Why 'Eating Clean' Isn't Enough Once Your Hormones Start Changing Transcript

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Introduction to Cynthia Thurlow and the Menopause Gut

hello and welcome back to the Future of Menopause Medicine Summit. I'm your host, doctor Sharon Stills, and honor a joy to be here all with you. And we have yet another amazing conversation headed your way.

My guest today is Cynthia Thurlow. She's a nurse practitioner. She's the host of the Everyday Wellness Podcast. She's an author of The Menopause Gut, which is what we're going to be diving into deeply today.

That's her newest book. You may know her from her viral Ted talk she did on intermittent fasting, and she has over 25 years in health and wellness. She's been on all the things ABC, Fox five, The Megan Kelly Show, and she is committed to help empower women to live their most healthy and optimal lives in perimenopause and beyond.

So right on target here. So welcome, Cynthia. It's great to have you here. Yeah. Thank you so much for having me. I've been really looking forward to contributing to the summit.

Yes, yes. And we're going to talk all about the menopausal gut, which I know is such a hot topic. And so I guess I'm just curious first, like, what made you dive into this topic and write a whole book just on the menopausal gut?

Yeah. You know, I think the answer to that is twofold. There's obviously a story that I lead with in terms of the book, about how I went on this romantic trip with my husband in 2018.

We went to Morocco, and we ate the same food and did the same activities, and one of us got deathly sick from food poisoning and one of us did not. And at the time, it didn't occur to me that with these alterations and hormones, in particular estrogen, that it would impact my susceptibility to opportunistic infections, as well as why my reaction to what I was exposed to was so pronounced.

So that was like the beginning of that. And, you know, during the course of the past seven years, I've had this opportunity to connect with so many researchers and clinicians and science writers.

And every time I had a conversation around gut health or around the immune system, or around how the decline in hormones impacts our gut, it just really affirmed for me that there was a larger conversation that was not happening.

And so in 2024, my editor at Penguin Random House said, do you think you have a second book in you? Because I had been saying for the previous three years.

Absolutely not. I'm not sure what I was right about. I had said to her, you know, I think there's a whole unique lens and angle to talking about the changes in the gut microbiome in perimenopause and menopause, and I think that this is a really important conversation.

Why Cynthia Wrote The Menopause Gut

I jokingly say that if you think perimenopause and menopause is all about slapping on an estrogen patch, you're missing this much larger, more nuanced conversation.

And so the pitch to my editor went really well. And so the book writing started, and it's one of the most rewarding, but also hardest things I've ever done because I wrote my book.

But it's also because, you know, life happens in the midst of writing. I think for so many listeners, I'm sure life happens amongst things that happen personally, professionally.

And so a lot of the tenets of the book, especially with regard to stress management and sleep and nutrition and exercise, were really put to the test, turning the writing of this book, because I think on so many levels, life imitates art.

So I'm talking about what's happening and all the things we need to be doing. And I was put to this tremendous test as I was writing this book, and I'm happy to report all those tests have gotten better.

All those challenges have receded, but in many ways, it just reaffirms why I think it's so important to make gut health part of the conversation, not just in menopause, but really starting with younger women and helping the women at peak fertile years and perimenopause.

What are the things we can do to offset the changes in neurotransmitters, the changes in hormones, and a lot of the symptoms that we don't like to have in midlife after largely a byproduct of the health of the microbiome.

So that is why I wrote the book. I dedicate it to all of the women that I've worked with over the past 25 years. It's kind of hard for me to to wrap my head around 25 years because it's gone by so quickly.

But nonetheless, here we are same. I'm at that 25 year mark too, and it's kind of like, wow, a quarter, you know, a quarter of a century being at this.

And yeah, I mean the microbiome is such an important piece. And I think we've come such a long way in 25 years. You know, I had the privilege of studying over in Europe early on in my career.

And so we were talking about the microbiome. But the United States took a while to catch up, and now it's really prevalent. And there's so much more, which we're going to dive into in a second, because I think if you're not feeling like you're bloated or you're not constipated, you think everything is fine with your gut.

And there's so much more happening from our immune system to our metabolism to our blood glucose to everything. And so I think it's a great, great conversation.

I'm glad you wrote the book because just like you said, yes, hormones are amazing and they're piece of the puzzle. I always say they're like a slice of the gluten free and dairy or dairy free pizza pie, but they're just a slice.

And if you're not paying attention to all the other pieces, the gut being such an important one, you're not going to be as healthy as you can be during the transition.

So what are some of the biggest? There's so many ways we could go with this, and we only have a limited amount of time. But what are the big things that you want the listeners to know about how estrogen, how progesterone is affecting their gut and the loss of it.

And you can take it any which way you like? Yeah. Well, I think before we talk about the influence of hormones, just to kind of define, because I think most listeners, you know, we're specific organs are your brain, your heart, your lungs, your stomach.

But the microbiome is an invisible city. It's 40 trillion bacteria, viruses, fungi and protozoa that encompass our large intestine or colon. And what I find fascinating is they intersect with every single organ system.

So there's a gut ovarian axis, a gut bone axis, a gut brain axis, a gut lung axis, etc., etc.. So it is communicating. It is a very sophisticated group of microorganisms that communicate effectively, persuasively and profoundly at a cellular level.

So when we're talking about the changes that are happening in perimenopause and menopause, it's really helping patients understand that perimenopause is as unique as we are as women.

None of us experienced exactly the same symptoms and puberty. Same thing with pregnancy. Same thing with

perimenopause. And I will make the argument that for the women out there that say, oh my perimenopausal transition was, you know, symptom free, I felt great.

It can be a false sense of security because at the basis of aging, at the very basis of aging is inflammation, chronic oxidative stress. And so one of the first things that women may notice in perimenopause is changes in sleep, changes in mood, especially around the luteal phase of your cycle.

So women may say to me, I've never been anxious before. I've never been depressed. And yet what's happening for me at this time is I'm experiencing mood changes around my menstrual cycle.

I'm experiencing issues related to insomnia, and I've never had this issue before. And so it's not just the progesterone that's declining. It's also changes in key inhibitory neurotransmitters like Gaba.

And for anyone that has had the benefit of taking oral progesterone, Gaba is really important for relaxation, for calm, for inhibition. And so I think for a lot of people, that's a starting place where they might say, hey, something's changing for me hormonally.

On the other side of that is estrogen. And estrogen and progesterone are designed to really balance each other out like a seesaw. Again, very bio individual.

I think there are many women that have been led to believe that estrogen dominance is not a real issue. And I would say it's relative relative to less circulating progesterone.

We will have this relative estrogen dominance, where estrogen can be 20 to 30% higher in the perimeter pause and menopause transition, which can be a source of frustration because a lot of the symptoms that women experience weight loss resistance, breast tenderness, brain fog, vasomotor symptoms, vaginal dryness.

I mean, these are just a few. Andrea work talks about over 100 documented symptoms of perimenopause and so very bio individual. But at the crux of all of this are how these hormones are impacting the microbiome.

Because these hormones estrogen and progesterone impact motility. So for every woman who says I'm bloated, there's probably another woman who says things speed up.

Theirs is when we see a lot of irritable bowel syndrome diagnoses. Sometimes we may have alternating constipation and diarrhea, but helping them understand that progesterone is a smooth muscle relaxant.

So whether you're taking supplemental progesterone or it's just the alterations and changes in smooth muscle contractility, some women may have more idle hernia, more reflux, gastroesophageal reflux disease, which is not benign.

I tell everyone it is not benign. It should not be treated as such. Estrogen changes motility with nitric oxide signaling. So nitric oxide is a potent basal dilator.

And I think a lot of people just think about it in the context of heart disease.

How Hormone Changes Affect the Microbiome

But I remind that it impacts endothelial function, impacts how food moves through the digestive system. Many women probably don't know that as estrogen is declining, it leads to more leaky gut.

So if you think about estrogen as the mortar between the bricks, if we're thinking about the one cell layer thick of the small intestine and then a little get a little bit nerdy, but estrogen is the mortar.

So as estrogens declining, we're going to see more susceptibility to leaking food particles into your bloodstream, which can trigger an immune response, can explain why we start seeing more underlying food sensitivities.

It can explain why I got so sick in Morocco, because whatever I was exposed to, which we know definitively, was definitely you leak endotoxin or lipopolysaccharide directly into the bloodstream, which can also trigger a cascade of events with the immune system regulation.

And so for a lot of patients, they'll say, I don't understand why I was diagnosed with an autoimmune condition. So leaky gut dysbiosis leads to these autoimmune conditions.

And you know, these are recognizable like celiac rheumatoid, Hashimoto's. There's and if depending on who you speak to, it's anywhere from 80 to 100 diagnoses, including things like chronic Lyme and long haul clobbered, which has become much more common over the past six years.

So more susceptibility to autoimmune conditions. We know women are disproportionately likely to be diagnosed with autoimmune conditions. And I will tell patients once you've had one, you're more likely to have others.

So if you were diagnosed with psoriasis in your 20s and alopecia areata in your 30s and then Hashimoto's in your 40s, does it mean definitively you will go on to develop others?

Potentially. But there's a lot that we can do. So we get changes in motility. We get changes in autoimmunity. We will also see changes in the astro bloom.

So this is an estrogen processing center of the microbiome. There specific bacteria that are designed to help break down, package up and poop out the excess estrogen.

I'm oversimplifying things for purposes of time, but there's two phases of detoxification in our liver. Then it goes to the gut. And what's interesting is I did not know this before I wrote the book.

Estrogen is involved in bile acid synthesis, and bile is really important for how we break down and emulsify fat. So women will sometimes say, you know, if I eat protein or high quality carbohydrates and reasonable portions, I feel great.

But if I eat a healthy dose of fat, I have that rib, I have duck, I have a big salmon steak. I will not feel quite as good. And it could be that your bile acid synthesis has been impacted by declines in estrogen.

So the astragalus is very important. There are some key enzymes, like beta glucuronide, that are designed to help cleave off, package up and poop out the estrogen.

And this is where the conversation around pooping becomes really important that all of us should be having at least, you know, ideally one daily bowel movement, if not more.

And I think for a lot of women, they've been conditioned to believe that constipation is normal, like it's normal to poop 2 or 3 days a week. Well, what do you think happens for that Goldilocks effect of estrogen?

We want the bulk of it to be eliminated, but we want a little we want at least a portion of it to be recirculated. But if too much is recirculated, if the astro bloom is disrupted either from synthetic hormones or chronic stress, or the influence of hyper processed foods, that Goldilocks effect may not be in effect.

And you may actually recirculate too much estrogen, which can drive a lot of the symptoms. So when patients are saying brain fog, breast tenderness, you know, a lot of these motor symptoms night flashes, hot flashes, night sweats and hot flashes, I remind them that sometimes we have to really look at the Astro Bloom as being a key player in how we recirculate estrogen.

So that is but a sampling of some of the things that are changing. But I think for many people, they're not aware of what the microbiome is doing and they're not aware of the importance of it.

But there's a lot that we can do. And that's always the message that I want to have come forth that, you know, if we

really are conscientious about sleep and managing our stress.

And ladies, stress management is not something you do for five minutes once a week, and you really needs to become your daily practice. The quality of the food we eat matters.

The types of exercise we do matter, and the type of hormones. If hormone replacement therapy is something that you desire to have a conversation around, the quality of those replacement hormones becomes really important.

I think that one of the things that really surprised me as I was writing the book was the influence of, number one, the health of the microbiome on bone health, because I think we have kind of reduced bone health down to an estrogen patch and lifting weights and being conscientious about sleep.

And yet there's a larger conversation, because if your gut is unhealthy, so are your bones. And then the other side of that is the influence of chronic stress trauma high Ace scores.

I was shocked when I was writing the book about how significant adverse childhood events can be on aging or ovaries. They're the most mitochondrial dense organ in our bodies.

I would say they're like the canary in the coal mine. And I think for many women, they're shocked to find out that if you've experienced a lot of adverse childhood events, high ace scores, if you are someone that has a very stressful job.

I have many GYNs that have been on my podcast that have talked about the fact that they went into menopause in their early to mid 40s, and you and I both understand how alterations and hormones at that early of an age have the potential for long term impact.

So we can't overestimate the value of conversations around chronic stress, but also understand that the influence, the epigenetic changes that are happening with chronic stress over time can be prematurely aging or ovaries.

And that's something that we probably are not talking about or screening enough about with our patients. Yeah, I think stress, trauma, nervous system dysregulation, sympathetic overdrive, it's at the root of everything.

And I think we're finally it's finally getting its air airtime. And like you said, you know, I really just want to reiterate that that it's not five minutes once a week.

And it's really how you flow through the day and how you're handling your life moment to moment. And these things, even just for gut health, the degree of your nervous system when you're eating and if you're eating when you're stressed, that's like a whole different experience than if you're sitting down.

I always kind of kit around, and I'm not saying you should go eat McDonald's, but like if you eat McDonald's and you're enjoy and you're chewing and you're salivating and you're liquefying your food, that's better than being angry, pissed off, stressed out, and eating some organic broccoli.

Like our body is listening. And so super, super important. And what you said in the beginning, I think my teacher from Switzerland used to always say, we are bags of bacteria walking around and we have, you know, we have some human cells, right?

And so we are more the microbiome, we are more bacteria. And so this is a whole, like you said, a little little city going on that I think when we can't see things, we kind of don't pay as much attention to them.

So for the women listening, what would you say are some clues as to how their microbiome is or isn't functioning? Yeah. I mean, I think your point about digestion is so important.

We really have to be in the parasympathetic side of our autonomic nervous system. To your point about digestion starts in the brain and whether or not we can produce saliva or allow our bodies to be in a relaxation.

So I think in a very fundamental level, when I'm talking about things that I think are really important, it's eating in a relaxed state. So, you know, 4 to 5 deep breaths.

We used to say grace before we ate in my house growing up. And I, you know, probably at the time thought that was silly. But I now acknowledge how brilliant that is.

To take a pause before you eat 4 to 5 deep breaths can help get your body out of fight or flight, get you into that rest or repose side of the brain, because that is going to allow you to not only break down, absorb, assimilate, detoxify, and eliminate food.

I mean, this is the way that digestion is designed to be optimal. The other side of that is, I think I spent so many years sharing, dictating, and eating, standing up in an office or eating a protein bar, a crappy protein bar in the hospital because there wasn't time to eat.

And so I think I spent years and years and years in a sympathetic state trying to eat and wondering why my digestion felt terrible. I was the person that had a lot of bloating and perimenopause and developed a lot of food sensitivities, and I was doing everything wrong.

So first and foremost, 4 to 5 deep breaths before you eat something as simple as walking after meals. Now I know for metabolic health parameters this can be very important for blood sugar regulation.

I mean, we didn't talk about the influence and the changes in insulin sensitivity that are happening with loss of muscle mass anywhere from 3 to 8% between the ages of 40 and 50.

If you get into your 40s with less muscle mass, you're probably going to be on the higher side. So walking after meals will help you clear glucose from your bloodstream.

So you glute for transporters and your muscles that are going to help metabolize that and move glucose, certainly move your glucose in a downward fashion.

That can be very effective. These are things I'm not suggesting anything that requires anything special. And then the other side of that is being more conscientious about fiber intake.

Now, I think fiber is very bio individual. I think everyone's got in the memo about protein. We definitely need more, not less, as we're getting older.

I think everyone has gotten the the protein memo that we need more for muscle protein synthesis. At least 30g per meal, no less than 100g a day. But fiber is so important, and I think that when patients tell me they don't tolerate fiber, sometimes it's the quantity, sometimes it's the type.

So helping women understand that fiber becomes an even more important part of the conversation as we are dealing with less hormones, because fiber, when we consume it goes through the digestive system, goes to the large intestine or colon ferments, and from that our body produces signaling molecules called short chain fatty acids.

I would say butyrate, probably the one that's most well known that in particular can cross the blood brain barrier. But they're important for insulin.

They're important for blood sugar regulation, reducing inflammation and GLP one regulation. And these very important signaling molecules can help stabilize osteoclast activities.

Remember I mentioned bone health earlier. They can stabilize the bone breakdown piece. So I think fiber becomes a larger part of the conversation. And fibers vary by individual.

So there could be 100 women listening at this at one time. I can tell you every woman might need a little more

resistant starch, someone else might need more insoluble fiber.

So I always say track and measure what you're consuming over a couple of days. Not forever. But the standard American died is about 5 to 10g of fiber a day, if anything.

And because it's very hyper process. But we acknowledge that if you're currently consuming five grams, maybe you go up to 7 or 8.

Practical Gut Health Habits for Midlife Women

We're not asking you to go from 5 to 10 up to 30. You'll be incredibly unhappy. Your microbes need time to acclimate to more fiber because you're giving them more work to do.

But I always say that fiber becomes a necessary part of the conversation, and a patient tells me they don't tolerate fiber. I'm like, something is going on with your microbiome.

Because in 2018, when I picked up my friends and then I spent 13 days in the hospital a few months later and had six weeks of antibiotics and antifungals, and my gut microbiome was decimated.

I didn't tolerate fiber for a long time, but over time I've been able to tolerate quite a bit of fiber. So I would say those are three fairly tangible things that people can do, you know, without any fuss or gadgets or anything else just being intentional.

And when someone states that they don't tolerate fiber, I always say it's probably the quantity or it's the type of you're not really maximizing what you need to be doing.

Like, I'll give you an example. One tablespoon of fresh ground flax and chia seeds is a really easy way to get a little bit more plant based protein into your diet, but also buffer your fiber intake in a very gentle manner like don't jump to a supplement, just start with simple food based sources and then slowly work your way up like a tablespoon of beans on a salad is not going to dysregulated blood sugar, but if you eat two cups of beans now, that might be problematic.

So start small. And these small changes have a large net impact on your health. Yeah. And I love what you're saying about don't jump to a supplement because we are.

So you know, we're trained. Most of us were trained growing up that the doctor has the magic pill. It may have been the magic antibiotic pill that decimated, like you said, your your microbiome.

And so when we when we come over to this natural healing type of way of looking at things, we still bring that philosophy with us that, well, the answer lies in a pill bottle.

Now it's just going to be a supplement or a green pill bottle and not a pharmaceutical. But that is, supplements are supplements. They supplement the sleep, the stress, the I love, you know, saying grace, being intentional before you eat and so forth.

Then a supplement can help. And I, I see constantly in my patients like for example, I'll do stool analysis and everyone has low butyrate. It's like pretty much an epidemic.

It's gotten to the point where if someone doesn't, I'm like, wow, look at you, you little unicorn, with your butyrate levels all high. And so and initially I was doing oral butyrate and I didn't really feel like it was moving the needle.

And now I'm just like, you need resistant starch, whether it's cooked and cooled rice or what you can tolerate. Or maybe we're putting in a little fiber and it works so much better.

And so just echoing what you're saying, that we really are guts need love. They need our love and they need our

attention. And they need our breath more than they need more pills.

Those are like the cherry on top of your lovely little dairy free ice cream sundae you're making. So I'm curious. I have to ask you because you are like the intermittent fasting queen.

Or have your views changed on that? As far as is it still beneficial for perimenopausal menopausal women? You hear lots of different things. I'm just curious to hear where you stand.

Yeah, I mean, I'm a big believer in know better, do better. So I will share transparently first my personal views and then I'll share my professional ones.

So in 2024, my father passed away. And you know, he had a series of falls. And one of the things that contributed to his falls was sarcopenia. And it really left an indelible impression on me because we have very we looked very we looked very similar.

I had similar body habitus to my daddy was kind of a little person to begin with. Not a lot of muscle on him at the end of his life. And I remember saying to my brother, I was like, you know what?

If I don't get really, really conscientious about weight training, I'm going to be that little old lady who falls. And so in 2024, and I've spoken very openly about this.

So anyone that's listening, I've been talking about this on my podcast and very openly, I stopped concentrating on intermittent fasting and started concentrating on 12 to 13 hours of digestive rest so that I could get three portions of protein in over a 12 hour period.

And that's allowed me to put on 4 pounds of muscle that first year, which is harder at our age. I'll be totally transparent and is allowed me to maintain that.

So my views have changed from the perspective of I'm the N of one, and for me, I needed to alter my feeding window so that I could preserve muscle mass and build muscle.

Now, do I still think intermittent fasting is a good strategy? Yes, but you have to be able to get at least 100g of protein into your feeding window, and if you can't, then your feeding window is too wide.

Now, do I have plenty of metabolic health patients, patients who are not metabolically healthy? They had a history of PCOS which was now known as PMOs fatty liver.

They have documented insulin resistance. They're dealing with high blood pressure.

Intermittent Fasting, Muscle, and Midlife Nutrition

They've got lipid abnormalities. Do I think that a lot of these women benefit from a concept of food feeding window compression? You know, the average American is eating, you know, 2 to 3 meals a day, snacks in between. They're eating until up until they go to bed.

They're drinking too much alcohol. They're eating too much processed food. So most people benefit from eating less often. The kind of caveat is when we're talking about perimenopause and menopause, we're talking about women that have entered a stage in their lives due to changes in hormones, due to changes in neurotransmitters, alterations in cortisol.

And I always say cortisol is not a bad hormone, but it gets a bad rap. It's one of the few hormones that goes up. That's the sad thing. And we have to think strategically.

Are you sleeping through the night and sleeping well? Do you wake up feeling rested? Are you managing your stress? Any woman that's not sleeping 99.9% of the time, it's because she does not manage her stress effectively.

Are you eating a nutrient dense whole foods diet? Most aren't. And then most people are still doing 5 or 6 days of Orange Theory Fitness or CrossFit, or they're not exercising at all.

And I remind them, fasting is a form of stress. So if you are already not sleeping well, not managing your stress, you eat hyper process diet or you just don't eat enough.

And that's I see just as many women that are under fueling their bodies chronically, plus or minus their over exercising or not exercising at all. Then adding in more stress is not good.

Like Cormier says is beneficial stress in the right amount at the right time. And so more often than not, transparently, I take women off of these really strict fasting regimens, because what happens for a lot of women in midlife is they become weight loss resistant.

And in their brains they're like, oh, if a little bit of fasting is good, more is better. If a little bit of carbohydrate restriction is good, more is better.

If a little bit of exercise is good, more is better. And unfortunately, physiologically, we are no longer in alignment with where our bodies are in time and space.

And so it becomes a much larger piece of the conversation. Are we nourishing our bodies? If the answer is no, then 12 to 13 hours of digestive rest is the way to go.

And I tell everyone, listen, my 18 and 20 year old boys that are very athletic and very muscular can go 12 hours without eating. I said. So if they can, middle aged women can to.

So I think that we really have to view it from this lens of bio individuality, and then getting really honest and granular about how much stress do you have in your life, like don't, don't fast if you're going through a divorce or you lost your job, or you're going through a big move, or you're getting ready to be an empty nester or the open door, I prefer Gretchen Ruben's take on the empty nest as the open door, because it's a little more positive.

I feel like the empty nest sounds so negative, but for many of us that having these big life changes, that's not the time to be adding more stress to your life. So be kind to yourself.

I think it takes a lot for women to get to a point where they're like, less is more because we've been taught our entire lives. More is more. Better is more or less sleep, more exercise, more food restriction.

And I find for a lot of women it starts working not for them, but against them. It's really a beautiful thing when you think about it, that you could move your body less, eat more, and feel better and lose weight.

And we do. We you know, I remember. Do you remember like the aerobics craze seal Roberts. And it's like, let's do a three hour aerobics because ra ra and let's starve ourselves and only have 1000 calories.

And so it's really this return to nourishment. And sometimes it takes a lot of like undoing the mental because we're so programed that this is not going to work.

But when women start eating more and more, intentionally lifting and not overdoing the cardio and they start losing weight, it's like, oh, that's that's an easy train to get on.

Sometimes it just takes a while to get there because we've been so misled. So I love that. So I didn't know what you were going to say. So that was that was love that.

So I mean, I'm just sitting here thinking because our time is up, but I'm like, we could do a whole summit on just like the menopausal gut. So I know that women want to learn more.

So tell us, what's the best way to get your book? Where should they go to learn more? Give us all the all the info.

Well thank you. Thank you for making me part of the summit.

I'm really an honor to be to be part of the summit itself. I think it's easiest just to go to my website. So it's Cynthia Thurlow. You can get access to the Menopause Gut, my podcast called Everyday Wellness, which Doctor Sharon will be a guest later this summer and access to all my social media channels.

I just tell people transparently, where do I enjoy spending time right now? Substack. It's allowing me to, you know, right in a way that is incredibly powerful and impactful.

I feel very connected to the community there, and it's a really positive place. I mean, don't send too many people there. Of course, women listen to this summit are people that there are people.

Where to Find Cynthia and Her Resources

But, you know, unlike a lot of other platforms, it tends to be kind and gentle and supportive. And that's the stage of life that I'm in. I would probably say.

Other than that, I'm most active on Instagram, and I do have a free Facebook group called The Midlife Pause Backslash my name, as well as a supplement line with the same name, which are supplements specifically designed for midlife women.

I would say when I can't find what I want, I make it myself. So that's me in a nutshell. But I would love to connect with your community members for sure.

Awesome. Well, thank you. Thank you for being here and just spilling so much wisdom. And so go follow her, connect with her with what resonates with you, and go read her book because you heard all this knowledge and this was just 30 minutes.

So read the book, get the details, because this is an important, important piece to how you're going to go through this transition and how like what you were saying, like what we're doing now is reflective of who will be in ten, 20, 30 years.

So there's no reason you have to be weak and frail when you're in your 70s. 80s beyond. It's it's the work we put in now that will pay off down the road as well as currently. So go read her book.

Thank you all for being here and taking time to learn along with me, and we will be back with another interview coming your way. So bye for now.