Mel Robbins Keypoints — Hormones, Menopause & Women's Health

Mel Robbins Keypoints

Episodes in this pack: 13

The Ultimate Men’s Health Guide: Testosterone, Sex Drive, & Aging

Guest: Dr. Michael Eisenberg
Date: 2026-10-08 · Duration: 1:09:07
URL: https://www.youtube.com/watch?v=kbx9iMmJWn0

KEYPOINTS

• Normal testosterone covers a wide range and declines about 1% a year

Stanford urologist Dr. Michael Eisenberg, who leads Stanford's Male Reproductive Medicine and Surgery Program, puts normal at roughly 300–900 ng/dL. Levels peak between 20 and 30, then fall about 1% a year. Weight and metabolic health also pull them down. Below about 300, the share of men with low testosterone is roughly 10–20% in their 40s and 50s, 20% in their 60s, 30% in their 70s and 50% in their 80s. That is why 'half of men over 50' is the figure people quote.

• Low-T symptoms are vague, so test rather than guess

The signs are low energy, low sex drive, poor mood, poor sleep, poor concentration and erectile problems. Clinical red flags include anemia, low bone mineral density and a history of chemotherapy. Eisenberg admits these are non-specific, but if they bother you or your partner notices them, get a simple blood test, ideally before 9–10 a.m. and fasted. One low result gets repeated before treatment is discussed. He suggests adding it to routine checks from around 40–50, or earlier with risk factors.

• Depression and low testosterone feed each other

Low testosterone can impair mood, and depression can blunt the hormonal signalling that drives testosterone production. Mel says her husband, Chris, openly struggled with depression about five years ago: low energy, shut down and low sex drive. Those general changes can point to something deeper.

• Sleep, weight and anything heart-healthy raise testosterone

Chronic short sleep (4–5 hours instead of 7–9), shift work and sleep apnea all suppress testosterone, and apnea and low T reinforce each other. Losing weight through a good diet and exercise, not starvation, improves levels. GLP-1 drugs and bariatric surgery reliably raise them. His rule: 'Anything that's good for your heart is good for testosterone.'

• Treatment comes in several forms, each with trade-offs

Injectable testosterone is oil-based and usually given into the muscle every two weeks, in the thigh or, with a partner's help, the buttocks. Some men feel the peaks and valleys, so doses are sometimes given once or twice a week. Longer-acting injections last months. Daily gels avoid needles, and pellets go under the skin of the hip. Mel notes that some experts on her women's-hormone episodes distrusted pellets, and Eisenberg says the right form depends on preference.

• Taking testosterone suppresses sperm production

Testosterone inside the testicle runs at around 5,000 or more, many times the blood level, and that high concentration is what drives sperm production. Testosterone from outside the body switches off the brain's signal, so internal levels drop and sperm counts fall. Other side effects include oily skin, acne, hair loss, breast growth (from conversion to estrogen) and higher red blood cell counts with clotting risk.

• The TRAVERSE trial eased heart and prostate fears

In this landmark trial, about 5,000 men were given testosterone or a placebo gel and followed over time. It found no increase in prostate cancer or in heart attacks and strokes, and Eisenberg says the FDA is moving to update warning labels. He compares it to the way fears around female hormone therapy are being revised.

• If your levels are normal, don't take it

Eisenberg warns about clinics that profit from prescribing and upselling to men with normal levels, exposing them to every side effect for no benefit. Men without working testicles need testosterone for life. Everyone else should treat it as a trial of about six months, adjusting form and dose to reach a therapeutic range. Men who see a clear benefit continue, and those who don't, stop.

• Erectile dysfunction is common and a vascular warning sign

According to the Massachusetts Male Aging Study, over half of men over 40 have some trouble with erections, roughly 40% in their 40s and rising with each decade. Even 15–20% of men in their 20s and 30s are affected. Erections depend on blood flow, via nitric oxide and cyclic GMP, so smoking, diabetes, high cholesterol and high blood pressure all show up here. About 20–25% of long-distance cyclists notice numbness, pain or erectile problems from saddle pressure.

• Sperm counts are falling worldwide and men are half of infertility

The largest recent update of sperm-count studies found declines on every continent, possibly speeding up over the last 20 years, alongside lower testosterone, earlier puberty in boys and more testicular cancer. A male factor is present in about 50% of infertile couples: 30% male only and 20% combined. Couples often rush to IVF without checking the man.

EXAMPLES

• The ED treatment ladder

First line is pills: Viagra (sildenafil, half-life of 6–8 hours) or Cialis (tadalafil, 16–18 hours, sold as the 'weekend pill' and suitable for daily dosing). Second line is a gel or pellet placed in the urethra 5–10 minutes before sex, which works 60–80% of the time and can cause tingling. Third line is penile injections, which work about 90% of the time. Eisenberg admits the needle is a huge psychological barrier, though GLP-1 users are more used to self-injecting.

• The 1980 lecture demonstration

Eisenberg tells how penile injections were introduced: a pharmacologist injected himself in his hotel room before giving a talk at a urology conference, then lowered his trousers on stage and walked the aisles inviting colleagues to inspect the result.

• 20 ejaculations a month and prostate cancer

A study of about 30,000 men followed for roughly 20 years found that men who ejaculated 20 or more times a month had about a 20% lower risk of prostate cancer. This held across age groups and in larger datasets, whether through sex or masturbation. The mechanism is unclear, and he stresses he is not prescribing it.

• Chris's testosterone hesitation

Mel's husband questioned starting testosterone because injections meant 'a lot of oil' for 30 years and long-term effects were uncertain. Eisenberg confirms the injections really are oil-based and says that is why the trial-period approach and choice of formulation matter.

• Waiting a year before checking the man

By the time men come to his fertility clinic, couples have often struggled for a year or more and don't want to wait. But sperm take 2–3 months to make, so any fix needs time. He argues this puts the burden unfairly on women.

OTHER RELEVANT

• Ask your doctor for a morning blood test

If symptoms fit, ask for a fasted test before 9–10 a.m., repeated to confirm. Add blood pressure, cholesterol and blood sugar, since many of these conditions affect longevity, not just quality of life.

• Both partners get checked early

For couples struggling to conceive, test the man immediately alongside the woman. Male fixes, including hormones, lifestyle, medications and other conditions, need months to show up in sperm.

• Nighttime urination and prostate screening

Waking three or four times a night is often due to an enlarged prostate narrowing the outflow. It is usually a quality-of-life issue, but it is treatable, so don't just live with it. Prostate cancer is usually symptomless and caught through PSA screening, typically yearly or every six months from the 50s, earlier with a family history.

• His one action

Take an internal inventory, recognize you have agency, be more active and get basic checks. Men's reproductive health is 'a window' into overall health. The pelvic floor muscles, which control erections, ejaculation and urinary and bowel control, deserve attention too.

#1 Women’s Hormone Doctor: Take Control of Your Body, Balance Hormones, & Feel Amazing

Guest: Dr. Sharon Malone
Date: 2026-07-23 · Duration: 1:15:44
URL: https://www.youtube.com/watch?v=9tKZ3w-Gku8

KEYPOINTS

• Women's hormonal health is one continuous story, from puberty to menopause and beyond

Dr. Sharon Malone (board-certified OB-GYN, menopause expert, author of Grown Woman Talk) says puberty, reproductive years, perimenopause and menopause are linked: 'the sooner you know the story, the better you can craft a better ending.' Women rarely get more than a basic period talk, so perimenopause catches most 'flat-footed.'

• The pill is one of the greatest inventions for women, and its risks are small for most young women

Malone is frustrated by social media posts blaming the pill for depression or sexual dysfunction. Beyond letting women decide when to have children, it reduces heavy bleeding and the anemia that can come with it. It can ease PMS and menstrual migraines by smoothing the drop in hormones that seems to trigger them, and it's a first-line treatment for suspected endometriosis. There are about 20 pill formulations, so a bad reaction to one doesn't rule them all out. 'That's the art of it.'

• Birth control doesn't cause infertility; age does

If you take the pill from 20 to 35 and then struggle to conceive, 'it's not the 15 years of pills, it's the fact that you are 35.' Ovulation usually returns within about 4–6 weeks. The pill raises clotting risk about 2–3 times; pregnancy raises it about 6 times.

• 'Natural' birth control is essentially a modified rhythm method, and it's unreliable

Malone, who went to Catholic school, says she saw how unreliable the rhythm method was. 'Natural' isn't automatically better: 'Death and disease are natural.' Temperature rises only after ovulation, so tracking works in hindsight, sperm can survive up to about 72 hours, and irregular cycles make it worse.

• Choose contraception by timeline and by how much an accidental pregnancy would cost you

Long-acting reversible contraception (hormonal or copper IUDs, the 3-year implant, the 3-monthly Depo-Provera shot) removes user error and suits a horizon of five years or so. If you might want a baby within a year, the pill makes more sense. Condoms always matter for STIs. Ask what an unplanned pregnancy would cost you right now.

• PCOS has a new name (PMOS) but the same diagnosis, and research is what's lagging

PCOS means irregular or absent ovulation, so the body overproduces estrogen and makes too little progesterone. Excess androgens can cause chin or nipple hair, hair loss and acne, and insulin resistance can drive weight gain. Ultrasound cysts aren't required for a diagnosis. Malone wants focus on causes and new treatments, not names. Fertility is affected because ovulation may happen only a few times a year, but ovulation-induction drugs exist.

• Endometriosis affects about 1 in 10 women and takes 7–9 years to diagnose

Tissue like the uterine lining grows where it doesn't belong (ovaries, bladder, bowel, abdominal lining) and responds to monthly hormones with nowhere to shed. That causes inflammation, scarring, pain, painful sex and sometimes infertility. Malone calls it 'the great masquerader,' because symptoms show up wherever it lands and get treated separately by GI doctors and urologists. Lesions are often too small to see on scans, so laparoscopy confirms it and lets surgeons laser it.

• Fertility drops faster after 35, and family history is useful data

Peak fertility runs from the late teens through the 20s, with a faster decline from about 35–36 because egg quality has an unseen 'expiration date.' Perimenopause lasts 4–10 years before an average menopause at 51, so a mother's menopause at 42 could mean perimenopause in your early 30s. Up to about 50% of infertility involves male factors, which ICSI can address; unexplained infertility is common.

• Menopause is a life stage, not an event, and hot flashes aren't harmless

Women may spend 30–40% of their lives after menopause, and low estrogen affects bones, brain, skin and hair from then on. Frequent, severe hot flashes can signal later heart risk: night sweats disrupt sleep, which is linked to hypertension, type 2 diabetes and skipped exercise. About 20% of women have hot flashes into their 60s and 70s. Black women's perimenopause lasts closer to 10 years, with earlier and more severe symptoms, which Malone links partly to chronic stress.

• Hormone therapy is the most effective treatment for symptoms, with no fixed time limit

Estrogen is the most effective FDA-approved treatment for hot flashes, but fear keeps women away. Malone says you can start when symptoms bother you, often between 35 and 45, and stay on it as long as you like. The old 'lowest dose, shortest time' advice has been revised. Starting sooner brings more long-term benefit for sleep, weight and heart health. Systemic HRT isn't right for everyone, so the decision should be made with a doctor.

• Bone and muscle loss speed up after menopause, so test early and lift

Women lose bone and muscle and gain abdominal fat even at a stable weight. Estrogen is the only medication with an FDA indication for preventing osteoporosis. Most lost bone doesn't come back, but weight-bearing training helps keep what you have. Bone density screening is recommended at 65, yet the fastest loss happens in the first 5 years after menopause. Malone gets a baseline at menopause and a repeat 18–24 months later.

EXAMPLES

• The college 'hockey stick'

Mel shows a chart in which, within about a decade of the pill becoming widely available around 1970, women's college completion and law and medical school entry rose sharply.

• Mel's soaked sheets and HRT

Mel had night sweats for about seven years, 'as if someone threw a bucket of water' on her bed. About five weeks into HRT she felt like herself again: 'Why didn't I start this sooner?' She vows to wear her patch 'on my deathbed.' A listener poll found 98% felt hormones affected their mood, energy, sleep, weight or cycle.

- **The estrogen-patch shortage**
  Malone blames shortages on demand nobody planned for as women 'wake up.' Alternatives include transdermal sprays and gels, other patch doses, and oral estrogen, which she says supplies most of the data on HRT's benefits.
- **Vaginal estrogen versus systemic HRT**
  Local estrogen treats genitourinary syndrome of menopause (dryness, painful sex, urgency, recurrent UTIs) where it's applied, 'like a pimple patch.' It won't stop hot flashes. Skin loses about 30% of its collagen in the first 5 years of menopause, and topical estrogen can help locally.
- **Egg versus embryo freezing**
  Freezing eggs in your 20s gives the best yield, but you're less likely to ever use them, so Malone suggests the late 20s or early 30s. It offers 'the possibility, not a guarantee,' at tens of thousands of dollars. Embryos from a known partner are more successful than frozen eggs.

OTHER RELEVANT

- **Ask your mother these questions**
  Did you have painful periods (endometriosis risk is higher in daughters)? Fibroids? Trouble conceiving? Your age at your last baby, and at menopause? What were your pregnancies like? Share the answers with your doctor to speed up a diagnosis.
- **Ask your doctor both sides**
  Ask not only what the risks of HRT are, but also what benefits you'd get and 'what will happen if I don't.'
- **Train for the fall you hope never comes**
  Build upper-body strength (to lift a carry-on), core strength and balance so a trip doesn't make you 'go down like a tree.' Malone, at 67, says she's having more fun than at 47, but 'you got to feel well enough.'

The Most Important Conversation You'll Ever Hear About Women's Health | Dr. Rachel Rubin

Guest: Dr. Rachel Rubin
Date: 2026-03-23 · Duration: 2:08:43
URL: https://www.youtube.com/watch?v=dB-4XuJxOzM

KEYPOINTS

• Most 'down there' problems trace back to changing hormones
Dr. Rachel Rubin, a urologist and sexual medicine specialist in Washington, DC, says recurrent UTIs, urgency, leaking, waking up at night to pee, dryness, burning, painful sex and low libido are mostly driven by hormonal shifts that change the tissue and the microbiome of the vagina and bladder. Women are routinely told it's aging, stress or 'all in your head.' She says that whenever you catch yourself thinking 'this is just how it is,' it's worth asking a clinician.

• Hormones shift throughout a woman's life, not just at menopause
The ovaries make estrogen, progesterone and testosterone. In a typical cycle, estrogen sits around 50 during your period and peaks at ovulation (150–300). Progesterone rises in the second half, and its drop triggers your period. Testosterone likely peaks at ovulation, driving libido. In perimenopause, the cycle swings like puberty in reverse, with cycles going from 28 days to 35 to 18.

• Many common medications and life stages lower these hormones
Birth control pills, spironolactone for acne, breastfeeding, breast-cancer hormone therapy, perimenopause and menopause can all raise the risk of UTIs and pain with sex, she says. One patient that week had urinary pain from birth control pills plus spironolactone. While breastfeeding, she says, 'you're in menopause' hormonally, a condition she calls genitourinary syndrome of lactation.

• Vaginal hormones cut UTIs by more than half, and she says we've known for decades
Rubin says vaginal estrogen or vaginal DHEA prevents urinary tract infections by more than half. The evidence dates to the 1990s and the products to the 1970s, yet few women hear about it. Her explanation: 'the two dirtiest words in the English language are vagina and estrogen,' and other specialties leave women's health to busy gynecologists.

• Vaginal hormones are a different category from whole-body HRT
They're micro-dosed and stay local. In a 70-year-old woman with essentially zero estrogen, she says, levels may blip to about 20 for a couple of hours and then return to zero. A typical man's estrogen is about 25. That's why she calls them safe even for people who fear systemic hormones, and suitable for life, 'for your great-grandmother in the nursing home.'

• Being on HRT doesn't mean your vaginal tissue is covered
Her favorite statement in the 2025 genitourinary syndrome of menopause guidelines (from the American Urological Association, which she spent about seven years advocating for) is number 11: people on systemic hormone therapy should still be screened for these symptoms and offered vaginal hormones.

• Four buckets of hormone care
Whole-body estrogen (patch, pill, gel or pellet) treats hot flashes and night sweats and protects bones. Whole-body progesterone protects the uterine lining if you have a uterus and may help sleep and mood. Whole-body testosterone mostly has data for libido. Vaginal hormones are separate from the other three. You don't need every bucket.

• Women have no FDA-approved testosterone
Men have about 27 options. Rubin says a roughly billion-dollar study showed five years of efficacy and safety for women's libido. Around the time of the 2002 Women's Health Initiative scare, the FDA asked for five more years and another study, and the product died. It's approved in Australia, New Zealand, South Africa and England.

• The two biggest causes of painful sex are hormones and tight pelvic-floor muscles
Hormonal changes cause a 'sunburn-like' pain, and the body guards against it by tightening. Fix the hormones and the muscles may still be clenched, so both often need treatment. She insists sex shouldn't hurt, and that advice like 'have a glass of wine' or 'just have more of it' is dismissive.

• The system, not just your doctor, is the problem
Appointments last about 10 minutes, and vaginal irritation won't make a doctor's top 27 topics. Women were understudied for decades, so research is about 30 years behind. Her advice is to be the CEO of your own care team, come prepared, and be kind to clinicians, who also want more time.

EXAMPLES

• Her mother's ICU fight
Her mother, a nurse, had a lung transplant after developing pulmonary fibrosis following COVID and spent about six months hospitalized with a catheter. Rubin asked to restart her home vaginal estrogen to prevent urosepsis. Staff responded, 'Little girl, don't you know it causes blood clots?' She brought data and convinced the team, then later had to make the case all over again. Her dad and brother then checked twice a week that the medication was given.

• A label removed on her mom's birthday
Her mother died in November. Rubin had told the story publicly in July 2025 and later stood on stage at Health and Human Services for the announcement. On February 12, 2026, her mom's birthday, the FDA removed the boxed warning on these products ('causes stroke, blood clots, heart attacks, probable dementia'), which she says never should have existed.

• Mel's UTIs and bladder surgery
Starting in her mid-20s, Mel had chronic UTIs. She blamed sex with her boyfriend, though Rubin suspects her birth control played a role. Two infections spread to her kidneys and put her in the hospital, and she eventually needed bladder surgery for leaking.

• The $13 tube
Rubin held up estradiol cream with a $13 cash price that lasts about two and a half months, roughly $7 a month for what she

says can halve UTI risk.

- **Clitoral adhesions in 23% of women**

  In 2017 her team reviewed thousands of clinic photos and found 23% of women had the clitoral hood stuck to the clitoris, which can cause irritation and reduce arousal and orgasm. In a 41-patient study of a simple office procedure, sexual arousal improved by 76%. She credits Rachel Gross (Vagina Obscura) with a viral 2022 article on it.

OTHER RELEVANT

- **Symptoms worth raising**

  Urinary frequency, urgency, leaking, repeat UTIs, waking at night to pee, dryness, burning, pain with sex, low libido, and mood or anxiety that's worse than before.

- **Who might ask about vaginal estrogen or DHEA**

  Rubin suggests anyone on birth control or spironolactone, breastfeeding, on breast-cancer endocrine therapy, perimenopausal or postmenopausal, or already on systemic HRT. Discuss it with your own clinician.

- **Where to find informed clinicians**

  ISSWSH (the International Society for the Study of Women's Sexual Health) has a find-a-provider tool, and the Menopause Society has good content. She also recommends Dr. Heather Hirsch, Dr. Kelly Casperson's podcast and her own online course.

The Ultimate Guide to Menopause: How to Boost Your Metabolism, Build Muscle, & Balance Your Hormones

Guest: Dr. Stacy Sims
Date: 2026-01-15 · Duration: 1:07:24
URL: https://www.youtube.com/watch?v=x8TAAzTQHmE

KEYPOINTS

• Menopause is one day on the calendar.
Exercise physiologist and nutrition scientist Dr. Stacy Sims calls it 'another birthday': the day that marks 12 straight months without a period. Everything before it is perimenopause and everything after is postmenopause. Her message is that it's a transition into a new biological state, and with the right tools women have another 40 years to thrive. 'Women don't die at 40.'

• Estrogen is a key in locks all over the body, so losing it shows up everywhere.
Sims explains that brain, muscle, gut and fat tissue all carry estrogen receptors. When estrogen falls, those receptors are 'looking' for it, which helps explain brain fog and mood changes. She calls progesterone the 'Cinderella hormone': rarely discussed, but it moderates estrogen. In perimenopause, estrogen can pulse daily and cycles without ovulation produce no progesterone, which drives cravings for carbs and salt.

• Muscle loss and visceral fat are mechanical consequences, not personal failures.
Estrogen drives satellite-cell development (the feeder for new muscle cells) and the strength of muscle contractions, so many women suddenly feel 'squishy and weak' and can't open a pickle jar. Fat also shifts from under the skin to visceral fat packed around the organs. That 'menopot' is deep, dangerous fat, not the easy-to-move kind, and the right exercise intensity sends signals to the liver not to store it.

• Hormone therapy helps, but it slows change rather than stopping it.
Sims believes menopause hormone therapy is a powerful tool every woman should at least discuss with a medical professional, including its risks and benefits. But replacement doses don't reproduce your body's own varying levels and pulses, so it only slows the rate of change. Strength training is her number-one tool on top of it.

• Start strength training with just 10 minutes, three times a week.
Beginners should 'move against load', using body weight or light dumbbells for functional moves like squats, push-ups and overhead presses. The early gains come from neural adaptation: your nerves learn to recruit muscle. Some soreness is a sign you're adapting. Then build toward the ideal over time.

• The ideal: heavy full-body lifting three times a week, with long rests.
Sims uses rating of perceived exertion (RPE): a set should feel like an 8 out of 10, about 80% of your max, and that number changes day to day. You rest a full 3 minutes between sets because you're training your nervous system, not chasing a metabolic burn. Each session focuses on one main lift, such as squats on Monday.

• Moderate-intensity cardio is the mistake.
Sims says many group classes keep women at moderate intensity for 45–50 minutes. That's 'too easy to be hard enough to invoke change, and too hard to be easy enough to recover from.' Women leave feeling smashed but end up 'tired but wired': poor sleep, no loss of belly fat, more injuries and higher cortisol, which estrogen and progesterone are no longer around to help break down.

• Use real intensity: sprint intervals or true HIIT.
Sprint interval training means going as hard as possible for 30 seconds or less (some people manage 20), then recovering for a full 90 seconds to 2 minutes so the next sprint is just as hard. True HIIT uses longer intervals of 1–4 minutes with variable recovery, and she calls it polarized training: hard, then genuinely easy. Either can be a 'finisher' after lifting, on an assault bike or battle ropes.

• Stressed, busy women usually under-eat, especially protein and carbs.
Sims recommends about 1 gram of protein per pound of current body weight, coming down as weight comes down. She also says women need more carbohydrate, not less. Cutting carbs often means cutting fruit and vegetables, which are food for the gut. Stress-driven cortisol makes the brain crave quick sugar when the body actually needs protein.

• Pick one of four buckets and work on it for 2–3 weeks.
The buckets are mindfulness and sleep, physical activity, nutrition, and community. Hormonal shifts keep the nervous system sympathetically driven, which blocks deep restorative sleep. Sims cites recent research suggesting cognitive behavioral therapy for sleep can be more powerful than hormone therapy or supplements, and mindfulness is the piece anyone can start on.

EXAMPLES

• The mid-40s client doing 'all the things'
A woman exercising hard and eating 'clean' was still gaining fat, so she cut calories and added training. Sims told her to train less and eat more. The client was sure that would make her fat; Sims says chronic under-fueling is the real problem.

• A squat day prescription
3 sets of 5 at 80% (an RPE of 8), each set started on a 3-minute clock with the remainder spent resting, then 2 sets of 3 at about 85%, close to a 9. That's 15 minutes of heavy work: 'If that's all you have time for, good. Out of there.'

• Mel's 150 g protein worry
Mel didn't want to eat 15 eggs. Sims suggested building a lunch salad with green peas, nuts, seeds, black beans, a little feta and some chicken for about 30–40 g. Do that a few times a day to reach about 120 g, and add a protein coffee to reach about 150 g.

• The overnight protein coffee
Stir protein powder into your milk of choice, add espresso and refrigerate it overnight. In the morning you have an iced coffee with about 30 g of protein that 'tastes like a smoothie' to take on a walk or the school run.

• Five minutes in the car

Sims protects early-morning quiet before anyone's up. She says you don't need a 4:30 a.m. alarm: sitting in the car with the windows up for 5–10 minutes after school drop-off works too.

OTHER RELEVANT

• Sprint finisher

After lifting, do 30 seconds as hard as you can on a bike or battle ropes, then 90–120 seconds of full recovery, for a few rounds. Skip long moderate classes.

• Sleep supplements she mentions

L-theanine and apigenin (a compound in chamomile), taken together before bed to encourage parasympathetic 'calm' activation and reduce anxiety. This is her suggestion; check with your clinician, especially if you take other medications.

• Talk to a clinician about hormone therapy

Sims wants every woman to understand the options, risks and benefits, while knowing that lifting, sprints, food and sleep still matter.

The Ultimate Guide to Women’s Hormones: Use Science to Reset Your Body, Balance Mood, & Feel Amazing

Guest: Dr. Jessica Shepherd
Date: 2025-05-29 · Duration: 1:41:04
URL: https://www.youtube.com/watch?v=pawDZoLP6ic

KEYPOINTS

• Hormones are chemical messengers, and receptors are everywhere

OB-GYN Dr. Jessica Shepherd describes hormones as chemicals released to deliver instructions to receptors throughout the body. For women, the key ones are estrogen, progesterone, testosterone and thyroid hormones. Cortisol sits in a separate 'metabolic' family with insulin and glucose. Estrogen, which she calls the 'vitality hormone,' has receptors in the brain, heart, muscle, bone, skin and fat cells, not just the pelvis.

• Periods are starting earlier, and stress may be part of why

Shepherd says the age of first periods has dropped over recent decades. She points to environmental factors, food and cortisol responding to early-life stress and 'entering the scene' too early. She calls it something that deserves research for its possible effects later in life. You're born with these hormones; puberty is when they ramp up to run the menstrual cycle.

• Irregular cycles, bad PMS and heavy bleeding call for 'peeling back the layers'

Before reaching for medication, Shepherd asks what else is going on: work, relationships, and chronic stressors such as racism or poverty that many of her patients of color face. The brain is the control center that tells the ovaries what to release, and stress distracts it from sending those messages properly. Her first lifestyle levers are cutting processed, high-glycemic and sugary foods and soft drinks, adding exercise, and addressing stress.

• Hormonal acne is often testosterone-driven

It tends to show up under the eyes and on the chin because of where hormone receptors sit. Testosterone stimulates the sebaceous (oil) glands; buildup plus bacteria leads to breakouts. Dermatologists often refer these patients to OB-GYNs, who commonly prescribe birth control pills to calm the hormonal surge.

• Coming off birth control: give your body three to six months

The pill suppresses the hormones your body would otherwise use to release an egg each month. When you stop, your body seeks homeostasis again and may swing high and low. Expect possible changes in cycle length and flow, skin, and hair shedding. Shepherd usually advises giving it three to six months; some patients take nine months to a year. After 15 to 20 years on the pill or a hormonal IUD, you may be seeing your natural pattern for the first time.

• Fertility and estrogen decline in steps: 35, 40, 42

Egg quality and the chance of spontaneous pregnancy drop after 35, again at 40, and again around 42 as estrogen and progesterone fall. Testosterone declines more subtly. Women who have babies later often slide into perimenopausal symptoms soon after delivery. That isn't pregnancy causing it; the body was already headed there, and postpartum recovery can take nine months to a year.

• Perimenopause can last 3 to 10 years and rewires mood and the body

Symptoms include occasional hot flashes and night sweats, irregular periods, weight that won't budge on the same routine, and fat migrating from the hips and butt to the belly. Muscle mass shrinks as fat increases. Shepherd says diagnoses of anxiety and depression peak between ages 45 and 55. She cites a roughly 30% drop in dopamine receptors after menopause, and estrogen loss makes responses more emotional and less prefrontal.

• We now live decades past our estrogen

Shepherd notes that average life expectancy was once in the high 50s while menopause hits around 51 to 52, so bodies rarely had to function long without estrogen. Now women live into their 70s and 80s, facing more heart disease (the number-one killer of women), osteoporosis and dementia. She notes 70% of Alzheimer's cases are women and calls estrogen one of the body's best anti-inflammatories. The plaque process can begin in the 50s, decades before symptoms.

• HRT: earlier conversations, fewer absolute no's

Shepherd says the early fears from the Women's Health Initiative study about 20 years ago have been largely revised. She now offers hormone replacement during perimenopause rather than making women 'prove' menopause. It's recognized for hot flashes and night sweats and helps bone health, though it isn't first-line for osteopenia. Typical exclusions are a personal history of hormone-receptor-positive breast cancer or a significant clot such as a pulmonary embolism, and even those call for a nuanced conversation. A family history is where the conversation starts, not where it ends. The old cutoff of age 60 or 10 years past menopause has also loosened.

• Sleep depends on estrogen, progesterone and cortisol

Cortisol drives the circadian rhythm, with releases around midnight and 5 a.m. Night sweats from falling estrogen wake you up. Progesterone, the 'comfy' relaxing hormone, fluctuates too. Poor sleep is linked to heart disease, obesity and other problems. Shepherd's tools include HRT where appropriate, meditation to reduce rumination, no screens before bed, less alcohol, processed food and sugar, and carefully sourced CBD or CBN. She believes you can train yourself into better sleep.

EXAMPLES

• The 67-year-old still having hot flashes

A nervous patient long past menopause agreed to a three-to-six-month trial of HRT. She's still on it and asked, 'Why was I living like this for so long?' Shepherd notes that starting later may not give the same bone and heart benefits but can still improve brain fog and sleep.

• PCOS is at heart a metabolic condition

Polycystic ovary syndrome involves extra follicles, higher testosterone and irregular cycles. Some of Shepherd's patients go nine months to a year without a period. She sees insulin, glucose and gut health at its core. She isn't a fan of treating it only with birth control and works with functional nutritionists, sometimes prescribing a GLP-1 to address the metabolic side.

- **Endometriosis affects about 1 in 10 women**

  Endometrial tissue, the lining shed in a period, implants elsewhere, such as on the bowel, causing pain and infertility. It's underdiagnosed and more likely if your mother or sister had it. Treatment targets estrogen through birth control or estrogen-lowering drugs, and sometimes minimally invasive surgery to remove nodules and adhesions.

- **Skin and hair after estrogen falls**

  Estrogen supports collagen, the skin's scaffolding, and blood flow; that's why skin and hair often look great in pregnancy and worse postpartum. Shepherd's evidence-backed options include topical estrogen creams, HRT, retinoids and occasional laser treatments. For thinning hair, check thyroid, medications, diet and stress. Minoxidil works but only while you use it. Folic acid helps but won't solve the problem.

- **Tai chi and lifestyle for vasomotor symptoms**

  Shepherd cites studies showing tai chi can reduce hot flashes and night sweats, and research suggesting Asian women experience shorter, milder symptoms, which she links to diet, lifestyle and movement practices.

OTHER RELEVANT

- **Protect the 'pie chart' with weights and protein**

  You can't stop hormonal decline, Shepherd says, but nutrition and exercise help the body compensate. Strength training preserves muscle that uses glucose better; cut processed foods and sugar.

- **Eat for skin and gut**

  Her picks: protein, antioxidant-rich blueberries, nuts and omega-3-rich salmon. She cautions against 'power food' thinking and suggests a nutritionist because responses vary.

- **Ask your doctor directly about HRT**

  Even with a family history of breast cancer, past age 60, or more than 10 years after menopause, ask whether it's an option for you rather than assuming it isn't.

The Body Reset: How Women Should Eat & Exercise for Health, Fat Loss, & Energy | Dr. Stacy Sims

Guest: Dr. Stacy Sims
Date: 2025-03-27 · Duration: 1:35:21
URL: https://www.youtube.com/watch?v=cEVAjm_ETtY

KEYPOINTS

• Women are not small men

Exercise physiologist and nutrition scientist Dr. Stacy Sims says most fitness and medical guidance comes from male data and is simply generalized to women, which the industry calls "shrink it and pink it." Her advice: whenever a new trend appears, ask where the data came from and whether it fits you as a woman at your stage of life. Mel admits she resented her husband Chris when the same challenge leaned him out while she ended up "puffier, fluffier," tired and annoyed.

• Training on an empty stomach backfires for women

Sims says the female hypothalamus is especially sensitive to blood sugar. Exercising without food registers as a stressor, and the body starts breaking down muscle for fuel. Men's muscles have more glucose-burning fibers and adapt to fasting by using more fat. Women have more fat-burning fibers, she explains, so when fuel is missing their bodies hold on to fat. Many women in this situation end up "tired but wired."

• Eat early, and eat enough

About 30 minutes after waking, cortisol spikes. Food signals the brain to bring it down; without food, you stay in fight-or-flight, eating into muscle and bone and signaling the body to keep fat. She cites newer circadian research suggesting that people who eat breakfast by about 8 a.m. and stop by 6 p.m. see the metabolic benefits attributed to intermittent fasting, while those who hold out until noon don't. Under-eating also blocks changes in body composition, which means many women need to eat more to get leaner.

• Morning fuel also helps sleep

A lower cortisol baseline lets your body shift into the parasympathetic state needed for deep sleep. Eating more of your food earlier in the day also prevents low blood sugar at night, which she says is behind many women's night wakings, not just needing to pee.

• Long fasting plus lots of cardio can hide trouble

Sims describes women over 40 who rely on cardio as often "skinny fat": fat marbled through their muscle and bones "like chalk." On DEXA body scans, some women who look healthy and proudly fast until noon show low bone density, more visceral belly fat and, in worse cases, higher bad cholesterol, inflammation and insulin resistance. She stresses this is the worst case, not a certainty.

• Exercise is stress training

Exercise is a positive stressor that builds resilience, from your nervous system down to your cells. Mel's example is walking up a hill until you're winded, which trains your body to stay steady in a stressful meeting. Sims adds that walking in green spaces brings an especially strong calming response, and that strength training supports neuroplasticity and brain metabolism. She ties this to women's higher rates of dementia.

• Women recover faster between sets

Because women's muscles are more fatigue-resistant, women don't need as much rest. In a 5x5 squat program, she says, women matched men's relative strength gains when sets started every two minutes instead of every three. That means effective workouts take less time.

• From the mid-30s, lift heavy with fewer reps

In your 20s and early 30s, standard protocols like 10 to 12 reps or going to failure work. As estrogen and progesterone change, Sims recommends power-based training: up to six to eight heavy reps, ideally six with two "in reserve" and good form. Instead of 20-pound dumbbells you could press 10 times, pick up 30s. She tells Mel to put down the two-pound weights.

• "Abs are made in the kitchen" works mainly for men

Men can cut alcohol and sugar and get ripped. Women who cut without replacing those calories drop into a low-energy state their hypothalamus resists. Sims recommends eating enough and building your core through compound lifts like squats and deadlifts rather than crunches. Women's center of gravity is in the hips, so better posture helps abs show.

EXAMPLES

• Sims's protein coffee

At night, she mixes protein powder into almond or other milk, adds a hot double espresso and refrigerates it. In the morning she has a latte-like drink with about 30 grams of protein and caffeine. Mel drank one in the studio, said it tasted like a milkshake, and called it life-changing.

• The split overnight-oats breakfast

For a busy, plant-leaning mom of three who's never hungry in the morning: make oats with chia and milk the night before. Eat half with berries and a spoonful of Greek yogurt before a walk or workout, and the rest with more yogurt and nuts an hour or so later, for about 30 grams of protein in total. Within a couple of weeks, she says, morning appetite tends to return.

• Her own week, and her sister

Sims lifts three days a week and adds sprint intervals, sometimes 30 all-out seconds on an assault bike after lifting, and keeps gym time to 45 to 60 minutes. Her less athletic sister began strength training over the past year and saw changes in body composition and grip strength, after years of fearing a higher number on the scale.

• Mel's ice barrel versus Chris

In Vermont, Mel's plunge barrel is near freezing. Chris sits calmly and shivers, while Mel can barely breathe and never shivers. Sims explains that ice triggers a severe constriction response in women that blocks shivering, the source of cold's metabolic benefits. Water around 55–60°F (15–16°C) gives women benefits similar to what men get from ice.

OTHER RELEVANT

• Minimum workouts and sprint intervals

A baseline: two total-body sessions a week. For example, after a five-minute warm-up, do every-minute-on-the-minute rounds of jumping lunges, push-ups, overhead presses and air squats with one minute of rest, two or three times through. For sprint intervals, go all out for 30 seconds or less on anything (bike, kettlebell swings, running), recover fully for 1.5 to 2 minutes, and stop at five rounds, or two if you're spent. She credits these with improving insulin sensitivity, blood pressure and visceral fat.

• Build up before you lift heavy

Learn to move first with bodyweight or a loaded backpack, then add load over six to eight months to avoid injury. Free weights train stabilizing muscles; machines are built for men around 5'8" to 6' and 160–190 lbs, so women may struggle to fit them. Gyms are often gendered, so train with a friend or use guided online programs.

• Heat, timing and creatine

Ten to fifteen minutes of sauna twice a week offers what she describes as cardiovascular and metabolic benefits, and women tolerate heat well. Have about 15 grams of protein before strength training (she cites research by Abbie Smith-Ryan). Women carry roughly 70–80% of men's creatine stores. She suggests 3–5 grams daily, says it's considered safe in pregnancy, and notes it takes about three weeks to saturate.

• Stock non-perishable snacks

Keep nuts, protein bars, almond milk boxes and protein sachets in your bag or car. Add fruit, vegetables and whole grains at each meal for gut health and shop the perimeter of the store. Her one ask is ten consistent minutes a day for yourself.

Why 80% of Autoimmune Diseases Happen to Women & Solutions From a Renowned MD

Guest: Dr. Sara Szal
Date: 2025-02-03 · Duration: 1:23:21
URL: https://www.youtube.com/watch?v=a7PqRTeaxOk

KEYPOINTS

• Autoimmune disease is a case of mistaken identity.

Dr. Sara Szal, a Harvard- and MIT-trained physician who directs precision medicine at the Marcus Institute of Integrative Health at Jefferson, compares the immune system to private security. It's meant to recognise your own tissue and attack invaders. When it gets confused, it makes autoantibodies against normal tissue, which she calls a 'civil war' in the body. She describes health and autoimmune disease as two ends of a spectrum. In the broad middle, antibodies and early symptoms can be present years before anyone diagnoses a disease.

• There are more than 100 autoimmune diseases, and many people don't know theirs is one.

Classic examples include rheumatoid arthritis, type 1 diabetes, Hashimoto's thyroiditis, Graves' disease, celiac disease, multiple sclerosis and psoriasis. Szal adds conditions that share features with autoimmunity, such as endometriosis, some forms of IBS, chronic Lyme disease and long COVID. She says people often go 7 to 14 years before getting a diagnosis.

• Rising antibody rates point to environment, not genes.

Szal says about 30% of Americans have anti-nuclear antibodies, and that positive results have nearly tripled over 25 years. Because genetics haven't changed that fast, she attributes the rise to changes in food, stress and trauma levels.

• Three requirements: genes, a leaky gut and a trigger.

Citing a pediatric gastroenterologist at Massachusetts General Hospital, Szal lists three root causes: genetic predisposition, increased intestinal permeability ('leaky gut') and a trigger. You can't change your genes yet, but she says you can work on the other two.

• A leaky gut is a lost boundary.

The gut lining relies on 'tight junctions' between cells. When they fail, bacteria, viruses and foods such as gluten or dairy can slip through. Since 70 to 80% of the immune system sits along the gut, this sets off the immune system in ways it isn't meant to be. Alcohol is the worst offender for tight junctions; Szal notes it's the standard way to create leaky gut in lab animals. Too much stress also contributes, through corticotropin-releasing hormone, and so do very hard training and night shifts, which she links to more autoimmunity because they disrupt the body clock.

• Trauma is the most common trigger she sees, followed by hormones.

Szal says she wasn't taught about trauma in medical school but kept seeing autoimmunity in patients with traumatic births or high Adverse Childhood Experiences (ACE) scores. Hormonal shifts matter too. Pregnancy forces the immune system to accept an embryo that is half someone else's DNA, which usually works but can lead to miscarriage or postpartum autoimmune problems. The most common spike she sees is during perimenopause and menopause, roughly ages 40 to 55.

• Women are about four times more likely than men to have autoimmune disease.

Szal says X-versus-Y chromosome biology is necessary but not sufficient to explain the gap. She points to socially constructed gender differences: women experience more stress and trauma, experience trauma earlier, and develop PTSD at higher rates after the same trauma. They also carry more of the caregiving burden. She lists research gaps and a treatment gap, citing a figure that 73% of women seeking help for perimenopause or menopause don't get the treatment they need. Her conclusion: 'it's a health hazard to be female in our culture.'

• Childhood adversity affects the body through the PINE network.

PINE stands for psychology, immune, nervous and endocrine systems. Szal says adversity in childhood dysregulates this network. Depending on the person, that can mean immune confusion and autoimmunity, lifelong cortisol problems, or a nervous system stuck on high alert with low heart rate variability. She adds that understanding your trauma intellectually doesn't stop it living on in the body.

• Lifestyle medicine adds to standard treatment rather than replacing it.

Szal argues that sleep, food, movement, emotions and relationships account for about 80% of the prevention and reversal of chronic disease. Medicine often treats symptoms instead, for example a steroid cream for psoriasis without asking about the gut. She is clear that some conditions are too advanced for lifestyle changes alone, such as type 1 diabetes once the insulin-producing cells are gone. Someone with rheumatoid arthritis on methotrexate could add an elimination diet, which she says has randomized-trial support for RA, and possibly lower the dose, but only with a clinician involved.

EXAMPLES

• The Gabor Maté clip that went viral

Mel's clip of Dr. Gabor Maté explaining why 80% of autoimmune disease affects women was one of the most viral things she has posted. Maté described four traits he saw in patients before they got sick: putting others' emotional needs first, identifying with duty and role, being 'nice' by suppressing healthy anger, and feeling responsible for how others feel. Szal said it 'nailed me to the wall.'

• Szal's own story

In her 30s, exhausted, with PMS and unable to lose baby weight, Szal was offered an antidepressant and a birth control pill and told to eat less and exercise more. She later found she had positive anti-nuclear antibodies, an ACE score of six, an unhappy marriage, teenagers and work she didn't like. She says each ACE point of one or more raises autoimmune risk by about 20%.

• The ACE questionnaire

Developed in the 1990s by the CDC and Kaiser Permanente, it asks about abuse, neglect, violence against a mother, household substance use or mental illness, divorce and imprisonment before age 18. Szal says higher scores were linked to

greater midlife risk of 45 diseases, including autoimmune disease.

• Hashimoto's and missing eyebrows

Hashimoto's is nine times more common in women than men and causes about 95% of hypothyroidism, according to Szal. She says 13% of relatively healthy people have thyroid antibodies. Signs include fatigue, weight gain, joint aches, rising cholesterol, constipation, dry skin and hair, and thinning of the outer third of the eyebrows. Mel, who had been buying brow serum, planned to get tested over lunch.

• POTS after COVID

In postural orthostatic tachycardia syndrome, the autonomic nervous system struggles to adjust pulse and blood pressure when you stand, causing light-headedness or fainting. Szal thinks much of it is autoimmune, and cases rose with long COVID. It's tested by taking pulse and blood pressure lying down, sitting and standing. She recommends trying enough salt and electrolytes and addressing insulin resistance before medication.

OTHER RELEVANT

• Know the clustered symptoms

Look out for fatigue, joint pain, swelling, unexplained weight changes, low-grade fevers or night sweats, tingling, gut problems, rashes, anxiety or depression, vision changes and a racing heart. If you have three or more, Szal's book advises seeing your primary care doctor, and a specialist if you have more.

• Step 1: get tested

Szal's list: a complete blood count with differential; inflammation markers (hs-CRP, sedimentation rate, neutrophil-to-lymphocyte ratio); glucose and insulin; estrogen, progesterone and testosterone; and vitamin D.

• Step 2: a three-week elimination diet

This is free if testing isn't possible. Cut gluten, dairy, sugar and alcohol for three weeks and watch whether your skin, joints or energy improve. If you see a partial response, keep going, since a long-standing leaky gut may need more time.

• Step 3: track triggers and calm your body

Szal says talk therapy alone works only about 30% of the time for trauma, because you can't think your way out of it. Start by creating safety in your body: slow belly breathing (about 5.5 seconds in and 5.5 seconds out, even just three breaths), meditation, yoga and time in nature. Mel adds cold plunges and guided psychedelic therapy from her own experience.

The Science of Women’s Health: Ob/Gyn Reveals 10 Truths You Need to Know

Guest: Dr. Jen Gunter
Date: 2024-08-22 · Duration: 1:07:12
URL: https://www.youtube.com/watch?v=7KX2x0d42EE

KEYPOINTS

• The vagina is a 'self-cleaning oven'; the vulva is just skin

Dr. Gunter says nothing is needed inside the vagina, not even water, because adding products disrupts its ecosystem. She explains the anatomy with a doorway analogy: the vulva is the building's face (where clothes touch skin), the vestibule is the doorway, and the vagina is inside. Just as abrasive cleaners would damage a self-cleaning oven, washes and douches damage the vagina.

• You cannot 'balance' your vaginal pH with any product

A healthy vagina sits at roughly pH 3.5–4.5, an acidity that lets good bacteria thrive and keeps bad bacteria in check. An elevated pH is a result of a problem, not its cause, so it is 'an inside job.' Gunter says anyone selling pH balancing has outed themselves as uninformed, and she tells people to block them. pH also naturally rises in menopause if you are not using estrogen.

• Feminine hygiene products are a 'pink tax' linked to more problems

She advises avoiding the whole feminine hygiene category: studies associate these washes with higher rates of infection, and many contain fragrance. If you want to wash sebum off the vulva, use a gentle unscented facial cleanser (she names CeraVe or Eucerin types) rather than soap, because soap raises skin pH and is drying.

• Food cannot change vaginal odor, and odor messaging is often shaming

Asked whether pineapple makes a vagina smell better, she calls it 'a load of garbage': 'it's a vagina, not a piña colada.' Any message implying your body stinks exists to sell a product, a diet or clicks. If an odor seems medically different, get tested; otherwise she spends time in her office undoing harmful comments from men, a conversation she has about once a week.

• Discharge is normal and works like saliva

Up to 3–4 milliliters a day is within normal range; the vagina constantly sheds cells and mucus that carry bacteria out. Amounts vary from almost nothing to a 'healthy stripe,' and ovulation can bring heavy, thick mucus. Soaking a mini pad is the upper limit worth checking. See a provider for dark yellow, green or bloody discharge, odor, itching, irritation, pain with sex, or possible STI exposure.

• Penetration is the least reliable route to orgasm

Gunter calls the belief that a penis reliably delivers orgasm one of the biggest myths; many women don't orgasm from penetrative sex and nothing is wrong with them. Simultaneous orgasm is a Hollywood fiction from films that invest 'zero seconds in foreplay,' and pleasure, not orgasm, can be the goal. Distraction and stress (thinking about the laundry) take people out of the moment, so mindfulness matters.

• Pain with sex is a medical condition, not something to accept

Too many patients are told by doctors that pain is normal. Causes she lists include yeast infections, menopausal changes, vaginismus (tight pelvic muscles), nerve pain, skin conditions, endometriosis scarring at the back of the vagina, and painful bladder syndrome, so getting a real diagnosis is the route to the right treatment.

• Forget the word 'hymen'; it doesn't break and virginity isn't physical

Infants have a larger membrane, but with estrogen at puberty it becomes 'a nothing burger,' like baby teeth. Most people don't bleed the first time, studies show exams can't tell whether someone is sexually active, and 'rebuilding' a hymen is predatory. She blames a 'virgin industrial complex' and dismisses the idea that sex 'stretches out' a vagina: tissues are designed to stretch and recover.

• Yeast infections and bacterial vaginosis are easy to confuse

BV is an overgrowth of anaerobic bacteria that raises vaginal pH and can cause odor and discharge; yeast infection is yeast overgrowth with pH unchanged. Vulvar dermatitis and low estrogen produce similar itching. Over-the-counter yeast treatment should work about 95% of the time, so if one round fails, get seen: you may have a resistant strain, but more likely it was never yeast.

• Cleanses, resets and 'immune boosting' are medically meaningless

Gunter says to hear 'cleanse' and think 'scam'; the word traces back to purity culture and the ancient idea of balancing humors. Menstrual blood is not toxins, just blood, endometrium, inflammatory fluid and mucus. Boosting immunity is nonsensical since some diseases come from an overactive immune system, and seed oils like canola are fine to cook with.

EXAMPLES

• Bachelorette-party grooming

Mel shares that at 26 or 27, in the early '90s, her friends trimmed her pubic hair for the first time at her bachelorette party. Gunter explains pubic hair probably protects skin and traps moisture; removal is a personal choice, but razors cause irritation, infections and injuries, and the only medical reason she cites is laser removal for hidradenitis suppurativa.

• Period diarrhea affects about 12% of people who menstruate

Gunter had it badly, sometimes going to the bathroom 10 times in a day, and suspects she overproduces prostaglandins, the hormones behind cramps. When she polls audiences, hands go up above 12%, and some women have never heard of it at all.

• The lubricant osmolality warning

Vaginal osmolality is around 180–200; some warming, cooling or menthol lubes are far higher and can pull water from cells, irritate tissue and may make HIV transmission easier on exposure. Silicone lubes are best tolerated; oil-based products weaken latex condoms.

• Boric acid overuse

Boric acid doesn't change pH; it works like a detergent that kills everything, including good bacteria. It has a role in resistant

yeast and multi-step BV regimens under specialist guidance, but she and colleagues see patients using it for months on influencer advice.

• Her triplets and why she fights misinformation

Gunter had triplets; one son died at birth, the others weighed 1 lb 11 oz and 1 lb 13 oz. Oliver had heart surgery at three pounds, and Victor has cerebral palsy. She was pulled into disinformation herself, made choices she regrets, and Oliver was due for open heart surgery the month after recording.

OTHER RELEVANT

• Eat 25 grams of fiber a day and exercise

Her two take-home habits for every body part. Average American intake is about 10–12 grams; she says fiber lowers risk of breast and colon cancer and type 2 diabetes. She eats Kellogg's Bran Buds (about 13 grams per serving, roughly 70–80 calories) with oats, walnuts and blueberries. Normal bowel frequency ranges from three times a day to every three days.

• Search with the professional society's name

Google is a popularity contest, not a medical library. Add the governing body to your query, such as 'hot flashes treatment menopause society' or the American Cancer Society, ask your doctor who writes the guidelines, or use the WHO, the CDC or a hospital medical librarian. Beware of lookalike groups; one pediatrics organization with a near-identical name is, she says, essentially a hate group.

• Treat urgency as a sales tactic

Outside a true emergency, you have time to pause, gather information and get another opinion. Mel shares that her husband's father was rushed into esophageal cancer surgery six days after diagnosis with no second opinion; it went badly and she believes the rush killed him.

• Underwear, thongs, lace and shapewear are fit questions, not health ones

Your vagina doesn't need to 'breathe' at night, and color or lace doesn't cause yeast infections, a myth she ties to 1950s ideas about who wore black lace. The only caveat is long periods in occlusive material like latex. If something irritates, change it.

Leaky Bladder, Pelvic Floor, UTIs, & Constipation: Dr. Rena Malik Gives Solutions To Get Control

Guest: Dr. Rena Malik
Date: 2024-08-10 · Duration: 0:55:54
URL: https://www.youtube.com/watch?v=akvlUuXKmjY

KEYPOINTS

• Bladder leaks and urgency are common, but not normal.

Urologist and pelvic surgeon Dr. Rena Malik, who trained in female pelvic medicine, defines a normal bladder as one that holds urine until an appropriate time, empties completely, and doesn't leak or cause problematic urgency. She says up to a third of women have urinary leakage and up to 40% have some degree of prolapse, though few need treatment for the prolapse. Being common, she stresses, doesn't mean you have to live with it.

• The pelvic floor is part of your core.

Malik describes it as a bowl, or hammock, of layered muscles attached to the tailbone, hips and pelvic bones. It holds up the bladder, uterus and rectum, controls the sphincters for urine and stool, stabilises you with every step, contracts during orgasm, and helps pump lymphatic fluid back toward the heart.

• Know the symptoms.

Malik's list: urinary urgency, frequency, leaking when you cough, sneeze, lift or exercise (stress incontinence), leaking because you can't make it in time (urge incontinence), trouble emptying, and pain when urinating with no infection. She also lists pain in the vagina, pain with sex or orgasm, related hip or back pain, and constipation from muscles that won't relax.

• The muscles can be too weak or too tight.

Weakness most often comes from pregnancy and childbirth, whether vaginal or C-section, especially with forceps, vacuum or episiotomy. It can also come from standing all day (hairdressers, nurses), a chronic cough, neurological or genetic conditions. Malik compares the organs to a boat floating on water (the muscles) and tied with ropes (ligaments): if the water drops or the ropes stretch, things sag. Young athletes such as gymnasts can leak for the opposite reason. Their pelvic floor is so tense it can't squeeze any further when they need it.

• Kegels help some people and make others worse.

If you have pelvic pain, Malik says to get evaluated before exercising, because Kegels make an overly tight pelvic floor worse. Tight muscles respond better to stretches such as happy baby, child's pose and a deep squat. Too much tension can also cause burning that feels like a UTI even when tests come back negative. Yoga and Pilates can help too.

• Constipation and bladder problems are linked.

A bowel full of stool presses on the bladder, causing more frequent and urgent urination and night-time trips. It may also raise UTI risk because more stool bacteria are nearby. Malik suggests more fiber with more fluid, walking, dates or kiwis, and less cheese and meat.

• Night-time urination matters more than you might think.

Under about 55, Malik says you normally shouldn't need to get up at all; after about 55, once is typical because the body starts producing about a third of its urine at night. Her worry is falls in the dark: for older adults who break a hip, the risk of dying within the following year is about 20%. Going more than eight times a day counts as frequent, but first check whether you're simply drinking a gallon of water.

• Caffeine, alcohol and smoking irritate the bladder.

Caffeine and alcohol make the bladder more sensitive and are mild diuretics, and your tolerance can change over your lifetime. Malik won't tell anyone to give up coffee. Instead she suggests experimenting with one caffeinated and one decaf cup, or half-caf, so you know whether it's the cause. Other free steps for overactive bladder: quit smoking, manage constipation, and if you're overweight, lose around 8% of your body weight, which she says significantly improves urinary symptoms.

• Recurrent UTIs have evidence-based prevention options.

Recurrent UTI means two within six months or three within a year. Malik cites evidence that drinking two to three litres of fluid a day lowers UTI risk by about 46%. Cranberry is in the American Urological Association's guidelines, but not sugary juice cocktail. She recommends a supplement made from the fruit itself, in soluble form, with 36mg of proanthocyanidins (PACs). If UTIs keep coming back, rule out kidney stones or a stray stitch after surgery. Men shouldn't get UTIs at all, so even one warrants seeing a urologist.

• There are treatments between pads and major surgery.

For stress leaks, the options include over-the-counter inserts or a tampon to support the urethra, and a fitted silicone pessary. In-office 'bulking' injections of gel into the urethral wall act as a cushion and don't rule out surgery later. A sling, made of mesh or your own tissue, acts as a backboard under the urethra. For overactive bladder, besides medication, there's tibial nerve stimulation (an acupuncture-style needle at the ankle, 30 minutes weekly for 12 weeks) and bladder Botox, which carries some risk of not being able to urinate afterwards.

EXAMPLES

• Mel's 15 years of leaking

Sawyer's birth more than 25 years ago involved forceps, a vacuum, a torn placenta requiring manual extraction, and heavy blood loss. Afterwards Mel leaked with every step, sneeze or jump, soaked her shorts within a mile and gave up running. She wore maxi pads constantly, avoided hikes and stopped dancing at weddings, and eventually had to half-stand and squat to empty her bladder. She avoided the sling for five or six years out of fear. It turned out to be an in-and-out procedure with two days of rest, and she says it changed her life.

• Most women do Kegels wrong

Malik says nine times out of ten, patients find they weren't doing a Kegel correctly. Mel tried one on the spot and clenched her buttocks. The target is the squeeze used to stop urine flow or hold in gas, without tightening the belly or buttocks. You can check

by feeling the squeeze with a finger in the vagina, but don't make stopping your urine flow a habit.

• Sex, travel and 'honeymoon' UTIs

Malik says there's no good evidence that urinating after sex prevents UTIs, and post-sex UTIs don't mean anyone is dirty. Thrusting simply moves bacteria toward the urethra. Dehydration on trips and weekends away plays a part. Options include extra fluids, a cranberry supplement on the day of sex and the day after (her suggestion, without data behind it), or a low-dose antibiotic after sex.

• Men, prostates and the coffee straw

About 80% of 80-year-old men have an enlarged prostate, which squeezes the urethra from a bubble-tea straw to a coffee stirrer. A study of about 7,000 men found older German men often sit to urinate. Malik says sitting can help relax the pelvic floor, but men can choose whatever is comfortable.

OTHER RELEVANT

• Start Kegels lying down

Squeeze for five seconds and relax for five, 10 to 15 times, once a day, then twice. Progress to sitting and then standing, like building up at the gym. A certified pelvic floor physical therapist is, in Malik's words, 'gold'.

• Exhale when you exert

Your pelvic floor stabilises as you breathe out. Holding your breath while lifting strains it.

• Keep a bladder diary

Search 'OAB diary' (the Urology Care Foundation has one) and record what you drink, when you urinate and how much. It can reveal triggers like that afternoon coffee and gives your doctor useful data. If it's hard to empty, sit with legs wide, lean forward, then stand, walk around and try again.

• Check your urine colour

Aim for lemonade yellow: darker means drink more, clear means you can drink a bit less. Watch for blood or very foamy urine. If it's cloudy or smelly with no symptoms, drink more water. And if your first doctor can't help, ask for a specialist.

How to Balance Your Hormones: What Your Doctor Isn’t Telling You About Menopause

Guest: Dr. Jen Gunter
Date: 2024-05-09 · Duration: 1:06:01
URL: https://www.youtube.com/watch?v=6_B0sZINhU4

KEYPOINTS

• Think of menopause as 'puberty in reverse'
Dr. Jen Gunter, a double board-certified OB-GYN and author of The Menopause Manifesto, says menopause is a normal part of ovulatory life, not a modern problem: the ancient Greeks put the average age around 50, as it is now. Normal doesn't mean pleasant, just as puberty and pregnancy can bring complications. For some, ending painful periods or PMS swings is liberating.

• The transition is hormonal chaos, not a smooth decline
Perimenopause typically lasts about four to 10 years. As ovarian follicles dwindle, the brain pushes harder to trigger ovulation, so cycles become discoordinated: some with higher estrogen than normal, some without progesterone, some shorter. Mel's best friend whose periods simply stopped after one hot flash is, in Gunter's words, a unicorn.

• Exercise beats hormones as the top intervention
Gunter ranks exercise above hormone therapy because it touches nearly every domain menopause affects: depression risk, bone mass, muscle loss, heart and brain health, and balance (falling is the top risk factor for breaking a bone). It doesn't treat hot flashes or vaginal dryness, but medications do. She also recommends about 25 grams of fiber a day, more protein (especially plant-based), more vegetables and not smoking.

• 'Bioidentical' is a meaningless marketing term
Whether a hormone matches what your body makes doesn't make it safe; too much estrogen can cause endometrial cancer. 'Plant-based' is also marketing: estradiol is made by chemically converting a compound extracted from soybeans because it's cheaper, and 'nobody's grinding up yams.' Every FDA-approved estrogen except Premarin is bioidentical. She suggests calling these products what they are: compounded.

• Compounded hormones and pellets lack dosing data and oversight
Gunter says compounding pharmacies buy the same raw estradiol as drug companies, but haven't studied how it's absorbed through skin or gut, and individually mixed batches aren't batch-tested. She notes no major menopause society recommends compounded hormones. A quick check: an FDA-approved prescription comes with a package insert listing risks. The exception is a true allergy, such as US-brand oral progesterone made with peanut oil.

• Pellets can spike hormone levels unpredictably
These compounded implants may contain estrogen, testosterone or other hormones and can produce very high levels that then drop off, sometimes testosterone levels high enough to cause changes like clitoral enlargement. Gunter says it's unclear how much progesterone is needed to protect the uterus, they're expensive, and she has concerns about side effects not being reported to the FDA.

• First-line therapy is transdermal estradiol
Gunter says you only need to know two estrogens, estradiol and Premarin (conjugated equine estrogens from horse urine), and three routes: skin, vagina or mouth. Skin is believed to carry a lower blood clot risk than oral. A standard start is a transdermal estrogen with oral progesterone if you have a uterus. Place a patch only where the insert says, since absorption differs on belly, thigh or buttocks.

• If you're 45 or older, you usually don't need a blood test
Treatment is based on symptoms, not hormone levels. The average age of menopause is 51. If you're 45+ with hot flashes and irregular periods, it's 'no mystery.' Under 45, skipping more than two periods warrants bloodwork to check for early menopause or another condition. Menopause before 45 generally means taking hormones until about 51 regardless of symptoms.

• Timing matters: generally start within 10 years of your last period and before 60
Gunter says starting later is associated with higher dementia and cardiovascular risk, though there can be some wiggle room, for example for someone whose last period was at 55.

• The Women's Health Initiative fear needs context
The trial's estrogen-plus-progestin arm (Premarin plus a progestin) was stopped early after reaching a threshold of concern about breast cancer. Gunter says it was publicized unusually, before peer-reviewed data, and later research got less attention. She believes progestins carry more risk than progesterone; the standard regimen's breast cancer risk is very low, and estrogen alone is lower still. People with prior clots, heart attacks or very high cardiovascular risk may need other options.

• Don't use menopause to excuse mediocre men
Gunter responded to a Guardian advice column in which a woman whose husband broke their agreement to share parenting and housework, behaving like 'her third child,' was told it might be her hormones. Her point: the answer to being mistreated is being treated correctly, not taking hormones. The same goes for workplaces offering temperature control while keeping glass ceilings.

EXAMPLES

• Mel's three years on compounded hormones
During perimenopause, Mel used 'bioidentical' hormones from a compounding pharmacy, thinking they were custom high-end medicine. She ignored the light-exposure warnings and wasn't precise about how much she applied to her wrist. With ADHD and menopausal brain fog, she says she was probably over- or under-dosing. Her verdict: 'Case closed.'

• The roadside gas analogy
Using FDA-approved hormones is like a gas station with marked gallons and a working gauge. Compounded formulas or pellets are like buying 'bespoke gas' from a guy on the roadside who switches off your gauge. Gunter adds that it's like pouring

Cheerios into a fancy jar: same product, different delivery.

• Gunter's own patch and her reason for it

On camera she peeled off the estradiol patch she changes every four days. She takes hormones mainly to prevent osteoporosis: her mother died from it, she has osteopenia and a high FRAX risk score. She says she doesn't feel different on it, which is why reliable dosing matters to her.

• Only 8% did all three basics

Gunter cites a study finding just 8% of women in menopause got recommended exercise, ate a fiber-rich healthy diet and didn't smoke.

OTHER RELEVANT

• How to know if hormone therapy is working

Hot flashes usually improve significantly within four weeks, and doctors may allow eight weeks before changing dose; depression may take a couple of months. 'Green light' uses: hot flashes, night sweats, osteoporosis prevention, early menopause. 'Yellow light': mood, sleep disruption, possibly type 2 diabetes risk. Joint pain may help only about 20%, and there's no evidence estrogen treats brain fog on its own. Be cautious about dose escalation beyond a 100-microgram estradiol patch, roughly what you made when ovulating.

• Prepare for your appointment

Ask for cardiovascular (ASCVD) and breast cancer risk assessments plus a mammogram. Look for a Menopause Society certified provider, though certification isn't a guarantee. Download the hormone therapy guidelines from the North American Menopause Society (now the Menopause Society), which she refers to as the 2020 guidelines, and use its plain-language summaries; search it for anything you're being offered. For good candidates, she calls a six-month trial very low risk. Be wary of anyone selling products, and get a second opinion if you're not heard.

• For partners and family

Learn about menopause, pick up more housework (she notes women often do the less fun chores even when hours are equal), offer to come to appointments as a scribe, and sometimes just listen rather than fix, like a Parks and Recreation scene she cites.

The #1 Menopause Doctor: How to Lose Belly Fat, Sleep Better, & Stop Suffering Now

Guest: Dr. Mary Claire Haver
Date: 2024-03-21 · Duration: 1:14:32
URL: https://www.youtube.com/watch?v=ReFZ__ZeSEQ

KEYPOINTS

• Menopause is badly under-researched and under-taught

Dr. Mary Claire Haver is a board-certified OB-GYN, a certified menopause practitioner and the author of The New Menopause. She says a PubMed search for 'pregnancy' returns about 1.1 million articles, compared with about 94,000 for 'menopause.' She estimates menopause gets roughly 10% of the funding and attention, even though it covers the last third of a woman's life. Women live a bit longer than men, she notes, but spend about 20% of their lives in poor health.

• Ovarian aging starts at birth

Women are born with roughly a million eggs and lose them throughout life, faster with age. By 30 about 10% remain, and by 40 about 3%. Mel, 55 at the time, was stunned she'd never heard this. When the eggs run out, periods stop, and estrogen, progesterone and testosterone fall with them. Haver says a postmenopausal woman's estradiol is under 1% of what it was at 25. 'You will not die without it,' she says. 'You'll just die faster and less healthy.'

• Estrogen receptors are in every organ system, so symptoms show up everywhere

Each woman experiences menopause differently. One may get palpitations, frozen shoulder and vaginal dryness, while another gets hot flashes, night sweats and rage. Haver lists joint pain, frozen shoulder, constipation or diarrhea, new or worsening asthma, new autoimmune disease, tinnitus, and dry skin, eyes, mouth and vagina. Doctors trained to spot a single checklist 'duck' miss many of these.

• Perimenopause is a 'zone of chaos' that can start at 35

Perimenopause typically begins 7 to 10 years before the final period, so roughly 35 to 45. It's more than irregular periods. The brain pushes hard to squeeze out an occasional egg, causing estrogen surges Haver compares to being 'pregnant with triplets,' followed by crashes. She thinks that's why moods swing. Some women do well with progesterone alone, others need estrogen too, and Haver admits good studies on the best approach are limited.

• Falling estrogen affects the brain

Dropping estrogen can narrow blood vessels in parts of the brain and trigger menstrual migraines. Haver says it's associated with low mood, anxiety and brain fog. Women with known ADHD often get noticeably worse during the transition. She says it's unclear whether that's new ADHD or someone who 'was kind of making it' until losing estrogen took away her resilience.

• Estrogen is anti-inflammatory, and losing it fuels chronic inflammation

Haver separates helpful acute inflammation from chronic, low-grade inflammation, the 'something's not right in my body' feeling. Estrogen calms inflammation in bones and joints, which is why aches and stiffness flare without any injury. Mel recognized herself in having to 'pry' herself over in bed.

• Osteoporosis is largely preventable but usually caught too late

Bone is constantly broken down and rebuilt, and in menopause breakdown outpaces rebuilding. Osteoporosis is often diagnosed only after a fracture, and Haver says 50% of women will have an osteoporotic fracture before they die. After 65, a broken hip carries about a 29% risk of death within a year even with surgery, about 79% without. Survivors often live with chronic disability.

• The WHI scare came from a flawed study and alarmist reporting

The major hormone study enrolled women averaging 62, with some in their 70s, rather than women around 51 at menopause. It also tested only one older formulation, conjugated equine estrogens. By then many likely already had heart disease. Haver says most of the frightening findings have since been walked back, and one remains debated. She cites data that women starting HRT between 50 and 59, or within 10 years of menopause, have lower cardiovascular and all-cause death rates.

• Most women are candidates for hormone therapy

Haver's absolute no's are undiagnosed vaginal bleeding (get it checked first), active breast cancer, an active blood clot and an active stroke. A family history of breast cancer isn't a contraindication. Clotting risks such as MTHFR can be handled by avoiding oral estrogen. Some breast cancer survivors may qualify after a nuanced risk-benefit talk, since cardiovascular disease, not breast cancer, is what such women most often die of. She doesn't expect every woman to choose HRT but says 'every woman deserves the conversation.'

EXAMPLES

• The 'WW in room 12'

In residency in Texas, senior doctors in cowboy boots would say 'you got a WW in room 12, good luck,' meaning 'whiny woman.' These were women who couldn't sleep, were gaining weight, unhappy and getting headaches, but still had periods. They were told it was just aging. Haver now hears the same story from almost every patient: 'my pants don't fit, I'm grouchy, I feel like I have ADHD or dementia.'

• Duke's frozen-shoulder finding

After a woman who chaired an orthopedics department compared notes with a woman who chaired an OB-GYN department, a Duke analysis found that women on hormone therapy had lower rates of frozen shoulder (adhesive capsulitis). Haver uses it as an example of research only now linking estrogen to joints.

• Heart drugs tested on men

Haver says ACE inhibitors and baby aspirin are often recommended to women for primary prevention despite benefits shown only in men. Being menopausal is itself a risk factor for worse cholesterol, and women on HRT tend to have higher HDL and lower LDL.

• Probiotics and belly fat

Losing estrogen shifts the gut microbiome toward a male profile and encourages visceral fat around the organs, which is linked to heart disease, diabetes and stroke. In a study Haver cites of postmenopausal women with obesity and hypertension, those taking probiotics had lower blood pressure and less visceral fat, though their weight didn't change.

• 80% vitamin D deficient

Haver checks vitamin D in every patient who will allow it and says about 80% are deficient, not just low. She points to weaker gut absorption and sun protection as reasons.

OTHER RELEVANT

• Haver's menopause toolkit, in order

Nutrition, then movement, stress reduction and sleep, then medication such as hormone therapy (or alternatives if you aren't a candidate), then targeted supplements. She prefers getting nutrients from food and supplementing only where there's a gap.

• Her top three: fiber, magnesium, omega-3s

Track your fiber for a couple of weeks, using beans, legumes, berries, nuts, seeds and avocado. For magnesium she favors glycinate, citrate or threonate (Magtein) and food sources like pumpkin seeds and leafy greens. For omega-3s, eat fatty fish or flax, or supplement. Her go-to is yogurt topped with flax, hemp and chia seeds, plus something probiotic daily such as yogurt, miso or kimchi.

• Train to be strong, not skinny

Haver was an '80s step-aerobics instructor exercising to stay thin. She didn't lift weights until her 40s and says it's never too late. Mel now does resistance training three days a week.

• Sleep: progesterone, estrogen and hard truths about alcohol

Progesterone can deepen sleep, has an anti-anxiety effect, and Haver says it can be taken daily even before menopause. Estrogen addresses the hot flashes and night sweats that wake you up. Don't neglect phone and light habits. On alcohol, she says even one glass now wakes her at around 3 a.m.: 'If you're choosing to drink, you're choosing not to sleep.' Track your cycle too, so you notice mid-month fog, irritability and headaches.

THIS Is Why Intermittent Fasting Never Worked For You | The Mel Robbins Podcast

Guest: Dr. Mindy Pelz
Date: 2023-09-21 · Duration: 0:50:30
URL: https://www.youtube.com/watch?v=bt1vPBptL94

KEYPOINTS

• Fasting is about when you eat, not what you eat

Mel frames intermittent fasting as a health protocol rather than a diet. The idea is to cycle between your sugar-burning energy system, which runs when you eat, and what Dr. Mindy Pelz calls the fat-burning system, which she says switches on after about eight hours without food. This episode focuses on the most common version: 12 to 16 hours without eating. Stop at 9 p.m., and your first food comes somewhere between 9 a.m. and noon.

• Anything that won't spike blood sugar is fine in the fasting window

Water, unsweetened mineral water, coffee, and black or green tea are fine. Sweeteners, including NutraSweet, are not. Bone broth is a good way to break a fast, but she says its protein changes the healing response and it can raise blood sugar, so it doesn't count as part of the kind of fast she's describing. She herself has full-fat cream in her coffee.

• The first few fasts can feel rough, and that's expected

Dr. Mindy compares it to a fever or sprained ankle: unpleasant while the body adapts. People may feel moody or foggy, get constipation or diarrhea, and in extreme cases rashes, which she describes as the body clearing things out. She says it usually lasts one to three days, and roughly half of people don't notice anything. Her advice to women is to get curious about unfamiliar body rhythms rather than reject them as too confusing.

• Women's hormones run on a monthly rhythm, men's on a daily one

She says a man's testosterone pulses roughly every 15 minutes on a 24-hour cycle, and that fasting suits it, so men can fast regularly. Women cycle over 28 to 30 days: estrogen builds in the first ten days, testosterone peaks around ovulation, and progesterone rises in the week before a period. In her account, estrogen "loves" fasting, while progesterone drops if blood sugar falls too low or cortisol rises too high.

• Why early fasting fads backfired for many women

Dr. Mindy says women who fasted all month long reported lost periods, hair loss, rising anxiety and sometimes weight gain, and the media concluded fasting wasn't safe for women. Her explanation is that constant fasting depleted progesterone. That affects shedding of the uterine lining, which shows up as spotting, and progesterone is calming, so anxiety rose. Long-term calorie restriction also disrupted the thyroid, which she links to the hair loss. Mel points out that the original advice came mostly from men talking about men.

• Pre-period carb cravings have a purpose

Dr. Mindy reframes the urge for ice cream, pizza and nachos before a period as progesterone asking for higher glucose to make more of itself, not a lack of discipline. The fix is to eat more "nature's carbs" that week: fruit, potatoes, sweet potatoes, lots of vegetables, bananas and tropical fruits. She also singles out chocolate as good for progesterone.

• Her hormonal hierarchy puts connection at the top

In her model, sex hormones sit at the bottom and are thrown off by insulin. Insulin is pushed around by cortisol, since stress makes you more insulin resistant. Above cortisol sits oxytocin, which comes from connection with other people. More oxytocin lowers cortisol, which improves insulin sensitivity, which helps balance sex hormones. That's her reason for recommending fasting with other people rather than alone.

• Fasting breaks down some muscle, so protein matters when you eat

During a fast, the body breaks some muscle down as it uses up stored sugar, which she says isn't harmful in itself. Problems start when you open your eating window and skimp on protein, so muscles don't get the amino acids they need to rebuild. She doesn't see fasting and high-protein advice as contradictory.

• Mel's enthusiasm, with her own caveat

Mel calls the benefits for brain fog, belly fat, energy and gut health strongly supported, and calls the research "irrefutable." That's her characterization. Dr. Mindy's specific hormone mechanisms are presented as her own clinical framework from her book Fast Like a Girl. Mel also says she initially thought "this is complicated" when hormones came up, which is why the episode boils the advice down to a simple rule.

EXAMPLES

• Dr. Mindy's own routine

Coffee with full-fat cream in the morning, first meal around noon or 1 p.m., and family dinner finished by about 8 p.m. After a trip to Hawaii where she ate off-plan, she stretched to an 18- to 19-hour fast. Once or twice a year she does a three-day water fast, which she says clears out old cells, slows aging and increases stem cells.

• Bridget, the "rushing woman" CEO

Bridget had been trying to manage her weight by exercising more and eating less. Fasting felt miraculous at first: her brain came back online and the weight came off. But 30 to 60 days of fasting every day led to weight gain and a lost period. Working out Bridget's rhythm is how Dr. Mindy arrived at the idea of stepping out of fasting the week before a period.

• Mel's MCT oil disaster

On a hike with a group of guys, Mel drank coffee with what was probably a loose shot of MCT oil and was doubled over with cramps and diarrhea within about 45 minutes. Dr. Mindy's dose is half a teaspoon to a teaspoon.

• Listener questions on yo-yo weight and comfort food

Jody kept losing and regaining the same 10 pounds. The suggested fix is intermittent fasting, no fasting the week before her period with more nature's carbs, then restarting on day one of bleeding. Becky wanted a weekly comfort-food lunch. The answer is to slide your eating window: for a 10 a.m. Sunday brunch, eat 10 a.m. to 6 p.m.

OTHER RELEVANT

- **The simplest rule for cycling women: don't fast the week before your period**

Fast 12 to 15 hours during the rest of your cycle. In the roughly seven days before your period, eat normally, including breakfast if you'd skipped it, and lean on whole-food carbs. Restart fasting when you start bleeding.

- **No regular cycle? Use the moon**

For women on a hormonal IUD or other birth control that hides their cycle, in perimenopause, or past menopause, she suggests treating the new moon as day one. Fast from about day 1 to day 21, take a week off, then restart at the next new moon. She uses the Moonly app, and her book has a 30-day reset. She calls this the best gauge available, not a precise measure.

- **Three quick-start hacks**

First, set a stop time at night and a start time in the morning. Second, add half to one teaspoon of MCT oil to coffee, which she says speeds ketone production and switches off hunger. Third, if you feel off while fasting, add a pinch of high-quality sea salt such as Himalayan for magnesium, potassium and sodium.

- **Limit three kinds of food and build a fasting lifestyle**

Cut inflammatory oils like canola, cottonseed, corn, partially hydrogenated, safflower and sunflower, and favor olive, avocado, sesame or walnut oil. Keep man-made carbs like bread, pasta and cookies minimal even if they're organic or gluten-free. Avoid toxins such as artificial sweeteners, colorings and nitrites. Her four steps are: know your goal (gut repair might call for 24-hour fasts, stubborn weight for 36-hour ones), cycle your fasts, cycle your food, and do it in community, even just a book club or a 30-day challenge with friends.

How to Hack Your Hormones and Use Science to Lose Weight and Sleep Better | The Mel Robbins Podcast

Guest: Dr. Amy Shah
Date: 2023-07-27 · Duration: 1:15:46
URL: https://www.youtube.com/watch?v=_jt-924PLJI

KEYPOINTS

• Women's hormones were left out of medical research for decades.

Dr. Amy Shah, a double board-certified doctor with nutrition training from Cornell, explains that women were long excluded from medical studies because of fluctuating hormones and possible pregnancy. Inclusion had to be mandated, which she recalls happening around the 1980s. Until then, women were often simply given smaller doses. Even now, she says, studies rarely track how a drug affects estrogen, progesterone or testosterone. When she struggled with her own hormones as a young mother, OB-GYN colleagues admitted they had learned about puberty and pregnancy, and little more than 'it shuts off' about menopause.

• Think of estrogen and progesterone as two sisters.

Shah describes estrogen as the smart, social, risk-taking sister who can go a bit off the rails, and progesterone as the calm one who says let's stay home and chill. In the years around menopause both decline. Less estrogen can mean less sharpness, less energy, less socialising and quietly moving less. Less progesterone can mean more anxiety, poorer sleep and a feeling that life is out of control, which explains much of Mel's waking in the night.

• Your cycle has phases you can plan around.

From day 1 of your period to about day 14, estrogen and progesterone rise, so energy and stress resilience are higher. Shah calls this the time to 'train like an athlete, eat like an athlete' and to try intermittent fasting or not eating two to three hours before bed. Testosterone spikes around ovulation, making it a good window for building muscle, or for something that needs confidence, like asking for a raise. Days 21 to 28, the late luteal phase, are when you're least stress-resilient and more insulin-resistant. That's the time to ease off intense workouts and sugar, eat more fiber and protein, and get more sunlight, walks or massages.

• PMS is a monthly mini-menopause.

In the week before a period, estrogen and progesterone fall to their lowest point, which is why Shah calls PMS a small version of menopause. The habits that help in perimenopause also help with PMS.

• Perimenopause is like squeezing an almost-empty toothpaste tube.

Some months you get a good dose of hormones and feel normal; others you get a splatter or nothing and feel terrible. The hormone drop can start up to 10 years before menopause, often in the mid-40s and sometimes as early as 35. Hot flashes happen because hormones help the hypothalamus regulate temperature. Menopause itself means 12 months without a period. Symptoms often ease five to ten years later as the body adjusts to lower levels, but disease risk, especially heart disease, rises after menopause.

• Belly fat in midlife has a hormonal reason.

As ovarian estrogen falls, the body looks for other hormonally active tissue, and fat around the middle produces estrogen. Estrogen also helps preserve muscle. Shah says adults lose up to about 3% of muscle mass per decade, and the loss speeds up in menopause without weight training and enough protein, which explains Mel's 'wings'. Women also tend to become less active without noticing.

• Hormone therapy helps some symptoms, but not weight gain.

According to Shah, HRT is good for hot flashes and temperature swings, vaginal dryness and pain during sex, and progesterone replacement can help anxiety. It isn't a treatment for weight gain. Her analogy is that hormones are like gas in a car: if the highway is jammed, more gas won't get you anywhere. Sleep, exercise, weight training and food choices are what clear the traffic. She adds that the old fears about HRT causing cancer have been revised, and that starting close to the onset of perimenopause or menopause seems to give the most protection.

• Insulin resistance makes old habits stop working.

Shah explains insulin as the hormone that opens a cell's door to sugar. When cells are already full, they stop answering, blood sugar stays high and the body gets the signal to store fat, while the risk of type 2 diabetes goes up. During menopause, caffeine, alcohol and sugar also raise cortisol at a lower threshold. That's why the same coffee, sugar and glass of wine you always had can now cause trouble.

• There's no such thing as adrenal fatigue.

Shah says the adrenal glands don't 'burn out'. Feeling exhausted is a traffic jam across the whole hormone system, involving the thyroid and brain, driven by lifestyle and age-related changes. She also warns that more isn't better with hormones: too much thyroid hormone can cause heart palpitations and arrhythmias.

• You don't need a blood test to diagnose perimenopause.

Shah calls it a myth that you must have your hormone levels checked. Menopause is diagnosed by symptoms, not by a hormone level. She criticises the 'medical gaslighting' of women who leave with an anti-anxiety prescription and no explanation, and encourages finding a doctor who will look at symptoms in the context of a woman's hormones.

EXAMPLES

• The symptoms nobody warns you about

Beyond hot flashes, Shah lists brain fog, mood swings, fatigue, sudden temperature changes, and itching of the ears and body. Mel had been scratching her back like she'd been bitten by a mosquito minutes earlier. Mel, 54 at the time, compares her mood to a swinging kitchen door and her midsection to an inner tube.

• Why Shah is wary of testosterone pellets

Shah says women have about four times more testosterone than estrogen or progesterone. Doctors agree, she says, that implanted pellets are a bad idea: they can't be adjusted, usually give the same high dose to every woman, and often push levels too high, which can bring anger, aggression and risk-taking. Her view is that pellets persist partly because they're profitable. Use

whatever form suits you, but have your levels checked.

• Light in the bedroom and weight loss

Shah cites one of the few studies on menopausal women, which found that even ambient light, such as from a window, appeared to stall weight loss in women on a weight-loss plan. She attributes this to disruption of the body clock.

• Exercise timing

Shah says studies find people stick with exercise best when they work out in the morning, especially women, whose mental load can take over the rest of the day. Late afternoon is a second good window and may be better for building muscle.

OTHER RELEVANT

• Increase NEAT before adding more HIIT

Shah recommends raising non-exercise activity: park farther away, take the stairs, walk the dog, track steps. In perimenopause, lots of running or high-intensity classes can raise cortisol, so build a walking base and add weight training.

• Three sleep basics

Keep the room cold, since your core needs to drop about a degree to fall asleep. Make it pitch black, using an eye mask if needed. Keep the same bedtime and wind-down routine every night. Shah says some data suggest a consistent bedtime may matter even more than total hours.

• Eat more, not less, of the right things

Shah says many women respond to midlife weight gain by cutting calories hard. She recommends more protein, more fiber, real food and less ultra-processed food, plus a high-protein breakfast. She also says to stay hydrated, because thirst can feel like hunger. A craving check: would you eat a bowl of vegetables right now? If not, you probably aren't hungry.

• A hormone-friendly day

Wake without an alarm if possible, get morning sunlight, exercise early, and do your most demanding work early in the day. Between about 1 and 4pm, when cortisol naturally dips, take a 20-minute nap or meditate.