



972: Thriving Through Perimenopause:
Hormones, Peptides, and Building Resilience
With Dr. Jen Pflieghaar

Child: Welcome to my mommy's podcast!

This podcast is brought to you by Hiya for children and especially I love to talk about their new greens line for children. Now, I have tasted these vitamins and they're delicious, and my kids are the ones who really love them though. And I love that they're getting the nutrients they need without the sugar because most children's vitamins are basically candy in disguise with up to two teaspoons of sugar and dyes and unhealthy chemicals or gummy additives that we don't want our kids to have.

So Hiya created a superpowered children's vitamin that's chewable, without the sugar or the nasty additives and it tastes great. My little ones love it. They especially are designed to fill the most common gaps in modern children's diets to provide full body nourishment with a taste kids love. And it was formulated with the help of pediatricians and nutritional experts and pressed with a blend of 12 organic fruits and vegetables, then supercharged with 15 essential vitamins and minerals, including vitamin D, B12, C, zinc and folate among others.

It's also non-GMO, vegan, dairy free, allergy free, gelatin free, nut free, and everything else you can imagine. I love that they test every single batch with third party testing for heavy heavy metals and microbials in a qualified GMP compliant lab using scientifically validated testing methods so you can be completely at ease knowing it's safe and nutritious and it's designed for kids and sent straight to your door so you don't have to worry about ordering.

My kids really like these and I love that refills show up on schedule with no stress. Also, again, honorable mention to their new greens because if you are tired of battling your kids to eat more greens, their Daily Greens Plus Superfoods is a chocolate flavored greens powder designed specifically for kids and packed with 55+ whole food ingredients to support kids' brains, their development, their digestion, and kids actually like it. We've worked out a special deal with Hiya for the bestselling children's vitamin. Receive 50% off your first order. To claim this deal you must go to hiyahealth.com/wellnessmama. This deal is not available on their regular website. To get your kids the full body nourishment they need.

This podcast is brought to you by LMNT, and this is a company you might've heard me talk about before, and I really love their products because proper hydration leads to better sleep. It sharpens focus, it improves energy, and so much more. But hydration is not about just drinking water because being optimally hydrated, a state called euhydration is about optimizing your body's fluid ratios. And this fluid balance depends on many factors, including the intake and excretion of electrolytes, which many people don't get the right

amounts of. Electrolytes are charged minerals that conduct electricity to power your nervous system. I talk a lot about nervous system on this podcast.

They also regulate hydration status by balancing fluids inside and outside of our cells. LMNT was created with a science-backed electrolyte ratio of 100 milligrams of sodium, 200 milligrams of potassium, and 60 milligrams of magnesium with no sugar. Since electrolytes are a key component of hydration, here's what happens when we get our electrolytes dialed in.

We have more steady energy, improved cognitive function, suffer fewer headaches and muscle cramps, we can perform better for longer, and especially the support fasting or low carb diet because when we stop eating carbs like during a fast, the absence of insulin allows the kidneys to release sodium.

So replacing that lost sodium with electrolytes can help you feel good on a fast. Since LMNT is zero sugar, it also doesn't break up fast. Electrolytes are also important for maintaining blood pressure, regulating digestion and proper fluid balance. Keeping skin hydrated, which is a big one that I feel like often gets missed and so much more.

I feel like proper electrolytes is a missing piece for a lot of people and I love LMNT's new canned drinks, which are sparkling water with all the same ratios and minerals I just talked about, and they are delicious. You can check it out and learn more at drinklmnt.com/wellnessmama. And at that link you will receive a free sample pack with any order.

Hello and welcome to the Wellness Mama Podcast. I'm Katie from wellnessmama.com, and this episode dives deep on thriving through perimenopause, especially things like hormones, peptide supplements, nutrition changes, lifestyle, so much more. And I'm here with Dr. Jen, who is a double board certified physician in emergency and integrative medicine, and she brings more than just expertise to the table.

She co-authored, "Eat, Sleep, Move, Breathe: A Guide to a Healthier Life." And she served on the board of the Invisible Disabilities Association. She's also part of the American Osteopathic Association, bureau of Osteopathic Research and Public Health. And her passion isn't just professional, it's personal.

She was diagnosed with Hashimoto's and she dove into the world of autoimmune conditions, hormone imbalances, and thyroid health, and now is on a mission to help others as well. And like I said, in this episode, we specifically tackle the topic of perimenopause. So let's jump in now.

Dr. Jen, welcome. Thank you so much for being here.

Jen: Thank you Katie. I am super excited.

Katie: Me too. And we're gonna get to record two episodes. You guys stay tuned for the second one. And that one we're gonna talk about cycle syncing, which I think can be really, really helpful to everybody listening. And in this one I wanna get really nuanced and deep dive on the topic of perimenopause because I think this is also a phase of life that many people listening will be in.

It's one that I'm aware is coming for me eventually, and I would love to be prepared for. And I know that there's a lot of nuance that goes into this and some very specific things we can do, probably, especially if we start early, that can make a huge difference. So before we jump into those specifics, I would love to hear how you got into your specific approach to this with integrative medicine and the work that you do, especially around perimenopause and hormones.

Jen: Yes, absolutely. Thank you. So I graduated from medical school. I went into emergency medicine residency and I loved it. I love emergency medicine, still practice in the ER from time to time. And I realized when I was out there as an attending, working in a community level two trauma center, that most of the things I was treating was chronic disease that could be prevented.

And I was doing diet plans with these chronic patients that would come into the ER for abdominal pain. I had to explain to them that if they come into the ER with abdominal pain, they're probably gonna get a CT scan, which means lots of radiation and possible cancer down the road. So we wanted to get to the root cause. And I remember I went back to my husband and I was like, I think I need to go back and do an integrative medicine fellowship.

I had been reading so much on my own, raising my new baby up, you know, with cloth, diapers and breastfeeding and all the things. And I remember listening to you on podcasts and reading your blog. And I went back, did a fellowship, and then opened up my practice and it's been great. It's also been hard, honestly, during the pandemic a lot of my mentors and attendings that taught me in the emergency room while I was, you know, a new baby doctor, they kind of didn't like what I was doing. A lot of people still don't dig into the science in integrative and functional medicine and they kind of poo poo it and, you know, we're seeing this changing.

So I'm excited that I think hopefully this will be the new medicine of the future as compared to conventional medicine, and they can just kinda unite together. So it's all about teaching and opening up minds.

Katie: I love that and it seems like there's a lot that shifts in perimenopause, and I've also read that like a lot of those shifts can actually start happening years in advance. And that

maybe there might be some things women may not even associate with perimenopause coming that are like early signs that they can actually learn from and be aware of if they know to look for them.

So I would love to kind of start broad and can you help us understand what is happening with hormones during perimenopause and in advance of perimenopause that we can be aware of and look out for early?

Jen: Yes. Perimenopause is one of those times that it's just not talked about a lot. We're hearing more about menopause and perimenopause just kind of gets a backseat. And I really want to bring awareness to this because this is the complaints I see in my office. I mostly care for perimenopausal women because they come to me because they're not getting answers with their doctor.

So they come in with the complaints of perimenopause, which could be anxiety, trouble sleeping, weight gain, maybe more quote unquote PMS symptoms because PMS is not normal, it's a symptom. It's a call out for help that something is not balanced in the body. So these women will, they'll go to their primary care doctor and they'll be put on birth control pills, which that's cringey, right?

That's not good. And then they're also told that they're just depressed. They need an antidepressant. That really, there's nothing wrong with them. They refuse to check labs. So, you know, these women, really want to dig in, so they come to see me. The thing about perimenopause is it can be from your early thirties to your early forties starting, everyone is kind of different.

It's kind of like an oven, the preheat to an oven. So think of like the oven reaching 350 degrees is menopause, right? Well, all different ovens. If you go to an oven at, you know, a hotel or an Airbnb or your parents' house versus your own, it's all going to preheat at different times. So when we look at women, we're not all the same oven.

We all preheat at different times. So this could happen earlier for some people later for some. It could be a two year span, it could be a 10 year span. So perimenopause is this phase where it, it can differ from each women. So it could be kind of confusing too. Now what happens in perimenopause and why are we even talking about it?

So as we age, our hormones all start to go down. Growth hormone goes down.

Testosterone: we know for men, it's talked about a lot about testosterone and it going down in andropause. Well in women for menopause, that journey down, it's gradual. It's gradual for progesterone. And progesterone is important because that is what kind of calms us down.

Okay? It keeps us in check. Now, estradiol, that is going down too 'cause eventually we won't have any in our system of the estradiol and that's menopause, but it can be erratic. So it can go up and down and up and down during that perimenopause state. So that's why sometimes it can be, can confusing and feel different and cycles change.

So that's another symptom of perimenopause. You might have been trucking along with 28 day cycles consistently, you know, from your teens to your thirties, and then all of a sudden you're getting 24 day cycles, and then 26 and then maybe another 25, so they're shortening. And that's that progesterone, and we can see that going down. So I can explain the menstrual cycle real quick too. So when we look at the menstrual cycle, I like to think of it as like a party planner. Okay. So I think of it as like a party. So we have estrogen coming in at the beginning of the cycle. So day one of the cycle, estrogen starts to come in slowly. You have a blank room, it's getting ready for the party.

So estrogen is the party planner, bringing all the decorations in, getting ready to have the party come to life. And then when you're deep in that first two weeks a year cycle, that's when estrogen is shining. You have energy, you're excited. You can make gains at the gym. So then we get to ovulation and testosterone comes in and you're just glowing like, this is the best time to do a podcast, get family photo shoot. This is when you're going to be attracted to your husband and your mate and wanna have intercourse. So then that is kind of the high point, is that ovulation that day, 14, 15 for most women. And then we start to go in luteal phase, and this is when progesterone comes in and is like, this party's getting outta control and we're just gonna calm things down.

Kind of, you know, just set the tone, maybe light some gentle candles, clean up the decorations, and kind of just keeps everything in check. Because if a party doesn't get kept in check, what could happen? Things can get broken, things can go crazy. So that's why progesterone is so important. Now, then the party ends and we start a new cycle.

Now what happens in perimenopause is that progesterone doesn't come in. So we get mood swings, we get craziness, early periods, we get bloating, we get more insulin problems and weight gain. So we need that progesterone to come into the cycle. We need to have that full month, that 28 days of hormones being balanced for women.

So when it starts to get out of whack in perimenopause, we just feel off. We're getting palpitations, we're getting anxiety, you know, we're getting all these things that we are not used to. So I think it's really frustrating for women because there's not a lot of information on what to do in perimenopause.

What can I do myself? What kind of things do I need a doctor to help with?

Katie: And that's super helpful. I was really glad you explained the cycle as well. I don't think women sometimes realize how much insight and data that can give us, especially when we're paying attention month to month. And I know I do a lot of tracking. I have for years with NFP of knowing my temperature and tracking fertility signs, and I've gotten such great insight when different hormones were outta whack and it let me be able to support my body and what it needed.

You also said PMS is not normal. And I wanna hone in on that a little bit because I feel like women are really kind of told that that's normal and it's just part of being a woman. And it sounds like there might be things we can do to shift that if it's not normal. So for women who experience PMS, what suggestions do you have?

Especially if that's like an early sign of perimenopause.

Jen: Yes. PMS means there's an imbalance of your hormones and I. I am so grateful that God gave us symptoms that, you know, some people see symptoms as negative, but I see them as positive with my patients. And I'm so grateful when they recognize symptoms and they bring them to me and we're aware of them, and we're just not shutting them down with medication because that is what we see.

And oh my goodness, that's what I learned in conventional medicine. I learned, oh, drugs are so cool. I used to think medication was so cool because it, it fixed things, but it doesn't fix things. It covers up the root cause. So if you're having PMS and you're listening, really hone in on that. And like Katie you were saying, track your cycle.

And I think tracking things and writing it down in a journal, or there's a bunch of apps now, it can really give you insight on if something's off. Because if something's off, you need to see why is it off? So PMS root causes, a lot of the times it could be from an imbalance of estrogen and progesterone, which we talked about.

So if estrogen is, is too high and too dominant during that second half of that cycle, like I was saying, you know, the party's starting to wind down. If estrogen's still going out all night and really high compared to progesterone and progesterone's lower. And there's this estrogen dominance because they're unbalanced.

So we call it estrogen dominance, it's kind of coined, but it's really just an imbalance of hormones. So what can we do? We can work on estrogen detoxification through things like I3C DIM, broccoli sprouts, calcium D glucarate, and really just good liver health and detoxification and good gut health with that. Because our estrogen is metabolized through the liver, phase one and phase two detoxification, and then also through the gut. So if we have those running well, like a good oiled machine or car, then our estrogen can get out properly. One other problem that clogs up that pathway for is anything that is gonna clog up

your liver. So, environmental toxins, plastics, perfumes, phthalate, parabens, all those things can, can clog up that pathway.

And then we also have estrogen mimics or any endocrine disruptors. So endocrine disruptors, they're anything that's environmental, toxins, pesticides that comes in and can impact how hormones are processed or binding anywhere in our body. So this is a lot of things. We live in a super environmentally dirty world.

It's toxic soup. So I, like I tell my patients like, you have to be proactive. You just can't sit back and wait. So good liver health, supplements, avoidance of things that are bad. Check your, check everything from your laundry detergent that might have fragrance to what you brush your teeth in.

So it's everything. It's very important. And then progesterone. How do we support progesterone? So sometimes that progesterone is low. So there's a few things. So one is chaste tree berry. It's a great supplement that can kind of nudge your body to make more of its own progesterone. Okay, so you're making endogenous or inside the body more progesterone.

You can also take progesterone exogenously. So you're taking a bioidentical progesterone, usually, younger women on a cream and then I'll transition to oral progesterone later on if there's trouble sleeping. So you can actually give progesterone, but it would just be during that second half of that cycle, that luteal phase, because if you remember, that is when progesterone shines.

That's when progesterone is coming in during the cycle. So you just take it that second half. And I've had many patients that were told that they only had to go on birth control. That was the only way they can control their symptoms. And I'm talking 20 year olds, up to 40 year olds. That's what, that's the only option they were given.

And we just do a nice luteal phase progesterone while working on their detox pathways, and they do really well because we're putting the body back in the balance that that was designed to have, you know, with estrogen being the more dominant hormone that first half of the cycle, and then the second half of the progesterone.

Katie: That's so helpful and I love that you highlight the liver connection. It seems like that's a masterpiece in all hormone production. As well as, at least for me personally, I've noticed the factors that seem to make a big difference, at least in how I feel related to those things are things like getting enough sunlight, especially like morning sunlight and a little bit of bright midday sunlight. That seems to really help with circadian signaling and my sleep, as well as really kind of upping my nutrients in my food and protein. And like really paying attention from a positive perspective to maximally nourishing myself versus trying to like

stay in a deficit, which seems like it can be really stressful to hormones, especially as we enter these hormonal changes.

So I'm curious, are there any specific nutritional and or exercise related changes that women can be aware of and give additional support to our bodies, especially during this pre perimenopause and perimenopause phase?

Jen: Yes, absolutely. And I will deep dive into that during the cycle syncing because it's so fascinating because there's research on this too. One thing with progesterone too that we, gosh as mothers, right? Like we're, we're literally juggling all of these things is stress and cortisol. So stress and cortisol can affect progesterone and kind of tank progesterone.

It's called the progesterone steal, and it's because we have progesterone in that hormone pathway and then cortisol is right after. So I have seen this a lot with patients that if sometimes we just work on their stress. Work on that cortisol, work on the adrenal health, that that will balance their progesterone, that their body will feel safe, will want to reproduce.

And I see this a lot with patients with fertility issues, is they're constantly in that fight or flight and stressed. Their body is, is really low and progesterone and their adrenals are struggling, and that's where adaptogens can come in and are also very helpful for perimenopausal women or women with PMS if you know, they're stressed.

I mean, we do have stress. I never tell anyone that don't stress or get rid of your stress, and you know how it is with, with kids. Like, kids are very stimulating. So I have four kids and three boys, and sometimes I just tell my kids I'm overstimulated. Like, I'm gonna go to my room and read or something, or go for a walk. Because you can, you can feel it. So don't push through that. Like I think as women. And I see this with my patients. I know this personally, that we try to push through and we're doing everything, you know. Especially if you're working and taking care of the home and raising kids, and it's not easy. So you really need to spend time throughout the day to, you know, pray, meditate, do breath work, move your body because if you're not, that is going to affect your hormones too.

You could be doing everything else right. Eating perfect, lifting perfect, you know, taking walks, taking all the supplements. But if you don't fix that and like have peace, then it's really gonna be hard to really get to that point where you feel balanced.

Katie: And it seems like you also are able to get really specific with people and dialing in their personal factors. I would love to talk about supplements, you mentioned Vitex or Chase Tree Berry being one already. But like any other particular supplements that can be really helpful. Are there other adaptogens that can come on board? As well as it seems like there's emerging info about peptides and ways that those can be particularly helpful.

So any kind of, any and all information related to additional support with the understanding that get those foundational things in place first. Make sure your nutrition's good, your sleep is good, your light is good, all those things.

Jen: Yes, liver supplements really important. So things with milk thistle, artichoke bulb, dandelion root. So a lot of these are combined with supplements so you can get like a liver blend and that will be really supportive. The other thing that's phase, so a lot of those help with the phase one detoxification and I3C and DIM are along those routes.

I'll bring up pregnancy and breastfeeding just real quick 'cause. I know you a lot of your life was you were pregnant or breastfeeding. And same with me, I joke about that, 'cause I'm still breastfeeding. Well, I think it's about done. We're right at that point where like once a week he asks. So I'm almost, almost there. But you have to be careful with women giving supplements. There's not a lot of data with studies, with supplements. Some we know are safe. But some, you have to be careful. So a lot of the times I'll use food as medicine and and I3C is one of them where you can have broccoli sprouts and that has a lot of sulphurophane in it, and that really helps with detox with estrogen.

So I have a patient I just spoke to last week and I said, just increase your broccoli sprouts. We're not gonna do any I3C or DIM right now. That's too intense, but we are going to have broccoli sprouts. Broccoli is okay. It's not gonna be as nutrient dense in the sulphurophane as broccoli sprouts.

But I, I remember after I had my last son, I was craving broccoli post-pregnancy like crazy. And it was beautiful because my body was trying to detox all that high estrogen and then you go to a lower estrogen state while you're breastfeeding. So just listen to your body. I mean, don't listen to your body if it's like, let's go out to get fast food every single night. Right? That's a different kind of craving.

So those are some to help with estrogen detox, the phase one, phase two, which all happens in the liver. And the interesting thing is, so we have phase one and phase two, there's intermediates in there. So if you remember chemistry in high school, you know, you have intermediates where you have to push it through. So sometimes the intermediates are more toxic than the second path, right? Then the middle is less toxic than the end. So when we're getting estrogen ready to be excreted, we have to go through phase two also. What helps with that is glutathione pathway, and the sulphurophane too. But methylation helps with that, and also glutathione.

So we need to make sure that we have proper glutathione. Which NAC can be a supplement for that, N-acetyl cysteine, or you can take glutathione. NAC is the precursor to glutathione. There's a small percentage of people that can't convert NAC to glutathione

super well, like the supplement. So you just have to look for that and you can get an estrogen metabolites or an organic acids test. And those can help break that down a little bit more. But NAC and glutathione very good. And then also you wanna make sure for the methylation of the different toxins and of the hormones that you do just have co-factors. Like we don't talk about basic co-factors enough, just magnesium, our B vitamins.

We need to make sure we have those 'cause those co-factors help with those reactions. Chaste tree berry, that one, I really like that one. And let me tell you an example of like how to use it. I will use botanicals like Chaste tree berry in maybe patients that are early perimenopause or in my 20 year olds that have abnormal cycles.

So I will try to use that and we check like usually three months of the chaste tree berry and then we'll recheck their progesterone during the luteal phase day 19 to 21, where it's at its peak and we'll see how it's going. So I had a patient it, worked beautifully for, she was in her early thirties, and I'm like, you know, we have two options.

We can just pull, you know pull out the progesterone and start that. Or we can do chaste tree berry for the next, you know, couple years, five years, and see how you do. And she wanted to do the botanicals and her body responded beautifully to it. So that's what's so great is it doesn't have to be all or nothing, you know?

Oh, I'm just doing supplements and I'm just doing medications. There's a beautiful blend that is up to personal preference, up to working with your doctor and what's best for your age, your genetics, and then also just where you're at in your cycle.

Katie: I love that, and I think even the craving side, at least for me. I noticed there was usually an element of my body trying to communicate something it needed and like dialing down to what it actually needed versus what maybe the specific craving was. Like I know there's often talk of dark chocolate and magnesium connection. For me with one of my pregnancies I craved hamburgers constantly. And what I realized was it was probably an iron and B vitamins and protein thing, so I ate a lot of just grass-fed burger patties all the time. And my son is very, like he loves protein and eats a lot of protein. So I have a feeling like his body was demanding that and mine was feeling it while I was pregnant with him.

What about, I know a common thing I hear from women, especially in perimenopause, are libido changes? Are a lot of these things that we're talking about also supportive for that? Or are there any additional things for women who are experiencing a change in libido?

Jen: Yes, that could definitely help. And stress though, goes back to like stress is a libido killer. Now late perimenopause you also have to realize that there are some changes with the actual vaginal area and, and the labia and all of that, the tissue. So if that becomes an

issue, sometimes a really like small estriol, which is a weaker estrogen cream, can really help.

I wait on estradiol until my women are menopausal, but we will utilize a little bit of estriol, especially to those tissues or maybe the skin on the face if that's really saggy. But we do test and make sure it's not too much 'cause remember we're having those big spikes. Oh peptides. So peptides for libido.

One that I love is PT 1 41, and I also add oxytocin into that, and I prescribe the nasal spray a lot to my women. I have some in my fridge. You use it half an hour before sexual intercourse. So the PT 1 41, it actually is a subcutaneous or injection. It's a medication, it's pretty pricey though, if you get it through the drug companies.

I've looked. But that, that you can actually get for female like arousal syndrome. But I like getting it from the compounding pharmacy intranasally, less side effects than subcutaneous. Then you have the oxytocin, which is going to, so the PT 1 41 is gonna get you, like, revved up and excited, and the oxytocin is giving you that, you know, warm connection, feeling.

And oxytocin, it's the love hormone, it's bonding hormone. Very fascinating. They're also using oxytocin in the autism community and seeing really good results with children using that. But I think it's great for women that are having problems with that connection because you are overstimulated, you are stressed out.

So I joke with my husband and I'm like, do you wanna do a nasal shot? And especially when I'm not like in that ovulatory phase, right when you're maybe not in the mood as much, but you still want that connection. And connection is important for our marriages, that physical bond. So PT 1 41, oxytocin. Other peptides when, you know, I'll just talk about Ozempic, semaglutide. Everyone's talking about GLP1s. So there's a right in a wrong way to use them, right?

With hormones in general and peptides, you want to cycle on and off. You want to go low and slow when it comes to hormones, and I feel that's the same way with the GLP1s and the GLP1s, GIP, which is tirzepatide. These are great. I've been using these for a long time before they were popular, and what I have found is couple things. You want to be on a lower dose. You don't wanna ramp it up where you're so nauseous you're not eating. That's not good for your body, that's not good for your hormones. That's not good for your muscle.

That's not good for your bone density. And I'm seeing this a lot with women. I don't know if you do this, Kate, but you can go on social media and I can tell by looking at someone's body before and after if it was a GLP1 done properly or not. You want to go to a doctor

where they're walking you through, holding your hands, prescribing it, where you can't tell if their patients have been on a GLP1, right?

Because they have, they're maintaining muscle mass. They're maintaining like bone density. You know, if you do a DEXA scan and they don't have that sunken in appearance, they look good, they don't look malnourished. So you're gonna wanna start on lower doses and titrate it up slowly. You really don't want that major nausea, but you do wanna control the food cravings.

So we know that GLP1, we have receptors a lot of places, a lot more than just in the stomach. We have it in our brain and actually it helps control, you know how satisfied you are with food. It's that brain food noise connection. I have a lot of patients say it just takes out that food noise, so they're able to concentrate on more nutritious food and working out. And it also helps with inflammation. I am doing lower doses, really, really small doses. Like I had a patient just message me and she was like. Really just three units, I'm doubting myself. I'm like, yeah, really small, just because I'm using it for her to decrease overall inflammation in the body. We've tried other things, so we're gonna try that.

So it's not just for weight loss, but it's great. So here's the thing, if you're on a GLP1, you're thinking about it, work with someone that has been prescribing them before the madness of GLP1s. Make sure they're coming from a reputable pharmacy. I use compounding pharmacies that aren't you know, for research purpose only.

I know anyone could get anything off the internet, but it doesn't mean it's safe. It doesn't mean it doesn't have toxins in it. You're gonna wanna hit your protein goals. Katie was talking about protein, so at least 120 grams, shoot for 30 grams per meal. And healthy fats. You're gonna want to lift. So I tell my patients, you need to lift.

You need to lift at least three times a week because we don't want to lose muscle mass. It's hard to get back. Once you lose muscle mass after age 40, it's hard to get it back. And then also, I pair a peptide called Pepti Strong with a GLP1s, especially at first, and that helps maintain the muscle mass too.

So that's another peptide I'll utilize. Sometimes depending on the patient, their goals where they're at, we'll add on a growth hormone secretagogue, so it helps your own body release growth hormone. And that's dosed five days on, two days off. And then there's another peptide. It's an oral peptide called five Amino 1 MQ, and that one's great for mitochondrial energy, fat burning. So there's a lot of fun things for perimenopause, especially when you feel like I'm just, I'm gaining weight, having a little bit of trouble. Well, it makes sense. Growth hormones going down, you're becoming more insulin resistant. It doesn't have to be that way though. There's ways to just glide through it, which is exciting.

Katie: That was super helpful and I love that you talked about maintaining the muscle mass especially, and like if you're going to go down that road, make sure you're aware of that side. It seems like that is potentially one of the big downsides if people are not aware of that. Especially knowing firsthand in my thirties how difficult it is already to build muscle and certainly not ever wanting to do anything that would reduce my muscle mass considering how hard I worked to build muscle to begin with.

And I know this could be its own whole series of podcasts all on its own, but I'd love to also touch on the mindset side and the emotional side of navigating perimenopause because this seems like also a really big factor that can be maybe the missing piece for a lot of people.

Jen: Yes it is. And I am in perimenopause. You, just have to realize it's, it's gonna be a journey and you can choose to just ride through it and, and struggle, I guess, or you can, you can double down. And you know, I take supplements, I take peptides, I make sure I'm doing breathwork, prayer. I use a vagal nerve stimulator.

You need to do a lot of things for yourself. And I think that's the hard part is as mothers, we're doing things for everyone else, right? But if you're not operating at a good level and your hormones are off, then it's gonna show. It's funny 'cause I joke, like my boys, my three boys, well my daughter knows she's great with her cycle stuff, but my three boys are gonna, they're gonna know, they're gonna know a lot about hormones. Because I'll just be like, yeah, I'm luteal phase, this is why I am eating more. This is why I might just be a little more emotional.

So it's also good to let everyone know in the household, like, what's going on and what you're working on. But really if, and we'll talk about this in the cycle syncing. It should. We're gonna embrace the different parts of the phases, but it also shouldn't be like a roller coaster. Like, I've had patients come to me and they're like, I rage the week before my period. Like, and this is because of perimenopause, right. Entering it. And then we change, you know, lifestyle. We change, we try to mitigate stress, we add on some progesterone and then that calms things down.

But it's really, it's really the whole package. So mindset for me is really important for prayer and giving all my burden to God, right? And that's what's important for me. And that really helps because fear can happen too. If fear of the unknown, fear of, oh, when is menopause gonna be? Or I'm just on this cycle and I don't know when it's gonna end.

So try to try to release that fear, because fear can do some crazy things to our body. I think we saw that in 2020.

Katie: Absolutely, and for anyone listening who wants to try some of the things we've talked about or wants to learn more from you? Where can they find you online to keep learning from you and or if they want to work with you directly? Is that possible? And where do they find you?

Jen: Yes, I hang out mostly on Instagram at integrative doctor mom, integrative Dr. Mom. I started, I have a YouTube, but I'm posting more vlogs If you wanna follow my adventure on our mini farm in Tennessee. And then my website Healthy by Dr. Jen, and I'll have updates on there. I'm launching a perimenopause book this spring sometime, so with, we just moved to Tennessee, so it's been a little bit crazy.

So, but all the updates are there and I give out a lot of free protocols and resources. If you live in Texas, Tennessee, Michigan, or Ohio, you can work with me directly as your doctor.

Katie: Amazing. Well, I will put all those links in the show notes. Dr. Jen, thank you so much for your time in this episode and like I said, you guys stay tuned for another episode all about cycle syncing, where we get to go even deeper on the menstrual cycle side of this. But for today, thank you so much for your time and for all that you've shared.

Jen: Thank you.

Katie: And thank you for listening and I hope you will join me again on the next episode of the Wellness Mama Podcast.