Perimenopause vs Menopause: What are the Differences? Transcript

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Introduction and Guest Welcome

Hello again, everyone, and welcome back to the Mastering the Menopause Transition Summit. And I am your host, doctor Sharon Stills. Always thrilled to be here with you for this super important topic.

And today is going to be a good one. My guest today is someone who is at the top of my list to have be a part of this summit, so I'm really glad she could take the time to be here with us today.

And we are going to talk about not hormones today. You know how much I love hormones and how important they are for so many things. But today we're going to talk about some of the other underlying things that are equally as important and that you have to have handled before you even think about throwing hormones into the mix.

And so has we've talked about in other episodes. Hormones are amazing, and they have long lasting benefits, not just for handling symptoms, but for preventing Alzheimer's and osteoporosis and cardiovascular disease and diabetes and all of these important chronic illnesses.

But they are not a magic bullet. And so you do have to do some of the work on the other areas that we are going to talk about today. So stay tuned. This is going to be a good one.

My guest today is Doctor Marissa Snyder. She is a bestselling author of eight books, which is just so inspiring. She is an expert in women's hormones.

She's an expert in essential oils. She has been on lots of media shows. Doctor, she is well known in the field, and I am honored to have her here with us today.

Welcome, welcome to the summit. I'm really happy to have you here. Thanks so much. I am so excited for this conversation today. So why don't you tell us?

I know you have a story. And how did you get so passionate about women's health and hormones and all that you do? You know, like so many of us, I would have to say probably like all of us, I come from a lineage of women who struggled with hormones and my mama did.

Her mama did, my sister myself. And you know, you know, at the time when I was in my 20s, growing up, you so much of it was just normalized, you know, you just felt like crap.

You just had brain fog. You just didn't have great energy. That was just women's lot in life. Like, you put everybody in front of you and just take one foot in front of the other and just keep plowing.

And so that was what I believed to be true, until at one point I plowed and plowed my way straight into the ground, to the point where I had severe chronic fatigue at the age of 30.

Marissa Snyder's Hormone Health Journey

And I remember having patients in my office who were in midlife and had similar all the symptoms I had, and I was like, oh my goodness, I look look like I, I got to have a lot of this earlier in life, which was really a such a blessing.

But at the time, yeah, I remember going to my doctor because I wasn't specializing specifically in women's hormonal health. I was a migraines migraine doctor.

All of my women had estrogen dominance. All of my women had, you know, they had hormonal imbalances that were driving these migraines. And, they were being treated for gut issues.

They're being treated for migraines. They're being treated for energy. They were being treated for, you know, all these all these what looked like to the medical system, to their primary care doctor as different problems were actually all this all coming from the same root root causes.

And, and as I was looking at my patients and trying to take care of them, I went and sought out, you know, a really well known practitioner who's who dealt with hormones.

And I because they knew I knew that this had to do with my hormones. I was like, I just really messed them up. And so I went to the doctor, had my labs run.

It wasn't even the ideal type of labs I would have recommended today, but it was better than nothing. And sure enough, everything was a hot mess. Everything was every. Nothing looked good on the on the labs.

But I remember finally waiting with, like, bated breath of, like what? We're going to be my solutions, what we're going to be my protocols. And I just had this hope that I was going to get fixed, you know, and it was birth control and Xanax, and I, I remember I had one of the ugliest cries I can ever remember in my car later, like, after leaving the office and just and I think an ugly cry for so many women who were just this was this was not good enough.

We deserved better. And, that became that was literally the moment that I knew that I needed to be a part of the solution, not only for myself, you know, because I had I was only I was only 30, for goodness sakes.

You know, I was nowhere, you know, in, in my 40s or 50s. And so I knew that I had a lot of life and a lot of purpose and, and passion. And I wanted to make sure that my body was at a place where I could really live that out.

And I know for so many women, so much of the big stuff in our life raising the families, the big careers, the big passions are in midlife or in our 40s and and starting in our 40s and then, like, catapulting in our 50s.

And if we don't feel like how we want to like, do and show up in the world, man, it's where everyone misses out, including ourselves. But everyone, all the gifts that we have to give in the world.

So that that's my big story. You know, not only my own crisis in my own hormone issues, but, you know, taking care of my mama in her own. And then serving hundreds of thousands of women since then.

Amen to that. Well, we are lucky that you made the pivot to help so many women, and that is so true. And that you knew that, you know, that that wasn't the answer and that caused you to have that that cry, but that sent you on your journey instead of just accepting.

And that's why we're here today, to let all the listeners know you don't have to accept these. There are so many other options and solutions, and that's what we're here to give you.

So I know we wanted to talk about perimenopause versus menopause because I think that's an important distinction to make. And perimenopause is just so often not discussed at all.

It's not brought up to women. They're just kind of left to swim in the deep end. And try to stay afloat on their own. And so maybe we could just start there talking about what is perimenopause, how will someone know if they're potentially in perimenopause.

Absolutely. So kind of I want to just you know experienced that a lot of us know because we all came through it. Is puberty right. You think about oh remember puberty like how intense that was.

And it was literally the slow tumultuous climb into our menstrual cycle, like into becoming like fully, you know, childbearing. Right. And that same kind of uphill climb to get to childbearing to, you know, where we got the ideally the good, you know, cyclical menstrual cycle that happens like clockwork hopefully.

Throughout our 20s and 30s and into our 40s. And then basically what happens in our mid, late the mid to late 30s,

but more like late 30s into our 40s.

We start the wind down. So there was a wind up and now we're going to do the wind down. And yeah, it's mind blowing to me that we just pretend like it doesn't happen and we just go straight to menopause.

And then that's the and we've been told I know even myself I there was a myth that I just I had to really dispel was that the, the worst of the worst happens in menopause.

And it just simply isn't true and not just in the worst of the worst of it shouldn't happen in any part of this journey. But I, we, I think we really need to give a lot of credence and a lot of, grace for the perimenopausal journey because, man, talk about a journey that could be anywhere between like eight and 15 years.

And you think about it, you know, when you were a teenage girl, it wasn't a lot on your plate, you know what I'm saying? Like, you didn't. You didn't have a family you were tending to.

You probably are raising teenagers at this time. You know what I'm thinking? You're thinking like there was a lot less going on as a teenager through puberty than there is going on with with perimenopause.

And, you know, there's a lot more a lot more at stake. I would have to say that's happening with having in this phase. And so I breakdown perimenopause in four phases.

Phase one is that 35 to 39 year old range, where maybe 35 to 40, where things you start to feel things shift. You know what? Workouts aren't as easy as they used to be.

You know, energy. Maybe you're noticing a little bit of an energy slump in the middle of the day. You'll notice maybe metabolically things are shifting just a little bit.

Understanding Perimenopause

Because this is a really interesting time, our 30s, where a lot of things are shifting and 30s are setting the tone for 40s, 50s and beyond. And I think a lot of us, the women aren't told this, they're not told, like, here, this is this is this is a decade that you really got to lock and load, and pivot as your body starts to slowly pivot.

Other things you may notice is the shortening of your cycle isn't happening yet, but PMS symptoms may be activated. You may start to notice signs and symptoms of estrogen dominance.

This is a great time to start looking at your labs. This is a great time if you haven't done so yet. This is also a great time to. If you haven't started this track your cycle, track your cycle, please.

You know and you know I do. I want every woman to know and own their menstrual cycle in this phase, because you can pick up on so much of what's going on, you know, you can you can even see, you know, are we dealing with something adrenal or are we dealing with something thyroid related?

Are we dealing with something insulin related? Like we get a better sense of what's going on with our body through our mental cycle, then into our I would say, supposedly 42 is the proverbial cliff that we all fall off of.

I'm 42 right now and so far so good. But that's when women will really start to notice a shortening of their cycle. The fatigue becomes a more real thing, metabolically, all of a sudden weight that you could easily lose in your 20s.

In your 30s, not so much anymore. We become a little bit more, insulin resistant. Progesterone and testosterone have taken a major dive at this point, progesterone in particular.

So we'll notice more mood swings. We'll notice more, anxiousness, worrying, maybe even affecting our sleep. That mental chatter. So that's you'll start to notice.

But like, if you're tracking your cycle, maybe you're 28 day cycle is not a 26 day cycle. You know, that's what you'll start noticing. Not so much. And ovulatory cycles yet, but getting there.

And and the discrepancy between progesterone and estrogen is real. So you may start to notice things like lumpy breast migraines, PMS, bloating as more estrogenic symptoms, heavier bleeding.

At this point, women are starting to develop fibroids. We don't know it. Not all of us do. But 80, 80, 98% of us have them before we hit menopause so that they're coming into play.

And that's a lot to do with the excess estrogen that we may be dealing with. Although this is a temporary time, it can still feel very tumultuous, right?

That inconsistency. And if your liver is unhappy and your gut is unhappy, we're just not clearing hormones that we the way that we should. So you may just be experiencing more excess of something versus another.

Then I call it the eye of the storm. I would say around 47, 48, 49, 50. This is where, your ovaries are definitely trying to take a permanent vacation, but the brain is like, no, no, no.

So you'll have a month where you will have no cycle, you'll have no period, and then another month where you have the heaviest period of your entire life, you know, and it'll go like this, like a roller coaster, because your ovaries are gone, the wind down and follicular, stimulating hormone and luteinizing hormone, they're not about it.

They're the message from the hypothalamus is keep cranking those eggs to the very end. And so sleep issues, especially if your liver is unhappy, hot flashes.

And then we get to now a major wind down, I call it the waiting room of a stage for which is no cycle, no period, no period, no period for like six months.

And then bam! Out of nowhere it comes, and then you start all over again, right? Until we get to that defining moment. And this, this, this particular definition is definitely up for discussion.

But the one year of no period where you're in menopause and you stay in menopause, moving forward and physiologically, the tumultuous ness of these, these three power hormones testosterone, estrogen and progesterone have all kind of pretty much settled out.

And it it's not it doesn't feel as crazy. However, there's a lot of other things at play behind the scenes. Other hormones like cortisol, thyroid insulin, metabolic hormones like ghrelin and leptin.

If these aren't measured out and they're not, they're not happy and well balanced. It could stay, could still feel a little bit rocky, just just a different kind of rocky ness heading into menopause.

And I know, you know, we're not going to talk as much about it today, but that, there is absolutely a time and a place on an individual level for bioidentical hormones that really eases some of the more long term symptoms that can be coming up, like brain fog and cardiovascular concerns, inflammation, those those types of issues that just that start to happen as we enter our 50s, 60s and 70s.

Beautiful, beautiful description. I'd love for everyone to just share this far and wide, because so often we just don't think about hormones when we're going through this.

And if we go, if we're not working with a doctor like yourself or myself, then we're just given an antidepressant. We're told it's in our head, we're told it's part of aging.

And so this was just such a great little journey. And of course, remembering these are all average ages like I personally went through menopause was done by the time I was 48.

So that's going to be a little on the earlier side. I have some patients who are still strongly cycling well into their late 50s and they're like, when is it going to stop?

And so but that's just a great, you know, wherever you are, just to know that this is kind of what you're going through and to realize this is normal, this is inevitable.

And that preparation. I wish everyone who was listening, if you know someone have a daughter, a niece, a friend, a colleague who is in their 20s, let them listen to this because it's really about pre gaming.

And if you can pre game all the things we're going to talk about, then your menopausal transition and your perimenopausal transition can really be quite beautiful.

For myself personally it was the healthiest I've ever been. It was the best I've ever been hormonally. I struggled so bad in my younger years with hormones and because I pre gamed, I was able to just fly through the transition and love this time of life, feel healthier than ever.

And so such an important topic you're talking about. Yes. Pre gaming pivoting. It's so so critical especially for us as women. There's a lot going on.

And the more that we can prepare our bodies to really move through these beautiful, incredible transitions, you know, the the better we're going to feel for so much longer.

I just a little bit of just. I'm. I had a baby to, 16 months ago. He's 16 months old. A couple days ago. I had him when I was 40. I'm 42 now. And, you know, Paramount.

I the eye of the storm for me was in my 30s. Like, I said, it was not a fun journey, and but I knew I was so grateful for knowing how not fun it could be.

You know, it was at an earlier time where I was like, okay, this is how this is how I prep up for for paying my bills. I, I, I was on the tail end of my mom going through perimenopause and oh my goodness.

Like I was like That is not I'm not going to do that. So I saw how it could be and and watching her on the other side of it at 62 just oh my gosh, who she was at 48 man.

You know she is rocking life at 62. She and she is kicking 48 year old mama, you know, in the booty and so and so the other I think I want to walk away with is as great as it would be for us to prime up in our 20s and our 30s at any point in time.

We really have that ability to move our body in a direction that feels really good to us. I love that I say that all the time. Reinvent your health. It doesn't matter how sick you are, how old you are at any time you can become empowered and you can take the reins and you can really turn things around.

And your mom is a great excuse. I have so many patients that have done that and so and I love that you had a baby at 40. You're the second amazing doctor on here who told her story and had their first baby at 40.

And that's just another whole level of inspiring for women who have been wanting to get pregnant. And, you know, there's that fallacy that, you know, if you're I don't know what I think they considered geriatric pregnancies like 30 something these days.

Yeah. It's insane. So that's great. That is just so super. So we've kind of went through the little perimenopause and let's just talk about what is menopause.

How do you know the difference. And what do you want the listeners to know about that transition. Absolutely. So menopause to me, and a lot of ways menopause is a big breath of fresh air after that tumultuous rollercoaster.

Because we had we had to get on to the other side. You know, a great example. A lot of friends of mine went to the Antarctic a couple weeks ago, and in order to get from the, Argentina to the Antarctic, you have to go through what they call the Drake.

And it's where, all of the oceans converge in the world, and there's nothing stopping the tumultuous ness. It's one of the most tumultuous areas of ocean in the entire world.

What Menopause Really Means

And it's 48 hours, and you've got you. There's no way to the Antarctic except through this. There's tunnel of water where, you know, most people on the ship are just throwing up.

It's it's it's so, so bad. And I thought about how there's just a lot of shifts and changes through perimenopause that it's kind of attributed to, like the Drake we have we got to go through this, this, this transition, to get on the other side in menopause.

For a lot of us, if we've made the pivots, we loved our body can really be this beautiful, just breath of fresh air where we get to, it's a different level of ownership.

It's a different level of wisdom. You know, that we get to stake a claim into. And so physiologically, menopause is where our sex hormones, and our ovaries have definitely quieted down.

There is there is still our adrenals, and some beta cells and fat cells are still creating estrogen, and our adrenals are creating a little bit of progesterone, but it's not at not at significant levels at all.

And then, you know, physiologically, you know, you know, we we in a weird way, we're more like men than ever before because we're not we're not we don't have the cycles that are happening.

However, I do think that they that, you know, having good bioidentical progesterone and estrogen, depending on where you're at in your journey, can really, really help to have us feeling as good as possible for as long as possible.

I just never want to negate, you know, our metabolism, our mitochondria, our gut, our liver as major players here in terms of helping us to live, you know, with an incredible longevity.

So I would say that perimenopause is that transition where our hormones are transitioning out and menopause is where they have finally transitioned out entirely.

And after that, and to me, I consider all of it menopause, you know, but that's just that is where we're at. In that next part of our life. And so that's those that's the big difference between perimenopause and menopause to me.

Great. Yeah. I know there's that whole if you're like really looking at like the textbook definition. It's like menopause is actually one day it's like that day you have not had your period for a year and then you're postmenopausal.

But I agree, it's like you're just in menopause. Your menses has paused. It's a good time for you to pause and look at all those other major players if you haven't looked at them yet.

So let's talk about some of them that you mentioned. The got the liver, the mitochondria, all these important things. Absolutely, absolutely. Why? Well, the first big thing, the hormone I really want to spend a little bit of time on today, if you're open to it, is our really big player, metabolic hormone, which is insulin.

Yeah. You know, I think, you know, so many of my, my patients and my ladies, my women, you know, usually it's at 40 where we start to see the more insulin resistance, we start to see a major shift there and has a lot to do with lifestyle.

And it also has a lot to do with our hormones, the hormone that's keeping insulin more sensitive. It's going to be estrogen. And it's estrogen is starting to kind of go up and down.

We're going to start to see a shift and change. The other hormone that is playing a major role here is progesterone. Progesterone is precipitously dropping significantly faster than estrogen.

And progesterone is what I call a, neuro. They're both neuroprotective hormones, but progesterone is like the chill pill. She she really protects. She she creates protection around cortisol.

She allows us to have less sensitivity to stressors coming in. But when she drops, all of a sudden it feels like the floor dropped out from under us, you know?

And so that has a that has a profound impact on our metabolic health and on insulin as well. In the opposite direction. It makes us more resistant. And so, you know, usually it's at that time into our 40s.

Well, this is what we got to really be paying a close attention to. Is, is what's going on with our metabolism. And, you know, we can be measuring that either with you real time.

You can be looking at that with a CGM, a continuous glucose monitor, to get a good sense of what's going on with you. Actually, I have a CGM on right now.

Insulin, Cortisol, and Metabolic Health

Looking every every six months after 40, having your hemoglobin A1, C measured where we can see, you know, any changes and it can really tell us if we're dealing with some level of insulin resistance.

Your doctor, your primary is going to be more willing to run a hemoglobin A1 C than a fasting fasting insulin test. Because that's just a much more common test.

But it can give us a lot of information. I would say hemoglobin eight. We want to keep our hemoglobin A1 C under eye like under 5.5. And ideally around five or lower.

We consider anything above 5.6, to be prediabetes and anything over 6.4 to be type two diabetes. So it that's just a really important piece, I think that we, we tend to not look at enough because we put insulin in the, the prediabetes and diabetes bucket.

We don't connect it to the rest of our hormones. Is this these these are they don't communicate with one another at all. And that's simply not true. And I think a lot of our medical system is doing women a massive disservice for not connecting the dots between what's going on with our blood sugar levels, our metabolic function, and our hormones, our sex hormones.

We need to be able to connect the dots. We also don't connect the dots between cortisol and insulin, and that how we can actually create insulin resistance by simply being in a state of constant chronic stress.

So if there was another hormone on the docket that I always love to pay a lot of attention to, it's the mighty survival cortisol. She I mean, she rules the whole roost.

Because at the end of the day, our body will always choose survival over anything else, over metabolic health, over reproductive health, over immune system health.

Because that's just how our bodies are wired. And so that that interchange and that connection I think is super, super, super important to understand given the amount of load that women are taking on more than ever before, especially in this particular time in our life.

I have not met a woman who's like, I actually have less on my plate at this time of my life than I did 10 or 20 years

ago. It's always that I have more than ever, especially as we are coming out of this pandemic.

I feel like there's more responsible, more obligation, more holding the whole thing together on women's plates than ever before. And that level of stress, whether you're conscious of it or not, is driving.

Metabolic dysfunction, is driving, potentially dysfunction in other hormones as well. I, I love so much about that because it's funny, I was writing down this is what I want to talk about.

I wrote down insulin and then you're like, let's talk about insulin. And it's so true. I mean, I think about when I created my set of red cards and I was talking about hormones and I didn't even talk about progesterone, estrogen or testosterone.

I only talked about insulin and cortisol because just like you said, if you don't handle that, then you don't have your foundation. And we don't want to build a house without a sturdy foundation.

And and things are changing as we get older. You might notice, oh, I used to be able to eat whatever I want and now I can't, or I just can't get that 5 pounds off no matter what I do, if I'm doing the same workout.

And so running those levels, and if you don't have a doctor who's not willing to run a fasting insulin on you, it's probably a good sign that maybe it's time to look for a new doctor, because these are important levels, and I know I see a lot of doctors will just run glucose levels, and often I'll see a patient has an elevated glucose, but that's just a one time shot.

And so when I look at their hemoglobin A1 see I can see. All right. It is correlating yes or no. You know you had that one thing. And what were you doing right before that.

We might find out they were in a party or something. But your overall hemoglobin A1 C looks good. And so it's a great way to really look and see what's going on over the course of a longer period of time.

So I love that you brought that up. I think that's so important that everyone should be having that run regularly with their physicians, other than just the typical cholesterol CBC deal.

Absolutely. I you know, we talking about testing. I always want to metabolic panel. I always want to see what your triglyceride levels are I want I want, but I also want that glow in a onesie.

And but I also want to see, you know, a lot of practitioners won't let us look at, you know, I personally love both serum cortisol and looking at urine metabolites.

I like both, you know, and so I want to see all of that. I want I want to see what's going on. I want to see where did vitamin D levels are your growth hormone?

I did a lot of things I want to say I'm going to live stream reactive protein. But you know, in terms of, you know, those those key pieces can really show us, you know, what levers we need to pull.

You know, in terms of lifestyle and a lot of this is lifestyle, at the end of the day, you know, do I, since I can't since I was, since I hit the ground a long time ago, hit that Mack truck, you know, I knew that that 80%, of what our longevity was going to look like was dictated by what we did every single day, every single day.

If if these daily decisions and when, when I was wearing when I've been wearing a CGM, I've gotten such good clarity. I know when I'm I know that before 5 p.m., like I have, I have some flexibility.

But after 5 p.m. I have massive insulin resistance. My body's like the day is done for you, right? You know what I'm saying? Like, I know that if I eat three out, if I eat, you know, let's say two hours before bed or an hour before bed, I'm going to see it in the morning, you know, and so there's a lot of things that, you know, this is my particular body, my unique makeup.

I have I have diabetes runs in my family lifestyle and genetics. And you know, I my, my goal is to pull the right lever, you know, so that my better metabolic health is working properly.

And a big part of that lifestyle is definitely going to be what do I need to do to manage stress? Like what are the stress management tools? I am a self-proclaimed stress aholic.

I'm not going to pretend, you know, I, I have a lineage of of of hormone chaos. It it probably was the hormones, but it was the lifestyle, you know, it was it.

We just did that maternal maternal lineage is strong and how we operate in the world, you know, just a lot of ridiculous overachievers for really no good reason except trauma, you know, you know, same.

And so, what are the levers that I got to pull on a day to day basis? To, to really support the stress response system so that I don't burn out my mitochondria and absolutely deregulate insulin.

Right. And so these are the things that I think we women, we really deserve to know more about. You know, when I was taught at a young age, in my 20s, that it was absolutely normal to burn to the ground, like, that's just the way it was.

That was it was a lot of undoing. It was a lot of undoing, of knowing. And and once I became a mom, you know, I remember my husband saying, oh my gosh, you are like yourself, but now you're a mother.

You're just you just took who you are and translated it to motherhood. He's like, oh my goodness, you are so fierce. And I was like, you know, you sometimes and women listening, they're like, I don't know any other way, you know.

And so I have we got to build in a lot of these, these these techniques. And I'll tell you what I have dug. So deep into this because it has been my own internal struggle for so long, you know, like what is going to be the thing that moves the needle?

I know when I'm having a stressed day, I can see it on the CGM. I mean, I know you know what I'm saying and when, I'm still breastfeeding, but when I was cycling, I'm not cycling right the second because I'm that's just my body has chosen not to will probably until I stop breastfeeding.

Kingston. I could tell if I had a stressful October. Oh, November was coming for me, you know what I'm saying? Like, everything was off. And so I have I'm super down to talk a little bit about some lifestyle strategies.

One ways to blunt the blood sugar response. If you if you feel like your blood sugar is like just not doing what you want it to do, but then also some of the the stress relieving modalities that actually move the needle, like, you know, that that that will actually shift, how you, how your labs look and how you feel on a day to day basis.

Yes, I love that it it's, it seems like in every talk I have and every patient I get, all roads always lead home to stress. And I, I always say stress is 99.999.

Add as many nines as you 1% of what causes disease. And so I love that you brought that up. I'd love to start with the the blood sugar. Yeah. Oh it's first. That would be fantastic.

So I'm going to share it. What kind of like my top five ways to to blunt a blood sugar spike. Because unbeknownst to you, if you haven't want a CGM, it is unfortunately pretty easy to spike that up.

You know?

Blood Sugar Strategies and CGM Insights

And you know, for so many of us, a lot of us are just completely like, just don't just don't realize, you know, my husband got his CGM on today and he's got a lot of predetermined genetics there too.

And so we have to, like, really bring the hammer up for him. I have a lot more metabolic flexibility. My husband husband's 26 years younger than me, you know what I'm saying?

And I'm just like, oh. And so, you know, so one of my, one of the probably the most underrated habit that we can do is walk for 20 to 30 minutes after dinner.

The the you want it, you want to change your life. You want to change your metabolism. Especially at any age. It's that is the thing. And if you I've been an example of this too is like if if you are like you know, you've decided that you're going to have that ice cream tonight or you're going to have that milkshake with your with your daughter or you're with your partner.

And you're still concerned about the blood sugar response. You walk and drink that milkshake at the same time. Like it'll literally let's say you drink the milkshake.

It's liquid sugar. I don't care if it's a Frappuccino. Okay. With a green smoothie with with. You know what I'm saying? It doesn't matter if it's liquid sugar.

It's going to hit your system really fast, and you're an ideal. So let me just share what an ideal kind of the range you want to stay in is 70mg per deciliter to 110mg per deciliter.

You drink that sugar beverage of, let's just say an average of 50g of sugar in that. And that's your that's your medium frappuccino. That's a milkshake.

That's a Jamba Juice green smoothie. Straight up. I don't care what kind of metabolic flexibility you have, it's going to go up and it's probably going to, on average, hit around 150 to 180mg per deciliter. And that's, you know, it's it's a lot.

And so if you want to blunt that even by 30 points instead of a 150 rise or a 185, it's a 120 or 140. If you just start working your booty, you know what I'm saying?

So and that's why the Italians and the French can do it. They walk while they're eating their gelato. They walk by, they're eating their pastry, whatever.

The thing is, you know, and so walking after a meal, walking after dessert, so, so critical and honestly, walk as much as you can. Walk and take your morning walk.

Have your evening walk, get to walk. And it is it is going to be so powerful. And if you can integrate weight training as well, just in general, it's going to help because your muscles, this is the reason why it happens, is your muscles don't need insulin to take up glucose.

They don't need insulin to do that. They can just do it. And that's where we want glycogen. That's what we want. That's where we want glucose and glycogen to store.

It's in those muscles. And so walking is going to be a major player here. Next is if you know you're going to have a super sexy process carb or carb at dinner or lunch, let's say sweet potatoes are mine. Oh, I love me some sweet potatoes.

And I'll tell you what, they light me up. I it was the most heartbreaking thing was when I saw sweet potatoes on my CGM and I was like, no, so sweet potatoes and I it's one of my big foods that just does send my blood sugar into a tailspin.

And so what I'll do is I always have protein before the I have a big salad with fiber, lots and lots of fiber because fiber coats the stomach and slows down the ability for sugar to go into the bloodstream.

And then protein protein is huge. So I will have a salad with protein before I have the sweet potato. So that you

have set you have set up the digestive system to slow down the, slow down the glucose from hitting the bloodstream to fast.

Another one that I absolutely love is pairing every meal with protein, making sure that every meal is paired with protein no matter what. But also if you if you know you are already on the alert that insulin is not where you want it to be.

I highly recommend apple cider vinegar 30 to 45 minutes before a meal, or berberine 30 to 45 minutes before a meal, because they will blunt that blood sugar response as well.

And then the other thing that I absolutely love, that I think makes a huge, huge difference is to eat, eat around 5 or 6:00, like, have a, have a timeline where like, you have dinner before 6 p.m.

because the later it gets the more insulin resistant we get. And ideally, if you can have a three hour window between the last meal and bedtime for you, you go to sleep.

That's going to help not only manage the blood sugar response, but it's going to give your brain that opportunity to really clean up shop at night. Those glial cells will be able to go in and clean up any of the amyloid plaques, all of the yucky buildup.

If we're having to manage sugar super late night, your brain doesn't get to do that job. You can hear a baby behind me. I'm sorry. Is it going to make parents say no?

No, they must be running up upstairs somewhere. So those are my go to hacks. And then also, I mean, we know this to be true. We just got to cut down the sugar.

You know, easier said than done. That's why I was giving you some of the other ways to do it. But, I mean, we we do eat a lot of sugar, you know, it is what it is.

And a lot of us don't realize how how many foods and how many, you know, when we eat. It has such a profound impact on our bodies. So if you can, you know, it's not easy to get your hands on.

But I always bet if you ever get a chance. I think having a wearable where you really get a sense of what's going on, like getting it even for a month and just see what happens, test it out.

I have tried so many things going with the CGM because I really want to know what? How does my body respond when I eat this or when I do this? And it's been such an enlightening experience, for, for me personally and so many of my patients and so but whether you get a CGM or not, those tried and true, it's a lifestyle.

Hacks will change everything about how your body manages blood sugar and insulin response response there. Fantastic. I hope everyone was right in those down or is going to buy the recording so they can listen to it again and again, because those are priceless tips and I love the CGM and I'm sorry about the loss of your sweet potato relationship, but but that's such because we often say to patients, oh, don't eat white potatoes, eat sweet potatoes, they're much better for you.

But you just gave such a beautiful, story about how for you personally and how we all are metabolically individual that, you know, for you, sweet potatoes are really they spike you and we often think they won't.

So the CGM is a a great tool to utilize. Oh yeah. It's such a great gig. And there's a lot of food that I learned very quickly. I was like oh I thought, I thought I can't tell you how often my patients are like oh I thought that was healthier.

I thought I was eating healthy and I was like, nope, no, no. And then here I was having my own well, I thought that was healthy. Well, thought that was healthy.

Oh my goodness. Well, not for me, you know, at least not for my blood sugar. And you know, the numbers don't lie. Exactly. I know there's a lot out there that we think is healthy, but we really have to dig deep, whether it be with the CGM or if you're doing intense food sensitivity testing and really looking.

Because often what we think is healthy may be, but it might not be healthy for us. So let's move on. And if you could just share, you said you were going to share some of your stress reduction tips.

So I want to hear those now. Absolutely. So oftentimes we have no idea. We're very unconscious when we are firing up the stress response system. And I would say that many of us are fine write up dozens upon dozens of times a day and what it can even feel like is your slight edge.

It can literally feel like you're kicking, but you could be like, oh, I what? You mean in my zone, you know, that is called you when you're stressed. Because women thrive in that.

You know, we we are. Oh, checking off those boxes. Hanlin lists you handle in business, running from one thing to the next. You know, that's called rushing women syndrome.

You know what I'm saying? Like, so I think it's super important. One is to send the brain safety signals. The brain is looking for stranger danger. The amygdala is on is she is she is on 24 seven looking for the next dangerous situation, setting out the sensors.

And so I think it's really important to bookend our day with, with self-care, that it's breath work. That is gratitude, a gratitude shower. One thing that we do every day is we all in bed when we're cuddling, we gratitude shower three things.

So Kingston, gratitude for him, for dad, for mom. Kingston doesn't want to do it yet, but he's getting he's getting it. So it just really sets the tone for the brain to to know that nothing is wrong.

Nothing is wrong. It's actually one of my favorite affirmations.

Stress Reduction and Nervous System Support

Nothing is wrong because I just need to tell my brain that something is wrong, because my brain is looking for something to be wrong all the time. There's always.

And that's as a mama, you're thinking about all the fires you're putting out, all the all the problems you're solving. Everything is wrong. There's always something wrong.

And so I love the affirmation of nothing's wrong. So having affirmations, breathwork, a 5 to 10 minute mindfulness meditation, a walk outside your your blood sugar is going to love it.

This is again just sending these preemptive again priming the pump. You're telling the brain, hey, we're we're so good. Everything is so good right now.

Nothing's going to get in the way. And then and day setting like having super clear, like understanding about how your day is going to unfold for you, not to you.

And then the same thing is book in the evening with non-negotiables where you're breathing in your favorite essential oil. You've got your favorite sleep, meditation, you've got a great book.

You're not scrolling through Insta or crazy news, or you're not going, don't know. You're not going back to bed with that crazy to do list of the things that you didn't get done that day.

And oh my God, I'm such a failure. You know, like that is not happening. So booking into your day with a lot of these brain safety signals so the brain can just say, okay, cool.

The other thing is when you're in it, is to recognize is the cues for you. Is it how you are talking to people? Are you snapping fast, fast words? Things like, I'm busy, I gotta go, I don't have time for that.

Like I need I got something to do, like start to notice. Notice. You know, where you're breathing, notice the tightness and you start. If you start to notice what your body does when you're in a stress response mode.

What I recommend is that second that you notice it, take a moment and just shake it, shake out the energy. Because you think about when we're running.

We're running from the peripheral tiger or the bear or whatever it used to be. You know, we're flooded with cortisol. Your body's flooded with that corticosteroid and adrenaline, and your body wants to do something with it.

Right? You just sitting and trying to meditate it out is probably not going to work. You got to shake it out. You know what I'm saying? You got to shake it out.

Take a walk, walk around, shake it, shake it. Call your best friend, you know, least leave someone a voice memo. Go hug somebody. Whether it's your grandbaby or your kid or your partner.

Like, touch is such a big thing. But find a way to release that flooded cortisol, you know, from the body. And then if you're thinking to yourself, well, yeah, well, Doctor Murray's the doctor. Sure, that would be great.

But I don't know when this is happening to me. I say every 30, every 60 minutes to 90 minutes on your phone. Chime it up. Something nice. No dog barking at you, right?

I don't need you to elevate that cortisol any more than it is with something nice. That is a reminder to you that you're you. It's time that you're you already know that you're lit up.

You just assume that that's what's going down and give yourself a moment to shake it off. So either put your favorite Aretha Franklin song on, you know, or Stevie Wonder, whatever it is, Lady Gaga, it's just dance it out, shake it out.

And that gives your body and your brain a chance to reset the system right? That's going to be a big one. Now, the other thing, if you're thinking to yourself, well, like what if like, what if I just can't do the lifestyle piece, right.

You know, the other thing is to bring in key adaptogenic nutrients. They're going to work on, at a hypothalamic hypothalamic level to help. So things like tulsi tea in the morning or tulsi tea in the afternoon will help calm the brain down.

I also love if you can tolerate them like, oh, always ashwagandha can be ashwagandha is phenomenal, but nightshade. So if you you just always make sure if you've got an autoimmune condition to see if you can actually take that.

Rhodiola is one of my absolute absolute favorites here as well. And there are such great adaptogenic drinks these days. One of my favorite companies as a coffee substitute.

Because Caffeine's going to just crank those corticosteroids as well. You want you want to crank that cortisol, drink that coffee, girl. You know, so my favorite company right now is Raza.

Raza. And they make these coffee subs with concepts and adaptogenic herbs and they make all different types of they've got a calm, they've they've got so many wonderful things.

And if you know that coffee's lighting you up and actually causing you more of a disservice than not, that you're just not processing it fast enough, then that's a great company to go to.

But the key to this is like getting enough getting in front of it. Like if you know yourself, get get in front of that. And

as much in the second that you notice as fine an activity that you can shake it out, and send as many brain happy brain signals to the brain as possible.

I think meditation is probably one of the best ones to do that, just kind of flosses out all of that stress response system mode. I love that, and I love midday early morning dance parties in your in your kitchen, in your living room.

That's such a great way. And you can make dance. If, I mean, I'm a big fan of meditation, I think it's the best medicine around. But you can make dance a meditation, you can make your walk a meditation, you can make what you're doing in meditation.

And I love that you brought up, about like I think you said day planning, like really looking at. And so I often say to patients like, one of the best tools that's going to help you get better is having a calendar and using it.

And just like we were talking about in the beginning, and now as we're winding down pre gaming and so pre gaming your health pre gaming your hormonal journey and pre gaming your day and knowing what you can and can't fit in.

And I think it's really important that you you do that in accordance with where you are. I remember when I was a single mom and going through med school and then running a clinic, I didn't have as much time as I have now that I'm semi-retired and my kids are grown.

And so back then it was like, what are the non-negotiables? And for me, it was sleep. It was a half hour meditation and a half hour of getting some cardio in, and I figured out a way to get up early, not skimp on my sleep.

So I had to go to bed early. But to get that in. And now that you know that I have more of my own time because I'm in that beautiful menopause life stage, I have much more time to do all these other things.

And so it's not to stress yourself out. It always makes me so sad when I go to a yoga class and you see people rushing out at the end and they don't stay for shavasana because, you know, they just gotta get going and do the next thing.

And it's like they miss the beauty of the piece. At the end of Corpse pose, of embracing it all, of integrating the whole practice. And so it's not to pile things on because that in itself becomes stressful.

But it's like Doctor Morrison says, you planning gaming and each day may be a little different journey, but really giving yourself that space and sticking to it and not putting your self-care there.

If you don't put your self-care in the calendar first, it most likely won't get there because you'll be too busy. So I love what you say. Start out your day.

I'm like, can I come over for the gratitude shower, though? Yeah. Okay. Well, it takes one second, it takes a minute, you know, and and yeah, you're always here's the thing.

How we operate is we are always there's always there's there is no lack of things to do. There is no lack of people who need something from you. There are people who need something from me right outside this door.

If I were to walk outside right now, there are people who have a to do list for me. I. I didn't ask for it, you know what I'm saying? But there's things going on, and.

Yeah, you and I, I'm a big proponent of. Yeah. Like, if you're already overwhelmed, if you already got too much on your plate, it's one it's one thing.

It's two things. Right. It's the thing that's to it's the, the it's going to be the thing that opens the big like the hinge. It opens the biggest door for you.

For me, that is always working out for me, that sleep as a new mama to a to a to a toddler that runs it to runs to everything, you know what I'm saying?

And also, right, trying to run a business at the same time and then the the and walking. Walking is such a big, big one for me. Because I listen to audibles, I do walking meditations.

Those are the things that are going down. And so, and then supplementation, I think that I've got locked and loaded like I they're already pre ready. I get them ready on Sunday. I just take them throughout the week.

But they have made the biggest difference because when we are at running at this level we become so nutrient depleted. Right. And I'm going to just I'm just going to wager, I guess, that you all are running at a certain level and that you probably are burning through a lot of stuff.

And so to I already know that there's just a level that I'm going to run at, you know, and I want to make sure that I've got the vitamin D levels that I need to do the job.

I've got the magnesium, I've got the B vitamins that my mitochondria are being fully supported with all the cofactors to make sure that they those little divas, I call them the divas of our cells.

Essential Oils, Resources, and Closing

There they are running. They're happy because if they're not happy, they will shut down, you know what I'm saying? And so those are the types of things for me that are the non-negotiables.

And I find that I can do a lot of them. Again, my languaging pretty quickly, you know, I'm trying to look at your back and see if there's like a superwoman cape on there because you are certainly a superwoman.

And so I just I see your beautiful book in the background and can you, could you just tell us a little or maybe just give us a tip, an essential oil that everyone needs to know about?

Absolutely. Probably one of my the super talk about who's wearing a cape is peppermint essential oil. Peppermint. She is hot. From hot flashes to cravings to headaches to you need to get back and focused and alert.

Peppermint is going to do that for you by simply breathing it in. And I bet you're thinking, oh my God, I need the trifecta. I need to stop that craving.

I need the energy boost, and I need to be focused again. It's 4:00 in the afternoon and it's all melting, you know, and so peppermint will literally do that for you.

And if you want a little bit of a joy zinger, zinger to go with peppermint is any citrus, tangerine, grapefruit, whatever you love. Combine those two a drop of each, rub your palms together, breathe it in and you are like a new person in less than 30s.

And that's what I loved. You know, when I was looking for I did. I think we all deserve quick wins. Especially women holding it all together going through this transition.

We deserve quick wins. And honestly, the only thing I knew that was a quick win before oils was sugar is the only thing. I mean, no wonder we struggle with sugar, you know what I'm saying?

And so I was like, what is going to give me the energy boost? What's going to give me that feel good moment? What's going to what's going to shift my mood besides chocolate?

You know what I'm saying? You know what I'm saying. And so and I am a big fan of dark chocolate, a chocolate meditation, you know, I think can really serve.

One of my favorite chocolates is huge chocolate because there's no dairy. It's vegan, paleo, no emulsifiers. Super. It's 70% dark chocolate. And you know what?

It doesn't move the needle on my CGM at all. Doesn't I can have one square of that. And my CGM is like, you're good, you're good. But for women, it was like, they want the the non caloric energy booster mood booster.

It's going to be an essential oil. It's going to be a citrus oil. It's going to be a clary sage or a lavender or a peppermint. Any of those. And you pick the thing that feels really, really good with you.

And that gets to be a moment for you. That gets to be a ritual that takes very little time, that can really move the needle in your in your emotional and physical well-being.

I'm just sitting here imagining smelling them all. So I can't wait to dive into your book. And so where can people find your book? And then where can people find you?

And do you have a free gift for our listeners? Because I'm sure everyone fell in love with you, just like I did, and wants to know more about you. Yeah.

So, so, the best place to find me is my is my podcast, which I, you are coming on. So I can't wait to continue this conversation together. The Essentially You podcast, over 4 million downloads focused 100% on women's health for women 35 and older.

Like, this is it's we dive deep into all these particular topics and more. The book on Amazon, it's literally about menopause and perimenopause, mostly menopause and midlife.

And what are the what are those root causes? What are the levers we need to pull? I talked about two of them today blood sugar and cortisol. But there are there's other ones as well that we got to investigate.

And so that book is where it's a year old this month. I can't believe it. It came out when our, our baby was, like, almost six months old. And so it feels really good to be a year now. So.

And then the free gift is, is again, we talked about the nutrient deficiencies at the end. And so many of us are struggling with those. And that can really fill in the gaps.

You know, where where modern medicine is kind of failing us. And so the, the gift, is going to be the, the top 11 supplements that every women need at this age to really help support their hormones.

Fantastic. Yeah. Well, this has just been, like one where we have to end, you know, but this has been fantastic. So thank you for sharing your in-depth knowledge that just, you know, range from so many different areas that are so important and your beautiful personality.

You're just so lovely. And, I know everyone is going to need to hear this again and again again, because it's just so inspiring and there's so many juicy tidbits in here.

So I know I'm telling everyone as you listen, it's like we're making this map of all the things you need to do, and we just put some really important pieces on the map from your nutrients you need.

And how to handle your blood sugar and your stress. These are just key, key beautiful things. So thank you for sharing and helping to spread the word and educate.

And it's just been a great, great time speaking with you. And we'll be back soon with another episode for you all. So we will.