Women Over 40: “Invisible” Symptom Means Heart Disease Is Around the Corner l Cathy Eason l Ep #416 Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and episode overview

Welcome back. I'm Natalie Nidham, your host. And today I am joined by Kathy Eason, who's been doing incredible work in the nitric oxide and vascular health space, especially as it relates to midlife women.

We unpack why cardiovascular disease remains the number one threat to women globally, how declining estrogen impacts nitroxide production, and why that combination in particular can quietly affect every single thing in you from your energy levels to your cognition.

Now, if you've noticed changes in resilience, stamina, or recovery, this conversation connects the dots that most women were really never taught to look for.

Now Berkeley has a special offer for all of you listeners. The link is in the show notes, but you can also just go to berkeleylife.com and use code Nat20 for 20% off.

This episode is brought to you by Primadene, Spermadine, Magnesium Breakthrough, and Nature's Marvel's Bioregulators, all with special offers just for you.

Check out the show notes below for details and enjoy the Show. Kathy Eason, welcome back to the shows. It is such a pleasure to have you here today. Thank you, it is very much my pleasure It's been a journey.

This is our third time as a charm attempt at this episode. And I'm so happy that we're here and that you've been so understanding. But for the people listening, we did record a previous podcast, episode 317, and in that one is more of a deep, deep dive on nitric oxide.

So for anybody interested in the foundations of nitrous oxide, definitely check that one out, episode 317. But Kathy, you've kind of, and it wasn't even that long ago, it was maybe a year ago or something.

Yeah, I think so. As your career has evolved and I know that there's been new evolutions even within the nitric oxide space, around women's health in particular, what are you seeing that you didn't see earlier when you were working with midlife women?

I think because my clinical focus was all autoimmune patients, I tended to get deep dive into their individual immune responses. As you probably know, most auto immune sufferers have more than one auto-immune disorder diagnosed at one time.

You're doing this combination of chasing symptoms and trying to keep people out of flares. And, but what I wasn't really paying attention to was, and for myself as well, the long term health implications.

There was a lot of firefighting going on. And while, you know, of course, I've always felt that longevity and vitality is our right, especially as women, we need to bring our wisdom forward as we age and do a vibrancy and have some fun along the way.

But I don't think I was really giving credit to what most of the functional medicine community knows but doesn't talk about and that's heart health and midlife women.

Why midlife women need to think about heart health

And the fact that heart disease is the number one killer of women, not just in North American continent now, but

globally, we see it as well too. So It's really scary when you start to look at the statistics and then as I am in midlife and moving forward in Midlife, it becomes more personally relevant, right?

And then you think about the people you've worked with in the past and how they're doing and I've actually had the opportunity to run into some former students lately and hear their progression and finally the words getting out that Long-term heart health is a women's midlife issue and it's not just you know, grandma having a heart attack at 85 It is your girlfriend down the street 42 and had a stroke and Unfortunately that has happened to people I love and so I want to be out there with the education and the information that this is something we can do really foundational things to support so that This number one cause of death doesn't continue to take women at an alarming rate Yeah.

And not to take off, of course, but I'm sure that the immune dysregulation has a massive impact on cardiovascular. I mean, you can't get away with it from it.

It's foundation. The thing with cardiovascular health with women, and I am hopeful that it's changing now, for so long, it was so underdiagnosed. Like I remember there used to be stats way back when I was in school about how a woman presenting in an ER with classic symptoms of, whether it's stroke or heart attack, being sent home.

Because women don't have strokes. Not that they don' but they just weren't, the system wasn't plugged in to also this shift that happens at menopause, where we lose the protective effects of estrogen, our cardiovascular system changed, and we don''t become small men, but we get a little closer to the male profile than we were in our reproductive years.

Yeah, and it's just simply we have not studied women enough. We've studied young female cyclists and college kids who are available to the lab, right?

Nothing wrong with studying that. Great information. But a majority of the female population is over 40. And we really need to be thinking about what are the health impacts what are the costs associated with those health impacts to society, to families, and to communities.

So it's beyond time we contribute to more of the research. And that's one thing I'm really proud that we're doing at Berkeley Life, is we are working with some really top-notch researchers, doing some incredible looks.

I want to also acknowledge that in the research world, there are a lot of men and women, and I think women are so empowered right now that we forget that guys care about us and we really can't have male researchers.

We've got to stop being mad at them for ignoring us. So I just want give a little shout out because a of the researchers I work with are males, but they're also working with groups of PhD students who are really younger people are getting this message now that, hey, this is important.

Our climates, our communities, food supply, medical approach, all that is possibly degraded and maybe we should be looking forward. So I'm excited to see the research that's coming ahead.

I love it. I loved optimism. Was there a moment or a time when you realized that menopause, like, you know, we talk about menopsis hormones, hormones hormones.

Right. But when did you start really thinking about it as a vascular event? Like that? What was there something like? Did you have an aha moment where you're like wait a minute, yes, Well, one tragic event was I lost a young friend to a sudden stroke.

She had been on a cruise, she had probably been a little dehydrated from, you know, time in the sun, eating, drinking, having this great time. she was home a day later and she has a Sudden Onset Stroke and was gone 48 hours later, 43 years old.

good friend of mine, healthy nutritionist, fitness specialist, you know, walking her talk. And that's when I think that

was kind of my big light bulb moment of like, how could somebody like her?

Yeah, really have this underlying impact that none of us saw. She was gorgeous. She was always put together. She always vibrant and positive and she left the family behind.

So I think for me that was the aha moment. And then fast forward to coming to work for Berkeley Life and I met Dr. Jason Allen at the University of Virginia and he sat down with me and showed me a bunch of the research around the relationship of declining estrogen leading to decreased endothelial nitric oxide production, both of them contributing to decreased integrity of the endethelium lining, the inside of our blood vessels.

And now putting this together, that this really does go hand in hand as estrogen is dropping, a function of body to produce enough of blood flow agent nitrate oxide was not happening.

This was the combination that's contributing increased vascular issues and they're often silent. Women have blood pressure creeping up. that they don't know about and they have some kind of what I call now what i see as signs that I used to maybe try to equate to something else I was helping somebody treat and whether it was an autoimmune response an immune response in general um seeing some hidden signs.

That women really should be paying attention to and their common everything everyday things that i think we take advantage of aging as a convenient excuse and then not just necessarily aging.

It's very much related to loss of blood flow, loss oxygen and nutrition to our cells, mitochondrial capacity to make energy.

Menopause as a vascular and nitric oxide issue

And it's little stuff. It's like, and you just think about your everyday life. I'm tired, I mean, a park is close to the front door of the big box store.

So I don't have to walk so far. Yeah, um, doing laundry, carrying laundry upstairs and I get winded by the time I met just at the top of my stairs. And women might notice it or they might their heart racing a little bit, but they don't really think about it.

They just think, oh, I didn't sleep well last night. I had a glass of wine. Maybe that's why I'm short of breath. But no, the more we pay attention to these little things that are changing our daily lifestyle, we'll start to see cues of these sort of hidden signs begging us to pay attention, opening that window of awareness a little sooner in our lives.

And I want younger and younger women to see this, not to be afraid, but to look for it. Just to aware. Yeah. Hey, folks, I just wanted to throw a little message in here for those of you who are sending me all these incredible questions on social media or through YouTube or even on Spotify, wherever you're listening to the podcast.

I wish I could get back to each one of your personally, but unfortunately, And because I cannot, I created, about a couple of years ago now, a membership community where I get to hang out with people just like you.

I do live weekly Q&As, almost weekly anyway. We also do have podcast guests come in to answer everybody's questions and do presentations, you get to interact live with those podcast guests.

We will sometimes do challenges with some of the partners. Like in 2026, we have a mitochondrial enhancement challenge coming up where we're going to be testing mitochondria function.

we are going be to testing people's deuterium levels. If you haven't heard about deutereum, We've got podcasts coming down the pipes on that. And then people will be invited to follow a personalized protocol and then retest their mitochondria on the other side.

We offer that in the membership community and we do it at incredible discounts that you just can't find anywhere

else. So if you're interested in hanging out with me and other like-minded people, which actually happen to include some pretty awesome practitioners and even some previous podcast guests who've come and joined the community, then I invite you to check it out on my website natnidam.com slash the dash longevity dash community or just go to natnadam dot com and look for the Longevity Community tab at the top of the page.

Click on that and see if this is right for you. I would love to see you there. And we could make 2026 our best year ever together. So once again, that's natnidam.com.

Just look for the Lungevity community tab, at top the of page, now let's get back to the show. Awareness is key. It's critical. And I think part of it is also helping people to avoid the narrative of, this is happening because I'm getting older and it's okay.

Right? And it' not that we won't change as we age, but we don't have to you know, like I, of course, as an 80 year old, you're not going to move the same as you did when you were 40 necessarily, but you don't need to accept pain restriction and decline.

Like there's, there may be, and who knows? You know? I mean, for some people who maintain their fitness levels or whatever, I look at my parents, they're in their late eighties.

If you saw them walking down the street, from the back, you would not know they're in their 80s. There's a spring and a vitality to their step that they have maintained that I sometimes don't even see in 70 year olds.

Exactly. So there's no rules that awareness and taking these as cues that we might need to do something different instead of accepting them could make the difference between a better long-term outcome and just a decline.

Absolutely, absolutely. I think the other thing that really has changed for me, you know, I trained first as an exercise specialist and a body worker before I went into nutrition.

And so what I found over the years of doing less and less body work is that not only was I getting a little less-body aware, i was allowing the same thing to happen in the clients I was working with.

Interesting. So as I have been putting all these things together, trying to get people to understand that you have to actually feel in your body to have this awareness.

So it's everything from teaching somebody how to take their pulse, how they measure their heart rate. I encourage patients who are over 40, everybody should have a blood pressure monitor and learn how you use it and make it part of your daily self-care habit.

and watch for these signs because the average person is maybe going to see their primary medical doctor once a year. And they're getting once-a-year labs and they are getting a once year, five-minute look over.

It's not enough time really to figure out if there are any trends developing. So getting people to, you know, beyond just like, stretch and see what your flexibility is like it's take your vital signs and count your breaths per minute and and See where you're at and monitor your sleep patterns and make a little a journal note about it, you know and how that's affecting you the next day and Remind yourself when you pull into position A parking.

Everybody loves to get it once in a while, but you know what? Maybe it's healthier for us to park in the back, get some extra steps in our day. All those little things, I think creating that awareness in people starts with getting them back in their bodies.

Yeah, no, I love that. And I find I do think for people who can psychologically handle them, the wearable space is so powerful for this, right? Like I've gone through some health challenges over the last little while.

That feedback I get in the morning is helping me to understand like, where's my system compromised? Is it my respiratory rate, my resting heart rate? My resilience, My HRV?

And even though these numbers may not be absolute, you know what I mean? Like you get an HRD of 25, like who knows if it's 25 or 28 or 30. It doesn't matter because what I'm looking at, where was I a week ago?

Where am I now and how am feeling? And so I think to your point, if we can teach people how to use this wearable data as feedback and not a judgment, because that's where people get into trouble.

They think they're getting a bad report card in the morning. If we can help them to understand that it's feedback and data, then that can also help. And remembering, correlate that to how you're feeling so that you can start to learn.

What does it feel like when I'm recovering well and I am not? Those are all great points. So what kind of patterns are you seeing repeated in women who kind, they look healthy on paper, but they don't feel resilient.

It's the woman that goes into the doctor and says, looks at her stuff, goes, you're fine. And yet she's like, But I'm not. The doctor's like, you're fine.

Your labs are good. You're good, see you later. See you in a year. Oh, I know. How many times? Oh your labs look great. And the woman's, like I don't feel great, right?

So patterns I see are things like let's just paint the picture of a woman in her mid 40s and she's got a couple of teenage kids. She's on the reunion committee and hosts her holiday parties for her family all the time and just goes and goes.

Hidden symptoms and daily resilience cues

and she is not feeling great and what happens is she puts all this energy and effort into her family and into our kids and in her community and then she gets brutally sick right before the event right you know like knock down drag out flu kind of thing and gosh i don't understand i'm so healthy i've been you knows doing all the things i been getting my exercise in and and making sure to eat my protein and all that.

So that sort of constant immune challenge, maybe there's a low-lying immune challenges people don't really recognize, but then it tends to explode into a big illness.

The other patterns I see are just, you know, like not necessarily big weight gain, but weight gained in the places that women care about. So their bras don't fit as well anymore.

Their pants are a little tight. Maybe they're having to buy an exercise up, they are attributing it to, I'm just aging. I haven't been tolerating my exercise aswell, so therefore I am doing different exercise and I No longer able to push that window.

You know, if we look at their blood chemistry, I would see definitely I see rising a hemoglobin A1c and in a range that is increasing In for inexplicable reasons and cholesterol to there's been no change in diet.

There's no changing exercise, but there has been this underlying stress response and then we get to the things that don't always come out in a consultation or on paper, you know, like how many times did you blow up your kids this week?

and how many, has your husband noticed that you're more irritable? How is your libido and your sex life? I don't think enough practitioners are really having those kinds of behind the door conversations that really sort of start to add up to all those other little patterns that are on paper in the form of labs or you know, the diet that goes astray.

I'm a fan of an old school food journal. Just sit down with a paper and pen and remember everything you ate today. And when you can't remember, that tells me a couple things.

It tells you that you're probably undernourished in some way. You know maybe there's something we can work into the But also, you're not finding any joy in how you are fueling yourself.

And if you can't remember what you had for dinner the night before, that usually suggests that A, dinner was uninspired. B, You didn't really get nourished by it.

C, your not caring enough. Why are you not carrying enough? It's because you have allowed life to other factors of life, to take over that joy you used to find and putting dinner on the table.

And I realize that's not for everybody. But I do think that getting people back in touch with those daily habits can be a way for them to. Take control and feel like they can really do something on a very foundational level.

Um, that very grounded. Yeah. I agree with that for sure. It's hard, right? Like our life takes over our lives and, uh, and we're the last ones to factor in.

And that whole, I actually had a conversation with someone who works for me last week and she almost passed out in a dance rehearsal on a Saturday and.

She attributed it to something she'd been doing and I looked at her and said, so what did you eat that day? she'd had a protein shake. Did you drink anything?

No. And, you know, and, she's like, I'm like you have a five year old and you are obsessed with making sure that that child is fed and hydrated and whatnot.

You need to include yourself in that bubble. Like you, have to, include herself in the bubble because she is young. She's 42. And so this is when like, you know, this when you start to tap out and you started to wear down that resilience that you need if when, when trouble hits, which inevitably something happens along the way, usually comes to hit you at a slew.

It's the resilience we've built into our bodies that allows us to get through those trials better. And absolutely. What you're talking about is caring for yourself on these multiple levels.

I'll come out and say it like I mean, I got into a place where until three weeks ago, my husband was cooking, and I wasn't cooking. We might be ordering in.

I had a health event that stopped me in my tracks. It's put me back in the kitchen and it's made me rethink how I'm going to move forward because my life will come back the way it was.

Yeah. And if I don't, if i'm not careful, I'm going to end up right back to where I was before. So anyway, not to talk about me, but just to say, you know, what you're saying is, is I think if the to our audience, who, anybody in that stage of life, and sometimes there's even aging parents on the other side, as another tension, girls, we got to put our oxygen masks on first, because otherwise, Stuff's going to happen.

So let's get back to menopause and resilience. Yes. Menopausal, if it's not just hot flashes and sleep disruption, how should we actually be defining it?

Well, you know, there's lots of great language out there right now that it is a unique physiological transition in a woman's life. And there is not a women on this planet who will not experience some form of peri and post menopause.

Most of us are going to live about a third of our life in post-menopausal era. There's nothing that defines Right now we define menopause as 12 months without a regular cycle.

And, um, we know that there are at least 48 symptoms associated with peri and postmenopausal. Um, I happen to be one of those women who I didn't have a lot of perimenoposal symptoms or my awareness was not enough.

I wasn't really recognizing that definitely, have felt more post men oposale symptoms. I think what we need to start really talking about is that I hear this a lot.

I woke up one morning and I just didn't recognize myself anymore. It's a classic. And I also hear, let's get you feeling like yourself again. Well, you know what?

In all honesty, I don't want to feel like I'm 25 again. I think my life experiences have given me some wisdom and knowledge and mistakes and errors and happy tragedies and all those things that make a life beautiful and what it is.

So I didn't necessarily need to be like 25. What I need is that I have enough energy, vitality, resilience to get through the quote stress of my days and carry me happily and healthily and with a big smile on my face going forward.

There will continue to be moments of tragedy, there will be setbacks, you know, loss of friends and family members and things like that. So I for one, I don't necessarily think we need to focus on I want to feel like I used to.

I want to feel great right now every day, just living in the moment and being in The present and and we need to maybe stop thinking so much about you know, what was life like back then because life is right Now, baby.

And this is what we got. So I think that's the conversation that I wanna keep having. You've talked about this a little bit before, but let's go back and just talk a bit about the systems that take the biggest hit during that transition that women rarely connect to menopause.

Because we're going to get back to cardiovascular risk for sure. That's the one that spikes. And at this point, I think it's accepted.

Tracking vitals, wearables, and lab patterns

But are there other systems to take a hit in menoppause that were not connecting to Menopaus that we are kind of missing? Absolutely. And I think the one we've been talking about is our adaptation to stress and our resiliency to stresses.

We can define stress in any number of ways. Stress is dropping to the floor and doing a 30 second plank exercise to try to strengthen our core. That's a stress to Then there's emotional stress and you know, there should kid going off to college and feeling emptiness and there is the stress of finances and all that.

But really when we're talking about from a physiological standpoint, we know that the reduction in estrogen plays a role in the balance of our neurotransmitters and how well our brain chemicals work.

And so we're experiencing that endocrine issue, that change, and first a fluctuation and then a deep decline in our estrogen hormones. We're sort of not talking enough about that nervous system link, but it really does play a role in how long things like serotonin hang out in your brain.

we think of for mood and keeping us balanced and light and not in a depression state. But serotonin also has everything to do with how well your temperature regulation regulates itself.

So it plays a role in hot flashes, and it place a roll in your sleep and your wake cycles and those patterns, in those neurotransmitters play a role in how well your body sends and receive signals that communicate with other endocrine glands in the body and that includes like your blood sugar regulation.

So we see the decline in estrogen related to those slow rises in blood glucose and in hemoglobin A1c we see the systems of, you and I were talking before we started recording about the role of estrogen in immune responses and we can start to see it.

That's a big one. There's that woman who she's planning the church bazaar and the high school reunion and her daughter's quinceanera all at the same time.

And then she gets sick right before, right? That a direct endocrine drop in estrogen, decline in estrogen relationship to our immune function. Our bones, we hear a lot about estrogen and bone health, but what do most primary care doctors tell us to do?

Oh, just take more calcium and that old school information when really there is this signaling and this communication that goes on. to help us break down tissues, restore tissues and that's all that bone remodeling is.

It has to continue on this breakdown and repair process our whole life. Getting lightly back to the cardiovascular system, the blood vessels. Estrogen decline leading to reduced integrity of the interior of our blood vessel.

When we see breakdown in that tissue, we start to see inflammation. And what does the body need to do to patch and repair inflammation? It sends out cholesterol.

So now your cholesterol is going up. Yeah. Gosh, did I forget a system we could talk? I mean, your skin. The only other one is digestion. I think digestion tanks, right?

Because it affects your gut, you're microbiome. But the question that rarely gets asked in the doctor's office is, are you pooping? Yes. The conventional definition of constipation is going to the bathroom.

And I don't know if this is true. I didn't fact check it. But somebody was saying that the conventional. Definition of construction is is evacuating your bowels less than three times a week.

That's probably like an insurance coding issue. Like that's what you have to have, to, you know, be allowed to give a diagnosis code to actually give somebody, I can't imagine.

No, but you're right, and this is where we start to talk about not just the decline in estrogen, But remember I said it's reducing nitric oxide production in the endothelial tissue, those endophelio tissues are rich in digestive system.

The other things, when we're low in NO, the other thing we know that NO does is it helps keep the integrity of your gut lining intact, so it prevents, quote, leaky gut.

and especially when the diet is there to help, you know, restore good digestion and good gut function. We also know that nitric oxide plays a role in, this is where I think it's really important, we have a lot of people using peptide therapies right now for weight loss.

Well, nitrous oxide is a natural GLP-1 agonist and it helps bring glucose more efficiently into the cell. When you do that, better fuel your cells, your digestive capacity works better, but also your blood sugar regulation is better.

And you're not going to, we know it plays a role in insulin resistance and preventing that. So we can start to see the interconnectedness of the decline of estrogen, the declining nitric oxide, and how we need to be storing and repairing both of those channels to keep function optimal while we're also continuing to age.

Yeah, we're none of us getting out of here live. So we wanted to again with resilience and and longevity and vitality. And so I think thinking about all these systems effects is very important and thinking About it on just a really foundational level again, you know, You and I are nutritionists.

I'm so glad to hear that, um, you're back in the kitchen, so to speak. I feel like I do my best, but I am also guilty of taking the shortcuts or allowing somebody to cook something less than optimal for me.

But I think all those little steps we take can both boost the balance of how well we metabolize our hormones, whether we're using endogenous hormones exogenous, hormones whether how well are we treating our liver these days in this increasingly toxic world and then we add some stress mitigating substances to our livers that maybe sometimes prevent optimal hormone regulation and we just really need to put this big circular picture together that we are a web and all these things play a role in every system of the body.

Yeah. Well, I mean, listen, the body does not operate in silos. It's just not a thing. I actually recently came up with a new analogy for the human body as we age.

And that is that we are like a giant Jenga game. As you go through your life, you're poking out the little sticks here and there. The game can stay pretty stable.

Like it can hold and it tolerate a lot of loss until you hit the wrong brick. Yeah. Right. And so helping to maintain that integrity and the balance is a big piece of it.

There's no stick that doesn't affect all the other sticks. That's right. All right, so let's talk a little bit about heart health through a female lens.

What are a few ways that cardiovascular decline shows up differently in women than it does in men? Or does it? Are we just missing it because we're not looking for it I think it's both.

I thing it does show up in some of those silent ways or those lack of awareness ways that we talked about already. It's more expected. We see lots of imagery and we hear lots stories of, my husband was fine until he went for a run and then he had a clutching heart attack and died on the spot.

That's popularized in movies and things like that. There's that stereotype out there that that doesn't happen to women. And then there are these silent shifts that are happening.

And it's the things that I think back to that body awareness, you know, are you, do you how your heart beats? Have you ever felt your heartbeat? Have You felt what it feels like when you're laying in bed before you go to sleep?

have you felt What it Feels like? When you've just, you know, run into yoga class late, You know getting that body awareness of what is my heart rate?

What is it doing and think really thinking about my Heart rate should be regular and consistent and not too high and Not too low and a little blips in the middle and if there are things like that, then maybe I should talk to a practitioner about it.

the elevations in blood pressure. So taking our blood on a daily basis to just get consistent. Our home devices are, they're all going to have an error percentage.

If you're using the same device every day and you using it consistently, you are going get some pretty consistent results and it's going give you a pattern.

It's like the wearables. Yeah. Exactly. Um, and I think, um, other silent shifts are sort of that, fatigue and that fatigue that isn't relieved by rest and by getting a good night's sleep.

We have this attitude that we can make up our sleep well, I don't really believe that's true. I Think we need to be, you know, getting consistent deep sleep and going through all the sleep stages.

And so I and the lack of tolerance for the exercise that you used to do, whether it is climbing those stairs with a basket of laundry or the workout that used do at the gym that was your favorite class and now you can barely get through it.

I think those are the conversations that we can really pinpoint as, look, these are underlying signs that maybe your blood flow isn't adequate, that your not really oxygenating all your tissues, you're not cooling all of your tissue with the nutrients that and getting around the body.

They're not working as well. So let's pay attention to those signs. I'd say it's fatigue and sleep. It is exercise intolerance.

How menopause affects multiple body systems

Yeah. And then again, just really paying attention. Where's my vitality? And I wonder even if some of the cognitive stuff that we assign just to neurotransmitters, like blood flow to the brain is a massive issue.

And if it starts to not be optimal, we're going to experience less energy, less clarity, and less ability to process information the way we're used to.

And I think that would be another one that we, you know, because unfortunately so many women will go to a doctor and complain of whether it's anxiety or depression or whatever the cases may be.

We're still seeing too much of that getting treated with a band-aid like an SSRI or an antidepressant or and not being looked at, well, what's, why, like what happening to cause this then between the estrogen and the serotonin and this stuff we've been talking about.

And now if blood flow is not getting there as well as it used to, I mean, obviously you're getting blood to your brain. It's just all going to add up.

well and when you think about we use the term brain fog and so many women in particular have sort of been trained like oh i you know i forgot my son's name in the middle of talking to him i I can't remember why I came in the room.

I left for the grocery store without my list and I cannot remember anything I just wrote five minutes ago. We classify that as brain fog. Well, in climate, what does fog do?

It's a lack of oxygen and things get stagnant and they just kind of hang around. So back to blood flow, we need that oxygenation to the brain that you so aptly pointed out and let's clear the fog by enhancing mitochondrial health, enhancing energy in the brain.

Then we think about that relationship of decline in estrogen, impairing the balance of neurotransmitters. Well, guess what? Blood flow brings oxygen, but also nitric oxide in that blood flow that is a signaling agent for the very brain chemicals you need to clear the I think there's a little bit of a difference.

A lot of women are sort of trained to just keep going. They're just energizer buddies and they just. Keep going through their tasks and so while they may not have what they consider brain fog, there is a lack of focus and clarity and um they could have had a great conversation with their girlfriend at 10 o'clock that morning and by 5 o clock at night they've completely forgot what the conversation was even about.

Those are also hidden signs. And I have a great group of women in my life, friends older and friends younger, and we talk about it. A lot of them, they now talk with each other when I'm not around and then they text me and say, hey, we had a conversation you would really like because I pointed out that You know, Susie forgot what we talked about the day before.

So at least my girlfriends are talking about it now and aware. Even if we're not recognizing our own awareness or lack of awareness, we've seen it in our friends and we are having the conversation as it might relate to their health.

Taking it to another population of women, I read recently some stats about women in executive positions that are going through menopause and how Brutally, this is affecting their career path because all of the things you're talking about here in a boardroom.

It's going to get you fired. You know, it's gonna impair your ability to be at the top of your game. And you are at this age where you have all this experience, you've done all these amazing stuff.

If you really have the misfortune of being someone who gets hit in that way, it can be career limiting and potentially career ending. And that brings me to the next point to talk about, which is like, you know, if…

I mean, I was going to about heart disease, but given that menopause leads to heart diseases, even that, given the menopus leads these cognitive changes that are so, they can't be so impactful.

Like, how are we still treating treating menopause as a luxury or a comfort issue. The main driver is still about the hot flashes and weight gain when it's so much more and so foundational to our life and our vitality today and ability to function.

now and live a long healthy life? Like, do you think it's, is it still kind of this, this lack of research, lack awareness? Is it the system that's kind messed up?

And I guess by, by doing a podcast like this you hope that we're, the women listening to this are going to clue in and, and realize that this menopause treatment that they, you know, whether it is hormone therapy, whatever is right for you.

And, I mean, It's it's this is not a. nice to have this should be a standard of care. Absolutely. This is making sure that you watch your grandchildren graduate from college.

this is. Making sure you can vibrantly attend the extended family vacation that your son put together to take a trip to Hawaii with everybody and really enjoy it and you know thrive in that this so that women can take that wisdom, especially let's take take that empowerment, take, that knowledge, Take that mentoring that they've done of younger people behind them and carry it forward.

Because I think what we're losing in culture and society is some of that wisdom of the elders and women have been sort of like taught that yes, menopause is about hot flashes and weight gain.

And you're just going to buy a bigger dress size and Yeah, and drink more wine, exactly. And why don't you get a hobby? When really, if we look at some of the most powerful women in our global history, a lot of those women have done their best work in their 60s, 70s 80s because of their collective experience.

But if they are struggling physically or physiologically by the time they get there, then they can't take all that wisdom and share it forward. I don't know, I'd love to have a time machine and see what things look like 200 years from now and hope that we can have…

I love the see the wise old women making a global presence again and having the world really listen to them. I think that would benefit all of us. 100%. So, okay, so let's move into a little bit more in our nitric oxide blood flow world.

Is it really the nitrous oxide connection that causes bloodflow to become the bottleneck? I do believe that blood-flow is a root cause concern to look at and what we know from a nitro oxide physiology standpoint is that as we age, our endothelial tissue is naturally declining.

That autophagy and the replenishment of cells is just not happening at the rate that it did even 20 years prior. So by the time somebody, male or female, are the age 40, They likely have about 50% less capacity to produce nitric oxide.

Nitric Oxide signals so many things in the body, but from a blood flow standpoint, it signals smooth muscle cell relaxation that widens blood vessels.

It opens them up. it improves blood flow to the entirety of the body. Common conditions related to vascular health as we age are things like neuropathy and peripheral neuopathy, and that's definitely a blood-flow issue.

In addition to how is your thermoregulation as a perimenopausal woman, if you don't have good blood to have that responsive activity when your body's trying to express some heat.

We want that to be balanced and even, but this could be a reason for hot flashes is there simply isn't enough place

for the blood to go. Nitric oxide signals throughout the lifespan, it signals the creation of new blood vessels.

So it plays a role in what's known as angiogenesis and lymphangiogenosis, the creating of lymphatic vessels, So new vessels, better circulation, and better blood flow everywhere.

Less cold hands and feet, less numbness and less tingling, a better perfusion of your sex organs when you are sexually active. Women and men really benefit from bloodflow there.

In the vascular system, we also know that nitric oxide prevents platelet aggregation. So if you are that, what do we used to call it, 20 years ago we talked about women in their 40s as farty, flabby, fat, and 40. That was a big sort of cultural push.

It's like, no, women reject that. I was in the best shape of my life. I mean, I kept it for a long time. That was sort of that old stereotype where, you know, this is what menopause is going to do to you.

So get ready and just embrace it. Well, no nitric oxide plays a role in blood flow. that prevents all of those things. It improves your digestive function and improves, um, your weight balance and your blood sugar regulation and all that, all the things we've talked about.

Blood flow, nitric oxide, and cardiovascular risk

Um, so I, from a blood flow standpoint, yes, there's not a system that doesn't benefit from improved bloodflow, but when we think about strain on the heart and ongoing heart health, the art is something, speaking of awareness, we rarely even recognize that our heart is beating, you know, several thousand times a day, it never stops.

It's got a large load placed on it, and the more we allow that stagnation of blood flow, the most we'll allow blood clots to potentially develop. Now we've got an increased cardiovascular risk of stroke, of heart attack, things like that.

So we want to make sure throughout the lifespan that we're exercising that we're doing nostril breathing that enhances NO production, opens those blood vessels.

By the way, it also calms the nervous response in addition to nitric oxide also helping to calm that nervous system response. At the same time, estrogen is doing the thing.

We have this perfect little chemistry going on and it will change as we age, but it doesn't have to be so dramatic. And so I think blood flow is something that everybody can understand.

If you are somebody that your hands and feet are always cold, you have a lack of bloodflow going on. Where is it coming from? Why? Are you depleted in nitric oxide?

You know, at Berkeley Life, we would give you a 10-second salivary test and say, look, your levels are low, girl. We need to get you eating some leafy green vegetables.

getting some moderate exercise, breathing through your nostrils, going to bed earlier, turning off the screens. We have all these foundational things we can do in addition to supporting the body with dietary nitrates to enhance that blood flow.

So I think bloodflow is the bottom line. It is a key to thriving. I was going to ask you, but I think we know the answer to the question. The question is, is blood flow more about performance, prevention or recovery during menopause?

And I it hits all the marks. At the end of the day, you've just encapsulated it. Nothing's going happen without proper bloodflow. It just doesn't. So, in the longevity hierarchy, right?

We talk about mitochondria. We talked about metabolism. You talk hormones. Where are we going to put vascular

health in that hierarchy? I put it right there.

Having healthy mitochondrion is key to having healthy vascular supply. energy but also we know that our mitochondria are responsible for part of our hormone production as well too.

So you know we can't neglect the mitochondrion but guess what nitric oxide does? It helps stimulate mitochondrial biogenesis, the creation of new healthy mitochondry.

the mitochondria, we have to have blood flow to get it there. So it's a little bit of a chicken and egg thing, but I think vascular health and mitochondrial health are hand in hand.

You really can't think of one without the other. Yeah, I don't, think I, of those four, don t think them as a list. I t hink of them, as, a diagram and they come together.

Like they support each other and like you can t separate one from the othe. You literally can' t choose a favorite child. No, there's literally no way you can say one is more important than the other.

Okay, some of the signals to watch, like not just labs. So if a woman wanted to understand her cardiovascular trajectory over the next decade, what are a couple of things that she should start tracking right now?

I think tracking right now would involve those vital signs, whether it's doing it yourself or a wearable. Track your vitals, track your blood pressure, check your heart rate variability, and track you heartrate itself.

And I'm also a believer in tracking your respiratory rate and the reason being that that has so much to do to getting oxygen to the tissues to oxygenate those mitochondria.

So paying attention to that. I think paying attention to your mood in ways that maybe you haven't before. Thinking about are you fatigued or is that fatigue also showing up as like lack of motivation to get out of bed in the morning?

Are you scrolling, are your doom scrolling on your phone before you even get up and take a drink of water? Yeah, you know, where are your priorities there?

But also those priorities have a physiological thing behind them. You know it's a dopamine hit to do that stupid doom-scrolling and these days a cortisol shift, so taking a step back, what would prevent that from happening?

Well, putting down the screens, not having them in the room and things like that, but looking for things apps, sites, scrolling, all that to find the motivation that isn't just inherently there.

Yeah, yeah. All the physiologically you talked about earlier, like physical capacity diminishing, mental capacity, diminish diminishment, the physical, capacity.

Diminishing is would be a cardiovascular signal, right? Yes. Cardiovascular system is enabled to meet your needs the way that it did. a month, a week, or a year, whatever, ago.

That would be a sign. And also, and the other thing I think we talked that you mentioned earlier, which is important, is your blood sugar regulation. Like if your HbA1c keeps climbing and climbing, like these are trends we want to watch because the problem is you started 5.5, which is okay.

Ideally, you probably want it to be a little closer to five, but let's say every year you're a point, 5,6,5.7. By the time you hit six, you're pre-diabetic.

So watching those, and that's going to affect your cardiovascular risk as well. Absolutely. And then I think other hidden signs are not just intolerance to exercise, but an example.

A group of us took a wonderful full moon hike the other night. We were all in our more midlife stage. You know,

we're all 50 plus. I was listening to my friends at the end of the hike and we're looking at them in light and there's a lot of groaning and stretching and And then a couple people woke up the next day and said, you know I actually a little sore from you Know what really wasn't super strenuous But I think it's that kind of lack of physical recovery because without good blood flow We're not gonna have good waste removal when we are exercising we have metabolites, You know inflammatory molecules built up that aren't.

So if you're noticing more soreness after your workout, that's a sign of intolerance as well as just not being able to get through the class like you used to.

That's another sort of blood flow related physical sign I would say to pay attention to you. And in your opinion, what matters more, single lab values or patterns over time?

Oh, patterns always for the win. You know, a blood test is a snapshot in time. And if you, you know you all these like old testimonial driving home from an elder parent care weekend, totally stressed out in my head needed to get home stopped, I hate to even admit this, bought Oreos.

Got the Oreo. Do you know what's in those things? I do. This is a very long time ago, but I admit it. I ate a few Oreas and then forgot that I was doing a blood draw the next day.

And gee, wonder why all my values were out of whack because I had blown it the night before. That blowing it could be a glass of nice organic wine. It could be forgetting to drink water, all those things.

So yeah, snapshot in time does not make a case for some of these shiny object solutions out there. Look for the patterns and go back to the basics. I love that.

One of the challenges, and we've talked about this a little bit today, is How do you think women should communicate these patterns to their providers so that they're taken seriously, so they are not just brushed away?

Do you feel that is there language, are there certain things women shouldn't be saying to the providers, if they aren't already clued into this, will at least respond in a more active way?

Yeah, I'm so glad you asked me this because I am actually working on a webinar and a blog. I work on how do we talk to our doctors, ladies, how we get more out of the scenario.

First of all, Creating awareness in yourself might also include some documentation. You know, you have a appointment coming up, whether it's telehealth or not, You have to have your own documentation so that in the moment you don't get flustered and forget that these were the top three important things I wanted to talk about or the Top 5 things.

And I think it's also just, especially as women, we tend to be sort of submissive. Even if our physician is a female, We tend put them in an elevated power position.

You are the expert of your own body and you need to communicate effectively with that physician so that they really understand your needs. So it is taking charge of the appointment.

And I don't mean you have to go in there and be bossy and say, I want this lab and this podcaster told me to do that. It is, you know, hello doctor, and I'm grateful to be here today.

These are the three to five things I need to talk about and work towards resolving today And just really taking, we have to take charge. And again, even if it's just a little breath work, I am the expert of my own body.

I have documentation. When my blood pressure was up last week and I know that I haven't been sleeping well and documenting that. Then it is just putting that practitioner, not on the spot, but say, this is the type of approach I'm looking for.

What women should monitor and how to advocate for care

to resolve these foundational symptoms and help me thrive through menopause, are you the right provider for me? Yeah. Are you going to work with me basically?

Because it should be a partnership. Yes. And I love the idea of preparing because so often it's like taking your car to the mechanic and it stops making the noise, right?

You have all these things you want to talk about and there's all of these and then you're sitting, you might be pressed for time. Because, you know, physicians don't necessarily have the window of time that they even they wish they had, honestly.

And so it helps to set the agenda for the discussion and it helped you to be organized in how you presented and I think probably would would probably elicit a different response from the provider.

Yeah, and I think there's that very overused phrase, leaning in. But I thing part of leaning into this, taking charge of our health, is that when you're going to an appointment, sort of that dress for success story, right?

But also like physically leaning and making eye contact with the provider, I'm so grateful to be here. Here's what I'd like to talk about today. And staying engaged and not letting the distractions affect your relationship with them in that moment.

That can be a difficult thing to do, but it can also be very empowering thing. And whenever we stand up for ourselves and what we feel needs to be heard, then we're going to feel better on the other side of it.

I love that. Okay. So let's say somebody's listening to this and they're like, Oh my God, so much information. What's the single highest leverage metric you would like them to start with?

Single highest metric is Berkeley Life. I'm going to tout our product now because it is very foundational and it's very helpful. Two capsules a day of a product called menopause and heart health support.

You get one capsule of nitric oxide support to open that blood flow. The other capsule is a non-hormonal purified pollen complex. This was a plant-based product, well studied for regulation of sleep.

mood, and hot flashes and night sweats. So we promote it as symptom relief today, heart resiliency for tomorrow. And the testimonials are coming in, we are seeing the symptom really really quickly with this product.

It is two capsules a day, it's not very flashy or shiny, you don't need to stack a ton of things on top of it to feel the benefits soon. If you're testing their nitric oxide levels though, is there a world where maybe somebody might also want to buy the foundational just to double down on the nitrous oxide support if they need it?

Like I'm a person who, if I am not taking nitro oxide blush. I'm never in the purple. And I suspect that I would probably, and I mean, I am past menopause.

So I think in my mind, probably do better with the original product. But I can imagine that there might be some people who could probably benefit from doubling down on the nitric oxide piece as well as the pollen.

Absolutely. That's where you're using the test strips. little biohacking on yourself. I personally take two nitric oxide in the morning and I take one of the pollen capsules and then I took a third nitrous oxide capsule later in The day when I used to feel a little bit of an afternoon slump or maybe I was craving coffee or sugar.

things like that. I replaced it by boosting my energy and boosting, my blood flow with nitric oxides. Absolutely. Everybody's a little different. Your level of oxidative stress where you've been on that healing journey where are you are now, it's unique for each of us.

So there's no magic number other than do what's right for you. And if you would eat more than one leafy green salad in a day, then you can easily stand to take an extra capsule or two of nitric oxide.

Yeah, I love that. Back to both our nutritionist roots. Let's not forget diet and let's forget that especially when our lives get crazy busy, the leafy greens fall by the wayside because you got to wash them, you've got a chop them.

You've gotta cook them like you gotta do all the things and we forget. So we forget or we definitely prioritize, right? Yeah. Remember, I'm prioritizing myself.

I am taking ownership of my health. That involves me washing and cutting my greens and ensuring that I get them. And let's talk about just one little segue into brain health, remember that our cruciferous vegetables have a lot of sulforaphane, Sulforaphane is great for improving the integrity of the blood brain barrier and contributing to brain function and how well that oxygen exchange happens in the brain.

And guess how you get sulforophane from your broccoli and your kale and things like that. You have to literally chew your food. So it's again, being mindful and present with cutting your foods and cooking and the way we chew and stuff, we can't biohack our way around chewing our leafy green vegetables to get the most benefit.

I will say about the cruciferous vegetables, to people, and most people should know this, is they're better cooked, even a little bit steamed, just to to Get rid of the goitredins, because they can be a negative.

So definitely cooking those guys. Whenever somebody serves me something with raw kale, I'm sitting there going, are you kidding me right now? It's not actually digestible.

That is cow food. At the very least, we've got to break down the cellulose and marinate the stuffs. Are there any mistakes that you see women make when they focus just too narrowly on hormones?

because the good news is that awareness is really coming up, right? It's becoming a big discussion. Yes. Mistakes. Yeah, relying too much on one factor when we are all unique individuals and I am biologically different than you, we're similar, but my magnesium needs are going to be different and then yours, we could lab test that to death and try to find those nuances.

But I think just over-reliance on one approach and then over reliance on taking this for that symptom and stacking too many things together, whether it's BHRT, which I am also a fan of, but I also believe that that might be enough for some women to fully support their physiological need at the time.

For other women, maybe they, can't or choose not to use hormone replacement therapy, they need to have options. So finding something that works for them, whether it's Berkeley Life or another product, you know, I won't say that our product works it is so foundational, but I would encourage women to not make the mistake of adding ashwagandha and holy basil and erythro and just on and on when you don't really give it enough of a chance to see what it's doing.

You have to kind of simplify things. Well, and you haven't addressed, like to me, nitric oxide by now, I think the audience has figured it has, gotten this is it's so foundational that you have to get that online before you can really understand before the ashwagandha is in the, and I know ashwa gonda has a good, good boy, bad boy kind of profile.

I think there's, I actually have a whole episode on it, but those other, all of those strategies, herbs and whatever it is that you talked about will work better in a system that is properly fueled with good circulation and nitric oxide and proper hormones.

I posted something about sleep the other day and somebody said, well, I just fixed my sleep with progesterone.

Supplement strategy, lifestyle basics, and closing advice

The sleep was post-talked about a supplement and I'm like, that's amazing. Because here's the mistake we see people make. Their sleep is crap and they run around looking for the supplement that's going to fix it.

And they've completely neglected to notice that either they're not breathing properly or their hormones are completely out of whack. If those two things don't get addressed, there's no supplement.

That's gonna actually get you to sleep. So getting back to the basics and the foundations and systems that are going support the ability for everything else to work.

Absolutely. I will say that clinically that is something I've noticed for the last two years now is that my clients, their supplement stack reduces because they're improving their blood flow with dietary nitrate intake and the other lifestyle measures that promote nitric oxide.

So I think that's the only mistake is over supplementing in the name of I don't have time for breath work. Don't. Have time. For meditation, I. don.t.

have. Time. To go to bed earlier. Make time. We have to make time, we have prioritize breath, movement, sleep, diet, relationship, community. we need to prioritize those things more than we prioritize what's the next hot supplement I'm going to add onto my life.

All right. Reframing longevity for women. If you could change one belief women hold about aging, what would it be? One belief. is that aging has to be painful and uncomfortable.

It doesn't have to. You can have energy and thrive and live a long, vital life without pain. Love it. If someone listening to this is 42 years old and thinks that this doesn' apply to them, what would you tell her?

You're already late. I want you to think about this. Yeah, it's never too early. If you're concerned about what you are feeding your children and how they're hydrating and what their bedtime is, remember, was that happening for you back at their age?

All those late nights in college, that was doing some endothelial damage. Start now. Love it. All right. This is our lightning round. So let's get really short little snippets.

A menopause myth, you would like to retire permanently. Menopause equals old age. A symptom women should never ignore. Shortness of breath. The most overlooked heart health signal in midlife.

Elevating blood pressure. One habit that quietly improves vascular resilience. Breathwork. Love it. Cathy, this has been a great conversation. Thank you so much.

This has be fabulous. I'd love to invite you to share where people can learn more about you, about Berkeley Life, and about the new supplement. And I want to tell you guys that we do have an extra, a, great offer for you.

You can go, you can use Nat 20 for 20% off. Just got to go to berkeleylife.com It's an ugly link. So you know what, you guys, I'm not even going to read it here.

You're just going have to go to the show notes to get the link, but you can just use Nat 20. But Kathy, please tell people where to click for information.

Yeah, You can find me, reach me directly via email at info at berkeleylife.com. That's B-E-R-K-L-A-Y, life. com. We love to create community. we love, to hear your stories and your testimonials.

connect you to other providers that we might know about where you live. We work with over 3,000 providers, so we want to connect to you. You can find us on Instagram, threads, YouTube, Facebook, all the places.

And we can connect directly there, but mostly come join us at Berkeley Life. We have lots of education that we're

growing in our educational platform.

There's going to be more and more discussion about menopause heart health and how you can stay vital today and resilient tomorrow. Love it. Thank you so much for your time, Kathy.

This has been amazing. It's always a pleasure and I look forward to seeing you in person soon. I hope so. All right.