiple different ways. And you don't uncover that until you do try certain protocols. And it doesn't even have to be hormones. I've seen this with chronic Lyme, and I've seen it with chronic more than other things where trauma situations come up in the cell.

Danger response. So what was kind of your your tell us your background here and your story because it sure hit me and was like, this is not uncommon for me.

No, I don't think it's uncommon. I think sometimes we have a little bit of a blind spot when we use the word trauma, the understanding of the word trauma is still potentially, you know, misleading.

And so the work that I've done is it's really about understanding the development of the nervous system through my own story. So kind of in a nutshell, before menopause were sort of mainstream, if you like.

Back in 2017, I started to enter into that sort of perimenopause stage. I was running a business at the time. I just left my career in professional sport, and, you know, I was running at 100 miles an hour, which, to be honest with you, has been my lifestyle.

You know, push, push, push. You know, and I started to experience first heightened anxiety and heightened stress. And it was just a friend that said to me, look, if you thought you might be perimenopausal and to be honest with you, it wasn't mainstream.

And I had the mindset that, you know what? I need it fixed. I'm trying to survive. I have a business here. My marriage is failing. We've just been through so much stress.

I just wanted it fixed. So I went to a private menopause specialist at the time and she prescribed estrogen, and she started me on what would be considered a higher dose and 100 patch, 100 mcg patch.

And so off I went. Over a period of time, I started to feel worse. I started to feel worse. My anxiety started to increase. It wasn't decreasing, it was increasing.

My mood swings were increasing. Everything was becoming more heightened. So if I was already anxious, imagine turning the dial up, you know, and continuously toilet.

So I went back after three months and I said, I'm not feeling any better. In fact, I'm feeling worse. I knew nothing about perimenopause. And at that time she doubled my estrogen dose, and when she doubled the estrogen dose, she added in testosterone.

And then she kept my progesterone cyclically very low. So off I went. So this went on for a very long time, but I started to unravel histamine responses.

The, you know, become it became a mess. So the histamine response is the heightened inflammation because, you know, you're adding in testosterone on top of estrogen.

And testosterone converts to estrogen. And we don't know how much of that converts for each woman. So all you're doing is adding more stimulation to a nervous system profile that is all ready, an overstimulated nervous system profile.

So you're increasing excitation, you're increasing that energy. You're pushing the system. My nervous system outside of its window of tolerance, you're pushing it up into sympathetic fight flight.

Then you're kind of burning that energy. So I'm starting to to operate in, in heightened fear response, a survival response. Right. Because obviously I've been pumped full of excitatory hormones.

I mean, testosterone is an excitatory hormone and an inhibitory hormone, but it depends on context. So again, that's the thing that's not understood. So I then start to unravel.

You know I've got all this going on. I had to leave my husband. I had to leave my child. I didn't want him to see his mum like that because I grew up in a very volatile, traumatic childhood.

So I ended up suicidal and, yeah, it wasn't good. It wasn't good and sort of had to go through recovery. I had to be taken down off the estrogen and the HRT, all of that stuff, antidepressants, all of this stuff.

I was in a bad way. And it was only afterwards, after all of that, that I started to think, you know what? Something's not right here. What happened to me?

And Covid came along, which made my life easier because the world shut down and it gave me time to sort of breathe. And then I started to map things out.

I started to think, you know what? I had a traumatic childhood. I started looking at the research in Aces and Adverse Childhood Experiences. So then I started to map out, okay, so I had problems with my periods verging on Pmdd.

So I'm like, okay, my OCD, my binge eating, my alcohol, my addictions. I mean, I've done I've done it all. You know, this is kind of but not realized coming from my childhood, how that's gone into puberty.

Then I've got two postnatal depression. So I had postnatal depression, then I've charted to perimenopause. So what I've done is I've kind of started from the womb.

So I started looking at how, how does this start from the womb? So I'm in my mum's womb. How is her profile passed to me? Yeah, because she's in a very abusive, narcissistic relationship with my father.

So I'm born into the world and what I, what I call more sensitive. So I arrive into the world with a more sensitive nervous system, and then you have these genetic and epigenetic changes to the nervous system that continue throughout life.

And I just don't think we've even understood the significance of the nervous system and how childhood experiences and early life stress regulate the nervous system, multiple variables.

And we've ended up not understanding that. That's what causes a lot of the symptoms. Absolutely. You're your story is so common. You know, different flavors of different things.

But so many women have gone through different things, especially around the Pmdd. So for those of you guys are

like, what is Pmdd? That is literally premenopausal dysphoric disorder.

And that one of my clients that experienced this kind of is one of them that really set this off to me, realizing that there is a lot more work that has to be done before you even give someone a hormone to be able to be sure you are not going to push someone into a suicidal state and.

I can't say how many women have come to me and been like, you know, doc, I don't know what's wrong. The hormones aren't working. The doc keeps pushing my level up and up and up and up.

You know where you set 100 micrograms, I mean, double that is the max. Max. That is, you know, for conventional hormone administration that that's the max.

It's insane to think what that would do to someone. And I don't think that in most intakes, these questions are even being asked about what was your period like before?

No, there was never any talk to me about anything to do with my history. That is a fatal mistake in my opinion. I was still cycling and eventually what happened was unfortunately, I started to bleed and then I started to flood.

And then they thought I had womb hypoplasia, that because I was flooding everywhere. Now that is a sign of too much estrogen. I mean, it's it, it's that is it.

It is too much estrogen, you know. And yet women are being told in the UK a bit of bleeding is normal.

Trauma, Childhood, and Nervous System Wiring

It's it's not normal for some women. And to dismiss that as being just normal is causing women to have to have surgery, which could have been prevented had we understood that it's a neuro endocrine.

It's it staggers me that we don't understand the womb and the brain. You know, we were having women of having surgery, not understanding that it's a nervous system issue as well as and it's it's tragic really.

It's really tragic. I absolutely agree. One of the things that's a theme and and this comes with naturopathic medicine, we have these terms for the adrenals.

And it used to be called adrenal you know adrenal fatigue. But I tend to call it, you know, more adrenal insufficiency and really where I've kind of come to and this is what it seems, where where you're probably going with the nervous system here.

And I'd love to hear your take in kind of how you would you would speak to people on this. I tell folks, we're switching fuel from ovaries over to the adrenals.

Yeah. And fuel. And if we switch the fuel to some adrenal glands that are already in fight or flight because they're used to go, go, go, push, push, push, there's nothing left, what are we going to do.

So I'd love to hear like, is that how you kind of similarly explain to folks what's how's your explanation of how things play out with the adrenals in the nervous system?

Well, I mean, one of the things, the mechanisms, one of the primary in the book, I've, I've got quite a few different primary mechanisms that we have overlooked.

One of them is the understanding of the HPA axis and the understanding of the stress response and the understanding of survival and the understanding that, listen, if your HPA axis, your stress response is dysregulated, if you're pumping out more excitation, cortisol, adrenaline, all of that, that's this will just override and shut down any form of reproduction process anyway, because that's how the nervous system is designed.

So if you're operating in in kind of high functioning anxiety, which is what I think a lot of women are operating and have done, like me, the whole life.

Right? Not really understanding that until you get to perimenopause and it's a huge crash, you already depleted your nervous system is saying, I can't do this any more, I'm done.

And unless you start to listen to me, unless you start to listen, no amount of pumping yourself full of hormones without understanding survival responses and adrenal fatigue and higher excitation and adrenaline and cortisol, it's just patching.

One of my things is you can't put a patch over trauma, you just can't put a patch over trauma. And one of the biggest mistakes that that's happening in the UK is that when we get to perimenopause, which is typically a low progesterone state, not a low estrogen state, I mean, that's a whole different conversation.

I don't know how we've managed to get this muddled up, but we have where doctors on social media will talk about estrogen in perimenopause. That is not correct.

You know, it's not an estrogen deficiency state. So if you start pumping yourself full of the wrong ratio of estrogen, all you're going to do is push up cortisol, you're going to push up your cortisol.

And then we're going round in this horrible loop of burnout fatigue and trying to keep the system push, push, push. It amazes me that we don't understand the nervous system.

I don't understand how you can prescribe without understanding trauma and the nervous system. Not individually. You can do a cut and paste response, which is what's happening, isn't it?

Everyone gets the same treatment, pretty much, you know, and that's why we've got so many women now who are having side effects and it's not working and spending years of their life tweaking doses.

It's crazy stuff. Crazy, crazy stuff. I don't know how we've got to not even understand, as you say, the basics, because surely it is the basics. I'm just a layperson and I understand the basics, but I think women are being brainwashed because they're they're almost being sold a dream that in reality is a lot more complex than what it's been made out.

I couldn't agree more. I couldn't agree more. You know, we are being sold. This, like hormones are the panacea. They'll fix all your issues. You'll lose weight, you'll feel amazing.

Your skin's going to look great. Slap that stuff everywhere. Take a bath in it. You know, and and sadly, makes it makes it harder for the women. But then we're looking at trying to tease this out and getting the proper care for the women that are struggling.

Because I don't know if this is common in the UK, it's common in the US. If the antidepressants don't work in anti-anxiety don't work. Now we're moving on to ADHD meds and it's a hot thing right now is the 80s.

ADHD is so, so right. It's a very complex subject. And so I have been I've been diagnosed with ADHD. Okay. So from a from a medical perspective, I am ADHD.

Now in my book, what I talk about is deconstructing labels in order to understand that we're all individual when it comes to nervous system profiles. However, and this know ADHD is very much has a heritable research, right?

So I reckon my dad was. But there's no gene. There's a one gene set that says you're ADHD right. It isn't okay. There's multiple genes, you know, as you know from you know.

So we can't say, well, this is an ADHD brain. What I'm kind of arguing about is that if we were to look back in history and we were to look at evolution, we would all have different brains for different reasons, right?

Because we'd have to survive as a tribe. Because when you knew that in the hunter gatherer days, you know, someone like me, for example, would have had heritable traits of ADHD, what we call because I'm more hyper tuned to the environment, I'm more aware, I'm more dopamine seeking, I'm more adventurous.

I might go and seek new land. Yeah, I would have to. We would be surviving because of these different brains. Then you can have different brains that stay back more cautious, more.

I don't believe it's a disorder. I believe it's an evolutionary biological brains that we've been carried forwards. And this is going to sound controversial.

The labeling that comes from psychiatry and the diagnostic standard manual is driven by pharmaceuticals, and they have to prescribe based on tick box exercises.

But when you start looking at ADHD profiles, nervous system profiles, highly sensitive people, nervous system profiles, autism, newer divergence, then you start looking at complex trauma from from early life stress complex.

It's all crossing. I mean, I don't know. This is my argument. I don't know how we're distinguishing these labels. How are you telling me? Yes, I have behavior traits of a complex trauma survivor.

I have a more hyper vigilant nervous system. I do zone out if I'm not interested in something. There's my deficit, apparently. But then I'm equally hyper focused when I'm interested in a conversation.

So it's not. It's not a disorder. It's a it's a very highly creative brain that's able to sense patterns. And and I will not pay attention if you bore me.

Yeah. I'm it's kind of like brain, you know, because we're not all the same. And I just find it fascinating because what we do know, right, is that women that have been diagnosed with ADHD, autism, highly sensitive people and complex trauma, which is what my books about any of these have heightened sensitivity to hormonal changes.

So when you look and I'm calling it, I've put it on under an, under an umbrella of sensitivity. Right. So I'm trying to kind of strip back labels and say, you know, some women are more sensitive to hormonal changes.

When we look at the research, if you start joining it up, these are the same women. They are women with nervous system sensitivity. They are women with heightened stress sensitivity, women with heightened sensory sensitivity.

Everything comes under rejection sensitivity. You see, it's all converging. But no one's joined the dots. Does that make sense? It's kind of all siloed off into labels.

I don't believe the labels are right. I believe it's the nervous system profile, Pmdd. It's heightened sensitivity to hormonal changes, but it's heightened nervous system sensitivity. Yes.

Not heightened hormone sensitivity, yes. But it's not the hormones. It's the changes in the hormones. It's the way that the nervous system is interacting with the hormones.

And, you know, we can go very deep into it. But for example, some women will say, and I don't know if you've heard this, that they are more progesterone sensitive for someone, right? Yep.

So when we look at that, when we look at that, this is why you can't treat every woman the same. And this is why we have a problem with not understanding the nervous system, in my opinion, because we start to look at why is that?

Well, when you start to really deep dive into it, you start looking at Gaba receptors, you start looking at the nervous system. Things like trauma can impact receptors.

And if you dose progesterone, which converts to Alo, not alone, progesterone converts to a neuro steroid called Alo

not alone. And this is an anti-anxiety anti-inflammatory neuro steroid.

It's probably the most underrated. No one really talks about it, but progesterone converts to that right now. If that progesterone meets a gap or receptor receptor, not just Gaba, but and it's blocked, for example, because the receptors blocked by trauma for it's dysregulated and it doesn't convert properly.

Women can have a sort of paradoxical effect, but it's not necessarily to the progesterone. It's the way the nervous system has been shaped. And we don't understand epigenetics.

So we're kind of just going along the lines of oh, it's a progesterone problem. It's an estrogen problem. These are not primary drivers of the nervous system.

They are neuromodulators. They assist the nervous system. They are not the primary.

Why Hormones Can Worsen Symptoms

And I think unfortunately, we've been kind of sold this idea that, for example, estrogen is the queen of the brain. Well, it's not because estrogen is a male hormone as well.

So, you know, that kind of old marketing of estrogen is that the elixir of beauty and use. And we're kind of regurgitating it back, but just repackaging it in a different way.

You're so right on there. Absolutely. Yeah. We're putting lipstick on on a pig. We're making it look, we're kind of going backwards. And for people that that push against me, they don't see that because the marketing is strong. Right?

But believe me, trust me, we're going backwards. We're going backwards. But we're packaging it in a new way that makes like we're going forwards, but we're not.

Because when you really understand the nervous system from a trauma informed lens, that's all I can talk about because I'm not a neuroscientist and people say that to me. You know, it's like you're not a neuroscientist.

I say, well, you're not trauma informed. So. So where does it start and begin and end? Like, who's got all the answers? No one. There's no one profession.

The medical system doesn't have the answers because they don't understand trauma and they don't understand the nervous system. So my pushback to that is it's bio psychosocial.

We don't understand that. It's not just a biology we're dealing with. We're dealing with our experiences of psyche on nervous systems. They're wired. It doesn't make sense to me that we just kind of treat everyone with levels.

It's like you're just a static robot and he has some testosterone and that's going to increase your libido. It's crazy that it's been that simplified that we are now.

I think we're in more we have more problems now because it's been oversimplified. It's more of a mess. And it's messy to unpick it because voices like mine get pushed back.

Yeah, yeah. If you if you don't follow the mainstream narrative, you will get pushed back. I've been pushed back, you know, and it's a bummer. And that's why that's why I'm here to make sure the voices get out.

Because we want I want everyone to hear that it isn't all sunshine and roses with hormones. And many people who are listening this podcast probably have noticed that.

I know I have plenty of clients that can can say that, you know, one of the places that really all of the trauma informed therapists out there can really help is helping folks to look at all right, how do I make peace with the

trauma?

How do I help my nervous system not be as hypersensitive to it? How do we help heal this? So I would love to hear I know you've got a step, a multi-step method.

And and of course, my brain is kind of going to the brain. Yes, the brain body method. But the brain body method is fascinating to me in terms of the multi-step process that you're walking people through to, to really reduce this sensitivity.

First of all, I think first of all, the reason that I've kind of integrated different approaches is just based purely on I like evidence, I like, I like, I like science, you know, like I worked in professional sport.

So I'm used to sort of working within elite kind of environments where, you know, men sport. I work to professional football, and a lot of my work comes from, from that because I would be involved in pain science.

So I'd be looking at the brain and body connection. So what I've done is amalgamated lots of different things. And then the understanding of what I'm saying is hormonal sensitivity, based on the research that I've looked at and joined up.

And yes, we need far more research. It's not a definitive thing. You know, it's growing and evolving, isn't it? But when you look at some of the things that I am integrating within the work that I do, one of them that I talk about, first of all, one of them's eMDR.

So eMDR is yeah, is a trauma therapy and it's a way of reprocessing trauma. Okay. So eye movement desensitization. So that is evidence based. So we've got good evidence that that helps.

And it doesn't help everyone. Some people will report it. But I personally I quite like Somatics I like the body stuff. This is why I kind of integrated brain and body from a from a nervous system perspective where I think we need to start integrating is heart rate variability training.

Cool. So when I worked in professional sport this would be something we would be looking at, right. So if you've got a player who's injury prone or has they would be wearing a vest, a monitor.

Right. And so what would happen is they'd come off training, okay. And you'd have your data, and the data would say this player's in the red zone, which means that player is pushing outside of his window of tolerance.

We know that that system, that nervous system is stretched. It's in the red zone. That makes him more injury prone. We know that from pain science. So what do you do with that player?

Because you've got a massive game on Saturday. So what you do is you rest and recover the player to increase his capacity. His window of tolerance, to go back out to perform on Saturday.

You don't push against the system because the system is built on balance, isn't it? Rest and digest, rest and recover and then push right? So everything works in balance.

The whole world works in two forces, you know? So the system is the same in in simplistic terms. And when you look at the science, heart rate variability and vagal tone, the vagus nerve that is evidence starting to become evidence in hormonal sensitivity.

No one talks about it. Right. So what we're really looking at is to increase the capacity of the nervous system. Just like you train your muscles, you want to train your nervous system.

Now by expanding your nervous system, you're able to cope with stress better. But you are coping more with hormonal changes. Because hormonal changes are internal stresses.

They are internal stresses to the system right? If you've got a very small window of tolerance with people with a trauma background, neurodivergent as well tend to have a narrow window of stress tolerance.

You have lower vagal tone and you have lower HIV. You are struggling to regulate the nervous system under pressure when it comes to hormonal changes. That's a whole different concept to what we're being told, which is you need to add your hormones back in.

I'm arguing you need to increase your nervous system capacity to handle the stress because you're not handling it. I wasn't it's almost a completely different way of looking at it because it's not your hormones that drive the symptoms.

I'm going to get pushback on this. It's not the hormones that drive the symptoms. It's the it's the inability of the nervous system to handle the fluctuations of those hormones.

And that's why some women get HRT and it doesn't work. Or it makes things worse, because what they're doing is they're saying, well, your levels of hormones, we need to be careful with levels because levels measured from blood don't tell you what's happening in the nervous system.

They don't tell you what's happening in the brain. They don't tell you how much is being stored in tissues. In fact, we don't know how well you're metabolizing those hormones and excreting them out of the body.

And my argument is that a lot of women have higher estrogen ratios. They have higher estrogen ratios already. Does that make sense? And this is where the non-medical community would say they call it estrogen dominance.

Right. But it's been you know, it gets pushed back. I didn't call it estrogen dominance. But I can tell you now from the research I've looked at and the dots I've joined up, it's a strong argument to suggest that some women, in fact, a lot of women already have higher ratios of estrogen.

You'll see that in endometriosis. You'll see that in polycystic ovary, because the nervous system is running on higher ratios of stimulatory hormones, adrenaline and estrogen fits under that side and it's just not being recognized.

And that is crazy to me. It seems. It seems wild. It seems wild. I will definitely agree with you 100% on that, because when I do test cortisol and I do a saliva test, I can see a lot of what's going on.

We can we can test cortisol in blood too. But I like to see the saliva. But I also like to compare it to the urine metabolites. Yeah. That's where it's like you can get quite a big like oh okay.

But here's the thing. You almost have to test every single day to be able to see what exactly is going on. And that's the problem. That's that's one of the problems.

And so what I'm doing in the book is trying to equate symptoms, what we're calling symptoms to nervous system states and nervous system profiles, which then start to help you understand why have I got heightened anxiety?

Oh, why have I got this sympathetic arousal. What is the body telling me? Why am I higher in histamine? Why am I higher in. Because it's inflammation, right?

And this is the problem that I have as well. I know we're kind of jumping, but if you've got a higher, higher inflammation profile which comes starts way back in childhood not at menopause.

Right. So you've been you've been going through changes, nervous system, epigenetic changes. But you started life prior to puberty with a higher higher excitation in the nervous system, higher inflammation.

When you get to perimenopause and then you're told you need more estrogen, you need more estrogen. Well, that's not correct because too much estrogen is inflammatory.

No one is saying estrogen is inflammatory. They're all saying estrogen is anti-inflammatory. It's only anti-inflammatory in the context of the whole nervous system.

You can't just pick a hormone out and go, oh, look, this is anti-inflammatory for every single woman on the planet. If genes just one chemical within hundreds of.

Reframing ADHD, Sensitivity, and Labels

So to simplify it to the point and say estrogen is anti-inflammatory, it's only anti-inflammatory within the context of the individual's nervous system profile.

And for a lot of women, estrogen, too much estrogen is inflammatory. And that is not a good thing. And yet we're kind of telling everyone that it's always anti-inflammatory.

I don't know if that's the messaging that you're sort of seeing. I've heard. Yeah, same thing. Yeah. Yeah. I'm like, wait, what happened to estrogen? The inflammatory estrogen.

Exactly. And this is just this kind of like this kind of that's not you know, I mean, I'm no way am I your medical. You know, it's the oversimplification, isn't it?

And for me, we have the research. Right? We know, okay, that women like me, women who have had what I'm calling adverse childhood experiences, but again, even that's been expanded now.

So we need to move away from sort of what is an adverse childhood experience. So we've got the research. Neuro endocrine issues are underpinned with trauma research done and off.

They are right. But no one's talking about that. So what is that mechanism. And I'm telling you that I believe it's the nervous system right. It's the nervous system.

Why why these women like me struggle more with these hormonal changes. And when we look at the research, Pmdd underpinned by emotional trauma. Now, I also believe this is just me.

I believe that there's links between growing up with parents who were emotionally unavailable or emotionally dysregulated themselves, so my father would have an unrecognized, what we would call an ADHD profile.

Along with that came alcoholism. Along with that came domestic violence. Along with that came narcissism. And I believe there's a link, I believe that narcissistic profiles and I'm talking about not narcissistic traits.

We've all got nonsense. I'm talking about dysregulated, emotionally unavailable parenting, the parent having to cope with their emotional dysregulation.

Like me, I believe there's a huge link that's being missed, which is combining narcissist, narcissistic parenting, emotional unavailable parents, emotionally cold parents, childhood trauma, nervous system dysregulation, and neuro divergence.

I think it's all crossing over. I can totally see it. I can totally see it in the the clients. I'm thinking about, the folks I've asked about their history and and parents, and how childhood was and how, you know, when you have a model of a parent that's not regulated.

Of course, you're not going to develop a regulated nervous system because your model is your environment. So good. So for me, the environment is unpredictable.

The environment is unsafe. Nervous systems are wired for safety and of. And that is what your know. So survival comes before reproduction. So your nervous system from the womb up until puberty is being wired for survival and safety not reproduction.

Reproduction comes reproductive hormones surge puberty. Well you've already got a blueprint of a nervous system profile here, which is why I believe that risks the depression in females starts at puberty, not menopause.

Right. So if we don't understand the neurodevelopmental years, how will we. We won't be starting in the middle, aren't we? We're almost kind of like going here midlife.

Well, it didn't start in midlife. It started way back in the womb. It's a trajectory. It's a story. It's a nervous system story. Not just, oh, everyone arrives at perimenopause and all of a sudden we're all the same.

And and we're all kind of Stepford wives and robots, you know? I mean, I'm big into, you know, personalities and psyches and all of that. That's all in my book.

But, you know, there's no conversation about any of this, is it? It's just about, you know, your hormone levels are low. And so we need to top you up. Off you go.

I mean, that's exactly how it is. And, and and, you know, that's how we were taught really and honestly, the truth is most of us weren't even taught in school.

We had to go to advanced training to be even, you know, like a weekend conference to learn what to do here. You know, unless you've taken advanced training and I can I've taken advanced training in.

Yes, in the natural path realm after I got out of school because it wasn't talked about when I was in school. I really don't like barely remember any vagus nerve conversations in school.

And granted, I graduated in 2007. So it's you know, we're almost 20 years past, but the point that I want folks to hear is, like most of your docs, nobody like we haven't talked about the nervous system.

This is new. We didn't talk about trauma other than, you know, the big tease I'm going to call it. We didn't talk about someone developing, you know, little tease in response to how they responded to surgery.

But yeah because attachment. So I mean, we could go on I mean, it's just something I could talk about all day. But attachment okay. So when you start looking at the biology of attachment, there's a lot of sort of, you know, understanding of attachment later in life.

So you have this attachment style, you've got anxious attachment style. You are an avoidant attachment. So you know all of that stuff. Go back, go back.

Your attachment starts with your nervous system co regulation with your parent naturally your primary caregiver, which in this instance we're going to say is the mother okay I have no attachment to my mum.

Now the nervous system is developing through nervous system to nervous system. Right. And we've now got the evidence again, no one talks about this emerging traumatic birth.

So if I come into the world in a traumatic way for sex delivery, for example, which is that can create epigenetic changes, which causes my nervous system to become more stress sensitive, you know, and it's like, then if I have then my primary caregiver, my mum, who has postnatal depression, this is not blaming parents.

This is, you know, she's in an abusive relationship, right? She me and my mum don't bond because she's not holding me. She's not she's not with me. She's not come regulating me.

She's not well, I'm left to survive because I don't have that touch. I don't have the your nervous system is developing through attachment and it's learning.

Pre-verbal does this feel safe? Because I always try to liken it to like, if you get a puppy, they don't take the puppy away from the mum for the first 8 to 10.

That's because the puppy's regulating from the mum. And yet we have procedures where the mum. It happened to me, I had a traumatic birth with my son within separated and they take the baby away, right?

I didn't get the baby back. I'm in a in a bad state because it was a traumatic birth. That's why one of the reasons I had puts me to depression. I'm trying to breastfeed my baby.

I can't put all of my past traumas coming up about my own attachment with my mother. I'm not a good enough mum. I'm never going to be good enough. You know, all this is coming back up in my system because that's the reality.

Trauma comes back at these vulnerable times. Then you're you're reliving a lot of that trauma. Right? And we just don't understand how that happens. And if we were to start looking at it from a nervous system development, we could probably catch young people like me before we get depression and especially girls before they start cycling, because your hormonal cycles after puberty will, if on a dysregulated nervous system can cause things like addiction, OCD.

This is all my cycles, right? OCD, addiction, binge eating. So this is because hormonal changes and fluctuations are disturbing my mood and my cognition and my behavior, stuff like that.

If you don't join up, how are we going to treat to get to midlife and start to try to, you know, those people full of hormones when you don't understand the nervous system?

Profile to me is verging on well, the stories that I've got is negligence, to be honest with you. I agree, absolutely agree. I was taught to treat the whole person.

The whole person includes the nervous system, and I'm seeing it as crucial for care for anyone, you know, hormones, but also all the other things. Yeah.

Also immune autoimmune diseases, pain. In my book I've kind of linked together sort of conditions that we treat separately. Right. So you know mast cell activation pots.

You'll see these in neurodivergent communities. You'll see them talking about histamine intolerance. You'll see them talking about myself. You'll see them too.

This is a nervous system profile. They're not isolated medical conditions. And then you've got women with Pmdd. Actually, no. Women with ADHD have a higher rate of Pmdd.

That's because of the nervous system. It's not they're not separate. Yeah. Yeah. I couldn't agree more. I couldn't agree more. And I'm seeing I'm seeing this too I'm seeing this here.

It's crazy really when you think about all of the female health conditions, you know, PCOS, endometriosis, you know, women's pain. We know it's all under research, right?

Women have been I mean, my book talks about the fact that we don't we didn't get researched, you know, and we're too complex to research because of our hormonal cycles.

We're difficult to copy. It's difficult. It's too many variables. There's too many. But that's no excuse for and simplifying it, which is the only issue that I've got is the under, you know, simplifying it to the point where it's too simplified and it's now causing harm.

So when we look at the research and we look at heart rate variability training, I believe this is an area that can help women to help themselves. So you can access this okay.

So vagus nerve training and heart rate variability training. Now when you look at heart rate variability training you can do that through various ways.

To me it makes sense to strengthen you. It's like going to the gym and doing strength training.

Nervous System Training and Recovery Tools

Strength training your nervous system, right. Let's get your capacity. Let's get stronger. Right. So that's what I'm talking about. I'm not talking about looking at it from a I need to relax.

I need to relax. I need to calm down. That doesn't work. What works is stretching your nervous system capacity and strengthening your nervous system to deal with the everyday shit that you have to go through.

Because. Because you're not going to get rid of the stresses. Stresses. Life is stressful, isn't it? You know, we've got so much stress in our lives. So my argument is you want to increase your capacity to handle stress, right?

So when you look at heart rate variability training and I'll give you some ideas on that, you can spend money on it or you can do it, you know, without spending too much money.

One of the the sort of apps that I looked at is called Hot math. Hot math. Right. So I use hot math now. I use hot math because I like data, I like reports, I like to look and say, I managed to do this and look at my data heart.

Math is very good because it's got evidence behind it. It's science driven. If that's your thing, that's my thing. Right? So Hot math is a very good one that I would recommend.

And you can do ten minutes a day and that is you working on your nervous system. And it's a game changer, right. Even if you just did that alongside the other thing you can do and a lot of people have got this is they've got watches haven't they.

So they've got their sort of HIV. I'm not sure on the data on that. I've looked at it and I'm like, it's mixed. It's mixed. So you can definitely look at your apple Watch or you can look at, you know, something like that because they will track HIV.

So that's another option. But you can also look at vagus nerve training. So there's multiple things I mean yoga there's you know that's kind of one of my things really.

If you practice yoga then look at people like Doctor Ariel Schwartz, she's got loads of YouTube videos that are free, in which she does vagus Nerve yoga.

And to me, she's just amazing. She's one of my mentor, kind of like, you know, just a beautiful person. So you can go and look up doctor Ariel Schwartz looking at Java expansion and training to me is the way forwards, because that is now evidenced in hormonal sensitivity.

So I'm not just making it up, it's evidenced. And I believe that's the next wave of where women should start, should start looking and investigating. I absolutely agree, because telling women like slow down, relax, it doesn't work, it doesn't work.

It's more trauma, I think for some people. Yeah, I think this is a really good point. And I think this is, you know, if you've got a profile, look, I'm a I'm a Yogi and I'm a, you know, I've done everything in my life, right?

Because I've always been somebody that, you know, high energy, high functioning anxiety, I think is just the best way to encapsulate people will know what I'm talking about. Right.

Running on higher excitation, burning out, up. I get push, push, push, push burning out of it. And the older you get, the harder it gets, right? Because your nervous system is so thin and your window of tolerance is so small that life becomes, you know, hard, really hard.

So I think I forgot the question. That was the saying yes. If you say to someone, just meditate or calm down, if

you've got a very busy brain like an ADHD brain, right?

There's constantly on the go, right? It's really hard to do that. And people get frustrated and then they ditch it because they can't get the benefits and they think this is a waste of time.

And it's it's not for me. You know, that is a completely different thing. I think when you say to somebody, you know, you need to calm down and do some relaxation stuff, it just doesn't work.

You're right. It doesn't work. What people need to do is strength training for the nervous system that that's different. That's a whole different psychology, isn't it, than telling somebody you need to calm down.

I mean, telling a woman to calm down is. Sometimes my wife chill out. Chill out. You know what I mean? Like, women don't necessarily respond. Really? I mean, all this I do meditate and I do do that stuff, but only because I've learned to do the nervous system stuff first.

And I would suggest that you start with, with the nervous system, heavy training. Now that's funny. You say that about that because mean. Yeah. Telling a woman to just breathe or chill out.

I mean I've tried with many women to do the whole breathing methods and different that and I'm like no, no we need something. We got a precursors first and Heavy's great I, I used to do a lot and I'm curious what your thoughts are for women who are athletes.

I used to do more heavy specific cardio training to work on resilience that way. Have you worked with folks in that? Like, man, I haven't worked with women.

I haven't worked with women, to be fair, doing that. But I have worked with men and athletes and athletes, and this is what this is where it all came from.

You know, I've been doing this a long time. It's not something that I've just kind of it's taken from my work and I do believe that it's it's if you it depends on your psychology.

Right. Who's the woman you're dealing with? Who is the woman in front of you? Because we've all got intrinsic. You have to be intrinsically motivated, don't you, in order to have drive any form of behavior change.

Because really what we're looking at is behavior change. We're looking at implementing more empowerment internally and going inside, as opposed to keep looking outside on Instagram and being told by, you know, the woman on Instagram in the comment section that you need to increase your dose.

This is the problem we've got. So going internally and starting to understand what's your psyche. If your personality is sport and you're an athlete 100% because that would make sense, wouldn't it?

To train yourself under that, under that kind of. But if you've got a woman who's not sporty and doesn't like exercise, that's not going to work, right, so then you need to drive it towards the woman.

What do you enjoy doing? What is it that drives you? What is motivating you? And I think when we get to midlife, this is my own experience. Perimenopause is an absolute can be a such a roller coaster, right?

I'm through that now and I can absolutely tell you the other side is different. It's not that roller coaster ride. And you'll find which is what I'm going through at the moment, that I'm sort of at the point where I'm shedding all of the stuff and I'm stepping into a new sort of era, if you like, of who am I?

What's my purpose? What am I here to do? So again, you've got to always think about who is the woman in front of you, what's her drivers, what's her psyche?

What's her, you know, her motivation. Once you can tap into that, which is not what the biomedical model does, is

it? You know, it just treats the you know, you're looking at it differently.

So in answer to a question is yes, 100% because they're going to be intrinsically motivated as an athlete. It's going to this the way they're wired isn't it.

So it's it's it's knowing how to play it to the person in front of you. I think I love your response because it brings us back to empowering ourselves to take action for ourselves versus looking at social media and being like, well, so and so said, this is what I need to do.

I got to do this. We we've now as coming full circle in our conversation. We have many influencers who a lot of folks are just following willy nilly and and giving their power over to the statements.

You know, it's a controversial subject on particularly Instagram. And what I see and what I hear is and I get it myself, is women coming to me saying, what do I do to fix it?

This is almost like this, this, this culture that's being developed, right, that is coming through social media, doctors and influencers, in my opinion, that is kind of falsely led women to believe that this is just a simple quick fix.

Well, I could go on and on. It's not. So, you know, you've got epigenetics, you've got all of this stuff. That's all in my book. However, because this culture is being driven quick fix, quick fix, women then turn to, you know, some random stranger on Instagram, right in the comment section.

And then they'll say, oh, you just need more estrogen love, or you just need more testosterone. That was a game changer for me. So what happens is that women then takes the external stuff and inputs into her nervous system.

It goes wrong horribly. She doesn't understand why it's going wrong. And then she's back on Instagram and someone else is telling her no, you need to take your estrogen down and add in progesterone.

Now do you see what I'm saying? So now you've got and it's not it's it's it's actually really scary. And crazy how women have been, I'm going to say, very strongly brainwashed into believing that they can take psychoactive hormones and put them in their body, in their brain, and you're going to have the same reaction as, you know, some random stranger that's on the internet.

I mean, this is the problem. Golf course. And and people come to me and they're like, yeah, yeah, yeah, what do I do to fix it? So I've had to put my I've had to change my social media profile.

And I said, don't come here for a quick fix because I'm not about quick fixes. I'm about you understanding you so you can empower you in order for you to make the right decisions about you.

That's a very different, very different philosophy. Right? People don't like it. So I said, well, what do you mean? What do you mean? You want me to understand it?

Well, how are you going to make changes or informed decisions if you don't understand it? 100, 100%, 100%? It's crazy because it's not women's fault. And I'm not saying it's women I believe, I believe it's not the women.

I believe the women have been gaslighted and falsely led to believe that you should just do this and you'll be fine. And it's leading to a mess and women are then being disempowered.

There is nothing empowering about some of these social media doctors. They are not empowering women. What they're doing is they're repackaging a 1960s narrative about estrogen.

They've repackaged it all to make it more palatable for the for the year 2025.

Book, Resources, and Closing Remarks

But underneath that, it's still the same model they are feeding off of women who are vulnerable. Yeah, I see it every day and that's why we're here. That is why we are here.

We are here to help give a different voice, give a different, twist. And for those who are looking to really empower themselves and take control of their health, that's why we're here.

Paula, this is the I think the thing is that you have if you're true to yourself, which you are, you can't show up in any other different way. I can't show up publicly and pretend that I'm a quick clicks person, because even if I was making millions, I still wouldn't be able to do it.

No, I can't, I can't live that way. That's the same amount. That's how it works. And I hope that we have inspired some folks along the way here to really kind of rethink things and slow down a bit on what we're seeing on social media and think about your own intricacies.

Here is how we've got to tell folks how to find you over there at the Brain Body math.com. We've got to tell folks social media and also guys has been talking over and over again about her book, Her heart.

I can talk hormonally sensitive woman. Trauma. It's it's coming out soon. Yeah. Hopefully sooner than later. We're going to push Paula to get it out there.

Yeah. I mean, it's kind of I've done two versions of it, and the second version had to be done because the second version will empower women more to be able to take it to medics.

That's the point I'm trying to make. So you are empowered to understand it more. So yeah, it'll be worth it, but it will be this year. It definitely will be this year.

Well, we'll make sure that we put out a big deal on it so that folks can see that as well. And now on on social media, you're under your name, correct?

Yeah. Mrs.. Paula Rastrick. Yeah okay. Mrs.. Paula Rastrick that's what it is there. And guys I'll get the whole spelling rest trick. I'll say now Paul is about just how you would think and then we'll have it in the show notes at doctor J cross and d.com.

Gosh Paula, so many things I could talk to you for hours. And I definitely look forward to getting that book out and bringing you back on so we can talk through some more things for folks, because I think this is just the tip of the iceberg.

As we explore the the nervous system more, and folks are really starting to understand that connection of how much the nervous system really does impact them.

Yeah. Thank you so much again for coming on. Thank you. Thank you for having me. I didn't highlight it during the podcast, but I wanted to make sure before you go that you head over to Paula's website, the Brain Body Method, and make sure that you sign up to receive her email messages because she's going to be telling you about when her book comes out.

But not only that, she is amazing in terms of explaining the connection between the nervous system and hormone dysregulation and the nervous system dysregulation in relation to hormone imbalances, because either way, they go hand in hand.

But don't miss out on getting some fabulous information from Paula. Thanks for listening. Hey there. Before you go, make sure you go over to the brain body method.com and sign up for Paula's email list.

Here's why she has fabulous information. You can also find out when her book is coming out as well. She by far is the best person I've found in terms of connecting the hormone to nervous system connection here.

So if you've got a dysregulated nervous system and you're not tolerating hormones, she is the gal to get some information from. Not only that, if you're thinking about using hormones, you definitely want to stay on top of what Paul has to say.

All right, thanks for watching. Hey fellow health junkie, thanks for listening to the Health Fix podcast. If you enjoyed tuning in, please help support me to get the word out about the podcast, subscribe, rate and review and just get that word out.

Thanks again for listening.