Venture into Menopause Research & Myths Transcript

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Introduction to Andrea Donsky and the menopause research conversation

All right. Welcome back, everybody. So we've had a couple conversations around menopause and perimenopause. And one really cool thing we're going to do for you right now is we're going to talk to Andrea Donsky who's here with us.

First of all, thank you for joining. Thank you for having me, Kash. And we are going to dove into some of the research, some of the data, because we get a lot of these questions.

You know, everything you're hearing is kind of the solutions or what has worked for some people and what some people discovered. But where does this knowledge all come from?

And I can tell you that one of my favorite parts of the day is when I open up to talk and Andrea pops up sweating or crawling out of bed, you know, or having a hot flash explaining what menopause is all about.

And she can help so many women learn through her content and knowledge. And we're going to dove into some of that research today. So, again, thank you for being here.

And I think it's going to be awesome and very powerful and useful for everybody. Before we started, you were saying something that was obvious but just has been done.

Like what are the definitions? What are the stuff even mean? Like break down the language? Well, for sure. So, first of all, thank you. I'm so happy to hear that you watch my TED talks.

And I love to I always say it's in my hot flash mode. I put on this persona of and make myself kind of like really go into character and it's I just try to have fun and be creative with Tik Tok while educating at the same time.

So I love hearing from you that you actually love you're not a woman in menopause, but I love hearing that you enjoy the information and content too. So thank you for that.

In terms of the definitions, let's start from the very beginning because I feel like this is an important place to start because according to our research, 20% of women and this is we have now five surveys that are out according to our research research across the board.

20% of women don't know what stage they are in, their unsure. So that's why it's important that I believe that we start off with this. So what is perimenopause?

Perimenopause are the years before menopause. So they can last anywhere from a couple of months to 12 plus years. And it's generally a decade before we go into menopause.

Menopause is once we've gone 365 days without a cycle. So it's technically just one day. Everything after that is considered to be post menopause.

Perimenopause and menopause definitions explained

But for the sake of my tik-tok page and really for the sake I feel like we need to get rid of the word post menopause, because it's very confusing, I feel, because once you're in menopause, you're always in menopause.

So menopause, post menopause, it's the exact same thing, exact same thing. And just to be clear as well, perimenopause can start as early as 35 and sometimes even earlier.

So there's a big myth that's out there that's like, oh, you're a woman in your forties and fifties. You're too young to be in menopause. Well, actually, not at all, because most of us will go through perimenopause in our forties and fifties.

But it can start as early as our mid thirties and sometimes even earlier. Hmm. Yeah. And then we're seeing more and more of that, especially with the hormone disruption and all that's going on in our environment.

This phenomenon, it was unheard of before, but it's just so much more prevalent now. Yeah. Yeah. So then, you know, you you have all this data and all this stuff.

I keep watching what you're talking about. And one of the things that you talk about that I haven't heard much is the huge list of symptoms. You know, I think there's like 80 something that you've now discovered.

And I think the average when you talk to typical clinician, it's usually I think that 40 is the typical number of years, all the things that people in menopause.

But there's so much more. So what are some of those more nuanced things that you learn that people need to know? So I really made my well, I'm very passionate about research in general.

So data, data, data. I love to look at the data in the medical journals. I love to look at it from anecdotal data from our community. We've got, you know, thousands, hundreds of thousands of women in our community.

But I also like to look at it as an end of one. So for me, I'm looking at data from from all different angles. And the research that we do is our observer.

I call it observational anecdotal research because it's our research from our community and from people on our website. And what we found was, I'm going to take you back for a minute and why I was so interested in the symptoms and the number of them.

When I was going through perimenopause, I had no idea that I was in perimenopause for probably a good ten years. I started my mid-thirties at 47, so at 47 I figure I think I started 36.

At 47, I got my first hot flash. I was working at my desk. It was two months after my birthday and all of a sudden this intense wave of heat came over me.

And then I was freezing, freezing cold. And I was like and I had already been experiencing so many different symptoms before that. And that's when I thought, Wait a minute. And I had asked.

So many people, colleagues, doctors, friends like, are you, you know, are you experiencing this, too? Do you smell things that other people don't, you know, are your are your moods all over the place?

What about your sleep? Are you gaining weight? Like all the different symptoms that we had heard? Like now we know a lot of them are very common and many of them are uncommon.

And I'd always get the answer, no, I don't know what you're talking about. So I was kind of feeling really lonely. I was feeling like I was like, Wait, am I the only one going through this?

What is happening to my body? And when I got that hot flash of 47, I was like, Wait a minute, wait a minute. Maybe everything that I'm going through is actually menopause.

Because I know and I'd heard of the association from my mum who suffered with hot flashes for about 20 years that she was in menopause hot flashes. So to me that was the immediate association and that's what connected the dots for me of like, wait a minute, maybe that's what I've been going through.

I didn't even know the word perimenopause existed. I knew nothing about this phase of life. And Kash, you know

me. We know each other really well. And for a really long time, I have made my career in the health and wellness space.

I've been in space for 23 plus years. I've won multiple awards. I knew nothing about my body when it came through menopause and menopause, and that's what shocked me the most.

I was like, Wait a second, how do I have so much knowledge but yet so little knowledge about perimenopause and menopause and this phase of life that, you know, many of us will live through, like for a third of our lives.

Right. So that's what kind of sparked the conversation. And to get back to your question about the number of symptoms is I was at a party once and this was when in my beginning stages of really learning and researching.

And I met a friend and she's like creating an app for perimenopause symptoms. And I kind of looked at them like, is there are there actually a lot like enough symptoms for you to create an entire ad for?

And she was like, You'd be surprised there are 30 to 40. And then I came to realize that there are 34 recognized symptoms. So the way my brain works cache and you probably know this about me, it's like, well, that didn't really and I started a Google doc and I'm like, oh, symptoms.

Let me track them. Let me ask people, let me ask others. Let me go and do the research, my end of one plus the others, and go to the medical journals, read what people you know, what they're saying about the symptoms.

I soon came to realize there are way more than 85 of them. However, recently we launched a survey, it's called it. We have like I said, I had several surveys on our site and we launched one on signs and symptoms.

Over 3000 women to date have filled out this survey.

Discovering hidden symptoms and the 102-symptom survey

There are actually now I'm like re saying it there are 100 into a perimenopause and menopause so this is where my brain goes to is like 102 oh my gosh.

Like we need to understand now of course some of them overlap. Some of them are like there are different kinds, but we need to understand that there are a lot of symptoms.

So if you are feeling anything, go to your doctor, go to your health care professional, ask them, say, look, here's how I'm feeling it. Print out the list, fill it out, survey right.

Educate yourself, because it could be those itchy ears that you've been experiencing that, you know, you've gone to every doctor, you've had every test, there's everything's okay.

Maybe that's related to perimenopause. And so there's things you can do to start helping yourself earlier on. I'm not sure if I heard this from you there, but I remember hearing that in Japan, women don't even get hot flashes.

They get a stiff shoulder. And I don't know. So you didn't hear that from me. So but everybody experiences menopause differently, right? So for, you know, for example, because there's 102 like I may, you know, I had I always say I had many of the symptoms that a lot of them were very common and also not so common.

But what I experienced, someone else may not and vice versa. So that's why it's important to always go and get everything checked out. So, for example, I had a frozen shoulder for many years in perimenopause.

I had no idea that it was associated to perimenopause. Now the research is coming out and saying, yes, there is an association pain in your body, frozen shoulder.

Mine started with phantom smells, so I was smelling. This was in my mid-thirties. I was in my office. I was smelling

smoke and burnt toast and coffee.

And I was like and I would ask, you know, the women in my office would be like, do you smell that? They're like, No, I don't. You're talking about had tests, had hemorrhoids, went to the doctor like so many times.

They were like, you're fine. Now we know it is a it is a symptom of perimenopause and menopause. Wow. So you're smelling burnt toast in the home where no one was cooking anything. Incredible smoke.

And we even dug deeper into phantom smells because I'm so fascinated by phantom smells. And I asked other women on my TikTok and I had so many responses to like, you know, what type of smells they're smelling.

And the number one smell is smoke. That's the number one phantom smell. But women were also smelling things like sweet smells, like blueberry muffins or pancake sirup.

That, again, they were nowhere near that. So it really again, I have a survey on my on our website and our research on phantom smells. If you want to go fill it out.

But it's pretty fascinating what women are smelling. And yeah. That's really cool about what you're doing. And so data driven, like you have all these thousands of women inputting their experiences and that's kind of what was needed because it's all you go to the clinician and the answers come out of a textbook, right?

And there's so much more going on than what's in that textbook. And you're now working on adding that all edge. And you know what? You said that the 47, you know, hot flash started, you realize, oh, I remember, cause how did you then realize that you were in perimenopause ten years prior to that, when you didn't know.

You know? And it's just recently I started we're writing a book and I started doing the research and I went back to my doctor and asked for my files. And I started digging into my files and kind of starting to really understand what was happening to my body going back.

I keep journals, so going back to my journals and I started to ask myself a lot of questions like, wait a minute, I like when I was looking at my, my results from my test at my doctor's office, I'm like, Wait a minute.

That's right. I had like an MRI. I think I had even to memorize like that. We're looking into why I was smelling these things, because you don't want to mess around.

If you start feeling if you start things, start changing in your body, you have to go to your doctor and get it checked out. I always say to please rule everything out, go to the doctor.

You're getting heart palpitations again. I have that as well. Once my doctor had had tests on my heart and had all these things done, but it always came back.

As you know, you're totally fine, clean bill of health. Andrea So as I started writing my book, I started really digging into it, kind of like my old thoughts in my journals and all of these things.

And I'm like, Oh wow, right? I remember now like my mid-thirties, I was smelling the smoke when nobody else was, so that's what sparked it. Thanks for asking that, actually, because it's something literally it's something so recent that I started realizing that.

Now I say to myself, I was probably in perimenopause for more than ten years before I even realized it. Yeah, it's amazing because you're like, You're in this thing, it's happening to you and you don't even know it's happening.

You don't know when it started. And that's kind of that gray area. You don't know when it's going to start. You don't know what it's going to feel like.

There's 102 symptoms. You don't know what you're going to get. And so learning is, I mean, recognizing, is it

possible for people to go to your website and learn what these 102 symptoms are?

Oh, yeah, they're right on. So if you go to we are more forsaken. So we called her. I'm actually I love saying why we called her anymore office. We made up the word it's our use.

So metamorphosis we're changing us as a community so we literally took the morph and the US and we put it together. So it's Morphus. So wearemorphus.com.

If you look at signs and symptoms under that at the top, at the top we list all of them. We also link them to articles so you can understand why they're happening.

So now The Drum, what some of the cool stuff you found in all of your research in the data that you've been able to pull. All right. So what I'd love to share with you, because the signs and symptoms.

So sure. My screen, if that's okay with you. Yes. Okay. So here so this is our Signs and Symptoms survey at the time when we posted this was back in February or March, we had 2239 responses.

We currently now over 3000 responses. So and we're going to update it as we go. Like we're going to we're going to update the information. Everything is on my website and you can find it there under research.

Even the results of this. So so here's the 20% that I, you know, that I shared with you earlier, which is amazing to me. So that shows me we have so much research that we still need to do that, to tell people, to inform women where they're at in their journey of perimenopause or menopause.

So they were unsure. So here's the these are the top 13 most common symptoms. So number one is fatigue and lack of energy was 71% of the women experiencing this.

This is so common. But if you look at it, we broke it down even further between perimenopause and menopause. So you could see that fatigue is much more it's more common, 73% versus 68% for women in perimenopause.

So we found that to be really interesting. Number two, brain fog. We hear this all the time from women. It is temporary. The research is showing is that it is a temporary situation when there are things that we can do to help with brain fog.

But that is the number two with 66% of women experiencing it. Number three is sleep issues. And I'm going to take you through another other results to kind of break that to break that down even further, because, again, my brain goes to, okay, I understand sleep issues are number three, but why are we not sleeping?

So I'll take you through that in a minute. Number four is memory loss and forgetfulness. This is a huge one when it comes to women in the workplace. So we now just we launched a survey for women in the workplace for those who are currently working, also those who are currently not working, including stay at home moms or guardians.

So again, we encourage you all, please to go fill out our surveys, all the data helps us to understand it and dig even deeper. So this is a big one that affects women in the workplace that we have anxiety, joint pain, lack of concentration, lack of focus, hot flashes.

So we think so we're going to go back for a minute. Remember, my first thought is, oh, my gosh, I had a hot flash, must be menopause. It's actually not the number one symptom that women are experiencing, at least according to our anecdotal observational research that we have low libido, very big one, that's number ten.

Then we have lack of patients, night sweats and then slower metabolism and change in body shape. So again, which comes to the waking. So these are the top most common in terms of the actual, you know, symptoms that women are experiencing.

And then we go into the other ones as well, which I don't have to go through each one individually, but you'll see

there are other ones like, you know, itchy skin dryness is a big one, very big one for women, especially in menopause.

So it could be dry eyes dry, ears dry, you know, intimate parts. So, you know, dryness comes in many forms. And the emotions, the weakness, the moods which we even dug into that further in our survey as well.

So, so many different symptoms, vertigo, dizziness, food cravings that we don't necessarily associate with this time of life. Yeah. So that is really interesting because the so the hot flash I think you get it's more that the visual of I'm going into menopause and here's what's coming right you're the grandma stories but it's a little bit lower down on the list.

And so understanding and recognizing the symptoms allows you to manage it better and to understand what to do and when to do. You know, are you in perimenopause? Maybe.

And you might be dealing with the symptom at the symptom level for five, ten years like you did when it's something else altogether. So having this data is, you know, can change everything.

Is 100% agree and and is the data on our sleep is fascinating too because we found and is it okay if I share that with you now? Let's do that. Yeah. Okay, great.

So here is our data on our sleep and why we're not sleeping. So what we found is the top three reasons why women are not sleeping and perimenopause and menopause was number one is due to anxiety and stress.

So stress is the number one reason. And let me talk about that for one minute. Okay. So as we go into perimenopause and menopause, we can't cope with stress as well as we did before.

So it's really important. So I always say my lean is nutrition, lifestyle, mindset and supplements. That's really where I focus as a nutritionist. That's what I that's where my research is and that's where my expertize is in.

So and that's where my expertize is. And so we have our adrenals which sit above our kidneys. These are one side. I love my props and we basically what they do is when we're stressed, our adrenals secrete cortisol among other things as well.

Our stress hormones and cortisol. If we're waking up between two and 4 a.m., it could be that your cortisol is rising at the wrong time. So we really want it to.

Phantom smells and other unusual perimenopause symptoms

And the reason why I'm saying this and why it's important that we discuss it is because we want to make sure that we incorporate some type of sleep routine, some some kind of, you know, routine or something that you can put it.

You have before you go to bed to help calm you. So whether that be deep breathing, a warm bath was essential oils, whether that put some lavender on your pillow, whether that, you know, listen to sound baths, which I love sound baths.

Right. So you've got the frequency, the sound, you know, the energy that comes from that music that helps to just stimulate your parasympathetic part of your nervous system so you can do something that helps to relax you before you go to sleep was very helpful, especially because we know the number one symptom 61% of women are waking up between two and 4 a.m., which is related to stress.

Right. The next reason is night sweats. Sorry, the next reason is going to the bathroom. So 54% of women were saying, well, I'm waking up during the night and I'm going to the bathroom now.

I've heard and spoken to women who have told me they go to the bathroom every hour on the hour. I mean, it's unbelievable to me because, again, our bladder things are getting our when our estrogen levels fall, things are

changing in our you know, in our bladder.

And it's causing us to go to the bathroom. Other reasons as well. We've got our anti diuretic hormones at play here as well. So vasopressin. So what we want to do is we want to try to do things that it can help strengthen our bladder, but also like there's some tips and then some have sex and help, but also there's some tips and some hacks that can help increase vessel presence at night, which is our anti diuretic hormone.

And then the third reason is night sweats and, you know, being really hot right now, night sweats in hot flashes. So you really want to make sure your room is cooled 65 to 60 degrees.

You're sleeping in like clothing. So there's things that we can do that there as well. Those would be the top three reasons, but there's other reasons as well.

Like, you know, maybe a partner's snoring. So there is noise in the room, maybe your lights and light sleeper, maybe you have muscle aches or muscle spasms, which can be related to a lack of magnesium, let's say, if you have restless leg.

So there are things that we can do that can help, but there's lots of different reasons. As you can see here, why we're waking up in the middle of the night.

You know, when I look at this and I think from our perspective in the work that we do right, and a lot of these things, when I think about the wake up, I 100% degree cortisol wakes you up.

I got to go to the washroom. I am a light sleeper or, you know, the restless leg. So all these things that are stimulus that you normally should ignore, we also find is serotonin related.

When somebody's serotonin is dysregulated, they're just their brain can prioritize whatever is going on and they respond to everything, especially in that second half of sleep, which is when you make your serotonin right and you actually make it in your gut.

And if the gut's on healthy, that's going to be even worse. So be interesting to just put our data together and see what goes on there. You know. I love collaborating with you, Kash. You know, that would be awesome.

Yeah. Yeah, we see that over and over again that there's never one single answer. So I think. But it's very clear. So how does somebody if that's it, okay, anxiety, stress, cortisol through the roof.

I can't stop thinking. What do you do with that? I know you talked about the on bass and etc. or if it's a chronic everyday thing is that that means somebody has that stress that every day they're causing themselves to not sleep well.

I mean, I think everybody's really different, right? So again, I'll go back to what my feeling is, is nutrition, lifestyle, mindset and supplements. So what can we do to help ourselves?

So number one. Number one, number one. I'm a nutritionist, so I'm going to tell you, focus on food. Focus on Whole Foods. Right. Take care and nourish your adrenal glands.

So what are things that we can do? Right. So eating whole foods that our body recognizes, focusing on protein, we need about 20 to 30 grams of protein as we go into menopause for many different reasons.

You want to look at good quality of oils. So focusing on getting rid of the seed oils, I'm not sure if you spoke about seed oils at the summit, but really looking into the work of Dr.

Kate Shanahan, she talks a lot about seed oils. You can Google that and find out, you know, she's talking canola, corn, cotton seed, soy, sunflower, safflower as well as grape seed.

And she has some other ones as well. I highly recommend Googling her and finding out more because she's amazing.

Sleep problems, cortisol, and why women wake at night

And then you want to look at, you know, fruits and vegetables, lower glycemic fruits. I love berries. Berries are amazing. They're amazing for our brain and so many different, you know, for their fiber and so many different phytonutrients.

Then you want to look at your vegetables, eating the rainbow, getting your vegetables from so many different colors and sources try. I always say try something new once a week. Try something new.

I've been doing that and it's actually really fun. Vegetables that I've never tried before, like or out of love, like hikma. I'm like having you come up pretty good. It's like a salad.

I love the crunch. Right? So putting in the salad, it gives you that crunchy feel. So and then, you know, focusing also on your meat perhaps. And again, I know this is more your area in terms of genetics, but understanding how your body metabolize the starches if you do carbohydrates, focusing on the complex carbohydrates, the little nuts and seeds, that kind of thing, more in moderation.

So this is what our body needs. And this is how our body understands how to process foods. We've got our liver right here. I got another prop for you.

We have our liver. It's the master detox organ in our body. I do a lot of TV segments, so I love my props. So we've got our master detox organ, which is our liver.

You want to make sure that is you know, if that doesn't, it's not working over in overdrive to help us process our food and detox things that are in our body, including our hormones, including everything that we're exposed to in our environment. Right.

And as we go into this phase of life, so really looking at taking care of our organs or adrenals or colon, we want to make sure that we're going to the bathroom every single day, making sure that we're getting rid of things that our body no longer needs.

So I would say that would be step one of really, you know, watching to make sure how, you know, when it comes to stress levels, start with start with your food, right?

Taking care of those organs that are that are working for you every day, all the time. Then I would say look at lifestyle. Really look at managing your stress levels.

So what does that mean? So someone like me, I'm a total type-A personality. I love going, going, going. For me, it's harder to sit and kind of just say, you know, sit and, you know, call my monkey brain.

So even doing things like walks in nature. So I love in nature. For me, that's a mindful meditation. I'm just I may not be sitting there, but I'm walking and I'm enjoying this gentleman, Roku. Right.

We know that that is so crucial for our for our sympathy, our parasympathetic. But then you can look at things like spending time with family and friends and watching a funny movie, just doing anything that you're going to love and that's going to make you happy.

And then you want to look at mindset. So as we go into this phase of life, it can be really difficult for a lot of us. You know, it's hard to see through the weeds when you're when you're really suffering.

And I get this because I was there so most my platform, what I really try to communicate to the women who are, you know, in our community is that you're not alone.

We validate you, we support you. And there are things that you can do to help yourself, whatever that is. There's tools in the toolbox that you can help yourself with.

And I'm sure you've discussed it with some of the other women who you spoke to in about menopause. And then we can look at supplements. There are things that we know that can help to relax us.

Like, I'm a big fan of magnesium, right? So to me, that's helpful, especially before we go to bed, that magnesium glycine eight, it's attached to amino acid glycine, which helps to calm and relaxed.

And because I love I call myself the Menopause Sleep Hacker like I literally am like obsessed with sleep. As you can see, I did a whole survey on it. I really started playing around with supplements and to see what works for us.

So amazing supplements for women in menopause. Again, I dig into the research. I love melatonin, which helps us to fall asleep and stay asleep. I love the magnesium glycemic like I'm talking about.

I found that magnesium glycine and I, we have our own line of supplements that we launched in the U. S. And what I find is our magnesium helps with the heart rate variability.

It helps literally increase it, which is amazing. So there are things that we could do in those areas that I find could be very helpful to help us, you know, help us get more sleep.

Because I always look at it. Sleep is like the start, the top of the Christmas tree, right? And then everything else kind of comes from there. We need to be getting our sleep.

We're not getting our sleep. It can cascade into so many different symptoms that we're experiencing. So trying to focus on our sleep, trying to focus on our stress levels, managing it, putting down boundaries.

A huge one for women in perimenopause and menopause. As we age, we're like, okay, what's good for me now, right? Like, this isn't feeling so well anymore for me.

This isn't feeling so good for me anymore. So really understanding who we are, what we deserve, and how we communicate that to others I think is really key.

So kind of I know that's a long answer for your question, but it kind of takes I never have the it's this thing and this is the panacea for everything.

I always say we've got a toolbox of tools that work together to help us manage our symptoms in the case, you know? So that's kind of how I look at it.

Yeah, it's a it's a long answer, but it's the right answer because this is where people get stuck. And there's two things you said in there. First of all, there's a lot of things we need to do.

Right. And it's true. If you if you can pick one, you can fix just one piece and then expect everything else to work. So that's why there's so many problems today and chronic diseases so prevalent that we treated that way.

Let me just fix my kidney and that's it. I know there's a reason why your kidneys are being burned and there's a lot of other stuff going on. So and there's another thing you said in there, which I want to make sure people understood.

So when you you know, when you're trying to de-stress, you're not sitting there meditating, you're going out in a nature walk. Right? The outcome is the same.

And why this so important is you have to design the habit in a way that you're actually going to do it. And the goal is relax, de-stress. The goal isn't meditation, right?

That that may work for somebody. But if you're not going to design the habit in a way where it sticks, where it's easy, you are, it's very it becomes routine and you enjoy it.

It's probably won't last. And you're going to blame the habit itself. You're going to say meditation doesn't work if it's not working, then you are not that person.

Go find something else and find the thing. And you would probably intuitively already know what that thing is and do that. You can also understand the outcome that's that's being sort of prescribed, which is relax and then figure out a different way to do it.

And you would do that. Yeah. I love that Kash because. Yeah, I mean, for me, I can't sit and just meditate like it just doesn't work for me. So I found other things that work for me and everyone else can do that as well.

Like even if it's a walk around the block or even if it's setting a timer on your phone and just saying, you know, maybe it's once or twice a day to just breathe, like just take it, you know, two or three deep breaths in and out.

Like whatever works for you, whatever fits into your life. So we're all really busy. So, you know, we don't want get overburdened or overwhelmed with, okay, now I got to do something else.

Now just whatever works for you and fits into what you're doing is key. So thank you for saying that. I actually want to 100% agree for sure. And now with all that you're seeing, you've learned, you know, there's so there's everybody listening.

There's there's 25 year old women listening today. There's 60 year old women that will listening today. Some are saying, I wish I knew this earlier. Some would say, this is great.

I'm taking my notes, getting ready. So for the younger women that are listening, can they actually change that trajectory and how it's going to feel by having the right habits?

Or is it kind of innate? This is the is coming. Just prepare for it. So you're you know, you're the expert in genetics here. So I'm going to like you know, I'm going to kind of touch it very, very shallowly. But they do when it comes to perimenopause or menopause, they can't they just say, like when you go into it or how you experience it can be similar to what your mother or grandmother did.

Now we know that just because they say that doesn't mean that's what's going to happen. So there are things that we can do, obviously, that we can, you know, that we can do that can hopefully change that trajectory.

Nutrition, lifestyle, mindset, and supplements for symptom support

So a lot of the things and there's other reasons, there's other things, just other research that shows why, you know, we may go into it earlier. So which, you know, you know, are you a smoker or you know, so there's other things that they look at as well.

And I would say everything that we talked about today would be the thing or the advice that I'd give to everybody who's younger, who's listening, or maybe they're in their, you know, their twenties and their thirties and or even in your forties and fifties, even throughout the rest of your life.

Everything that we talked about today to me is so relevant. And it's about once you, you know, so for those of you who are younger, listening, definitely managing your stress, I would say.

So you're focusing on your nutrition, although I know it's harder when you're younger. I have three kids myself. I know what it is when it comes to like eating and our food and all that.

But I would say if you can try to find something that you can incorporate into your life that helps to manage your stress levels because our adrenals, when we go into menopause and our ovaries, my cute little ovary right over

here, take their much needed break right there, much deserved break.

Our adrenals will take over making many of the hormones. So we really want to make sure that our adrenal glands are well taken care of. So that goes back to what we talked about before.

So managing your stress is really key then I would say obviously you have your nutrition, you've got your supplements, your mindset and all of that. For those women who are already in your forties and fifties or some of you and this is going to go back full circle to what we talked about in the beginning as, oh, you know, I'm post-menopausal, I'm way past it.

So when I hear that, I always say, and that's why I want to really forget the word post menopause, because once you're in menopause, as I mentioned, we're in menopause the rest of our life.

Now, ladies, now it is really key that we focus on our nutrition, our lifestyle, our mindset and our supplements. You know, I always say and or hormones, if that's what you choose to do, it's just outside of my line of expertize.

So now as well, you really want to get, you know, really much more focused and mindful about what we're eating, what we're putting on our body and all this thing, all the things that you talk about Kash, you know.

So these are the this is the time when we're more prone to certain things in our life, more prone to issues with brain health and heart health and bone health and all of these things.

So that's where I say let's we've got to make sure that we are really doing the best that we can. I always say the 8020 rule, I don't like to tell you.

So for those of you who follow me on TikTok or know what I talk about a lot, I'm not the type of nutritionist or menopause educator that's going to say you have.

Do you have to have do you have to be key to or vegan or paleo or. No, no, no. I always say be mindful. Listen to your body. How do you feel? Like a vegan diet works great for some women.

I can't do it myself. I cannot. I need animal protein for me. But that might not be the case for somebody else. Perhaps different blood types have different way their body is right, different genetics, whatever it is.

So I think it's a matter of listening to yourself. I always say you're the captain of your own ship, feel something is right, then it's right for you.

If you feel something is off, then perhaps it's not right for you. Go get it checked out, right? So just being mindful of everything that's happening to you in this phase of life.

Yeah, that's for sure. There's a lot of and that's it's so much harder to navigate because there's so much information on you go to YouTube or to TikTok or whatever and everyone's telling you what to do and they're all contradicting each other.

But it probably worked for them. Well, that's it, right? So we work for them and then they're like, Well, you should, right? But it doesn't work like that because we're all so individual, like we're all individuals, right?

So bio individuality is so crucial, especially as we get here. Sure. I could tell you the research that works really well for women on intermittent fasting in this phase of life.

But I've had so many women that are like, I did it. It didn't work for me. Now there's also nuances which I know we're not going to get into right now.

There's nuances with supplements like, oh, I tried it didn't work. Kind of going back to what you said before is, you know, is there what's hype, you know, how much the dosage branded, you know, quality, all of that.

There's always nuances in everything that we discuss. However, as a general rule of thumb, I would say, yes, listen to your body. And, you know, just because I just because I tried it and it worked for me doesn't mean it'll do it for you.

But I'll share information, and I'll also let you know there's other options out there and you know, like I can do Kito you were the one that told me that, you know, in NHS the DNA company told me that that I can't do keto because my body doesn't like high fat, like I can't do too much fat.

So there's so many different things out there. But yeah, always listen to yourself. Yeah. And yourself is very efficient in telling you what's good and what's bad.

Right. And we've, there's this cultural sense of like being weak and not doing what feels good, you know, and plowing through. But listen and do it and you'll start to thrive.

You know, we're not all the same. We're not 8 billion different people. We're not that unique. But we are, you know, not the same. So listen, and that's key, especially as you're younger and waiting, you have to watch like you have to be aware of the signals.

That's it. And now education. So that's why I created Morphus. That's why I do what I do every single day. That's all I do now is educate women, perimenopause and menopause.

That's all I do. Women, men, you know, women. Plus I always say and men and I'm trying to educate everyone, individuals, anyone who is interested in learning about this phase of life.

To me, the more we know, the more we educate ourselves, the more we can do to help ourselves. And by the way, not only ourselves, but everyone around us.

Many of us have partners, right? So many of us have people that we surround ourselves with that don't really understand what we're going through. I can't tell you the amount of DMS and and emails and messages and comments that I get from women all the time saying, you know, their relationship is in trouble or their partner doesn't understand them.

And that's why I spend a lot of time my husband Rich and he you'll see him a lot of my tech talk on my Instagram page and he does a lot of videos with me and he's amazing.

Like, I give him props because he'll just he's so he's open to doing it, which I love because I will I will hear from women saying, thank you. I sent this to my husband or I sent this to my partner or I sent this to this person around me because when we talk about it, there's a lot of shame, unfortunately, still that exists with this phase of life.

So by talking about it, by watching videos, you know, by understanding what's happening, by educating yourself, empowering yourself. So that way it allows you to say, okay, I'm not going crazy, okay, this I'm not alone and I'm being validated for how I'm feeling because what you're feeling is very real.

Yeah. And it's that shame is like I am becoming a lesser version of myself. Know your body shifting into a you're truly a different person. You're going from this fertility stage, you don't need it anymore.

Right? And so those those mechanisms are being turned off also to protect you, by the way, because as estrogens, as much as they're protective, they can also be toxic.

Right. And why continue to have this drip of toxic inflammation when you don't need it, when you're for the most part beyond, you know, the typical fertility age in need.

Right. And so your body goes into this protective phase and it's you're just a different version of yourself. So embrace it. See, and that's, I think, brings up a whole other conversation, which is way out of my lane and something that I don't know, like whether that, you know, brings in, you know, hormone therapy and all of that,

which, again, like I always say, I stick to my lane and I stick to what I know.

So that that's be more of a conversation with somebody who's like really great at hormones and understands all that. But what I would say is the shame is really around and the stigma.

So I think for me personally, when I had that hot flash and realized and then subsequently had many, many, many others for a good year, I suffered really badly with so many symptoms.

It's the shame. There's a lot of things going on in our mind. Number one is, Oh my gosh, I'm getting older. Oh, my gosh, am I? So one of the thoughts and this happened when I remember when I was turning 50, I was like and I did a whole video around this on my on my birthday.

I did it I did it for my 53 this year, but actually did it for when I was 50. That the wait a minute am I going to become irrelevant are companies in my case one going to want to work with me so now I'm getting old, I'm 50, you know.

So it was like also in my own mind, I had put these own limitations on me as to like ageism, right? But so it's more of like, you know, you know, thinking about your grandmother or your mother that went through it or, you know, a lot of us are experiencing symptoms that are embarrassing.

So some of us don't want to talk to our partners possibly about it or to anyone else about it because it's like, oh, my God. Like, this is really embarrassing for me.

So I think there's a lot of stigma, stigma and shame around that as well because these things that we're experiencing like, you know, I don't know, can I say I'm going to say vaginal dryness.

It is a thing like, you know, I'm going to say it so like so I become much more desensitized to a lot of this just because I talk about it day in and day out.

But I'm also very sensitive to women who are still there's still very much shame around that or they're embarrassed, which I understand, rightfully so.

So I feel like giving it a name, giving it what it is, explaining why it's happening is so crucial so that we can understand why it's happening to our body.

But also, what can we do about it? Very cool. Yeah. And then so then you know, when you have that I call it identity shift or not even identity, it's more like, what does this all mean?

It's so much easier to deal with it because you're removing the stress you're moving that that stigma and shame is stress. That's a constant burden. It's chronic.

It's every day because the symptoms are every day. And that's a major source of the it's not this external stress the shift itself is causing you stress because of how you're dealing with it, right?

Yeah. Yeah. And so just relieve that. So so now women can go to your website and they can learn and they can access all this data. Right. And you also formulated some supplements that are around what you've learned after studying these 3000 women like here's what people need.

I know you talked about magnesium. We talked about melatonin. Is there anything else that you put together? Yeah. So we've got a whole line on our website of different products.

So, you know, we have this I love fiberus. So this is the first product that we launched. It's called Fiberus. All our products end in us, just like it's a single ingredient, just because it's the morphus as a community and what we're deep rooted in that community.

So fiberus is important. Why we talked about before making sure that we are going to the bathroom every day,

right? So as we go into perimenopausal menopause, our things are changing and shifting, including our gut health.

So we really want to make sure our gut health is working properly because our gut health is important for making sure we're eliminating. Now, again, I'm sure you've talked about this before, but making sure we're eliminating.

So I won't go into the details of that. But the reason I love fiberus is because it's a single ingredient. It's a guar fiber that has no taste, no smell, no texture, nothing.

And it's a prebiotic. So it feeds the good bacteria in our gut and it completely dissolves in anything hot or cold. So I love this and there's tons of research.

Again, everything that we do, I vetted it myself. I've also spent hours and hours and hours researching and as much as I can, as much as you know, and if something comes to question comes up, I try to find out the answers.

So to me, fiber is important. We also have Berberine, which is amazing, which helps with blood sugar regulation and insulin function. We have something called Toco-E.

This is one of my favorite products. This I did the introduces tocotrienols and I did the interview with the doctor who discovered tocotrienols. His name is Dr. Barrie Tan on my podcast I it's a phenomenal podcast.

He talks all about why taco trials are so great. But it's great for fatty liver, it's great for brain health scan, all of that. I mean, it's on my podcast, so I have that and then we have gym and then we have pycnogenol, which is another one I love.

So everything, every ingredient that we launched that we have on our website is because I, like I said, vetted it myself as much as I can dig into that research, but also tried it myself.

So I use the products like I'm not just saying and I'm not launching things just because I'm like, Oh yeah, you should take it because it's a menopausal ingredient.

Absolutely not. It's because and I tried a lot of menopausal ingredients, by the way, that were not good for my body. And according to the research, that we're not good. Right.

So I'm very careful with anything that we launch. We have a product called Sleepus that helps us sleep better.

Morphus products, research-backed formulas, and closing thoughts

Anything that we launch or that that we will put out as part of the Morphus brand is, I make sure that it has the it's got branded ingredients in the in the product in the formula.

That means that there's great research, they're good quality. They work in the effective dosages. That's another thing. You know, there's a lot of there are products out there that don't necessarily have the dosage that will make the difference. Right.

So I really try to take as much as I can into account. Again, you know, I'm always learning, but I try to take as much as I can into account, especially for women in perimenopause and menopause.

That is who our products are formulated for and by women and perimenopause and menopause. Yeah, I think what's really cool about what we've done there, because we have done a lot of work with female supplements, even ourselves, we make them, they're usually around the symptom, right?

So, oh, here's how you feel in menopause. So here's what you need. And then there's some stuff like them to, you know, change gene expression and slow down certain hormonal pathways.

But what you're doing is you're saying, here's all the key systems that need to be supported. And if you support

these systems, yes, you're going through menopause.

It's happening. Let's get out of denial. It's coming, right? You're just going to feel way better. Way better and better. And also, like I always say, there's foundational supplements for menopause.

There are symptom specific supplements. So it depends. Nobody nobody wants to take a million different pills. Right. So we get that, too. So a lot of our supplements will have crossover effects.

So, for example, we've got this product called ThymoQuin. This is a standardized 3% to 3% black seed oil. I love black seed oil. Some women say black seed oil helps with hot flashes.

It wouldn't be the product that would come to mind for me. For hot flashes, I'd rather see pycnogenol. But if you have a you know, if you have the hot flashes and perhaps for example, you want to take care of this helps with like immunity.

It helps with your liver. Health, like fatty liver is a big issue as well. So you on a website, what I do is we link under the FAQs and also the Tell Me More.

We link to the research. So I'm very much again, I'm not saying you take this because I told you. I'm saying go to my website, go read everything we've taken.

You know, we've linked to the research. We link to the studies. I want you to look to what works best for you and make the decision for a product that works best for your body.

And because a lot of them cross over like even metabolic health with our ThymoQuin, with our black seed oil, it crosses over into that. So depending what it is you need, we probably have an option now.

We're always launching new products and we're all we're going to come out with a distressed product very shortly to help with stress because of cortisol, right?

Because, you know, during the day we have a night formula which is asleep us. So we're always trying to come up with new formulas that will help will help us the best that they can to cope better with this phase of life, but also help us feel better, because I'm telling you that, you know, I think back to that day in 20, if I had to like come back and say, okay, yes, this was the day that I decided to literally change the trajectory, trajectory of my life and my career.

It was a day in 2017 when I looked at my husband and I had been suffering so badly with hot flashes, I was debilitated I looked at and I said, if I don't find a solution soon, I can't go on like this, like this is not going to happen.

And that's what led me down the road of research and trial and trying a million different things and then finally saying, all right, I'm going to create my own line because I want to be able to provide women with good, quality, branded ingredients in those dosages for them.

In this particular stage of life. And there are great ingredients for menopause that I will not include in my product because perhaps there's an association with liver toxicity or liver damage or something that can affect the liver long term.

So I really try to be mindful of those ingredients. I'm not going to put them in my formulas just because they're good for women and menopause. So they also have to fill they also have to fit in with what my belief system is and the research like.

At the end of the day, it's got to be the research. So it's, you know, that's awesome. It's awesome that I mean, I hate to say it, but your pain is what made this a reality, you know, so that, you know, and now we have this here.

So it's amazing because it is the way that things I think need be done. Less of the symptom asking more of let's get this system going. Well, you know, and then true health.

So it's awesome to put this together, you know, something as simple as talk Katrina on one end, vitamin I, one ingredient vitamin E, but there's guys out there like Dale Bredesen and that use this stuff to reverse Alzheimer's and dementia like that's how potent of an ingredient it is.

And you don't see it often because like you said, it's like a branded ingredient that comes from a very specific place, and that's the only place you can get it from.

So anyways, you've done an amazing job there, so I want to thank you. This was really informative. You know, we were able to dove into some of the data and the research that you have and very unique data.

I mean, people talk to 3000 menopausal women and figure out what's going on. My next call, it's 5000. So for those watching, please go to my website. I know if you go able to put a link below, but please go fill out our surveys like I'm literally my next goal is 5000.

Like I will share that. We'll share that. Definitely. Let's get that data set up because the more people that participate, the better that data becomes. Right.

And then it just helps everybody else. And you're amazing. It just you've opened it up. Here's the data. Anybody can go look at it and learn for. Everyone to know.

I want to share it and share it is like, yeah, so I want you to understand what's happening. So thank you. Well, thank you, Andrea. This was awesome. Very informative and I'm sure everyone is to love what you brought for us today.

Thank you. Thank you for having me.