Introduction to Perimenopause and Dr. Jen Flegar

The number one thing that women tell me is that they just don't feel like themselves. They just can't explain it. They're like, I just feel different.

It's not good. And they know it's perimenopause. It's more of a buzzword now, menopause, perimenopause. We're actually talking about it, which is great.

But what we're not talking about is that you don't have to feel bad. You can actually feel better. This is Dr. Talks. All right, welcome back to the Lifestyle Medicine Podcast.

I'm Dr. Ivan Rosilko. If your doctor's not checking labs, then he's not a doctor. And I've got a treat for you today, especially for the women. I'm here with Dr.

Jen Flegar, who is a fellow alumnus from the Lake Erie College of Osteopathic Medicine. We just found that out a second ago, so that's pretty cool. Graduated actually a year apart, go figure.

um you know so it's really it's really unique too and her backstory is something special you know she was diagnosed with Hashimoto's and she kind of took that and kind of went the extra step and became you know she's board certified in integrative medicine as well as emergency medicine so she's double board certified which is awesome.

She also serves on a lot of really unique boards as well. The Invisible Disabilities Association, which is really, really cool. I'm going to get into that with her as well.

She's got a book out too, which is the Perimenopause Reset, which I think is fascinating, which kind of alludes to what we're going to be talking about today.

Check her out on our Instagram. It's integrativedrmom. That's D-R-Mom. On on Instagram and she's kind of living my dream. She's in Tennessee. She's got chickens and she's working out She's having the best hillbilly lifestyle that I wish I was living right now.

So dr Jen Thank you so much for joining us on the lifestyle medicine podcast. Hi. Thanks for having me Excellent. Excellent. So I gotta ask what was your overall opinion of Lee come as you went through it?

Well, Erie, Pennsylvania was my hometown. So it was kind of sweet that I, I don't know, got to be home for an extra two years. And I actually, that's when I went through my Hashimoto's diagnosis.

So I had surgery between my first and second ear. because they thought I had thyroid cancer because my nodules were getting bigger. So praise God, it was not cancer.

And they were like, I remember the surgeon. They're like, oh, it looks like Hashimoto's thyroiditis. He's like, there's nothing you can do about that.

And it's just this weird autoimmune disease. And now I, gosh, I just got a quote for my Tiersent because they removed half my thyroid. So my Tiersent thyroid medication, because I'd have to take it.

I only have a little bit of thyroid left.

Medical School, Hashimoto's, and Finding Root-Cause Medicine

You know, it's like $369 a month. And I'm like, that's all because I was told I had an autoimmune disease. I couldn't reverse, but I was in medical school and we are, You know, we are groomed in medical school.

I guess this is what I think. Yeah. So we're groomed to pick, make, find a diagnosis and treat it with medication. That's it. Right. That's it. Um, so, so really I love the medical school because it is what I wanted to do.

I wanted to help people, but you really do need that background. You know, I like your intro. If your doctor's not ordering labs, they're not a doctor.

we do need that background. It's really important for us to know the bad stuff, the conventional medicine, the zebras, but then we're different because then we went a step further and we're like, okay, let's go back to the roots.

Let's go back to the DO roots of Dr. Vasudevan Medicine and look for root causes. So yeah, I had a good time during medical school. I mean, I think though, probably not good.

I think we all drank too much because we were too stressed out. guilty is charged. I think I partied more medical than I did undergraduate. And it's funny, I'm actually from Meadville, which is right down the road.

I went to Mercyhurst. So I was in Erie my entire basically my entire life. And yes, I can I can definitely vouch for that. We did drink way too much in Erie, Pennsylvania.

Yeah, well, it's snowing and what else do you do? But seriously, I don't think in and then in residencies, people drink too. And it's because no one's teaching us, you know, the things that we preach now is stress relief, healthy stress relief, and, you know, making sure of regular nerves.

You know, I mean, it's just so funny. But yeah, that's what I would say about medical school. You know, it was a good time, but we didn't deal with our stress well, I don't think.

No, no, no. Again, like you said, we aren't taught to. We're definitely groomed. Okay, you're tired, drink coffee. You know what I mean? I think I'm pretty much immune to coffee these days.

You know what I mean? And it's a situation like some people step outside the box and do it or somebody like you is actually has a medical issue that kind of prompts them to actually think outside the box.

And sometimes you're forced outside the box. And sometimes you just travel outside the box. So I always love meeting physicians who have gone down this route of wellness, regenerative, whatever you want to call it, for a reason, I guess you could say.

So it's always good. And thank you for sharing that story. I know some people don't really like to talk about things that have happened to them, but that's pretty awesome that you've had that.

And it seems like you're excelling. Looks like you're doing great, super healthy, and everything's going well for you. Yeah. Yeah. Having fun. Well, we took the next big step and we moved to out of Ohio.

I ended up there for my residency, as I was telling you a little bit before. And we moved to Tennessee and now we have some acreage and, and chickens and an accidental rooster, which you heard him off a doodling.

And I was like, cause it's so loud. I even, I'm in a little studio with a mic and we were not supposed to have a rooster, but he'll protect the hens. So it Hey, that's right.

You know, hey, man, you never know a rooster comes in handy every now and then, you know, it's always good. Yeah, it'll be dinner very quickly. Well, that's good.

That's good. I'm so I'm so happy you got this, you know, now now that we get to know a little bit about you personally, I'm super excited to start talking about what you do professionally.

And again, you know, it's awesome to sit there. I just done a podcast not too long ago, when it came to what Andrew pauses and how men go through specific situation where things like testosterone and DHA and IGF and things like that start to actually diminish which is what leads to the dad bod and all these different types of things and of course menopause which everybody knows what that is but not many people understand perimenopause or going into menopause or what causes it so I'm super excited to hear what your thoughts are what how you see women these days versus you know, a few years ago after COVID, how everything's going when it comes to are people getting to perimenopause quicker?

Are they transitioning to menopause faster? And I'm also curious to see which type of lab testing you think is the most definitive and the most important things to do to actually test for a woman's stages and how close she is to eventually going into menopause.

Yeah. Well, menopause, the best indicator of when you're going to go through menopause, which is a whole year without a menstrual cycle. So that means your follicle stimulating hormone is really high because there's not any more follicles or eggs left and your estradiol, your estrogen is going down low and they're that it needs replenish.

From what we do, we'd like to replenish hormones. We'd like to do anti-aging medicine.

Perimenopause Symptoms and Hormone Changes

And perimenopause is different because this can last for a couple years symptomatically or 10 years symptomatically. We really see a big range of age on this.

And I am seeing post-COVID earlier and earlier symptoms. And why are they having these symptoms? Well, usually it's this wildly fluctuating estradiol levels.

while estradiol is going down low, it can fluctuate and you can have some months where it's extra high because the body is confused and thinks was there an egg or not and then more FSH comes and then you get another surge.

This is also similar to why in perimenopause, twins are more common because sometimes there's two eggs released because they're not as higher quality follicles.

So then we have that going on and then we have our progesterone just going down and that's similar to testosterone with men. Yeah, it's like a really gradual.

So what happens? Well, during that second half of the cycle, the luteal phase where most women, you know, are craving carbs or, you know, just want to hang out in their pajamas and do movie night and all that or PMS symptoms.

Yeah, I mean, it's true, you do feel that way. But if it's that dramatic, then that means you have a hormonal imbalance. But we see This estrogen and estradiol and progesterone, which should be fairly balanced during that luteal phase, we see them even wider apart.

So then we're having more estrogen dominant symptoms, which include heavier periods, cramping, irritability, anxiety, perimenopause, you're getting weight gain, you're getting all these strange symptoms.

But really, the number one thing that women tell me is that they just don't feel like themselves. They just can't explain it. They're like, I just feel different.

It's not good. And they know it's perimenopause. It's more of a buzzword now, menopause, perimenopause. We're actually talking about it, which is great.

But what we're not talking about is that you don't have to feel bad. You can actually feel better. I feel better in my 40s than I did in my 20s. I love that.

I love that. Yes. Yes, but we should like you should like have more wisdom. You should have things like narrowed down a little bit better. Right. It should get easier.

I mean, you should you should be like, well, I did some stupid things or I know that I, you know, shouldn't go out and drink when I'm stressed. I should stay home and read a book or take a bath.

But anyway, it's It doesn't have to be miserable. That's the thing with perimenopause. And then the other thing that's interesting about perimenopause is it can look different for everyone and it can take a shorter amount of time or longer.

So some women, they show earlier symptoms And then we start, you know, really working on things like estrogen metabolism to make sure they're getting rid of their estrogen properly.

We make sure that they're progesterone, that they're supporting their progesterone. And we can dig into that a little bit later because I do a lot of cycle syncing with my patients.

And sometimes we support their progesterone with something called chase tree berry, so then their body can make their own progesterone endogenously. Or sometimes we add on a luteal phase progesterone, which is a bioidentical hormone, and that can even things out.

So I'm curious, everybody obviously estrogen and progesterone are the two most dominant ones. Do you see any influence when it comes to testosterone throughout this entire cycle from the follicular phase, the ovulation, the actual luteflase as well?

Yeah. So the testosterone, women are going to have a testosterone bump during ovulation. And that's when they, you know, feel prettiest, sexiest, you know, they want to be intimate.

That's on purpose, right? That's how we were created. And men, so men have this 24-hour cycle of their hormones, where women are just 28 days, okay? Now, lower testosterone in women, it can start also happening in perimenopause, and it will depend on the woman, and I will replace testosterone, though low and slow, right?

I mean, you should not be able to tell a woman on testosterone. Yeah, and the interesting thing is not every woman needs testosterone replaced. I have a patient that is 65 years old and has amazing testosterone levels and she's not even menopausal yet.

Yeah, she's just kicking it. Yeah, so we don't like, it's probably about like 30% of women 25 to 30% that need that testosterone replacement. Not every woman does.

I do see a lot of women needing DHEA, which is a androgenic hormone. Yeah, and that's produced by our adrenal glands. But I have seen that nosedive post COVID.

And we do know that the spike protein goes into the adrenal glands and causes a ruckus, what goes everywhere. And then the stress, yeah. Yeah, the stress will really drop that DHEA level.

So it's interesting with testosterone. Now I will say, so there are some women that are more androgenic. They have more testosterone naturally. They've always have that muscle tone.

Maybe they're athletes. They really have like that straight hips. They don't have like that curve. Yeah, I mean, we know there are women. I am curvy. I am not one of those testosterone women.

I can feel my cycle, right? I feel like the women that are more androgenic, they don't tend to have these cycle problems anymore.

Testosterone, DHEA, and Cycle Syncing

And it's kind of frustrating because there's like a few doctors that like I, I respected, but then they made all these like really mean videos about cycle syncing and how women like are being dramatic about how they feel in their cycle.

And I'm like, that's because they must not have wives or I mean, my good, the females that are making fun of them. Oh, wow. Okay. Now, geez. But these are very, when you look at their body type, they're that androgen dominant women body type.

Yes. Yeah. So I'm like, I'm not going to get mad at them because they literally don't know how like other women feel, right? That have more of these fluctuations.

So that could kind of, I have seen that from my clinical experience, you know, kind of blunt those effects. So anyway, so when we get into cycle syncing, I'm curious, please define cycle syncing for me.

Yeah, so I see so many perimenopausal women and I started, you know, looking at their continuous glucose monitors, listening to them, you know, especially when intermittent fasting became really popular, you know, about five years ago.

And I would have women coming to me doing intermittent fasting yet gaining weight and like feeling miserable and looking at their continuous glucose monitors and reading the science that we shouldn't be fasting hardcore every part in our cycle.

So the first half, that follicular phase, so we're more estrogen sensitive because of our estradiol being higher. So estradiol is more predominant then.

So if we fast, we want to fast during that first half of that cycle. So I tell my patients, like, this is when you want to start maybe being more ketogenic, you know, lower carb.

You know, if I have people on carnivore diet, therapeutically, I have them started during their follicular phase. them doing like a 24-hour, a 36-hour fast.

I have them do it during their follicular phase. Why? Because when we move into that other phase called the luteal phase, that second half of that cycle, that is when progesterone is more dominant.

Progesterone is there to once an egg is fertilized, progesterone is there to nurture that egg, to grow the endometrium around it. So it's implanted, you know, just have it nice and safe and warm.

We're supposed to be relaxed, ready to, you know, nurture and have a child. So what happens, progesterone is affected by cortisol or stress. So we have in our stereogenic pathway, we have progesterone and then cortisol is right after.

So we tend to think, and some people call this the pregnenolone or progesterone steel, when progesterone goes to cortisol. And I have seen this with patients.

I've experienced myself. We all see that. Like if we have chronic cross-country long-distance runners, they don't get their cycle. Their body's under such stress.

Well, you being in the fitness circuit, I mean, you probably have women that you know that they don't get their cycle when they're cutting down or leaning down or training.

It's weird to it. I do a lot of fertility as well, you know, like pre and post IVF and all that kind of stuff. And you sit there and these women come in and there are four ounces of body fat on them.

It's just like, I need you to gain like at least 10 pounds of just fat. You know what I mean? Like you can't have that just rock hard body, which again, some people love it, some people don't, whatever it could be.

But you couldn't be more right. The way you diet, even the way you exercise, what do you see when it comes to exercising on the different parts of the cycle as well?

Aerobic versus anaerobic versus high intensity versus low intensity. Yeah, so real quick with the luteal phase. So this is where you don't want to do the big fasts.

You can maybe get away with intermittent fasting, but wear a continuous glucose monitor and see if it's stressing out your body. So you don't want to put stress on your body during that luteal phase with what you eat.

And so some people, if they are still doing ketogenic diet, I just tell them to increase calories and increase fat. um if if people are just you know just maybe more animal based but you know maybe they add some carbs in that second half um so it's just and you play around with it because you're gonna be wanting more like those people that have three percent body fat like they're probably taking supplements and medications to help them like not have cravings because sometimes you get those cravings like your body you're just you naturally want to eat more and it's okay because you're working with your hormones and you require more calories during that luteal phase and then you don't Yeah, but you're not going to be like, oh, my body says to eat a dozen donuts or something, right?

That's not. That's manipulating what your body's saying, right? Right. You have to have some discernment. Many times, my kids will be like, let's have popcorn with the movie, and we have popcorn with butter.

I put some organ meat sprinkles, pluck. Have you heard of that? I love them. No, I haven't. I'll have to introduce you to James, but yeah, it's organ meat like seasoning and it's so good on popcorn.

But, but allow, I tell women like allow yourself to, you know, I work with so many mothers, like allow yourself to enjoy, like enjoy things because you know, in your follicular phase, you could do a 24 or 36 hour fast.

You, you're going to rein it in. You're going to be more confident doing it and you're not going to be working against your body. Oh, I love that idea.

I love that. Yeah. Yeah. It's just, especially during perimenopause, because these women, all my patients, I'm going at, well, I'm in perimenopause, but there's so many different stressors.

Your kids are getting older. Your parents are getting older. You might be managing a career. You're trying to manage friends. Yeah, it's a lot. So they have a lot going on.

So exercise. We all should be moving. We all need to work out, right? Number one, and I think you would agree with this, we all need to be weightlifting.

Yep. Couldn't agree more on that. So we all need to be strong. Muscle is a longevity organ. Yeah, muscle helps with insulin sensitivity. The number one thing we worry about is getting dementia, which is type 3 diabetes now coined.

So we all need to be lifting. There's no excuse to not lift. And this is something I constantly have to tell my patients, are you lifting? Are you lifting?

So what about the other stuff?

Nutrition and Fasting by Menstrual Phase

Because also we want a good VO2 max. We want a good aerobic capability. So what do we do as women, right? We don't want to stress out our body. I've had patients totally burn out their hormones and perimenopause to the point where it took a while to get them back.

I was worried she was going to go into early menopause because she trained for a marathon. Oh, marathon are

the killers of hormones I've found. My goodness.

And she gained 20 pounds while she ran the marathon. Like she finished, crossed the finish line, 20 pounds heavier at the marathon because of stress. But she did an amazing job and bounced back and everything is beautiful now.

So, but it was like whenever anyone's like, you know, you see on their social media, I'm going to train for a marathon. I'm like, you probably shouldn't.

It's one of the best ideas. Yeah, like do like a weightlifting competition, but I mean you could. You could align your training to your cycle. Okay. So follicular phase, follicular phase, estradiol is high.

You are going to nail it here. You're going to go hard. You're going to do your personal records. You're going to lift heavy and, and really hit the weights like hard, high, high weight, slow reps.

Um, and the other thing that you can put in here is high intensity interval training and sprint training. Yeah. So this is one and I'm so, I get so excited when I'm in my follicular phase because I want to run sprints and I'm so excited.

I'm like, I can run sprints now. I mean, you're ready to rock, you know? Heck yeah. Yeah. Yeah. And, and you, it's also that natural rest and recoveries put into your cycle.

But so then that luteal phase, we want to do more recovery based things. So still lift, but don't try to like kill it. Don't try to be like, I'm going to go and lift the heaviest I've ever lifted because why?

This is where your luteal phase because of progesterone and other hormones, you're more likely to get hurt. They did a study on soccer players in Europe and they actually, the girls that they were following, there were more ACL tears during the luteal phase of the cycle.

That's interesting, okay. Yeah, it's like an actual thing. And I know it's happened to me. I'm like, oh, I'm fine. I'm just going to squat the same amount.

And then I'm like, yeah, my back. I'm like, that didn't feel good. I'm like, never mind. So the injury aspect, so think of that. So the injury aspect, but then there's another aspect, which we spoke about before, cortisol and stress.

Why? Because the HIIT workouts stresses out your body. cortisol will have you pack on the weight and I was ranting about it because I had a patient that that happened to and I was like stop going to orange theory and she's like I'm so competitive I'm addicted to the splat points and I'm like stop going to orange theory.

Anyway she didn't listen to me and Still her adrenal glands are not recovered, but I want all of these coaches like yelling at me about it. All these male coaches and I'm like, get off of me.

I'm like, stop yelling. It was funny. It's a rough world out there, man. You say one thing the wrong way. It's like the worst thing you could do in your mid eight, like in middle age.

I'm like, no, I know they have some weight lifting classes now, but it's still a lot of like hit stuff. So, so anyway, too much is way too much. Yeah, so luteal phase, you can get out your weighted vest, you can walk at an incline.

I don't know if you saw that study. I think it was an incline of 12 at three miles per hours for 30 minutes. Burns just like fat, like amazing. So yeah, yeah.

No, just unweighted, just walking at that incline. Okay, fantastic. I'll have to pull that study. Yeah, so, you know, there's other things you can do to still, to burn fat, like HIIT is not all you need, but yeah, that luteal phase, listen to your body, you can do mobility stuff, walking, still do weights, of course, swimming, so lots of different things to do, but yeah, so sprints save for that.

Okay. So I'm curious, we were talking about testosterone, progesterone, estrogen, all things like that. What are your thoughts on IGF-1 when it comes to the overall perimenopause years?

Yeah, well, I mean, this is something that you can have patience on a growth hormone secretagogue, and that will help support their IGF-1, you know, and drive that up.

When we have higher IGF-1, though, we are going to have like more muscle growth, and we talked about muscle growth being good. But IGF-1, if you ramp that up too high, it can make you more like insulin resistant too.

So you have to worry about that. So I will put patients on growth hormone secretagogues and support that like, you know, catabolic type, you know, so they can grow more muscle.

And I love them. So I have my patients five nights a week. you know, just on an empty stomach before bed, like with the natural growth hormone pulse with the growth hormone secretagogue.

And then after taking it for a couple months, I checked their IGF-1 and see how they're doing. Now, do you think that you don't cycle it though?

Exercise Programming for Follicular and Luteal Phases

It's not like during the luteal phase, it's a different cycle or the different amount than during the follicular phase, it's different as well, or is it just the same thing across the board?

I haven't tried that yet. Actually, it's been a while. So yeah, if I would cycle that, I would cycle that. Now, if you're designing an experiment, what do you think you would do?

Well, I would probably cycle it during the follicular phase and just really focus on lean muscle growth because you're more ketogenic. And then, well, you could spin it two ways because then I was thinking that the luteal phase, because it would help your sleep.

and you would be eating more but yeah I think I would do it during the follicular phase because the luteal phase you're gonna usually be on progesterone and that's gonna help you sleep and if you're not sleeping well we're gonna do that yeah that that would be cool I have started with patients glp1s okay so I will have them just take a low dose during their luteal phase that second half of the cycle for when their cravings kick in okay so you're talking like an actual dose or like a micro dose More like a smaller dose I because they're usually a lot of them they're just in maintenance because we only do the weight loss like higher dose for a couple months and then they're in maintenance or they're off completely but my patients that struggle that are working on a little bit of other things that they haven't gone to handle on you know when they have those cravings it's that luteal phase so we're I've been starting with patients just to use it just during that luteal phase and that helps that helps regulate them a little bit, because a lot of times that's when women just kind of lose it.

Yeah, I mean, we're working on it all. That's the whole beautiful thing about perimenopause. We're working on it, but it's not going to happen overnight.

No, no, for sure, for sure. No, it's fascinating because there's so many different, I mean, compared to a man, even though I do think men cycle 28 days as well, even though nobody's ever studied that.

I mean, as being a man, I think that full moon gets you moving, you know what I mean? Yeah, okay, so you feel that. I do. Again, trust me, it's been the full moon the last few days and I haven't been able to sleep.

I've been out. I've put on probably like five pounds of muscle, I think, because I've been doing nothing but exercise and eat. But, you know, it's a situation where it's so much more unique when physicians get into this whole wellness industry.

Everybody goes usually straight to men. It's easy. Point, click. You're done. You're good to go. You manage

testosterone, DHEA, maybe IGF-1. And then all of a sudden, like, you know, then all of a sudden the focus turns to the female aspect.

You're just like, Okay, it's a little more complicated. It's like Chinese arithmetic most of the time. But I do like how you've broken it down into the especially the diet and the exercise because I think nobody really talks about lifestyle anymore.

They're so quick to put you on a pill or a cream or whatever it is. And then well, what do I eat? I don't know, go ask your trainer. So to have a physician such as yourself who's double board certified, I think that's that's not only a kudos to you, but a kudos to the movement, I guess you would say of really conquering what perimenopause and menopause is and can be.

Right. Yeah. No, it's, it's, it's fun. I, I just, those have been my patients, like all perimenopausal women. And I love it. And I do have some male patients.

Yes. They are, they're a little bit more simple, but that makes it not as fun, I guess. Right. Exactly. This industry is just so wide open anymore. We're learning something every day.

And I do think the true masters of this industry are students of life. They're consistently learning because we're always finding out new things, you know what I mean?

And like you said with COVID, COVID threw a pivot in everything. So now we have to readjust everything we learned before 2020 and who knows what else is going to come up and the stresses we're going under and who knows what, you know, every time you open a new cycle up, it's a different type of adrenal stress out there.

So it's kind of a moving target, you know? Yeah. Yeah. And especially, um, you know, bringing up men, like, I think it is really important for men to know this stuff about a woman's cycle.

You know, and I would joke with my husband. I'm like, Hey, I'm just a little more sensitive. I'm late luteal phase or, you know, we go out to eat. I'm like, yeah, I'm getting dessert.

I'm late luteal phase. It's so funny. I remember I was visiting my parents. They go to Key West for a couple months out of the year and I was down there and I was just eating.

I'm like, where's the protein? I'm eating on a mission. I was like, why are you eating so much? I'm like, because I'm luteal phase. So I think it's important to understand that because you might, or if you have like a daughter, like a teenage daughter, you know, you're not going to get on them for just like eating everything in sight.

You're going to be like, okay, like. they need more calories right now. Their bodies in luteal phase, they're going to be fine. They're going to be in follicular phase and not even be hungry.

It's okay. When it comes to also just the male and female relationship, like sex, a woman in luteal phase might not want to be touched. She might just want to face the other way and be intimate that way.

I don't know. We need to like give grace, you know, in these situations, but I do like, do you use with your patients PT-141 and oxytocin? I love PT-141.

I usually combine it with B6, oxytocin, and every now and then depending on the male, the woman, you know, I still, I am a proponent of Tadilafel in women for specific things.

My actual My trochee I use for actually IGF-1 stimulation is actually sermorelin, CJC, ipromorelin with Tadilafil and oxytocin in it. Reason being is they've shown that, especially with women in the perimenopausal years, the amount of nocturnal times you have to get up to urinate actually diminishes both in men and women.

So it keeps you in delta phase or helps you get the delta phase a lot more easily. Obviously the oxytocin helps

induce to the alpha phase. So yeah, I think PT-141 is one of my favorite things to use for both men and women sexually.

IGF-1, GLP-1s, and Hormone Support Strategies

Yeah, yeah and that's one thing also you know if you're looking at your cycle and trying to turn to sync your marriage to travel schedules or kids sports or who knows you know you can keep that I like the nasal spray so you can keep that in your fridge yeah and and use that a half an hour before and and try to work that into because because there when stress is a role like a lot of A lot of people, men and women, they go right to like testosterone levels for sex drive.

And I will tell you, I have done hundreds and hundreds of saliva cortisol and blood testing on women's hormones. And it's not a testosterone problem. It's a cortisol problem.

It's a stress problem. Cortisol is the worst one out there. I'm lying. Yeah. So that's, you know, and that's sometimes women, you know, they have alcohol to get in the mood or to help relax.

And I'm like, that's not, that's not good. That's going to… Yeah. Yeah. So using these other things like PT 141 oxytocin, you know, you can use adaptogens.

So those are other ways that if you're struggling with that, you know, with your hormones or your relationship, there are other options out there. No, I think it's fascinating how you're, I really like how you're courting, like managing your lifestyle around your actual menstruation, which I think is fascinating.

Not many people, especially five years ago, even thought of that. So I think it's fascinating how we're actually kind of bringing that in now. Okay, fine.

You'll be in the follicular phase. Let's plan, you know, this two weeks for this one, this two weeks for that one, sexually, physically, mentally, emotionally, you know, travel.

I think it's a very smart thing. So kudos. I actually love what you're doing. So that's that's really cool, especially from a lecon grad, even better.

Yeah, it's really fun. And I think it's important to talk about it and normalize it. You know, it's been kind of fun, like my book just came out the perimenopause reset, like a couple weeks ago, and congratulations again.

Oh, thank you. And I'll bring it up to women and I'm like, oh, yeah, I just wrote a book, the perimenopause reset. And they'll be like, wait, perimenopause.

And they'll be like, I'm in that. And there's 8 million women in perimenopause. And my goal is to help 500,000 of them, starting with that. It's a big goal.

But I really want to let women know that they can feel great in their 40s. Literally, let's not have our hormones be an excuse for how we act or how we feel.

Exactly. They aren't they aren't a prison, you know, I mean, which I think is one of the biggest things in the world that people get so, you know, hunk strung about with all that.

Well, I got to say, it's been an absolute pleasure. I always ask two questions, though, as we end these ones. The first one is, as a physician who's looking to get into this industry, okay, so you're coming from traditional medicine, you're just like, what is wellness?

Let's jump into it. What is the best piece of advice you can actually give to somebody who's trying to get in this, whether you're a nurse, nurse practitioner, physician or or basically anybody who's going to be tackling the wellness market.

Well, I would say, you know, practice what you preach, but also get really good training. So I, my mentor, Pam Smith has a personalized medicine certification, which I think is excellent.

So I, yeah, I did it to your fellowship. Um, that was great too. But I also, I took her hormone course just as an, just to, just to learn more. Cause we can never know enough.

But her course is good. So training matters. And for those listening, you also want to make sure you're going to someone that actually has training. Because this is, and we were talking about this, like, you know, I haven't like, this is like a bandwagon thing.

I think like there's GLP one companies that have like influencers selling them. That's all it is anymore. If you have a million followers, you're a doctor.

It's the most nonsensical thing I've ever seen in my entire life. Yes. Oh, do you want to know what my rule is? Go on. Okay, so if you can't find someone's profile, website, whatever, what's up, I don't care, app, like whatever, within three seconds, their actual credentials, then they're not a real medical doctor.

Yeah, I love that. Write that down, everyone. Like their profile, it says doctor in their name, but you can't find their credentials anywhere.

Sex, Stress, and Supporting Women Through Perimenopause

It's like a game of hide and seek. Three seconds, I'm telling you. Every time it works, they're not a real doctor. They might be some other kind of doctor, but it's not a medical doctor, and these are the people that are usually talking about medical health things, and that is not okay.

I don't tell people that I'm a mechanic, or how to fix cars. Could you imagine if I'm like, hey, this is how you fix a nail in your tire. And I'm not a mechanic.

Exactly. It's like, everybody sell your stock. Oh, I haven't said sell your stock. Everybody's bankrupt now. You know what I mean? That's kind of what people don't get.

They equate likes, comments, and followers to being like, oh, this person's credentialed. No, you can sit there and buy whatever you want. You know what I mean?

Like, and it's a situation where as I think, you know, they are bringing awareness to the industry, but they're bringing a bad awareness in certain things.

Everything's NAD this and, you know, Methylene Blue this, which I love both of those products, but Some people don't need those. Some people are going to be bad for, which you don't really see, which brings me to my next one.

I think you already answered it. If I am a patient who has been so succumbed to the traditional, oh my God, I need to pay attention to the CDC and the FDA and this is it.

And all of a sudden you're like, well, maybe that's a little skewed. I'm going to take a look at the wellness industry. What is advice you can give to a patient who's especially looking for something who's perimenopausal, who's looking to just have a better life?

What should they look for in a person that they take advice from or a person or even the clinic that they might actually go to? Yeah, I would say same thing, training.

Three-second rule. Yeah, and usually don't go to a med spa for your hormones or… Or a gym, I mean like… Or a gym, yeah, or online. So look for someone that actually knows like root cause medicine because I have a patient I'm working with right now.

She did all the online hormone people, like all the things and she just kept feeling worse and kept gaining more weight. And within the first like, Well, I thought when she just told me what was going on briefly in a message, I'm like, oh, this is hormonal, because I didn't know she had done all the hormonal stuff.

And then within the first hour of our consult, or within the first half an hour, I was like, oh, it's mold. That's why the hormones aren't helping. Yeah, so her root cause was mold illness from I think from like the house before she lives in right now.

But anyway, that's the thing. You can take all the NAD, all the methylene blue, like all the hormones, all the stuff, but you still might not get to the root cause.

So if you don't know someone that has a lot of tools in their toolbox and a lot of expertise and just stall, then you just might be treading water for a while and just wasting money.

So I think that's hard. Yeah, you're right. Yeah, yeah, it's, it's hard, like you said, like, you know, people just, there's a lot of pride going on. So people just want to be out there and like, just be on things.

So they do, they pay to be seen. It's all pay to play. And that's hard.

Training, Credentials, and Choosing the Right Practitioner

And then there's people like us who were just genuine and just like want to get people healthy. So. know it's just you have to use discernment and you know you might get burned but if you do just just keep going but it is hard though like you were saying that a lot of this these people that are doing it the wrong way or over the top or don't have credentials talking about this stuff it does make it look bad for actual conventional medicine like I'm speaking at a conventional medicine conference on peptides and I'm just going to make it so I have so many studies because I don't want conventional doctors to hate peptides because people ruining it, right?

Exactly. You're right. It gives it a bad name. I mean, the Brian Johnson stuff of the world, like, don't die. You're like, I don't want to look like that guy.

It's just like, that's not our industry. Please don't judge us. you know what i mean like it's it's it's pretty pretty pretty nuts uh but again hey thank you so much i mean like again i've learned a lot about the the whole the the cycling aspect is is fascinating sinking it i i really am i'm gonna dive more into it i think i'm gonna buy your book as well just uh just to kind of get some better ideas on my end um but again thank you so much again check her out integrative doctor mom on instagram Thank you so much, Dr.

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